

# PHARMACY COUNCIL OF INDIA

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

(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

<b>A – I.1</b> Name of the Institution: Complete Postal address:  STD code Telephone No. Fax No. E-mail	<b>Charak Institute of Pharmacy</b> Choli road Mandleshwar, the- Maheshwar Distt.- khargone (m.p.) 451221 07283 234034, 234035 234036 cipmdl@gmail.com
Year of Establishment	2006
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	<b>Private</b>
<b>A – I.2</b> Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	Draun shiksha samity choli road Mandleshwar, khargone.(mp)451221 07283 234034, 234035 234036 cipmdl@gmail.com www.charakmdl.com
<b>A – I.3</b> Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	Dr. Dheeraj S. Bele Principal, Charak Institute of Pharmacy Mandleshwar 07283 234034, 234035 -- 07415779657 234036 dbele@rediffmail.com
<b>A – I.4</b> Name and Address of the Head of the Institution	Dr. Dheeraj S. Bele Charak institute of pharmacy Mandleshwar

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**

Name of the Course	Affiliation Fee paid up to	Receipt No/ DD NO.	Dated	Remarks of the Inspectors
B. Pharm	2016-17	148382	14/06/2014	

**b. APPROVAL STATUS- Enclosed (Enclosure No.03)**

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT/ AICTE	UNIVERSITY	Remarks of the Inspectors
B. Pharm	2016-17	Approval Letter No and Date	32-976/2014-PCI/263 EC minute	Central/1-2451030563/2015/EOA dated 07/04/2015	f-5/Acad/Affiliation/RGPV/2014/784-6 & 31/12/2014	
		Approved Intake	100	120	120	
		Actually Admitted	100	100	100	

**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	√Yes	No	Yes	√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

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 checked="" type="checkbox"/>
Multi Institutional Campus	<input type="checkbox"/>

Signature of the Head of the Institution

Signature of the Inspectors

**Examining Authority : RGPV, Bhopal**  
**With complete postal : Air Port By pass road Gandhi nagar Bhopal 462036**  
**Address, Telephone No. : 0755-2678899**  
**and STD Code.**

**B - DETAILS OF THE INSTITUTION Enclosed (Enclosure No.04)**

<b>B -I .1</b>		Dr. D.S. Bele			
<b>Name of the Principal</b>					
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm		15 years, out of which 5 years as Prof. / HOD	15 years	
	PhD		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 Enclosed (Enclosure No.05)**

<b>Course</b>	<b>Date of last Inspection</b>	<b>Remarks of the Previous Inspection Report</b>	<b>Complied / Not Complied</b>	<b>Intake reduced/Stopped in the last 03 years*</b>
<b>B. Pharm</b>	4 & 5 <sup>th</sup> MAY 2015	Most of the deficiencies pointed out have been rectified..	Complied	

\* Enclose Documents

**B -I .3 Enclosed (Enclosure No.06)**

<b>Status of Governing Council:</b>	√Society
<b>Details of the Governing Body</b>	√Enclosed / Not Enclosed
<b>Minutes of the last Governing council Meeting</b>	√Enclosed / Not Enclosed

**B -I .4**

**Pay Scales:**

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

<b>ACADEMIC YEAR</b>	<b>Year 2013-14</b>	<b>Year 2014-15</b>	<b>Year 2015-16</b>
<b>Sanctioned</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>No. of Admissions</b>	<b>94</b>	<b>93</b>	<b>99</b>
<b>Unfilled Seats</b>	<b>06</b>	<b>07</b>	<b>01</b>
<b>No. of Excess Admissions</b>	<b>NIL</b>	<b>NIL</b>	<b>NIL</b>

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

<b>ACADEMIC YEAR</b>	<b>Year 2012-13</b>	<b>Year 2013-14</b>	<b>Year 2014-15</b>
<b>1<sup>st</sup> year</b>	<b>78</b>	<b>60</b>	<b>18</b>
<b>2<sup>nd</sup> year</b>	<b>65</b>	<b>68</b>	<b>50</b>
<b>3<sup>rd</sup> year</b>	<b>76</b>	<b>72</b>	<b>76</b>
<b>Final year</b>	<b>92</b>	<b>90</b>	<b>75</b>
<b>Pass % (Final Year)</b>	<b>92</b>	<b>90</b>	<b>75</b>

**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. Bholenath Birla
Programme conducted (mention details)	Plantation, Health checkup, Health awareness
Whether students participating in University level cultural activities / Co- curricular/sports activities	√Yes
Physical Instructor	Available
Sports Ground	Individual

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) *Enclosed (Enclosure No.07)***

**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	-	<b>CAPITAL EXPENDITURE</b>			
2.	Tuition Fee	10704548/-	1.	Building	9796753/-	
3.	Library Fee	-	2.	Equipment	1422209/-	
4.	Sports Fee	-	3.	Others	248148/-	
5.	Union Fee	-	<b>REVENUE EXPENDITURE</b>			
6.	Others	1300266/-	1	Salary	4079698/-	
	Bus Fee	277120/-	2.	<b>MAINTENANCE EXPENDITURE</b>		
				I	College	329220/-
				ii	Others	58852/-
			3.	University Fee (If any)	199000/-	
			4.	Apex Bodies Fee	-	
			5.	Government Fee	215000/-	
			6.	Deposit held by the College	-	
			7.	Others	2610555/--	
			8.	Misc.Expenditure	-	
			<b>Total</b>		<b>7492325/-</b>	
	<b>Total</b>	<b>7492325/-</b>				

**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) :  $\sqrt{\text{Available (4.0 acres)}}$   
 a) 2.5 acres District HQ/Corporation/Municipality limit  
 b) 0.5 acre for City / Metros  
 b. Building :  $\sqrt{\text{Own}}$   
 c. Land Details to be in name of Trust and Society (*Enclosed (Enclosure No.08)*)  
 Records to be enclosed  
 Sale deed :  $\sqrt{\text{Enclosed/Not available}}$   
 d. Building<sup>†</sup>: (*Enclosure No.09*)  
 i) Approved Building plan, to be Enclosed :  $\sqrt{\text{Enclosed/Not available}}$   
 e. Total Built Area of the college building in Sq.mts : Built up Area 

3500
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 Amenities and Circulation Area 

98
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### 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.	540 Sq. mts	

(\*To accommodate 100 students).

### 3. Laboratory requirement at the end of 4 Years

S. 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	<b>Available</b>	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm course	03 Laboratories 02 Laboratories 01 Laboratory 02 Laboratories 01 Laboratories 01 Laboratory 10 Laboratories *	03 02 01 02 01 01 10	
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)	Available	
4	Area of the Machine Room	80-100 Sq.mts	80 Sqm.	
5	Central Instrumentation Room	80 Sq.mts with A/ C	Available	
6	Store Room – I	1 (Area 100 Sq mts)	Available	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	Available	

\*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	30	
2	Office – I - Establishment	01	60 Sq. mts	01	60	
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	20	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	01	10* n	

**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	Available	80 Sq mts	
2	Library	01	150 Sq mts	Available	198 Sq mts	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	01 Available	50 Sq mts	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	00	NA	
5	Seminar Hall	01		01	150 Sqm	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	200 Sqm	

Signature of the Head of the Institution

Signature of the Inspectors

### 7. Student Facilities:

S. 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.mts	
2	Boy's Common Room (Essential)	01	60 Sq.mts	01	60 Sq.mts	
3	Toilet Blocks for Boys	01	24 Sq.mts	01	24 Sq.mts	
4	Toilet Blocks for Girls	01	24 Sq.mts	01	24 Sq.mts	
5	Drinking Water facility – Water Cooler (Essential).	01		02		
6	Boy's Hostel (Desirable)	01	9 Sq.mts / Room Single occupancy	Nil	NA	
7	Girl's Hostel (Desirable)	01	9 Sq.mts / Room (single occupancy) 20 Sq.mts / Room (triple occupancy)	01	400 Sq.mts	
8	Power Backup Provision (Desirable)	01		01		

### 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)	01	75	
Computer (Latest Configuration)	1 system for every 10 students	38		
Printers	1 printer for every 10 computers	04	04	
Multi Media Projector	01	01	01	
Generator (5KVA)	01	01	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			√	
Staff quarters	16 x 80 Sq. mts			√	
Canteen	100 Sq. mts	01	100		
Parking Area for staff and students		Yes	300		
Bank Extension Counter				√	
Co operative Stores				√	
Guest House	80 Sq. mts			√	
Transport Facilities for students		Yes			
Medical Facility (First Aid)		Yes	20		

### 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:

S. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	Numbers	
1	Number of books	150	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	1101	4001	
2	Annual addition of books		100 to 150 books Per year	36	435	
3	Periodicals Hard copies / online		10 National 05 International periodicals	09 National 19 International 58 Online	86	
4	CDS		Adequate Nos	Available	Adequate	
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	Yes	48	
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	01 01 01	01 01 01	
7	Library Automation and Computerized System			- Available		
	Library Timings	8.00 am – 5.00 pm		- 09 Hrs		

### 10.B. Library Staff:

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

Signature of the Head of the Institution

Signature of the Inspectors

### PART III ACADEMIC REQUIREMENTS

#### Course Curriculum:

**1. Student Staff Ratio:**      **Theory**              **Practicals**              **Remarks of the Inspectors**

(Required ratio --- Theory → 60:1 and Practical → 20:1) If more than 20 students in a batch 2 staff member to be present provided the lab is spacious.

**2. Scheme of B. Pharm Course:**              **Annual**                            **Sem.**             

**3. Date of Commencement of session / sessions:**

Commencement	Completion
Odd sem.-July 2014	As Per University Calendar
Even sem.- January 2015	

No of Days

No of Days

**4. Vacation:**                              **Summer:**               07              **Winter:**               07

**5. Total No. of working days:**               260 aprx./ year

**6. Time Table:** (Enclosure No.10)

Time Table for B. Pharm course Enclosed              Yes               No

**7. Whether the prescribed numbers of classes are being conducted as per university norms**  
**I B. Pharm:** Enclosed (Enclosure No.11)

Subject	No of Theory Classes		Practicals			Remarks 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		
				Enclosed		

Signature of the Head of the Institution

Signature of the Inspectors

**II B. Pharm: Enclosed**

Subject	No of Theory Classes		Practicals			Remarks 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		
				Enclosed		

**III B. Pharm: Enclosed**

Subject	No of Theory Classes		Practicals			Remarks 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		
				Enclosed		

**IV B. Pharm: Enclosed**

Subject	No of Theory Classes		Practicals			Remarks 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		
				Enclosed		

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

 Yes

Signature of the Head of the Institution

Signature of the Inspectors

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

**A.**

Name of the Event	Year 2012-13	Year 2013-14	Year 2014-15
Guest Lectures	05	08	11
Seminars	02	03	02
Workshops	00	00	00
Symposia	00	00	00

**B. Papers Presented / Published during last three years**

	Year 2012-13		Year 2013-14		Year 2014-15	
	National	International	National	International	National	International
<b>Published</b>	05	03	03	06	02	02
<b>Presented</b>	00	00	01	00	07	00

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

Yes  No

Class	I Sessional Dates		II Sessional Date		III Sessional Dates		Remarks of the inspector
	Th	Pr	Th	Pr	Th	Pr	
<b>B. Pharm I</b>	13/10/14 To 17/10/14 & 02/03/15 To 09/03/15	13/10/14 To 17/10/14 & 02/03/15 To 09/03/15	24/11/14 To 28/11/14 & 25/04/15 To 30/04/15	24/11/14 To 28/11/14 & 25/04/15 To 30/04/15	12/12/14 To 15/12/14	12/12/14 To 15/12/14	
<b>B. Pharm II</b>	25/08/14 To 29/08/14 & 02/03/15 To 09/03/15	25/08/14 To 29/08/14 & 02/03/15 To 09/03/15	13/10/14 To 17/10/14 & 02/03/15 To 09/03/15	13/10/14 To 17/10/14 & 02/03/15 To 09/03/15	24/11/14 To 28/11/14	24/11/14 To 28/11/14	
<b>B. Pharm III</b>	25/08/14 To 29/08/14 & 02/03/15 To 09/03/15	25/08/14 To 29/08/14 & 02/03/15 To 09/03/15	13/10/14 To 17/10/14 & 25/04/15 To 30/04/15	13/10/14 To 17/10/14 & 25/04/15 To 30/04/15	24/11/14 To 28/11/14	24/11/14 To 28/11/14	
<b>B. Pharm IV</b>	25/08/14 To 29/08/14 & 02/03/15 To 09/03/15	25/08/14 To 29/08/14 & 02/03/15 To 09/03/15	13/10/14 To 17/10/14 & 25/04/15 To 30/04/15	13/10/14 To 17/10/14 & 25/04/15 To 30/04/15	24/11/14 To 28/11/14	24/11/14 To 28/11/14	

**11. Whether Evaluation of the internal assessments is Fair** Yes  No

Signature of the Head of the Institution

Signature of the Inspectors

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	02	12	48	57	29	16	06	00	
II B.Pharm	03	07	25	39	14	07	11	00	
III B.Pharm	11	17	57	54	03	02	02	00	
IV B.Pharm	07	11	35	35	04	01	01	00	

**12. Work load of Faculty members for B. Pharm(Enclosure No.12)**

S. No	Name of the Faculty	Subjects taught	B. Pharm		Total work load	Specific Remarks of the Inspector
			Th	Pr		

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

Details	Year 2012-13	Year 2013-14	Year 2014-15
No. of Students Appeared	29	18	27
No. of Students Qualified	00	00	00
Percentage	00	00	000

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

If applicable please give the details for the previous Year

Events	Details for the Previous Year
No. of Industrial visits	01
Industrial Tour	Yes
Industrial Training	Yes
No. of Resource Persons from the Industry for Guest Lectures	02
No. of Collaboration projects with Industry	Nil

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

Year	Year 2012-13	Year 2013-14	Year 2014-15
No. of students appeared for campus interview	36	28	35
% Placed	50	68	42

**16. Whether Professional Society Activities are Conducted (Enclose Details) (ISTE, IPA, APTI, ICTA and Related Societies)** Yes  No

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:  
List Enclosed (*Enclosure No.13*)

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

### 2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others - Full Time
20	04	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
<b>Total</b>	<b>25</b>
<b>*Part time teaching Staff</b>	<b>3</b>
<b>Remarks of the Inspection Team</b>	

**\*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	01	
	Asst. Professor	2	03	
	Lecturer	3	02	
Department of Pharmaceutical Chemistry	Professor	1	01	
	Asst. Professor	3	01	
	Lecturer	3	03	
Department of Pharmacology	Professor	1	01	
	Asst. Professor	2	02	
	Lecturer	1	01	
Department of Pharmacognosy	Professor	1	00	
	Asst. Professor	1	02	
	Lecturer	2	02	
Department of Pharmacy Practice	Asst. Professor	1	01	
	Lecturer	1	01	
Department of Pharmaceutical Analysis	Asst. Professor	1	01	

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

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

Name of Faculty Member	Period	%
	Duration of 15 yrs. and above	
	Duration of 10 yrs. and above	
Dr. Rakesh Patel, Mr. U. S. Joshi, Mr. S. L. Singune, Mr. B. N. Birla, Mr. Vivek Gupta, Mr. Dharmendra Solanki, Mr. D. S. Patidar, Mr. Rajesh Patel,	Duration of 5 yrs. and above	32
Dr. D. S. Bele, Mr. Ankit Sharma, Mr. Ashish Patidar, Mr. Sukhdev Patel, Mr. Sunil Mishra, Mrs. Seema Tiwari, Mr. R. Upadhyay, Mr. Ravindra Patidar, Miss. Pooja Shivane, Miss Sneha Sharma, Mr. Manoj Jaiswal, Mr. Shivpal rewapati, Mrs. Mohini Patidar, Mr. Bhupendra Patidar	Less than 5 yrs.	68

Signature of the Head of the Institution

Signature of the Inspectors

### 7. Details of Faculty Turnover:

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
Dr D S Bele, Mr U S Joshi, Dr Rakesh Patel, Mr Shantilal Singune, Mr Bholenath Birla, Mr. Vivek Gupta, Mr. D. Solanki, Mr Durgashankar Patidar, Mr Ankit Sharma, Mr Ashish Patidar, Mr S. Patel, Mr Sunil Mishra, Mrs Seema Tiwari, Mr Rajesh Patel, Mr. Raghav Upadhyay, Mr. Ravindra Patidar,	% of faculty retained in last 3 yrs	Yes	No	No	No

### 8. Number of Non-teaching staff available for B. Pharm course for intake of 60 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	1 for each Dept	2 D. Pharm 2 B. Pharm	
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC	1 for each Lab (minimum)	SSLC	
3	Office Superintendent	1	Degree	1	Degree	
4	Accountant	1	Degree	1	Degree	
5	Store keeper	1	D. Pharm/ Degree	1	D. Pharm/ Degree	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	1	BCA / Graduate with Computer Course	
7	Office Staff I	1	Degree	1	Degree	
8	Office Staff II	2	Degree	2	Degree	
9	Peon	2	SSLC	2	SSLC	
10	Cleaning personnel	Adequate	---	Adequate	---	
11	Gardener	Adequate	---	Adequate	---	

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**9. Scale of pay for Teaching faculty (to be enclosed): (Enclosure No.14)**

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					
	<b>List Enclosed</b>															

**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): (Enclosure No.15)**

S. No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors
	<b>List Enclosed</b>						

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

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**PART V - DOCUMENTATION****Records Maintained: Essential**

<b>Sl. No</b>	<b>Records</b>	<b>Yes</b>	<b>No</b>	<b>Remarks of the Inspectors</b>
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		

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**PART - VI**

**1. Financial Resource allocation and utilization for the past three years:**

**(Audited Accounts for previous year to be enclosed) Audited Report Enclosed (Enclosure No.07)**

Sl	Expenditure in Rs. 2012-13			Expenditure in Rs. 2013-14			Expenditure in Rs. 2014-15			Remarks of the Inspectors*
	No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	
1	6300000/-	62980000/-	2000/-	7500000	7492325	7675	6250000	6240130	9870	

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

Sl	Expenditure in Rs. 2012-13			Expenditure in Rs. 2013-14			Expenditure in Rs. 2014-15			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
	Chemicals	300000/-	300000/-	300000/-	303047/-	303047/-	Chemicals	150000	150000	
	Glassware	12250/-	12250/-	12250/-	127700/-	127700/-	Glassware	100000	100000	

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

**(Enclose purchase invoice) (Enclosure No.07)**

Sl	Expenditure in Rs. 2012-13			Expenditure in Rs. 2013-14			Expenditure in Rs. 2014-15			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
	Equipment	129800/-	129800/-	129800/-	2583100/-	2583100/-	Equipment	250000	250000	

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

Sl No.	Expenditure in Rs. 2012-13			Expenditure in Rs. 2013-14			Expenditure in Rs 2014-15			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
<b>1</b>	<b>Books</b>	<b>80000/-</b>	<b>80000/-</b>	<b>Books</b>	<b>136682/-</b>	<b>136682/-</b>	<b>Books</b>	<b>78672</b>	<b>78672</b>	
<b>2</b>	<b>Journals</b>	<b>27350/-</b>	<b>27350/-</b>	<b>Journals</b>	<b>36000/-</b>	<b>36000/-</b>	<b>Journals</b>	<b>38000</b>	<b>38000</b>	

\*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	One pair of each tissue Organs and endocrine glands One slide of each organ system	Yes	
8	Models for various organs	One model of each organ system	One model of each organ system	Yes	
9	Specimen for various organs and systems	One model for each organ system	One model for each organ system	Yes	
10	Skeleton and bones	One set of skeleton and one spare bone	One set of skeleton and one spare bone	Yes	
11	Different Contraceptive Devices and Models	One set of each device	One set of each device	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	

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18	Physical /Chemical Balance	01	01	Yes	
19	Sherrington's Kymograph Machine / Polyrite	10	10	Yes	
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	Adequate number	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	Convulsimeter	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	Livers, cannulae	20	20	Yes	

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

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**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	
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	

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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	
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.**

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**DEPARTMENT OF PHARMACEUTICS****Equipment:**

<b>Sl. No.</b>	<b>Name</b>	<b>Minimum Required Nos.</b>	<b>Available Nos.</b>	<b>Working Yes / No</b>	<b>Remarks of the Inspectors</b>
1	Mechanical stirrers	20	20	<b>Yes</b>	
2	Homogenizer	10	10	<b>Yes</b>	
3	Digital balance	05	05	<b>Yes</b>	
4	Microscopes	10	10	<b>Yes</b>	
5	Stage and eye piece micrometers	15	15	<b>Yes</b>	
6	Brookfield's viscometer	01	01	<b>Yes</b>	
7	Tray dryer	01	01	<b>Yes</b>	
8	Ball mill	01	01	<b>Yes</b>	
9	Sieve shaker with sieve set	01	01	<b>Yes</b>	
10	Double cone blender	01	01	<b>Yes</b>	
11	Propeller type mechanical agitator	05	05	<b>Yes</b>	
12	Autoclave	01	01	<b>Yes</b>	
13	Steam distillation still	01	01	<b>Yes</b>	
15	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	10 sets	<b>Yes</b>	
16	Tablet punching machine	01	01	<b>Yes</b>	
17	Capsule filling machine	01	01	<b>Yes</b>	
18	Ampoule washing machine	01	01	<b>Yes</b>	
19	Ampoule filling and sealing machine	01	01	<b>Yes</b>	
20	Tablet disintegration test apparatus IP	02	02	<b>Yes</b>	
21	Tablet dissolution test apparatus IP	01	01	<b>Yes</b>	
22	Monsanto's hardness tester	02	02	<b>Yes</b>	
23	Pfizer type hardness tester	01	01	<b>Yes</b>	

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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 EACH 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	
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	

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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 each	Yes	
6	Filtration assembly	01	01	Yes	
7	Permeability Cups	05	05	Yes	
8	Andreason's Pipette	05	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.**

### 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	Nil		
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	Nil	-	
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	01 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	

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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:**

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

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**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**