

**NOIDA INSTITUTE OF ENGINEERING AND TECHNOLOGY
PHARMACY INSTITUTE
GREATER NOIDA**

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting B. Pharm for 100 adms.

**(To be filled and submitted to PCI by an organization seeking approval of the
Course / continuation of the approval)**

(SIF-B-I)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No. : 188/32-499/2009-PCI

NAME OF THE INSPECTORS:

1.

2.

PART – I

A – GENERAL INFORMATION

<p>A – I.1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail</p>	<p>NOIDA INSTITUTE OF ENGG . & TECHNOLOGY (NIET), PHARMACY INSTITUTE, PLOT NO. 19, KNOWLEDGE PARK II , GR. NOIDA -201306,U.P. 0120 2320132 (Extn 280) 0120-2320062 avijitmazum@yahoo.com</p>
<p>Year of Establishment</p>	<p>2005</p>
<p>Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)</p>	<p>PRIVATE (Under Registered Society) (Annexure I)</p>
<p>A – I.2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:</p>	<p>City Educational & Social Welfare Society 47/2 -4, Jawahar Quarters, Begum Bridge , Meerut , 250001 0120 2665700 01202665700 www.niet.co.in</p>
<p>A – I.3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail</p>	<p>Dr. Avijit Mazumder, Director, NIET, Pharmacy Institute, Gr. Noida, 19, Knowledge Park –II, Pin 201306, (U.P) 0120 2320132 (Ext. 280) 0120-2320062, 2320132 01204230211 9871773644 0120-4262304 avijitmazum@yahoo.com</p>
<p>A – I.4 Name and Address of the Head of the Institution</p>	<p>Dr. Avijit Mazumder, Director, NIET, Pharmacy Institute, Gr. Noida, Plot No. 19, Knowledge Park – II, Pin 201306</p>

Signature of the Head of the Institution

Signature of the Inspectors

A -I. 5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. DETAILS OF AFFILIATION FEE : (ANNEXURE 2)

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B. Pharm	2017-18	046254	02/06/2017	

b. APPROVAL STATUS:

Name of the Course	Approved up to	In take Approved and Admitted	PCI Annexure	STATE GOVERNMENT Annexure	UNIVERSITY ANNEXURE	Remarks of the Inspectors
B. Pharm	2017-18	Approval Letter No and Date	PCI/ 60-499 /2016-PCI dated 1 st Sept. 2016	UP Govt-586/2005-1-113 (13)2004 AICTE: Northern region/1-3324405195/2017/EOA dated 30-03-2017	AKTU/2017/700-1295 dated 15/05/2017	
		Approved Intake	100	100	100	
		Actually Admitted	100	100	100	

c. STATUS OF APPLICATION

N.A.

COURSES INSPECTED FOR				
Faculty / Subject	Extension of Approval	Increase in Intake of Seats	Remarks	
			Current Intake	Proposed increase in Intake
B. Pharm	Extension of approval from 2017-18 onwards	No	100	NA

Note: Enclose relevant documents

A -I. 6

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the

same Building / campus? If Yes, Give Details.

Yes

No

Signature of the Head of the Institution

Signature of the Inspectors

A – I. 6 a

Status of the Pharmacy Course:	
Independent Building	<input checked="" type="checkbox"/>
Wing of another college	<input type="checkbox"/>
Separate Campus	<input type="checkbox"/>
Multi Institutional Campus	<input checked="" type="checkbox"/>

Examining Authority : For Degree course : Dr A P J Abdul Kalam Technical University, Lucknow
With complete postal

Address, Telephone No. Dr A P J Abdul Kalam Technical University, 7/946, Sector 7, Jankipuram
Extension, Lucknow, Uttar Pradesh 226021, Phone: 079857 68002

B - DETAILS OF THE INSTITUTION

B –I.1		Dr. AVIJIT MAZUMDER*			
Name of the Principal/ Director					
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	MBA	15 years, out of which 5 years as Prof. / HOD	21 Years	
	PhD		10 years, out of which at least 05 years as Asst. Prof		

* Documentary evidence should be provided **ANNEXURE-IV**

B –I.2

For institution seeking continuation of affiliation seeking Ist PCI approval

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
B. Pharm	25/02/2015 & 26/02/2015	Complied	Complied	NA

B –I.3

ANNEXURE-V

Status of Governing Council:	√ Government/Trust/Society/Individual / University
Details of the Governing Body	√ Enclosed / Not Enclosed
Minutes of the last Governing council Meeting	√ Enclosed / Not Enclosed

B –I.4

Pay Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
Teaching Staff	√ AICTE /UGC/State Govt. Yes	No	No	No	
Non- Teaching Staff	State Government Yes	No	No	No	

Signature of the Head of the Institution

Signature of the Inspectors

B –I .5**B.Pharm Course: Admission statement for the past three years (ANNEXURE-VI)**

ACADEMIC YEAR	Year 2014-2015	Year 2015-16	Year 2016-17
Sanctioned	100	100	100
No. of Admissions	100	100	99
Unfilled Seats	00	00	01
No. of Excess Admissions	00	00	00

B-I.6**Academic information: Percentage of UG results for the past three years based on University Calendar**

ACADEMIC YEAR	Year 2014-2015	Year 2015-16	Year 2016-17
1st year	62%	51.8%	74.44 %
2nd year	71%	77.66%	77.6 %
3rd year	59%	81%	88.76 %
Final year	71%	95.23%	80.51 %
Pass % (Final Year)	71%	95.23%	80.51 %

B – II**Co – Curricular Activities / Sports Activities**

Whether college has NSS Unit (Yes/No)? If no give reasons	Yes
NSS Programme Officer's Name	Mr. Satyendra Sharma
Programme conducted (mention details)	NSS Programmes at Noida
Whether students participating in University level cultural activities / Co- curricular/sports activities	√ Yes /No
Physical Instructor	√ Available / Not available
Sports Ground	√ Individual / Shared

Signature of the Head of the Institution

Signature of the Inspectors

C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

C .1 Resources and funding agencies (give complete list) – Funds are generated through fees collected from students and from contribution of society members etc. (Annexure VII)

C .2 Please provide following Information

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others		CAPITAL EXPENDITURE			
2.	Tuition Fee	3,25,00,000.00	1.	Building	4,00,000.00	
3.	Library Fee		2.	Equipment	5,00,000.00	
4.	Sports Fee		3.	Others	2,00,000.00	
5.	Union Fee		REVENUE EXPENDITURE			
6.	Others Examination Fee	25,02,400.00	1	Salary	1,95,00,000.00	
7	Prospectus / Registration	1,22,400.00	2.	MAINTENANCE EXPENDITURE		
				i	College	10,00,000.00
8	Society	2,50,000.00		ii	Others	6,00,000.00
9	Bus Charge		3.	University Fee (If any)	25,02,400.00	
			4.	Apex Bodies Fee		
			5.	Government Fee		
			6.	Deposit held by the College		
Total		3,53,74,800.00	7.	Others	1,06,72,400.00	
			8.	Misc.Expenditure		
			Total		3,53,74,800.00	

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (B. Pharm courses) **ANNEXURE** : Available / Not Available
 a) 2.5 acres District HQ/Corporation/Municipality limit
 a) 0.5 acre for City / Metros
- b. Building : Own/Rented/Leased
- c. Land Details to be in name of Trust and Society
 Records to be enclosed
 Sale deed : Enclosed/Not available
- d. Building[†]:
 i) Approved Building plan, to be Enclosed : Enclosed/Not available
- e. Total Built Area of the college building in Sq.mts : Built up Area 3532 sq mt.
 Amenities and Circulation Area 162.28 sq.mt.

2. Class rooms:

Total Number of Class rooms provided B.Pharm

Class	Required Nos	Available Nos	Required Area * for each class room	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	06	07	4 of 60 Sq. mts each	100 sq.m: 02 80 sq.m.:05	

3. Laboratory requirement for B.Pharm

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq mts	Remarks/ Deficiency
1	Laboratory Area for B.Pharm Course (12 Labs)	90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts - Essential	80 sq.m	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm	03 Laboratories 02 Laboratories 01 Laboratory 02 Laboratories 01 Laboratories 01 Laboratory 10 Laboratories *	05, 80 sq.m 03, 80 sq.m 01, 80 sq.m 04, 80 sq.m 02, 80 sq.m 01, 80 sq.m 16Laboratories	
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 sq mts (minimum)	10, 90 sq.m	
4	Area of the Machine Room	80-100 Sq.mts	111.4 sq.m	
5	Central Instrumentation Room	80 Sq.mts with A/ C	80 sq.m	
6	Store Room – I	1 (Area 100 Sq mts)	66. sq.m	
7	Store Room - II (For Inflammable chemicals)	1 (Area 20 Sq mts)	20 sq.m	

***Number of laboratories required for entire course of 4 years**

Signature of the Head of the Institution

Signature of the Inspectors

The Institutions will not be permitted to run the courses in rented building on or after 31.12.2008

1. All the Laboratories should be well lit & ventilated
2. All Laboratories should be provided with basic amenities and services like exhaust fans and fume chamber to reduce the pollution wherever necessary.
3. The work benches should be smooth and easily cleanable preferably made of non-absorbent material.
4. The water taps should be non-leaking and directly installed on sinks. Drainage should be efficient.
5. Balance room should be attached to the concerned laboratories.

4. Administration Area:

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Principal's Chamber	01	30 Sq .mts	01	52sq.mts	
2	Office – I - Establishment	01	60 Sq. mts	02	60 sqm	
3	Office – II – Academics					
4	Confidential Room					

5. Staff Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4	04	80 sqm	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	13	200 sqm	

6. Museum, Library, Animal House and other Facilities

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Animal House	01	80 Sq mts	01	80 sqm	
2	Library	01	150 Sq mts	01	150 sqm	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	01	50 sqm	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	Central Facility with 500 seating capacity		
5	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	Adequate	200 sqm	

Signature of the Head of the Institution

Signature of the Inspectors

7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/Deficiency
				No.	Area in Sq .mts	
1	Girl's Common Room (Essential)	01	60 Sq.mts	01	60 sq m	
2	Boy's Common Room (Essential)	01	60 Sq.mts	01	66 sq m	
3	Toilet Blocks for Boys	01	24 Sq.mts	03	24 sq m	
4	Toilet Blocks for Girls	01	24 Sq.mts	03	24 sq m	
5	Drinking Water facility – Water Cooler (Essential).	01	Each floor	03	Available	
6	Boy's Hostel (Desirable)*	01	9 Sq .mts / Room Single occupancy	02	Available	
7	Girl's Hostel (Desirable)*	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	01	Available	
8	Power Backup Provision (Desirable)	01		Available	Available	

* Central Facility.

8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	02	200 sqm	
Computer (Latest Configuration)	1 system for every 10 students	100	-	
Printers	1 printer for every 10 computers	10	-	
Multi Media Projector	01	13	-	
Generator (5KVA)	01	√	-	

Signature of the Head of the Institution

Signature of the Inspectors

9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	01	H.R.A are paid	---	
Staff quarters	16 x 80 Sq. mts	-	H.R.A are paid	---	
Canteen	100 Sq. mts	02	> 100 sqm	---	
Parking Area for staff and students		02	Enough space	----	
Bank Extension Counter		01	Union Bank Extension Counter	----	
Co operative Stores		00		√	
Guest House	80 Sq. mts	01	150 sqm	----	
Transport Facilities for students	Buses Provided	04	--	----	
Medical Facility (First Aid) √		01	First Aid Box are kept in lab/store	---	

10. A. Library books and periodicals

The minimum norms for the initial stock of books, yearly addition of the books and the number of journals to be subscribed are as given below: **ANNEXURE-VIII**

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	Numbers	
1	Number of books	646	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	2633	8612	
2	Annual addition of books		150 to 200 books per year	219	351	
3	Periodicals Hard copies / online		10 National	32 17	Online journals Delnet:68	
4	CDS		Adequate Nos	√	95	
5	Internet Browsing Facility		√ Yes/No (Minimum ten computers)	Yes	√ (10)	
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01		01 01 02	
7	Library Automation and Computerized System Yes					
8	Library Timings 9.00 am to 6.00 pm					

Signature of the Head of the Institution

Signature of the Inspectors

10.B. Library Staff:

	Staff	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	M. Lib, PhD	1	01	
2	Assistant Librarian	B. Lib	1	02	
3	Library Attenders	10 +2 / PUC	2	02	

Signature of the Head of the Institution**Signature of the Inspectors**

Spoken English	40	24	-	-	-	
Cyber security	40	49	10x4=40	14x4=56	14x4=56	
Pharmaceutical Organic Chemistry	40	61	10x4=40	14x4=56	14x4=56	
Pharmaceutical Physical Chemistry	40	52	10x4=40	14x4=56	14x4=56	
Anatomy and Pathophysiology- II	40	44	10x4=40	14x4=56	14x4=56	
Pharmacognosy	40	55	10x4=40	15x4=60	15x4=60	

II B. Pharm

Subject	No of Theory classes		Practicals			Remark of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of classes conducted to fulfill prescribed number of hours as in column 5 No. of classes x hours per class	
1	2	3	4	5		
Pharmaceutical Chemistry-III (Heterocyclic & Bioorganic Chemistry)	40	57	10x4=40	15x4=60	15x4=60	
Pharmaceutics-II (Unit Operations)	40	43	10x4=40	15x4=60	15x4=60	
Pharmaceutics-III (Hospital & Community Pharmacy)	40	40	10x4=40	12x4=48	12x4=48	
Anatomy, Physiology & Pathophysiology-III	40	43	10x2=20	14x2=28	10x2=28	
Pharmacognosy-II	40	43	10x4=40	14x4=56	14x4=56	
Bio chemistry and Molecular biology	40	58	10x4=40	14x4=56	14x4=56	
Physical Pharmacy	40	45	10x4=40	13x4=52	13x4=52	
Pharmaceutics-V (Cosmetic Technology)	40	48	10x4=40	12x4=48	12x4=48	
Pharmaceutical Analysis -II	40	43	10x4=40	12x4=48	12x4=48	
Pharmaceutical Jurisprudence	40	41	10x4=40	14x4=56	14x4=56	

Signature of the Head of the Institution

Signature of the Inspectors

III B. Pharm

Subject	No of Theory classes		Practicals			Remark of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of classes conducted to fulfill prescribed number of hours as in column 5 No. of classes x hours per class	
1	2	3	4	5		
Pharmaceutical Chemistry-IV	40	41	10x4=40	15x4=60	15x4=60	
Pharmaceutics-V	40	47	10x4=40	14x4=56	14x4=56	
Pharmacology-I	40	46	10x4=40	14x4=56	14x4=56	
Pharmaceutical Chemistry-V	40	48	10x4=40	14x4=56	14x4=56	
Pharmaceutics-VI	40	49	10x3=30	15x3=45	15x3=45	
Pharmaceutical Chemistry-VI	40	50	10x4=40	14x4=56	14x4=56	
Pharmaceutics-VII	40	41	10x4=40	11x4=44	11x4=44	
Pharmacology-II	40	42	10x4=40	11x4=44	11x4=44	
Pharmacognosy-III	40	40	10x3=30	12x3=36	12x3=36	
Professional Communication-II	30	30	10x2=20	12x2=24	12x2=24	
Environment & Ecology	40	41	NA	NA	NA	

IV B. Pharm

Subject	No of Theory classes		Practicals			Remark of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of classes conducted to fulfill prescribed number of hours as in column 5 No. of classes x hours per class	
1	2	3	4	5		
Pharmaceutical Chemistry-VII (Medicinal Chemistry-III)	40	41	-	-	-	
Pharmaceutics-IX (Biopharmaceutics & Pharmacokinetics)	40	52	10x4=40	14x4=56	14x4=56	

Signature of the Head of the Institution

Signature of the Inspectors

Pharmacology-III (Pharmacology & Pharmacovigilance)	40	48	10x4=40	14x4=56	14x4=56	
Pharmacognosy-IV	40	46	10x4=40	12x4=48	12x4=48	
Pharmaceutical Analysis-III (Pharmaceutical Analysis & Quality Assurance)	40	56	10x4=40	14x4=56	14x4=56	
Pharmaceutical Chemistry-IX (Chemistry of Natural Products)	40	40	10x4=40	13x4=52	13x4=52	
Pharmaceutics-X (Pharmaceutical Biotechnology)	40	45	10x4=40	13x4=52	13x4=52	
Pharmaceutics-XI (Pharmaceutical Marketing & Management)	40	48	-	-	-	
Pharmaceutics-XII (Food & Nutraceuticals)	40	53	10x4=40	12x4=48	13x4=48	
Good Manufacturing practice	40	40	-	-	-	
Clinical Pharmacy	40	47	-	-	-	

8. Whether Tutorials are being conducted
(if any, as per university norms)

Yes

No

9. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last three years. ANNEXURE-XII

A.

Name of the Event	Year 2014-2015	Year 2015-16	Year 2016-17
Guest Lectures	03	07	05
Seminars	01	00	00
Workshops	01	02	01
Symposia	01	00	00

B. Papers Presented / Published during last three years ANNEXURE-XIII

	Year 2014-2015		Year 2015-16		Year 2016-17	
	National	International	National	International	National	International
Published	1	16	0	14	0	16
Presented	10	1	8	0	10	0

Signature of the Head of the Institution

Signature of the Inspectors

10. Whether Internal Assessments are conducted periodically as per university norms

Yes No

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		III Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
B.PHARM							
I B. Pharm	11/2/17- 14/2/17	20/4/17- 26/4/17	9/3/17- 16/3/17	20/4/17- 26/4/17	29/4/17- 6/5/17	20/4/17- 26/4/17	
II B. Pharm	11/2/17- 14/2/17	20/4/17- 26/4/17	9/3/17- 16/3/17	20/4/17- 26/4/17	29/4/17- 6/5/17	20/4/17- 26/4/17	
III B. Pharm	11/2/17- 14/2/17	20/4/17- 26/4/17	9/3/17- 16/3/17	20/4/17- 26/4/17	29/4/17- 6/5/17	20/4/17- 26/4/17	
IV B. Pharm	11/2/17- 14/2/17	20/4/17- 26/4/17	9/3/17- 16/3/17	20/4/17- 26/4/17	29/4/17- 6/5/17	20/4/17- 26/4/17	

11. Whether Evaluation of the internal assessments is Fair Yes No
For current session (2016-2017)

Class	No. of Candidates scored more than 80%		No. of Candidates scored between 60 - 80%		No. of Candidates scored between 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I B.Pharm	14	43	83	45	2	11	3	0	
II B.Pharm	27	76	69	27	7	0	0	0	
III B.Pharm	25	32	62	42	2	15	0	0	
IV B.Pharm	13	25	48	37	15	15	0	0	

**12. Work load of Faculty members for B.Pharm: ANNEXURE-XIV
M.Pharm: ANNEXURE-XIV**

Sl. No	Name of the Faculty	Subjects taught	B. Pharm								Total work load	Specific Remarks of the Inspector
			I		II		III		IV			
			Th	Pr	Th	Pr	Th	Pr	Th	Pr		

13. Percentage of students qualified in GPAT in the last Three Years (Annexure-XV)

Details	Year 2015	Year 2016	Year 2017
No. of Students Appeared	0	02	04
No. of Students Qualified	0	02	03
Percentage	0	100%	75%

14. Whether the Institution has an Industry – Institution Interaction cell Yes No

If applicable please give the details for the previous Year (Annexure-XVI)

Events	Details for the Previous Year
No. of Industrial visits	01
Industrial Tour	00
Industrial Training	48

Signature of the Head of the Institution

Signature of the Inspectors

No. of Resource Persons from the Industry for Guest Lectures	05
No. of Collaboration projects with Industry	In process

15. Percentage of students Placed through the College Placement Cell in the Last Three Years

Year	Year 2014-2015	Year 2015-16	Year 2016-17
No. of students appeared for campus interview	10	58	25
% Placed	58.8%	63.0%	32.05%

23. Whether Professional Society Activities are Conducted (Enclose Details) (ISTE, IPA, APTI, ICTA and Related Societies)

√

Yes	No
-----	----

Various faculty members are enrolled as life members of various professional bodies like IPA, APTI, ISTE, IPGA, IPCA and Indian Chemical Society etc. Dr A. Mazumder and Dr Rupa Mazumder are in the current panel of inspectors of Pharmacy Council of India(PCI) . Dr Mrs Rupa. Mazumder was the founder member of Jharkhand State Pharmacy Council. Detail list attached as **Annexure XVI**

Membership of Professional Bodies

S. No.	Name of Faculty Members	Name of Professional Bodies
1.	Dr. A. Mazumder	APTI, IPA, IHPA, AIC, FICS Bioinformatics Institute. of India
2.	Dr. (Mrs.) R. Mazumder	APTI, IPA, AIC, FICS Bioinformatics Institute of India
3.	Dr. (Mrs.) Sanjita Das	ISTE, IPS, IPA, IPGA, APTI, Indian Chemical Society
4.	Dr. G. S. Chakraborty	APTI, IPGA, IPS, ISTE, IPA, In Pharm Association, IGS, IIS, ISCA, ISP, ISAS
5.	Mrs. Shilpi Chanda	ISP
6.	Mrs. Sangita Kumari	APTI, IPGA
7.	Mrs. Sushma Verma	APTI, IPGA
8.	Mrs. Anju Gauniya	APTI, IPGA
9.	Dr (Mrs.) Saumya Das	IPS, IPA, IPGA
10.	Mrs. Ritu Arora	APTI
11.	Mrs. Monika	IPGA
12.	Mrs. Chandana Majee	IPGA
13.	Ms. Swati Yadav	IPGA
14.	Ms. Uzma Farooq	IPGA
15.	Mr. Sanjay Kumar Yadav	IPGA
16.	Mr. Mohit Kotnala	IPGA
17.	Mrs. Ketki Rani	IPGA
18.	Ms. Neha Yadav	IPGA
19.	Mrs. Archana Sharma	IPGA
20.	Mrs. Priya Yadav	IPGA
21.	Mrs. Soumya Mishra	IPGA

Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF:

1. Details of Teaching Faculty for B.Pharm Course to be enclosed in the format mentioned below:

ANNEXURE

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors

2. Qualification and number of Staff Members

Qualification			
B. Pharm	M. Pharm	PhD	Others - Full Time
Nil	25	7	Nil

3. Teaching Staff required year wise exclusively for B.Pharm for intake of 100 students

	No. of staff required
1. Pharmaceutical Chemistry	7
2. Pharmaceutical Analysis	2
3. Pharmacology	4
4. Pharmacognosy	4
5. Pharmaceutics	6
6. Pharmacy Practice	1
7. Principal	1
Total	25
*part time teaching Staff	3
Remarks of the Inspection Team	

***Part time teaching staff for Mathematics, biology and Computer Science can be appointed**

4. Staff Pattern for **B. Pharm** courses Department wise / Division wise:

Professor: Asst. Professor: Lecturer 1:1:3

Department / Division	Name of the post	For strength of 100 students	Provided by the institution	Remarks of inspection team
Department of Pharmaceutics	Professor	1	01	
	Asst. Professor	2	02	
	Lecturer	3	03	
Department of Pharmaceutical Chemistry	Professor	1	00	
	Asst. Professor	3	03	
	Lecturer	3	03	
Department of Pharmacology	Professor	1	02	
	Asst. Professor	2	02	
	Lecturer	1	02	

Signature of the Head of the Institution

Signature of the Inspectors

Department of Pharmacognosy	Professor	1	01	
	Asst. Professor/ Reader	1	01	
	Lecturer	2	01	
Department of Pharmacy Practice	Asst. Professor	1	01	
	Lecturer	1	00	
Department of Pharmaceutical Analysis	Asst. professor	1	01	
	lecturer	1	01	

5. Selection criteria and Recruitment Procedure for Faculty: (Annexure-XVIII)

a.	Whether Recruitment Committee has been formed	√ Yes / No
b.	Whether Advertisement for vacancy is notified in the Newspapers	√ Yes / No
c.	Whether Demonstration Lecture has been conducted	√ Yes / No
d.	Whether opinion of Recruitment Committee Recorded	√ Yes / No

6. Details of Faculty Retention for:

Name of Faculty Member	Period	%
		Duration of 15 yrs. and above
Dr. S. Das, Mrs S. Verma, Mrs. Anju. Gauniya	Duration of 10 yrs. and above	10%
Dr Avijit Mazumder, Dr Rupa Mazumder, Dr G S Chakraborty, Mrs Deepika Thareja, , Mrs Shipra Jain, Mr. Salahuddin, Mrs. Sangita Kumari, Mrs. Saumya Awasthi, Mr Salahuddin, Mrs Chandana Majee, Mrs Ritu Arora, Mrs Monika	Duration of 5 yrs. and above	40%
All Other Faculty Members	Less than 5 yrs.	50%

7. Details of Faculty Turnover:

Left 06 since the inception of the department in 2005

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
08*	% of faculty retained in last 5 years	√			

*Mr K.K.Jha, Dr S.P.Basu, Mrs. Ruchika Garg, Mrs. Suman Kumari, Ms Monica Kundu, Mrs Shilpa Pahwa, Mr Rishab Dev Pandey, Mr Vikas Rathore

Signature of the Head of the Institution

Signature of the Inspectors

8.Number of Non-teaching staff available for B. Pharm course for intake of 100 Students:

Sl. No.	Designation	Required (Minimum)	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	08	Dip in Pharmacy+ B.SC(Ag), B.SC (Bio), M.SC (Bio)	
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC	1	SSLC	
3	Office Superintendent	1	Degree	1	Graduate	
4	Accountant	1	Degree	1	B.Sc	
5	Store keeper	1	D. Pharm/ Degree	1	B.Sc(Bio)	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	2	MA, DTP, DCA	
7	Office Staff I	1	Degree	1	B.Com, BCA	
8	Office Staff II	2	Degree	2	MA, B.Com, DTP, DFA	
9	Peon	4	SSLC	3	School level	
10	Cleaning personnel	Adequate	---	Adequate	School level	
11	Gardener	Adequate	---	Adequate	Properly trained	

Signature of the Head of the Institution

Signature of the Inspectors

9. Scale of pay for Teaching faculty (to be enclosed): ANNEXURE

Sl. No	Name	Qualification	Designation	Basic pay Rs.	DA Rs.	HRA Rs.	CCA Rs.	Other allowance Rs.	Deductions			Bank A/C No	PAN No	EPF A/c no.	Total	Signature
									P T	TDS	EPF					

10. Whether facilities for Research / Higher studies are provided to the faculty?

Various faculty members have registered for their PhD Programme in various universities. All laboratory facilities are also provided to them. The teachers are encouraged to attend various workshops and present scientific papers in various national seminars and conferences.

11. Whether faculty members are allowed to attend workshops and seminars?

The teachers are encouraged to attend various workshops and present scientific papers in various national seminars and conferences.

12. Scope for the promotion for faculty: Promotions Yes No

13. Gratuity Provided Yes No

14. Details of Non-teaching staff members (list to be enclosed): ANNEXURE: XIX

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors

15. Whether Supporting Staff (Technical and Administrative) are encouraged for skill up gradation programs. Yes/ No

Signature of the Head of the Institution

Signature of the Inspectors

PART V - DOCUMENTATION

Records Maintained: Essential

Sl. No	Records	Yes	No	Remarks of the Inspectors
1	Admissions Registers	Yes		
2.	Individual Service Register	Yes		
3.	Staff Attendance Registers	Yes		
4.	Sessional Marks Register	Yes		
5.	Final Marks Register	Yes		
6.	Student Attendance Registers	Yes		
7.	Minutes of meetings- Teaching Staff	Yes		
8.	Fee paid Registers	Yes		
9.	Acquittance Registers	Yes		
10.	Accession Register for books and Journals in Library	Yes		
11.	Log book for chemicals and Equipment costing more than Rupees one lakh	Yes		
12.	Job Cards for laboratories	Yes		
13.	Standard Operating Procedures (SOP's) for Equipment	Yes		
14.	Laboratory Manuals	Yes		
15.	Stock Register for Equipment	Yes		
16.	Animal House Records as per CPCSEA	Yes		

Signature of the Head of the Institution

Signature of the Inspectors

PART - VI

**1. Financial Resource allocation and utilization for the past three years:
(Audited Accounts for previous year to be enclosed): Annexure**

Sl	Expenditure in Rs. 2014-2015			Expenditure in Rs. 2015-16			Expenditure in Rs. 2016-2017			Remarks of the Inspectors*
	No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	
1	275	240.00	35.00	325.00	300.00	25.00	350.00	325.00	25.00	

2. Total amount spent on chemicals and glassware for the past three years:

Sl	Expenditure in Rs. 2014-2015			Expenditure in Rs. 2015-16			Expenditure in Rs. 2016-2017			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
	Chemicals	3.50	3.42	Chemicals	5.00	4.95	Chemicals	5.00	4.94	
	Glassware	2.50	2.52	Glassware	3.00	2.76	Glassware	2.50	2.52	

**3. Total amount spent on equipments for the past three years:
(Enclose purchase invoice)**

Sl	Expenditure in Rs. 2014-2015			Expenditure in Rs. 2015-16			Expenditure in Rs. 2016-2017			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
	Equipment	20.00	19.02	Equipment	0.75	0.80	Equipment	3.00	3.10	

Signature of the Head of the Institution

Signature of the Inspectors

4. Total amount spent on Books and Journals for the past three years:

SI No.	Expenditure in Rs. 2014-2015			Expenditure in Rs. 2015-16			Expenditure in Rs 2016-2017			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	2.00	1.69	Books	0.60	0.55	Books	2.50	2.31	
2	Journals	4.00	4.44	Journals	5.00	5.23	Journals	4.00	3.34	

*Last three years including this academic year till the date of inspection

Signature of the Head of the Institution

Signature of the Inspectors

PART VII – EQUIPMENT AND APPARATUS

NOTE: Inspectors are requested to note that items which are marked with an asterisk (*) are common for B.Pharm

PHARMACEUTICS

Equipment

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Continuous Hot Extraction Equipment	05	05	Yes	
2	Conical Percolator	05	10	Yes	
3	Tincture Press	01	01	Yes	
4	Hand Grinding Mill	01	06	Yes	
5	Disintegrator*	01	01	Yes	
6	Ball mill*	01	01	Yes	
7	Hand operated Tablet Machine	01	01	Yes	
8	Tablet Coating Pan unit with hot air blower laboratory size*	01	01	Yes	
9	Polishing pan laboratory size	01	01	Yes	
10	Monsanto's hardness tester	01	01	Yes	
11	Pfizer type hardness tester	01	01	Yes	
12	Tablet disintegration test apparatus IP*	01	01	Yes	
13	Tablet dissolution test apparatus IP*	01	01	Yes	
14	Granulating sieve set	10	10	Yes	
15	Tablet counter-small size	05	05	Yes	
16	Friability tester*	01	01	Yes	
17	Collapsible tube-Filling and sealing equipment*	01	02	Yes	
18	Capsule filling machine-Lab size*	01	02	Yes	
19	Digital balance*	01	05	Yes	
20	Distillation unit for distilled water	02	01	Yes	
21	Deionisation unit	01	01	Yes	
22	Glass distillation unit for water injection	01	01	Yes	
23	Ampoule washing machine	01	01	Yes	
24	Ampoule filling and sealing machine*	01	01	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

25	Sintered glass filters for bacteria proof filtration (four different grades)	Adequate	Adequate	Yes	
26	Millipore filter (3 grades)	Adequate	Adequate	Yes	
27	Autoclave*	01	01	Yes	
28	Hot air sterilizer	01	01	Yes	
29	Incubator	01	01	Yes	
30	Aseptic cabinet	01	01	Yes	
31	Ampoule clarity test equipment*	01	02	Yes	
32	Blender	01	01	Yes	
33	Sieves set (Pharmacopoeial standard)*	02	10	Yes	
34	Lab Centrifuge	01	01	Yes	
35	Ointment slab	Adequate	Adequate	Yes	
36	Ointment spatula	Adequate	Adequate	Yes	
37	Pestle and mortar porcelain	Adequate	Adequate	Yes	
38	Pestle and mortar glass	Adequate	Adequate	Yes	
39	Suppository moulds of three sizes	Adequate	Adequate	Yes	
40	Refrigerator	01	01	Yes	

NOTE: Adequate number of glassware commonly used in laboratory should be provided in each laboratory and department

PHARMACEUTICAL CHEMISTRY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Refractometer	01	01	Yes	
2	Polarimeter	01	01	Yes	
3	Photoelectric colorimeter	01	01	Yes	
4	pH meter*	01	01	Yes	
5	Atomic model set*	02	04	Yes	
6	Electronic balance*	01	01	Yes	
7	Periodic table chart*	Adequate	01	Yes	

NOTE: Adequate number of glassware commonly used in laboratory should be provided in each laboratory and department

Signature of the Head of the Institution

Signature of the Inspectors

PHYSIOLOGY & PHARMACOLOGY LABORATORY**Equipment**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Haemoglobinometer	20	20	Yes	
2	Haemocytometer*	10	30	Yes	
3	Student's organ bath	01	02	Yes	
4	Sherington's rotating drum*	01	02	Yes	
5	Frog board	Adequate	Adequate	Yes	
6	Tray (dissecting)	Adequate	Adequate	Yes	
7	Frontal writing lever*	Adequate	Adequate	Yes	
8	Aeration tube*	Adequate	Adequate	Yes	
9	Telethermometer	01	01	Yes	
10	Pole climbing apparatus*	01	01	Yes	
11	Histamine chamber	01	01	Yes	
12	Simple lever*	Adequate	Adequate	Yes	
13	Sterling heart lever*	Adequate	Adequate	Yes	
14	Aerator*	Adequate	Adequate	Yes	
15	Histological Slides	Adequate	Adequate	Yes	
16	Sphygmomanometer* (B.P. apparatus)	05	20	Yes	
17	Stethoscope*	05	09	Yes	
18	First aid equipment	Adequate	Adequate	Yes	
19	Contraceptive device	Adequate	Adequate	Yes	
20	Dissecting (surgical) instruments	Adequate	Adequate	Yes	
21	Balance for weighing small animals	01	01	Yes	
22	Kymograph paper	Adequate	Adequate	Yes	
23	Actophotometer*	01	01	Yes	
24	Analgesiometer*	01	02	Yes	
25	Thermometer	Adequate	Adequate	Yes	
26	Plastic animal cage	Adequate	Adequate	Yes	
27	Double unit organ bath with thermostat	01	10	Yes	
28	Refrigerator	01	01	Yes	
29	Digital balance	01	01	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

30	Charts	Adequate	Adequate	Yes	
31	Human skeleton*	01	01	Yes	
32	Anatomical specimen (Heart, brain, eye, ear, reproductive system etc...)*	01 set	01 set	Yes	
33	Electro-convulsimeter	01	01	Yes	
34	Stopwatch	Adequate	Adequate	Yes	
35	Clamp, boss heads, screw clips*	Adequate	Adequate	Yes	
36	Syme's Cannula	Adequate	Adequate	Yes	

NOTE: Adequate number of glassware commonly used in laboratory should be provided in each laboratory and department

PHARMACOGNOSY LABORATORY

Equipment

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Projection Microscope	01	01	Yes	
2	Charts (different types)	Adequate	Adequate	Yes	
3	Models (different types)	Adequate	Adequate	Yes	
4	Permanent Slides	Adequate	Adequate	Yes	
5	Slides and Cover Slips	Adequate	Adequate	Yes	

NOTE: Adequate number of glassware commonly used in laboratory should be provided in each laboratory and department

PHARMACY PRACTICE LABORATORY

Equipment

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	2	2	Yes	
2	Microscope	Adequate	Adequate	Yes	
3	Permanent slides (Skin, Kidney, pancreas, smooth muscle, liver etc..)	Adequate	Adequate	Yes	
4	Watch glass	Adequate	Adequate	Yes	
5	Centrifuge	1	1	Yes	
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	Adequate	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

7	Filtration equipment	2	2	Yes	
8	Filing Machine	1	1	Yes	
9	Sealing Machine	1	1	Yes	
10	Autoclave sterilizer	1	1	Yes	
11	Membrane filter	1 Unit	1	Yes	
12	Sintered glass funnel with complete filtering assemble	Adequate	Adequate	Yes	
13	Small disposable membrane filter for IV admixture filtration	Adequate	Adequate	Yes	
14	Laminar air flow bench	1	1	Yes	
15	Vacuum pump	1	1	Yes	
16	Oven	1	1	Yes	
17	Surgical Dressing	Adequate	Adequate	Yes	
18	Incubator	1	1	Yes	
19	pH Meter	1	1	Yes	
20	Disintegration test apparatus	1	1	Yes	
21	Hardness tester	1	1	Yes	
22	Centrifuge	1	1	Yes	
23	Magnetic stirrer	1	1	Yes	
24	Thermostatic bath	1	1	Yes	

NOTE: Adequate number of glassware commonly used in laboratory should be provided in each laboratory and department Museum: Every Institution shall maintain a museum of crude drugs, herbarium sheets, botanical specimens of the drugs and plants, mentioned in the course in addition the following recommended

1. Colored slides of medicinal plants
2. Display of popular patent medicines, and
3. Containers of common usage in medicines.

Signature of the Head of the Institution

Signature of the Inspectors

II Department wise list of minimum equipments required for B. Pharm (for a batch of 20 students)

DEPARTMENT OF PHARMACOLOGY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes*	15	25	Yes	
2	Haemocytometer with Micropipettes*	20	20	Yes	
3	Sahli's haemocytometer	20	22	Yes	
4	Hutchinson's spirometer	01	01	Yes	
5	Spygmomanometer*	05	30	Yes	
6	Stethoscope*	05	10	Yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	1 BOX	Yes	
8	Models for various organs	One model of each organ system	21	Yes	
9	Specimen for various organs and systems*	One model for each organ system	57	Yes	
10	Skeleton and bones*	One set of skeleton and one spare bone	01	Yes	
11	Different Contraceptive Devices and Models*	One set of each device	1 set of each	Yes	
12	Muscle electrodes	01	01	Yes	
13	Lucas moist chamber	01	02	Yes	
14	Myographic lever	01	01	Yes	
15	Stimulator	01	01	Yes	
16	Centrifuge	01	01	Yes	
17	Digital Balance	01	01	Yes	
18	Physical /Chemical Balance	01	03	Yes	
19	Sherrington's Kymograph Machine / Polyrite	10	22	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

20	Sherrington Drum*	10	20	Yes	
21	Perspex bath assembly (single unit)	10	20	Yes	
22	Aerators*	10	15	Yes	
23	Computer with LCD	01	01	Yes	
24	Software packages for experiment	01	01	Yes	
25	Standard graphs of various drugs	Adequate number	02	Yes	
26	Actophotometer*	01	02	Yes	
27	Rotarod	01	02	Yes	
28	Pole climbing apparatus*	01	01	Yes	
29	Analgesiometer (Eddy's hot plate and radiant heat methods)	01	02	Yes	
30	Convulsiometer*	01	01	Yes	
31	Plethysmograph	01	01	Yes	
32	Digital pH meter	01	01	Yes	

Apparatus:

Sl. No.	Name	Minimum required No.s	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Folin-Wu tubes	60	105	Yes	
2	Dissection Tray and Boards*	10	10	Yes	
3	Haemostatic artery forceps	10	10	Yes	
4	Hypodermic syringes and needles of size 15,24,26G	10	10	Yes	
5	Livers, cannulae*	20	25	Yes	

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

DEPARTMENT OF PHARMACOGNOSY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	15	21	Yes	
2	Digital Balance	02	02	Yes	
3	Autoclave	02	02	Yes	
4	Hot air oven	02	02	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

5	B.O.D.incubator	01	01	Yes	
6	Refrigerator	01	01	Yes	
7	Laminar air flow	01	01	Yes	
8	Colony counter	02	02	Yes	
9	Zone reader	01	01	Yes	
10	Digital pH meter	01	01	Yes	
11	Microscope with stage and oil immersion objective	20			
12	Sterility testing unit	01	01	Yes	
13	Camera Lucida	15	35	Yes	
14	Eye piece micrometer	15	22	Yes	
15	Stage micrometer	20	22	Yes	
16	Incinerator	01	01	Yes	
17	Moisture balance	01	01	Yes	
18	Heating mantle	15	15	Yes	
19	Flourimeter	01	01	Yes	
20	Vacuum pump	02	02	Yes	
21	Micropipettes (Single and multi channeled)	02	02	Yes	
22	Micro Centrifuge	01	01	Yes	
23	Projection Microscope	01	01	Yes	

Yes

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Reflux flask with condenser	20	25	Yes	
2	Water bath	20	30	Yes	
3	Clavengers apparatus	10	11	Yes	
4	Soxhlet apparatus	10	12	Yes	
6	TLC chamber and sprayer	10	16	Yes	
7	Distillation unit	01	01	Yes	

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

Signature of the Head of the Institution

Signature of the Inspectors

DEPARTMENT OF PHARMACEUTICAL CHEMISTRY**Equipment:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Hot plates	05	05	Yes	
2	Oven	03	03	Yes	
3	Refrigerator	01	01	Yes	
4	Analytical Balances for demonstration	05	14	Yes	
5	Digital balance 10mg sensitivity	10	10	Yes	
6	Digital Balance (1mg sensitivity)	01	01	Yes	
7	Suction pumps	06	06	Yes	
8	Muffle Furnace	01	01	Yes	
9	Mechanical Stirrers	10	10	Yes	
10	Magnetic Stirrers with Thermostat	10	10	Yes	
11	Vacuum Pump	01	02	Yes	
12	Digital pH meter	01	02	Yes	
13	Microwave Oven	02	02	Yes	

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02	02	Yes	
2	Reflux flask and condenser single necked	20	56	Yes	
3	Reflux flask and condenser double / triple necked	20	20	Yes	
4	Burettes	40	96 (40+56)	Yes	
5	Arsenic Limit Test Apparatus	20	21	Yes	
6	Nessler's Cylinders	40	80	Yes	

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

Signature of the Head of the Institution

Signature of the Inspectors

DEPARTMENT OF PHARMACEUTICS**Equipment:**

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Homogenizer	05	07	Yes	
2	Digital balance (10 mg sensitivity)	05	05	Yes	
3	Microscopes	05	12	Yes	
4	Stage and eye piece micrometers	05	05	Yes	
5	Brookfield's viscometer	01	01	Yes	
6	Ball mill*	01	01	Yes	
7	Sieve shaker with sieve set*	01	01	Yes	
8	Double cone blender	01	01	Yes	
9	Propeller type mechanical agitator	05	05	Yes	
10	Autoclave*	01	01	Yes	
11	Steam distillation still	01	01	Yes	
12	Vacuum Pump*	01	01	Yes	
13	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	10 sets	Yes	
14	Tablet punching machine	01	03	Yes	
15	Capsule filling machine*	01	02	Yes	
16	Ampoule washing machine*	01	01	Yes	
17	Ampoule filling and sealing machine*	01	01	Yes	
18	Tablet disintegration test apparatus IP	01	02	Yes	
19	Tablet dissolution test apparatus IP	01	01	Yes	
20	Monsanto's hardness tester	01	03	Yes	
21	Pfizer type hardness tester	01	03	Yes	
22	Friability test apparatus*	01	01	Yes	
23	Clarity test apparatus	01	02	Yes	
24	Ointment filling machine*	01	02	Yes	
25	Collapsible tube crimping machine*	01	02	Yes	
26	Tablet coating pan*	01	01	Yes	
27	Magnetic stirrer, 500ml and 1 liter capacity with speed control*	05 EACH 10	13	Yes	
28	Digital pH meter	01	02	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

29	All purpose equipment with all accessories	01	01	Yes	
30	Aseptic Cabinet	01	01	Yes	
31	BOD Incubator	02	02	Yes	
32	Bottle washing Machine	01	01	Yes	
33	Bottle Sealing Machine	01	01	Yes	
34	Bulk Density Apparatus	02	02	Yes	
35	Conical Percolator (glass/ copper/ stainless steel)	10	10	Yes	
36	Capsule Counter	02	02	Yes	
37	Energy meter	02	01	Yes	
38	Hot Plate	02	04	Yes	
39	Humidity Control Oven	01	01	Yes	
40	Liquid Filling Machine	01	01	Yes	
41	Mechanical stirrer with speed regulator	02	02	Yes	
42	Precision Melting point Apparatus	01	01	Yes	
43	Tray Drier	01	01	Yes	
44	Distillation Unit	01	01	Yes	

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	15	25	Yes	
2	Stalagmometer	15	56	Yes	
3	Desiccator*	05	06	Yes	
4	Suppository moulds	20	20	Yes	
5	Buchner Funnels (Small, medium, large)	05 each	36	Yes	
6	Filtration assembly	01	02	Yes	
7	Permeability Cups	05	No	No	
8	Andreason's Pipette	03	03	Yes	
9	Lipstick moulds	10	10	Yes	

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

Signature of the Head of the Institution

Signature of the Inspectors

PHARMACEUTICAL BIOTECHNOLOGY

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Orbital shaker incubator	01	01	Yes	
2	Lyophilizer (Desirable)	01	No	No	
3	Gel Electrophoresis (Vertical and Horizontal)	01	01	Yes	
4	Phase contrast/Trinocular Microscope	01	01	Yes	
5	Refrigerated Centrifuge	01	01	Yes	
6	Fermenters of different capacity (Desirable)	01	No	No	
7	Tissue culture station	01	01	Yes	
8	Laminar airflow unit	01	01	Yes	
9	Diagnostic kits to identify infectious agents	01	01	Yes	
10	Rheometer	01	01	Yes	
11	Viscometer	01	01	Yes	
12	Micropipettes (single and multi channeled)	01 each	1 each	Yes	
13	Sonicator	01	01	Yes	
14	Respinometer	01	01	Yes	
15	BOD Incubator	01	01	Yes	
16	Paper Electrophoresis Unit	01	01	Yes	
17	Micro Centrifuge	01	01	Yes	
18	Incubator water bath	01	01	Yes	
19	Autoclave	01	01	Yes	
20	Refrigerator	01	01	Yes	
21	Filtration Assembly	01	01	Yes	
22	Digital pH meter	01	01	Yes	

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

Signature of the Head of the Institution

Signature of the Inspectors

CENTRAL INSTRUMENTATION ROOM:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01	04	Yes	
2	Digital pH meter	01	02	Yes	
3	UV- Visible Spectrophotometer	01	01	Yes	
4	Flourimeter	01	01	Yes	
5	Digital Balance (1mg sensitivity)	01	01	Yes	
6	Nephelo Turbidity meter	01	01	Yes	
7	Flame Photometer	01	01	Yes	
8	Potentiometer	01	01	Yes	
9	Conductivity meter	01	03	Yes	
10	Fourier Transform Infra Red Spectrometer (Desirable)	01	01	Yes	
11	HPLC	01	01	Yes	
12	HPTLC (Desirable)	01	No	No	
13	Atomic Absorption and Emission spectrophotometer (Desirable)	01	No	No	
14	Biochemistry Analyzer (Desirable)	01	01	Yes	
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01	No	No	
16	Deep Freezer (Desirable)	01	01	Yes	
17	Ion- Exchanger	01	01	Yes	
18	Lyophilizer (Desirable)	01	No	No	

Signature of the Head of the Institution

Signature of the Inspectors

Observation of the Inspectors:

Compliance of the last recommendations by Inspectors

Specific observations if not complied

Signature of Inspectors:

1.

2.

Note:

- 1. The Inspection Team is instructed to physically verify the details and records filled up by the college in the application form submitted by the college, which is with you now and record the observations, opinions and recommendations in clear and explicit terms.**
- 2. The team is requested to record their comments only after physical verification of records and details.**

Signature of the Head of the Institution

Signature of the Inspectors

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name

(as on University Degree certificate)

Recent Passport size photo of the Employee

Signed by Dean/Principal of the College

Photograph

Date of Birth & Age

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm				
M.Pharm				
(Ph.D.)/others				

Copies of Registration Certificate and University degree/PG/Ph.D. be attached.

Present Designation : _____

Department : _____

College : _____

City : _____

Nature of appointment : Permanent/Temporary/Adhoc/Honorary/Part-time

Whether belongs to : O.G./SC/ST/OBC/Ex-service/Others

Signature of the Head of the Institution

Signature of the Inspectors

E-mail address : _____

Date of joining present institution: _____ as _____
(Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer				
Reader/ Assistant Professor				
Professor				
Principal				

1. Before joining present institution I was working at _____ as _____ and relieved on _____ after resigning/retiring (**relieving order is enclosed from the previous institution**).
2. I am not working in any other Pharmacy College/Medical College/Dental College/Industry/Community Pharmacy/Hospital Pharmacy/Govt. Service/any other service in the State or outside the State in any capacity full-time/part-time other than the above.
3. I have drawn total emoluments from this college as under :-

	Amount Received	TDS
April, 2009		
May, 2009		
June, 2009		
July, 2009		
August, 2009		
September, 2009		
October, 2009		
November, 2009		
December, 2009		

Signature of the Head of the Institution

Signature of the Inspectors

January, 2010		
February, 2010		
March, 2010		

(Copy of my form 16 (TDS certificate) for financial year 2009-2010 is attached)

P.A.N.: _____ Circle : _____

Declaration

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2009-2010.
2. It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Register of Registered Pharmacists).

Signature of the Employee:

Date :

Place:

Endorsement

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Countersigned by the Director/Dean/
Principal in respect of Teaching Staff

Date :

Place :

Signature of the Head of the Institution

Signature of the Inspectors

Permanent Residential

Address of employee : _____

Copy of Passport/Voter Card/Ration Card/PAN No./Electricity Bill/Driving License Attached as a proof of residence.

Phone & Fax Number with Code Office: _____ STD Code Phone No.
Residence: _____

E-mail address : _____
Date of joining present institution: _____ as _____
(Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer				
Reader/ Assistant Professor				
Professor				
Principal				

1. Before joining present institution I was working at _____ as _____ and relieved on _____ after resigning/retiring (**relieving order is enclosed from the previous institution**).
2. I am not working in any other Pharmacy College/Medical College/Dental College/Industry/Community Pharmacy/Hospital Pharmacy/Govt. Service/any other service in the State or outside the State in any capacity full-time/part-time other than the above.
3. I have drawn total emoluments from this college as under :-

Signature of the Head of the Institution

Signature of the Inspectors

	Amount Received	TDS
April, 201		
May, 201		
June, 201		
July, 201		
August, 201		
September, 201		
October, 201		
November, 201		
December, 201		
January, 201		
February, 201		
March, 201		

(Copy of my form 16 (TDS certificate) for financial year 2009-2010 is attached)

P.A.N.: _____ Circle : _____

Declaration

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2016-2017.
2. It is declared that each statement and/or contents of this declaration made by the resigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood accepted that such mis declaration in respect to any content of this declaration shall also treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Register of Registered Pharmacists).

Signature of the Employee:

Date :

Place:

Endorsement

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Countersigned by the Director/Dean/
Principal in respect of Teaching Staff

Date:

Place:

Signature of the Head of the Institution

Signature of the Inspectors

Signature of the Head of the Institution

Signature of the Inspectors