

PHARMACY COUNCIL OF INDIA

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

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

(SIF-B-1)

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

A – I.1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	Shri Sarvajanic Pharmacy College, Mehsana Near Arvind Baug, Mehsana-384001 02762 247711 247712 sspcmsn@yahoo.com
Year of starting of the course	1998
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Trust Registration no. E-951
A – I.2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	SHRI SARVAJANIK KELAVANI MANDAL MEHSANA 02762-247711 sspcmsn@yahoo.com
A – I.3 Name, Designation and Address of person to be contacted by phone	Dr. C. N. Patel Mob:9825607880
STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	02762 247711 9825607880 247712 sspcmsn@yahoo.com
A – I.4 Name and Address of the Head of the Institution	Dr. C. N. Patel, 25/ Tirupati Tulsi Bunglows, Radhanpur Road, Mehsana-384002
A – I.5	

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

Signature of the Head of the Institution

Signature of the Inspectors

a. Details of Affiliation Fee Paid

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B. Pharm	2017-2018			

b. APPROVAL STATUS:

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspectors
B. Pharm	2018-2019	Approval Letter No and Date	32-201/2012-PCI	GTU/Inst-Affi/245/2016-17/4895 Dt.20/06/16	GTU/Inst-Affi/245/2016-17/4895 Dt.20/06/16	
		Approved Intake	60	60	60	
		Actually Admitted	44	44	44	

c. STATUS OF APPLICATION

COURSES INSPECTED FOR						
Faculty / Subject	Extension of Approval	Increase in Intake of Seats	Remarks			
			Current Intake	Proposed increase in Intake		
B. Pharm		NO	YES		60	100

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

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 :
With complete postal Address,
Telephone No. and STD Code.

Gujarat Technological University, Ahmedabad
Vishwakarma Eng. College campus, Chandkheda, Ahmedabad
079-23267521/570

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B -I .1 Name of the Principal		Dr. Chhaganbhai N. Patel			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	Yes	15 years, out of which 5 years as Prof. / HOD	30 Year s	
	PhD	Yes	10 years, out of which at least 05 years as Asst. Prof		

* Documentary evidence should be provided

B -I .2

For institution seeking continuation of affiliation

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
B. Pharm	15/03/16	Copy Attached	Complied	NO

* Enclose Documents

B -I .3

Status of Governing Council:	Trust
Details of the Governing Body	Enclosed
Minutes of the last Governing council Meeting	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	Yes	Yes	Yes	
Non- Teaching Staff	State Government Yes	Yes	Yes	Yes	

B -I .5

B. Pharm Course: Admission Statement for the Past Three Years

ACADEMIC YEAR	Year 2014-2015	Year 2015-2016	Year 2016-2017
Sanctioned	60	60	60
No. of Admissions	39	58	44
Unfilled Seats	21	02	16
No. of Excess Admissions	0	0	0

Signature of the Head of the Institution

Signature of the Inspectors

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

ACADEMIC YEAR	Year 2014-2015	Year 2015-2016	Year 2016-2017
1st year	50	45	
2nd year	63	53	
3rd year	38	56	
Final year	85.71	89.74	
Pass % (Final Year)	85.71	89.74	

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

Whether college has NSS Unit (Yes/No)? If no give reasons	Yes
NSS Programme Officer's Name	Dr. H. D. Karen
Programme conducted (mention details)	2008
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes
Physical Instructor	Available
Sports Ground	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		CAPITAL EXPENDITURE			
2.	Tuition Fee	9134800	1.	Building		
3.	Library Fee		2.	Equipment	9000.00	
4.	Sports Fee		3.	Others		
5.	Union Fee		REVENUE EXPENDITURE			
6.	Others	114202	1	Salary	6253660.00	
			2.	MAINTENANCE EXPENDITURE		
				i	College	49451.00
				ii	Others	0.00
			3.	University Fee (If any)	79934.00	
			4.	Apex Bodies Fee	210570.00	
			5.	Government Fee	0.00	
			6.	Deposit held by the College	00	
			7.	Others	2710568.00	
			8.	Misc.Expenditure	9685.00	
			Total		9313868.00	
	Total	9249002.00				

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) : **Available**
 a) 2.5 acres District HQ/Corporation/Municipality limit
 b) 0.5 acre for City / Metros
- b. Building : **Own**
- c. Land Details to be in name of Trust and Society
 Records to be enclosed
 Sale deed : **Enclosed**
- d. Building[†]:
 i) Approved Building plan, to be Enclosed : **Enclosed**
- e. Total Built Area of the college building in Sq.mts : Built up Area 6579
 Amenities and Circulation Area 2537

2. Class rooms:

Total Number of Class rooms provided at the end of 4 Year Course

Class	Required Nos	Available Nos	Required Area * for each class room	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	06	06	6 of 90 Sq. mts Or 4 of 150 sq.mts. with Public address System.	550	

(*To accommodate 100 students).

3. Laboratory requirement at the end of 4 Years

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	14 (1201sq.mt)	
2	Pharmaceutics Pharmaceutical Chemistr y Pharmaceutical Anal ysis Pharmacology Pharmacognos y Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm course	03 Laboratories 02 Laboratories 01 Laborator y 02 Laboratories 01 Laboratories 01 Laborator y 10 Laboratories *	03 (240) 02(171) 02(236) 02(200) 2(205) 1(107)	
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 sq mts (mi nimum)	12 (380)	
4	Area of the Machine Room	80-100 Sq.mts	3 (125)	
5	Central Instrumentation Room	80 Sq.mts with A/ C	2 (84)	
6	Store Room – I	1 (Area 100 Sq mts)	1 (42)	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	2(84)	

*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	1	33	
2	Office – I - Establishment	01	60 Sq. mts	1	60	
3	Office – II - Academics			1	60	
4	Confidential Room			1	60	

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	5	113	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	8	299	

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	1	100	
2	Library	01	150 Sq mts	1	244	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	1	31	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	02	4600	
5	Seminar Hall	01		2	1540	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	1	200	

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	02	60	
2	Boy's Common Room (Essential)	01	60 Sq.mts	02	60	
3	Toilet Blocks for Boys	01	24 Sq.mts	02	90	
4	Toilet Blocks for Girls	01	24 Sq.mts	02	60	
5	Drinking Water facility – Water Cooler (Essential).	01		3	3	
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy	0	0	
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	01	1540	
8	Power Backup Provision (Desirable)	01		01	85	

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	244	
Computer (Latest Configuration)	1 system for every 10 students	122	122	
Printers	1 printer for every 10 computers	12	12	
Multi Media Projector	01	04	04	
Generator (5KVA)	01	3	85	

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	1	78		
Staff quarters	16 x 80 Sq. mts	12	250		
Canteen	100 Sq. mts	2	85		
Parking Area for staff and students		2	2000		
Bank Extension Counter		1	150		
Co operative Stores		1	42		
Guest House	80 Sq. mts	2	60		
Transport Facilities for students		1	1		
Medical Facility (First Aid)		1	30		

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:

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	Numbers	
1	Number of books	150	2000 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	4559	11690	
2	Annual addition of books		150 to 200 books per year	50	517	
3	Periodicals Hard copies / online		10 National 05 International periodicals	676	676	
4	CDS		Adequate Nos	149	149	
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	Available		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	Available Available Available		
7	Library Automation and Computerized System Available					
8	Library Timings		8:30 AM to 5 :00 PM			

10.B. Library Staff:

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

Signature of the Head of the Institution

Signature of the Inspectors

II B. Pharm:

Subject 1	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
D. P. -1 & DSM	3	3	3	3	2	
Pharmaceutical Eng. II	3	3	3	3	2	
Pharmaceutical Chemistry III	3	3	3	3	2	
Pharmaceutical Chemistry IV	3	3	3	3	2	
Health Education & Community Health	3	3	0	0	2	
Pharmacognosy I	3	3	3	3	2	

III B. Pharm:

Subject 1	No of Theory Classes		Practicals			the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
HP & CP	3	3	0	0	3	
Pharmaceutical Micro Biology and Biotech-I	3	3	3	3	3	
Pharmaceutical Analysis-III	3	3	3	3	3	
Pharmaceutical Chemistry VI	3	3	3	3	3	
Pharmacology and Pharmacotherapeutics I	3	3	3	3	3	
Pharmacognosy III	3	3	3	3	3	

IV B. Pharm:

Subject 1	No of Theory Classes		Practicals			the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
Dosage form design I	3	3	3	3	4	
Pharmaceutical	3	3	3	3	4	

Technology I						
Medicinal Chemistry III	3	3	3	3	4	
Pharmacology III	3	3	3	3	4	
Pharmacognosy V	3	3	3	3	4	
Elective (Disaster Management)	3	3	0	0	4	

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

Yes

9. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last

Three years.

A.

Name of the Event	Year 2014-2015	Year 2015-2016	Year 2016-2017
Guest Lectures	12	21	0
Seminars	6	0	2
Workshops	3	1	0
Symposia	0	0	0

B. Papers Presented / Published during last three years

	Year 2014-15		Year 2015-16		Year 2016-17	
	National	International	National	International	National	International
Published	54	4	26	32	0	0
Presented	6	0	0	0	0	0

Signature of the Head of the Institution

Signature of the Inspectors

		PHARM ANALYSYS PHARM TECHNOLOGY I	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 1	0 0	0 1	
8	Dr. PALAKBEN GIRISHBHAI	PHARM ANALYSIS I PHARM ANALYSIS III PHARM CHEM I PHARM CHEM III	2 0 1 0	0 0 3 0	0 0 0 1	0 0 0 3	0 0 0 0	0 2 0 0	0 6 0 0	0 0 0 0	0 0 0 0	2 8 4 4	
9	Dr. PANKAJ HAGOVINDBHAI PRAJAPATI	DFD I HPCP PHARM MICRO BIO TECH PHARM TECHNO I	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 1 0 0	0 0 0 0	0 0 0 0	1 0 0 2	0 0 0 3	1 1 0 5	
10	Dr. PURVIBEN T PARMAR	BASIC COMPUTER APPLICATION PHARM COGNOSY V PHARM COLOGY III PHARMA COGNOSY	1 0 0 0	6 0 0 0	0 0 0 1	0 0 0 0	0 0 0 1	0 0 0 0	0 0 0 0	0 3 0 0	0 3 0 0	7 6 0 2	
11	Dr. RVIKUMAR RAJESHKUMAR THAKAR	HEALTH EDUCATION AND COMMUNITY HEALTH HUMAN ANATOMY AND PHISIOLOGY PHARMACOLOGY AND PHARMACOTHERAPEUTICS I PHARMACOLOGY III	0 2 0 0	0 3 0 0	1 0 0 0	0 0 0 0	0 0 2 0	0 0 3 0	0 0 0 0	0 0 0 2	0 0 0 3	1 5 5 5	
12	Dr. SHAILESH T PRAJAPATI	DFD I HPCP PHARM MICRO AND BIOTECH PHARM MICRO AND BIOTECH PHARM THECHNO I	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 1 1 1 0	0 0 3 3 0	2 0 0 0 0	3 0 0 0 1	3 0 0 0 0	5 1 4 4 1	
13	Dr. VARSHA BABUBHAI CHAUDHARY	DP 1 AND DSM HPCP PHARM ENG PHARM MICRO AND BIOTECH	0 0 0 0	0 0 2 0	2 0 2 0	6 0 6 0	0 1 0 1	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	8 1 8 1	
14	Miss. AVANI PATEL	BASIC COMPUTER APPLICATION PHARMA COGNOSY I PHARMA COGNOSY III	1 0 0	0 0 0	0 3 0	0 6 0	0 0 2	0 0 6	0 0 0	0 0 0	0 0 0	1 9 8	
15	Miss. BHATT NEHABEN ARVINDKUMAR	PHARM ANALYSYS 1	1	6	0	0	0	0	0	0	0	7	
16	Miss. HINAL SHAILESHBHAI MEHTA	HUMAN ANATOMY AND PHYSIOLOGY	2	6	0	0	0	0	0	0	0	8	
17	Miss. JALPABEN ASHOKBHAI SONI	BIOCHEMISTRY I PHARMACOLOGY III	0 0	0 0	0 0	6 0	0 0	0 0	0 0	0 1	0 3	6 4	
18	Miss. PATEL SHRUTIBEN PRAVINBHAI	DM 1 AND DSM PHARM ENG	0 0	0 0	1 1	0 3	0 0	0 0	0 0	0 0	0 0	1 4	
19	Miss. PATEL USHMA BALDEVBHAI	PHARM ANALYSIS I PHARM ANALYSIS III PHARM CHEM I PHARM CHEM IV	1 0 3 0	6 0 3 0	0 0 0 1	0 0 0 3	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	7 0 6 4	
20	Miss. SHEFALI SURDIPKUMAR CHAUDHARY	HEALTH EDUCATION AND COMUNITY PHARMACY HUMAN ANATOMY PHYSIOLOGY PHARMACOLOGY AND PHARMACOTHERAPEUTICS PHARMACOLOGY III	0 2 0 0	0 3 0 0	2 0 0 0	0 0 0 0	0 1 0 0	0 3 0 1	0 0 0 0	0 0 0 1	0 0 0 0	2 5 4 1	

21	Mr. BHAVESH S PATEL	DP 1 AND DSM	0	0	2	6	0	0	0	0	0	0	0	0	8
22	Mr. BRIJESHKUMAR BHARATBHAI PATEL	PHARM ENG	0	0	1	3	0	0	0	0	0	0	0	0	4
23	Mr. JIGNESH ARVINDBHAI SONEJI	PHARMA CHEMISTRY III	0	0	1	6	0	0	0	0	0	0	0	0	7
24	Mr. TEJASKUMAR BALCHANDRA PARMAR	BASIC COMPUTER AND APLLICATION	2	6	0	0	0	0	0	0	0	0	0	0	8

13. Percentage of students qualified in GATE in the last Three Years

Details	Year 2014-15	Year 2015-16	Year 2016-17
No. of Students Appeared	22	15	0
No. of Students Qualified	1	1	0
Percentage	5	7	

14. Whether the Institution has an Industry – Institution Interaction cell Yes

Yes

If applicable please give the details for the previous Year

Events	Details for the Previous Year
No. of Industrial visits	33
Industrial Tour	0
Industrial Training	851
No. of Resource Persons from the Industry for Guest Lectures	52
No. of Collaboration projects with Industry	5

Signature of the Head of the Institution

Signature of the Inspectors

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

Year	Year 2014-15	Year 2015-16	Year 2016-17
No. of students appeared for campus interview	10	8	33
% Placed	50	0	12

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

Yes	No
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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:

S.No.	Name	Designation	Qualification	Date of Joining	Teaching Experience After PG	State Pharmacy Coun. Reg No.	Signature of Faculty	Remarks of Inspector
1	SHAILESH T PRAJAPATI	Associate Professor	B Pharm, M Pharm, Phd,	01/03/2010	6.9 + 8.4	G/16378		
2	PURVIBEN T PARMAR	Asstt. Professor	M Pharm, B Pharm,	23/10/2008	8.3 + 0.0	G/21253		
3	HARSHABEN UMESH PATEL	Associate Professor	M Pharm, Phd, B Pharm,	01/03/2010	6.9 + 9.5	G/16362		
4	PANKAJ HAGOVINDBHAI PRAJAPATI	Associate Professor	B Pharm,	01/01/2007	10.1 + 0.0	G/19771		
5	CHHAGANBHAI NANJIBHAI PATEL	Principal/Director	M Pharm, Phd, B Pharm,	01/08/2006	10.5 + 7.5	G/10075		
6	DHRUBO JYOTI SEN	Professor	B Pharm,	02/08/2006	10.5 + 5.7	10150		
7	JAYANTBHAI B DAVE	Professor	B Pharm,	01/08/2006	10.5 + 1.0	G/28330		
8	INDERMEET SINGH ANAND	Professor	B Pharm, , Phd,	01/08/2006	10.5 + 8.1	G/10145		

2. Qualification and number of Staff Members

Qualification

	M. Pharm	PhD	Others - Full Time
25	11		01

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.**

Signature of the Head of the Institution

Signature of the Inspectors

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

Professor: Asst. Professor: Lecturer

Department / Division	Name of the post	For strength of 100 students	Provided by the institution	Remarks of inspection team
Department of Pharmaceutics	Professor	1	2	
	Asst. Professor	2	1	
	Lecturer	3	3	
Department of Pharmaceutical Chemistry	Professor	1	3	
	Asst. Professor	3	0	
	Lecturer	3	4	
Department of Pharmacology	Professor	1	1	
	Asst. Professor	2	0	
	Lecturer	1	3	
Department of Pharmacognosy	Professor	1	0	
	Asst. Professor	1	1	
	Lecturer	2	2	
Department of Pharmacy Practice	Asst. Professor	1	0	
	Lecturer	1	2	
Department of Pharmaceutical Analysis	Asst. Professor	1	1	
	Lecturer	1	1	

5. **Selection criteria and Recruitment Procedure for Faculty:**

a.	Whether Recruitment Committee has been formed	Yes
b.	Whether Advertisement for vacancy is notified in the Newspapers	Yes
c.	Whether Demonstration Lecture has been conducted	Yes
d.	Whether opinion of Recruitment Committee Recorded	Yes

6. **Details of Faculty Retention for:**

Name of Faculty Member	Period	Percentage
DR. I. S. ANAND DR. D. J. SEN DR. S. T. PRAJAPATI DR. HU. PATEL	Duration of 15 year and above	33.34
DR. C. N. PATEL DR. J. B. DAVE	Duration of 10 year and above	16.66
DR. P. H. PRAJAPATI DR. BHAVINI N. PATEL DR. H. D. KAREN	Duration of 5 year and above	25
MS. P. T. PARMAR MS. V. B. CHAUDHARY MS. AVANI A. PATEL MS. SHEFALI S. CHAUDHARY MS. PALAK CHAUDHARY MS. USHMA PATEL MS. JALPA A. SONY MR. RAVI R. THAKKAR	Less than 5 years	25

7. Details of Faculty Turnover:

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
RESIGNED (LAST THREE YEAR) DR. J. S. SHAH DR. B. N. PATEL DR. D. M. PATEL DR. K. M. MODH DR. R. BADMANABAN DR. C. S. RAMI DR. H. V. CHAVDA MR. T. B. PARMAR MS. A. M. JOSHI DR. M. R. MEHTA DR. P. U. TIWARI DR. R. N. TRIPATHI - NEW APPOINTMENT (LAST YEAR) MS. AVANI A. PATEL	<p style="text-align: center;">% of faculty retained in last 3 yrs</p>	<p style="text-align: center;">Yes</p>	<p style="text-align: center;">No</p>	<p style="text-align: center;">No</p>	<p style="text-align: center;">No</p>

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Signature of the Inspectors

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

Sl No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspectors
				Number	Qualification	
1	Laboratory technician	1 for each Dept	D. Pharm	4	D PHARMA	
2	Labortory Assistants/ Attenders	1 for each Lab (minimum)	SSLC	0		
3	Office Superintendent	1	Degree	1	BA	
4	Accountant	1	Degree	0		
5	Store keeper	1	D. Pharm/ Degree	1	D PHARM	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	1	B COM	
7	First Division Assistant	1	Degree	0		
8	Second Division Assistant	2	Degree	0		
9	Peon	2	SSLC	11	12TH PASS	
10	Cleaning personnel	Adequate	---	0		
11	Gardener	Adequate	---	1	12TH PASS	

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Signature of the Inspectors

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

S.No.	Name	Qualification	Designation	Basic Pay	D.P.	DA	HRA	CCA & Additional Pay	Other Allowances	Deductions			Bank A/C No	PAN No	EPF A/C No	Total	Signature
										PT	TDS	EPF					
1	SHAILESH T PRAJAPATI	B Pharm, M Pharm, Phd,	Associate Professor	41710	9000	20791	5071	100	0	200	5000	780	220/4864	AIP3444K	1200893/135	76672	
2	PURVIBEN T PARMAR	M Pharm, B Pharm,	Asstt. Professor	18320	6000	9971	2432	100	0	200	800	780	220/17318	BBEPP7484D	12893/245	36823	
3	HARSHABEN UMESH PATEL	M Pharm, Phd, B Pharm,	Associate Professor	41710	9000	20791	5071	100	0	200	4000	780	220/2986	AHUPP2137Q	12893/130	76672	
4	PANKAJ HAGOVINDBHAI PRAJAPATI	B Pharm,	Associate Professor	28200	8000	14842	3620	100	0	200	500	780	220/14645	AKOPPO45OH	12893/216	54762	
5	CHHAGANBHAI NANJIBHAI PATEL	M Pharm, Phd, B Pharm,	Principal/Director	52600	10000	40690	6260	2000	100	200	8000	780	220/10889	ABNPP4206D	12893/167	111650	
6	JAYANTBHAI B DAVE	B Pharm,	Professor	46530	10000	28830	5653	100	0	200	10000	780	220/12844	ACKPD3722E	12893/190	91113	
7	HITESHKUMAR D KAREN	B Pharm,	Asstt. Professor	19800	6000	10578	2580	100	0	200	1000	780	220/14626	AVDPK6155A	12893/214	39058	
8	INDERMEET SINGH ANAND	B Pharm, , Phd,	Professor	48330	10000	26249	5833	100	0	200	6500	780	220/2002	ACBP3204D	12893/125	90512	
9	DHRUBO JYOTI SEN	B Pharm,	Professor	46530	10000	25439	5653	100	0	200	8000	780	220/2952	ANKPS8520Q	12893/126	87722	
10	VARSHA BABUBHAI CHAUDHARY	B Pharm,	Asstt. Professor	8000	0	0	0	0	0	0	0	0	220	ASHPC8236F	00	8000	
11	PATEL USHMA BALDEVBHAI	B Pharm,	Asstt. Professor	10000	0	0	0	0	0	0	0	0	71342010002825	DBSPP1772G	0	10000	
12	BRIJESHKUMAR BHARATBHAI PATEL	B Pharm,	Asstt. Professor	10000	0	0	0	0	0	0	0	0	0	AQBPP5885E	0	10000	
13	BHATT NEHABEN ARVINDKUMAR	B Pharm,	Asstt. Professor	10000	0	0	0	0	0	0	0	0	0	BRWPB3764N	0	10000	
14	DARSHANKUMAR ARVINDKUMAR MODI	B Pharm,	Asstt. Professor	10000	0	0	0	0	0	0	0	0	0	ABHPM8533E	0	10000	
15	TEJASKUMAR BALCHANDRA PARMAR	B Pharm,	Asstt. Professor	10000	0	0	0	0	0	0	0	0	0	AZEPP3738R	0	10000	
16	HINAL SHAILESHBHAI MEHTA	B Pharm,	Asstt. Professor	10000	0	0	0	0	0	0	0	0	0	DEAPM5018F	0	10000	

17	PATEL SHRUTIBEN PRAVINBHAI	B Pharm,	Asstt. Professor	10000	0	0	0	0	0	0	0	0	0	CYUPP5767P	0	10000
18	BHAVESH S PATEL	B Pharm,	Asstt. Professor	10000	0	0	0	0	0	0	0	0	0	CTNPP9580J	0	10000
19	JIGNESH ARVINDBHAI SONEJI	B Pharm,	Asstt. Professor	10000	0	0	0	0	0	0	0	0	0	EENPS9646B	0	10000
20	AVANI PATEL	B Pharm,	Asstt. Professor	17500	0	0	0	0	0	0	0	0	0	AYPPP7536B	0	17500
21	SHEFALI SURDIPKUMAR CHAUDHARY	B Pharm,	Asstt. Professor	10000	0	0	0	0	0	0	0	0	0	AQTPC1340E	0	10000
22	RVIKUMAR RAJESHKUMAR THAKAR	B Pharm,	Asstt. Professor	15000	0	0	0	0	0	0	0	0	0	AEXPT5998K	0	15000
23	JALPABEN ASHOKBHAI SONI	B Pharm,	Asstt. Professor	10000	0	0	0	0	0	0	0	0	0	FBAPS6268C	0	10000
24	PALAKBEN GIRISHBHAI	B Pharm,	Asstt. Professor	10000	0	0	0	0	0	0	0	0	0	AYPPP7536B	0	10000

10. Whether facilities for Research / Higher studies are provided to the faculty? Yes
(Inspectors to verify documents pertaining to the above)

11. Whether faculty members are allowed to attend workshops and seminars? Yes
(Inspectors to verify documents pertaining to the above)

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):

Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors
MR. JASPAL A. CHAUDHARY	Office Superintendent	BA	14/12/2000	12		
MR POPATLAL P. CHAUDHARY	Administrative Officer	B COM	01/09/1998	17		
MR. JIGNESH P. CHAUDHARY	Store keeper	D PHARM	13/12/1998	14		
MR. PRAFUL N. RAWAL	Typiest	ITI	10/09/1999	13		
MR. JANAK G. ACHARYA	Laboratory Technician	D PHARMA	01/08/2000	12		

MISS. SHARDABEN R. CHAUDHARY	Librarian	M LIB	15/06/2001	11		
MS. FALGUNI V. RAVAL	Laboratory Technician	D PHARM	03/07/2000	12		
MS. REKHA V. JAIN	Laboratory Technician	BSC	17/06/2002	10		
MR. SHAILESH P. PATEL	Laboratory Technician	D PHARM	01/03/2004	9		
MR. VISHAL P. SUTARIYA	Computer Data Operator	B COM	18/06/2005	7		
MR. MUKESH I. GADHAVI	Typiest	12TH PASS	22/12/2003	9		
MR. VINOD J. KOLI	Gardener	12TH PASS	10/07/1999	13		
MR. JESHANGBHAI S. CHAUDHARY	Peon	12TH PASS	01/09/1998	18		
MR. AMARATBHAI R. CHAUDHARY	Peon	12TH PASS	01/09/1998	21		
MR. BALDEV C. THAKOR	Peon	5TH PASS	01/09/1998	29		
MR RAFIK A. AJMERA	Peon	5TH PASS	01/09/1998	25		
MR. MOTI N. BAKRECHIYA	Peon	9TH PASS	01/06/1999	15		
MR. SANJAY D. MODI	Peon	12TH PASS	01/12/2001	11		
MR. GOVIND S. SENMA	Peon	12TH PASS	09/12/1998	14		
MR. DINESH R. CHAUDHARY	Peon	ITI	01/02/2002	10		
MR. DHARMENDRA S. GOSWAMI	Peon	12TH PASS	01/02/2002	11		
MR. BALDEV D. PARMAR	Peon	12TH PASS	23/01/2005	9		
MR. CHANDU M. RAVAL	Peon	5TH PASS	01/06/2002	11		
MR. KAMLESH N. BHOJAK	Typiest	B COM	01/06/2007	5		

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)**

SI	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	
	36315000	24350000	12000000	18073000	14673000	3400000	10226000	75500000	2676000	

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

SI	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
	Chemicals	700000	200000	Chemicals	375000	200100	Chemicals	250000	200000	
	Glassware	100000	74000	Glassware	75000	40059	Glassware	100000	75000	

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

SI	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
	Equipment	500000	135000	Equipment	300000	75000	Equipment	50000	25000	

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4. Total amount spent on Books and Journals 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	
1	Books	50000	25000	Books	100000	9000	Books	50000	40000	
2	Journals	50000	25000	Journals	50000	18812	Journals	50000	25000	

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

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PART VII – EQUIPMENT AND APPARATUS

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	20	20	Yes	
2	Haemocytometer with Micropipettes	20	20	Yes	
3	Sahli's haemocytometer	20	20	Yes	
4	Hutchinson's spirometer	01	01	Yes	
5	Spygmomanometer	10	10	Yes	
6	Stethoscope	10	10	Yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	Sufficient	Yes	
8	Models for various organs	One model of each organ system	Sufficient	Yes	
9	Specimen for various organs and systems	One model for each organ system	Sufficient	Yes	
10	Skeleton and bones	One set of skeleton and one spare bone	Sufficient	Yes	
11	Different Contraceptive Devices and Models	One set of each device	Sufficient	Yes	
12	Muscle electrodes	01	01	Yes	
13	Lucas moist chamber	01	01	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	01	Yes	
19	Sherrington's Kymograph Machine / Polyrte	10	10	Yes	

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20	Sherrington Drum	10	10	Yes	
21	Perspex bath assembly (single unit)	10	10	Yes	
22	Aerators	10	10	Yes	
23	Computer with LCD	01	01	Yes	
24	Software packages for experiment	01	01	Yes	
25	Standard graphs of various drugs	Adequate number	Sufficient	Yes	
26	Actophotometer	01	01	Yes	
27	Rotarod	01	01	Yes	
28	Pole climbing apparatus	01	01	Yes	
29	Analgesiometer (Eddy's hot plate and radiant heat methods)	01	01	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	60	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	Levers, cannulae	20	20	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	20	20	Yes	
2	Digital Balance	02	02	Yes	
3	Autoclave	02	02	Yes	
4	Hot air oven	02	02	Yes	

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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	Sterility testing unit	01	01	Yes	
12	Camera Lucida	20	20	Yes	
13	Eye piece micrometer	20	20	Yes	
14	Incinerator	01	01	Yes	
15	Moisture balance	01	01	Yes	
16	Heating mantle	20	20	Yes	
17	Flourimeter	01	01	Yes	
18	Vacuum pump	02	02	Yes	
19	Micropipettes (Single and multi channeled)	05	05	Yes	
20	Micro Centrifuge	01	01	Yes	
21	Projection Microscope	01	01	Yes	

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Reflux flask with condenser	20	20	Yes	
2	Water bath	20	20	Yes	
3	Clavengers apparatus	10	10	Yes	
4	Soxhlet apparatus	10	10	Yes	
6	TLC chamber and sprayer	10	10	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.

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	

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4	Analytical Balances for demonstration	05	05	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	01	Yes	
12	Digital pH meter	01	01	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	20	Yes	
3	Reflux flask and condenser double / triple necked	20	20	Yes	
4	Burettes	100	100	Yes	
5	Arsenic Limit Test Apparatus	25	25	Yes	
6	Nessler's Cylinders	50	50	Yes	

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

DEPARTMENT OF PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Mechanical stirrers	20	20	Yes	
2	Homogenizer	10	10	Yes	
3	Digital balance	05	05	Yes	
4	Microscopes	10	10	Yes	
5	Stage and eye piece micrometers	15	15	Yes	
6	Brookfield's viscometer	01	01	Yes	
7	Tray dryer	01	01	Yes	
8	Ball mill	01	01	Yes	

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9	Sieve shaker with sieve set	01	01	Yes	
10	Double cone blender	01	01	Yes	
11	Propeller type mechanical agitator	05	05	Yes	
12	Autoclave	01	01	Yes	
13	Steam distillation still	01	01	Yes	
14	Vacuum Pump	01	01	Yes	
15	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	10	Yes	
16	Tablet punching machine	01	01	Yes	
17	Capsule filling machine	01	01	Yes	
18	Ampoule washing machine	01	01	Yes	
19	Ampoule filling and sealing machine	01	01	Yes	
20	Tablet disintegration test apparatus IP	02	02	Yes	
21	Tablet dissolution test apparatus IP	01	01	Yes	
22	Monsanto's hardness tester	02	02	Yes	
23	Pfizer type hardness tester	01	01	Yes	
24	Friability test apparatus	01	01	Yes	
25	Clarity test apparatus	01	01	Yes	
26	Ointment filling machine	01	01	Yes	
27	Collapsible tube crimping machine	01	01	Yes	
28	Tablet coating pan	01	01	Yes	
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH 10	05 10	Yes	
30	Digital pH meter	01	01	Yes	
31	All purpose equipment with all accessories	01	01	Yes	
32	Aseptic Cabinet	01	01	Yes	
33	BOD Incubator	02	02	Yes	
34	Bottle washing Machine	01	01	Yes	
35	Bottle Sealing Machine	01	01	Yes	
36	Bulk Density Apparatus	02	02	Yes	
37	Conical Percolator (glass/ copper/ stainless steel)	10	10	Yes	
38	Capsule Counter	02	02	Yes	
39	Energy meter	02	02	Yes	
40	Hot Plate	02	02	Yes	

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41	Humidity Control Oven	01	01	Yes	
42	Liquid Filling Machine	01	01	Yes	
43	Mechanical stirrer with speed regulator	02	02	Yes	
44	Precision Melting point Apparatus	01	01	Yes	
45	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	20	20	Yes	
2	Stalagmometer	20	20	Yes	
3	Desiccator*	10	10	Yes	
4	Suppository moulds	20	20	Yes	
5	Buchner Funnels (Small, medium, large)	05 each	05	Yes	
6	Filtration assembly	01	01	Yes	
7	Permeability Cups	05	05	Yes	
8	Andreason's Pipette	05	05	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.

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	01	Yes	
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	01	Yes	
7	Tissue culture station	01	01	Yes	
8	Laminar airflow unit	01	01	Yes	

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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	01	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.

CENTRAL INSTRUMENTATION ROOM:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01	01	Yes	
2	Digital pH meter	01	01	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	01	Yes	
10	Fourier Transform Infra Red Spectrometer (Desirable)	01	01	Yes	
11	HPLC	01	01	Yes	
12	HPTLC (Desirable)	01	01	Yes	

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13	Atomic Absorption and Emission spectrophotometer (Desirable)	01	01	Yes	
14	Biochemistry Analyzer (Desirable)	01	01	Yes	
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01	01	Yes	
16	Deep Freezer (Desirable)	01	01	Yes	
17	Ion- Exchanger	01	01	Yes	
18	Lyophilizer (Desirable)	01	01	Yes	

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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

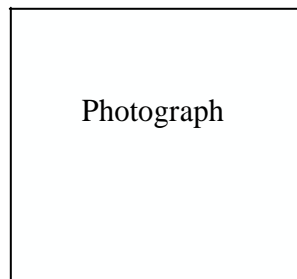
PHARMACY COUNCIL OF INDIA

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.



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

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

