

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting D. Pharm course

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

(SIF-A)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No. :

**NAME OF THE INSPECTORS: 1.
(BLOCK LETTERS)**

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>Singha College of Pharmacy Vill.Singh, Near Lambra, Nakodar Road, Jalandhar 0181 0181-6570624 01816570624 mseducationalociety@yahoo.com</p>
<p>Year of starting of the course</p>	<p>2014</p>
<p>Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)</p>	<p>Private</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>M.S Educational Society 955,Urban Estate Phase-2, Jalandhar 0181 2271097 2271097 mseducationalociety@yahoo.com www.singhapharmacycollege.com</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>Deepak Mittal , President 0181 2271097 2271097 955, Urban Estate Phase-II Jalandhar 98140-21110 0181-2271097 mittalcements@yahoo.com</p>
<p>A – I. 4 Name and Address of the Head of the Institution</p>	<p>Varinderpal Singh</p>
<p>A – I. 4 a) Whether the Jan Aushadhi Medical Store has been opened by your institution</p>	<p style="text-align: center;">Yes / No (Please tick (✓) the relevant portion)</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 Paid

N/A

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated
D. Pharm	2017	DD949404	13/06/2016

b. APPROVAL STATUS:

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVERNMENT	Remarks of the Inspectors
D. Pharm	2016-2017	Approval Letter No and Date	23-june-2017 17-1059/2014-PCI/24535	PSB/DA/AFF/873 15/5/2015	
		Approved Intake	60	60	
		Actually Admitted	60	60	

c. STATUS OF APPLICATION

Course	Extension of Approval		Increase in Intake of Seats		Remarks	
	Yes	No	Yes	No	Current Intake	Proposed increase in Intake
D. Pharm	Yes	No	Yes	No	60	

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 status

Yes No

A – I. 6 a

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

Examining Authority : Diploma Course

With complete postal The Director Punjab State Board of Technical Education & Industrial Training

Address, Telephone No. Chandigarh (U.T).

and STD Code.

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B –I .1 Name of the Principal	Varinderpal Singh				
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	Yes	05 years	10 Years	
	PhD (Desirable)	No	02 years		

* Documentary evidence should be provided

B –I .2

For institution seeking continuation of approval

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
D. Pharm	16 December 2016		Yes	

* Enclose Documents

B –I .3

Pay Scales:

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

B –I .4

D. Pharm Course: Admission statement for the past three years

ACADEMIC YEAR	200- 14-15	200- 15-16	200- 16-17
Sanctioned	60	60	60
No. of Admissions	60	60	60
Unfilled Seats	-	-	-
No. of Excess Admissions	-	-	-

B –I .5

Academic information: Percentage of D. Pharm results for the past three years:

ACADEMIC YEAR	Year 200-14-15	Year 200- 15-16	Year 200-
D. Pharm	100%	100%	

Signature of the Head of the Institution

Signature of the Inspectors

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

Whether college has NSS Unit (Yes/No)? If no give reasons	Yes
NSS Programme Officer's Name	Mansi
Programme conducted (mention details)	Blood donation, Plantation
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)

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	0.00 0.00	CAPITAL EXPENDITURE			
2.	Tuition Fee	2640000.00	1.	Building	300000.00	
3.	Library Fee	0.00	2.	Equipment	320000.00	
4.	Sports Fee	0.00	3.	Others	40000.00	
5.	Union Fee	0.00	REVENUE EXPENDITURE			
6.	Others	0.00	1	Salary	2002400.00	
			2.	MAINTENANCE EXPENDITURE		
				i	College	5000.00
				ii	Others	0.00
			3.	University Fee (If any)	105000.00	
			4.	Apex Bodies Fee	0.00	
			5.	Government Fee	140000.00	
			6.	Deposit held by the College	15600.00	
			7.	Others	0.00	
			8.	Misc.Expenditure	12000.00	
			Total		2280000.00	
	Total	2640000.00				

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Building : **Own/Rented/Leased**
- b. Land:
 i) Leased or own Leased **Own**
- Sale / Agreement deed (records to be enclosed) : **Enclosed/Not available**
- c. Building: Leased Rented
- i) Leased/Rented † (Record to be enclosed) : **Enclosed/Not available**
 ii) If Own (Approved Building plan & sale deed to be enclosed) : **Enclosed/Not available**
- d. Total Area of the college building in Sq.mts : Built up Area
 Amenities and Circulation Area

2. Class rooms:

Total Number of Class rooms provided

Class	Required	Available	Required Area * for each class room	Available Area in Sq. mts	Remarks of the Inspectors
D. Pharm	02	2	90 Sq. mts	75	

(* To accommodate 60 students)

3. Laboratory requirement

Sl. No.	Name of Infrastructure	Requirement as per Norms	Available		Remarks/ Deficiency
			No.	Area in Sq. mts	
1	Laboratory Area for D.Pharm Course	50 Sq mts x n (n=05)	5	82 each	
2	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy Total no. of Labs for D. Pharm Course *Animal House	01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 05 Laboratories 01 (10 sq.mts)	1 1 1 1 1	82 82 82 82 82	
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)	2	10 spm	
4	Area of the Machine Room	100 Sq mts	1	100	
5	Aseptic Room	25 Sq mts	1	100	
6	Store Room – I	1 (Area 20 Sq mts)	1	22	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	1	22	

* Not required if computer simulated software are available

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 workbenches 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	20 Sq mts	1	30	
2	Office – I Including Confidential Room	01	40 Sq mts	1	50	
3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq mts	1	30	
4	Library with computer and reprographic facilities	01	100 Sq mts	1	150	
5	Museum	01	30 Sq mts (May be attached to the Pharmacognosy Lab)	1	30	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	1	250	
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	1		

Signature of the Head of the Institution

Signature of the Inspectors

5. Student Facilities:

Sl. No.	Name of infrastructure	Requirement in number	Requirement in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Girl's Common Room (Essential)	01	40 Sq mts	1	75	
2	Boy's Common Room (Essential)	01	40 Sq mts	1	75	
3	Toilet Blocks for Boys	01	25 Sq mts	1	25	
4	Toilet Blocks for Girls	01	25 Sq mts	1	25	
5	Canteen (Desirable)	01	100 Sq mts	1	100	
6	Drinking Water facility Water Cooler (Essential)	01		Yes		
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single occupancy			
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy)			
9	Power Backup Provision (Desirable)	01		Yes		

6. Computer and other Facilities:

Name	Required	Available	Available		Remarks of the Inspectors
			No.	Area in Sq. mts	
Computer (latest Configuration)	1 system for every 10 students	20	1	75	
Printers	1 printer for every 10 computers	3			
Xerox Machine	01	1			
Multi Media Projector	02	2			

7. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	1	100 sqm		
Staff quarters	6 x 80 Sq. mts				
Parking Area for staff and students		1			
Bank Extension Counter				Yes	
Co operative Stores				Yes	
Guest House	80 Sq. mts	1			
Transport Facilities for students		Yes			
Medical Facility (First Aid)		Yes			

Signature of the Head of the Institution

Signature of the Inspectors

8. 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:

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Titles	Numbers	
1	Number of books	75	750 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	100	225	
2	Annual addition of books		75 books per year			
3	Periodicals Hard copies / online		06 National Journals Indian Journal of Pharmaceutical Sciences Indian Journal of Pharmaceutical Education and Research Journal of Hospital Pharmacy Indian Journal of Pharmacology CIMS, MIMS Indian Journal of Experimental Biology.		4	
4	Library Timings			10 am to 3 pm		

8.B. Subject wise Classification:

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I	9	2	
2	Pharmaceutical Chemistry – I	10	2	
3	Pharmacognosy	10	3	
4	Biochemistry and Clinical Pathology	10	3	
5	Human Anatomy and Physiology	8	3	
6	Health Education and Community Pharmacy	8	3	
7	Pharmaceutics – II	8	2	
8	Pharmaceutical Chemistry – II	8	2	
9	Pharmacology and Toxicology	8	2	
10	Pharmaceutical Jurisprudence	4	2	
11	Drug Store and Business Management	4	3	
12	Hospital and Clinical Pharmacy	8	2	

8.C. Library Staff:

	Staff:	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	D. Lib	1	Yes	
2	Library Attenders	10+ 2 /PUC	1	Yes	

Note: The information provided will be assessed in giving the period of approval

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio:

Theory

Practicals

(Required ratio --- Theory → 60:1 and Practical → 20:1)

If more than 20 students in a batch 2 staff members to be present provided the lab is spacious

2. Date of Commencement of session:

Commencement	Completion
DD/MM/YY	DD/MM/YY
20/7/2016	25/4/2017

No of Days

No of Days

3. Vacation:

Summer:

Winter:

4. Total Number of working days:

5. Time Table:

Time Table for I and II D. Pharm Enclosed

Yes

No

6. Whether the prescribed numbers of classes are being conducted as per PCI norms

Class / Subject	Theory		Practicals				Remarks of the Inspectors
	Prescribed No of Hours	No of Hours Conducted	Prescribed No. of Hours	No of Hours Conducted	Prescribed Number of Classes	No of Classes conducted	
I D. Pharm							
Pharmaceutics – I	75	82	100	108	25	27	
Pharmaceutical Chemistry – I	75	82	75	108	25	27	
Pharmacognosy	75	85	75	108	25	27	
Biochemistry and Clinical Pathology	50	85	75	112	25	28	
Human Anatomy and Physiology	75	85	50	108	25	27	
Health Education and Community Pharmacy	50	82	----		----	----	
II D. Pharm							
Pharmaceutics – II	75	99	100	136	25	34	
Pharmaceutical Chemistry – II	100	124	75	132	25	33	
Pharmacology and Toxicology	75	98	50	128	25	32	
Pharmaceutical Jurisprudence	50	94	----	--	----	---	
Drug Store and Business Management	75	101	----	---	----	---	
Hospital and Clinical Pharmacy	75	97	50	128	25	32	

Signature of the Head of the Institution

Signature of the Inspectors

7. Whether Internal Assessments are conducted periodically as per PCI norms

Yes Yes No

8. Whether Evaluation of the internal assessments is Fair

Yes Yes No

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 D. Pharm	5.00	0.00	35.00	15.00	20.00	10.00	0.00	0.00	
II D. Pharm	0.00	0.00	30.00	20.00	30.00	15.00	0.00	0.00	

9. Workload of Faculty members for D. Pharm

Sl. No	Name of the Faculty	Subjects taught	D. Pharm				Total work load	Remarks of the Inspector
			I D. Ph		II D. Ph			
			Th	Pr	Th	Pr		

Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF.

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

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

2. Qualification and number of Staff Members

Number of staff members required: 07

Qualification			
B. Pharm	M. Pharm	PhD	Others - Full Time
4	2	0	Yes

3. Details of Faculty Retention for:

Name of Faculty Member	Period		Percentage
	Duration of 15 yrs. And above	Duration of 10 yrs. And above	
			N/A
	Duration of 5 yrs. And above		
	Less than 5 yrs.		

4. Details of Faculty Turnover

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
			% of faculty retained in last 3 yrs		N/A

5. No. of Non-teaching staff available for D. Pharm course for intake of 60 Students:

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	02	D. Pharm	2	Diploma	
2	Laboratory Assistants/ Attenders	04	SSLC	4	SSLC	
3	Office Superintendent	01	Degree	1	Degree	
4	Accountant cum Clark	01	Degree	1	Degree	
5	Store keeper	01	D. Pharm	1	D.Pharm	
6	Computer Data Operator	01	10+2 with computer training	1	BCA	
7	Peon	02	SSLC	2	10th	
8	Cleaning personnel	04	---	1	BA	
9.	Gardener	01	---	2	--	

Signature of the Head of the Institution

Signature of the Inspectors

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

N/A

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					

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

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

11. Gratuity Provided Yes No No

12. Details of Non-teaching staff members (list to be enclosed) :

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

13. Whether Supporting Staff (Technical and Administrative) are encouraged for Skill Upgradation 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			
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			
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			
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			

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 the previous year to be enclosed)

SI No.	Expenditure in Rs. 2014-2015			Expenditure in Rs. 2015-2016			Expenditure in Rs. 2016-2017			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total Budget Sanctioned	Recurring	Non Returning	Total Budget Sanctioned	Recurring	Non Returning	
	3105000	2920000	185000	3200000		0	260000	245500	15500	

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

SI No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs.			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals	35500	34100	Chemicals	36000	0	Chemicals	35000	35000	
	Glassware	95000	94100	Glassware	96500	0	Glassware	40000	35000	

3. Total amount spent on equipments for the past three years:

(Enclose purchase invoice)

SI No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs.			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment	34500	35000	Equipment	0	35500	Equipment	128000	135000	

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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. 2015-2016			Expenditure in Rs. 2016-17			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	21000	21000	Books	6000	0	Books	20,000	4440	
2	Journals	15000	15000	Journals	12000	0	Journals	21,000	21000	

***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
Department wise List of Minimum equipments required for D. Pharm

PHARMACEUTICS

Equipment:

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

Signature of the Head of the Institution

Signature of the Inspectors

27	Autoclave	01	1	Yes	
28	Hot air sterilizer	01	1	Yes	
29	Incubator	01	1	Yes	
30	Aseptic cabinet	01	1	Yes	
31	Ampoule clarity test equipment	01	1	Yes	
32	Blender	01	1	Yes	
33	Sieves set (Pharmacopoeial standard)	02	2	Yes	
34	Lab Centrifuge	01	1	Yes	
35	Ointment slab	Adequate		Yes	
36	Ointment spatula	Adequate		Yes	
37	Pestle and mortar porcelain	Adequate		Yes	
38	Pestle and mortar glass	Adequate		Yes	
39	Suppository moulds of three sizes	Adequate		Yes	
40	Refrigerator	01	1	Yes	

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

PHARMACEUTICAL CHEMISTRY

Equipment:

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

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

Signature of the Head of the Institution

Signature of the Inspectors

PHYSIOLOGY & PHARMACOLOGY LABORATORY**Equipment:**

SI No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Haemoglobinometer	20	20	Yes	
2	Haemocytometer	10	10	Yes	
3	Student's organ bath	1	1	Yes	
4	Sherington's rotating drum	1	1	Yes	
5	Frog board	Adequate	1	Yes	
6	Tray (dissecting)	Adequate	2	Yes	
7	Frontal writing lever	Adequate	3	Yes	
8	Aeration tube	Adequate	3	Yes	
9	Telethermometer	1	1	Yes	
10	Pole climbing apparatus	1	1	Yes	
11	Histamine chamber	1	1	Yes	
12	Simple lever	Adequate	3	Yes	
13	Staring heart lever	Adequate	2	Yes	
14	Aerator	Adequate	3	Yes	
15	Histological Slides	Adequate	50	Yes	
16	Sphygmomanometer (B.P. apparatus)	5	5	Yes	
17	Stethoscope	5	5	Yes	
18	First aid equipment	Adequate	Yes	Yes	
19	Contraceptive device	Adequate	Yes	Yes	
20	Dissecting (surgical) instruments	Adequate	Yes	Yes	
21	Balance for weighing small Animals	1	1	Yes	
22	Kymograph paper	Adequate	Yes	Yes	
23	Actophotometer	1	1	Yes	
24	Analgesiometer	1	1	Yes	
25	Thermometer	Adequate	Yes	Yes	
26	Plastic animal cage	Adequate	Yes	Yes	
27	Double unit organ bath with thermostat	1	1	Yes	
28	Refrigerator	1	1	Yes	
29	Single pan balance	1	1	Yes	
30	Charts	Adequate	Yes	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

31	Human skeleton	1	1	Yes	
32	Anatomical specimen (Heart, brain, eye, ear, reproductive system etc.,)	1 set	1	Yes	
33	Electro-convulsimeter	1	1	Yes	
34	Stop watch	Adequate	3	Yes	
35	Clamp, boss heads, screw clips	Adequate	Yes	Yes	
36	Syme's Cannula	Adequate	Yes	Yes	

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

PHARMCOGNOSY LABORATORY

Equipment:

SI No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Projection Microscope	01	1	Yes	
2	Charts (different types)	Adequate	20	Yes	
3	Models (different types)	Adequate	10	Yes	
4	Permanent Slides	Adequate	20	Yes	
5	Slides and Cover Slips	Adequate	20	Yes	

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

PHARMACY PRACTICE LABORATORY

Equipment:

SI No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	2	2	Yes	
2	Microscope	Adequate	5	Yes	
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)	Adequate	10	Yes	
4	Watch glass	Adequate	5	Yes	
5	Centrifuge	1	1	Yes	
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	Yes	Yes	
7	Filtration equipment	2	2	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

8	Filling 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	1	Yes	
13	Small disposable membrane filter for IV admixture filtration	Adequate	2	Yes	
14	Laminar air flow bench	1	1	Yes	
15	Vacuum pump	1	1	Yes	
16	Oven	1	1	Yes	
17	Surgical dressing	Adequate	2	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 numbers of glassware commonly used in the laboratory should be provided in each laboratory and the 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 are recommended.

- 1. Colored slides of medicine 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

Observation of the Inspectors:

Compliance of the last recommendations by Inspectors

N/A

Specific observations if not complied

N/A

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

Contd. on page 2

Permanent Residential

Address of employee : _____

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

STD Code

Phone No.

Phone & Fax Number with Code Office : _____

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, hereby undertake that I have not given my name as teaching faculty in any other Pharmacy institution for teaching any Pharmacy course and not working in any where other than this institution 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 (Please fill the data of last academic session) :-

	Amount Received	TDS
April, 20__		
May, 20__		
June, 20__		
July, 20__		
August, 20__		
September, 20__		
October, 20__		
November, 20__		
December, 20__		
January, 20__		
February, 20__		
March, 20__		

(Copy of my form 16 (TDS certificate) for the last financial year is attached)

P.A.N. : _____ Circle : _____

Declaration

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection during my employment in this college.
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 : _____