

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions for starting of 1st year B. Pharm course as per The Bachelor of Pharmacy (B.Pharm) Course Regulations, 2014.

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

(SIF-B-2)

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	CRESCENT SCHOOL OF PHARMACY B.S.ABDUR RAHMAN CRESCENT UNIVERSITY SEETHAKATHI ESTATE, G.S.T. ROAD, VANDALUR CHENNAI – 600 048 +91 – 44 – 2275 1347, 48, 50 +91 – 44 – 2275 0520 registrar@bsauniv.ac.in
Year of starting of the course	Academic Year 2017-18
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	B.S. Abdur Rahman Crescent University (Deemed to be University) (Copy enclosed) – Annexure – 1
A – I .2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	B.S. Abdur Rahman Institute of Science and Technology Society (Copy enclosed) - Annexure – 2
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	Dr. V. MURUGESAN Registrar B.S. Abdur Rahman Crescent University Seethakathi Estate, G.S.T. Road, Vandalur, Chennai – 600 048. +91 – 44 – 2275 1347, 58, 50 044 – 22590227 + 91 - 9444376464 +91 – 44 – 2275 0520 registrar@bsauniv.ac.in
A – I .4 Name and Address of the Head of the Institution	Dr. V. MURUGESAN Registrar B.S. Abdur Rahman Crescent University Seethakathi Estate, G.S.T. Road, Vandalur, Chennai – 600 048.

Signature of the Head of the Institution

Signature of the Inspectors

A –I. 5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL - **Not applicable**

a. Details of Affiliation Fee Paid

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

b. APPROVAL STATUS: Not applicable

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspectors
B. Pharm.		Approval Letter No and Date				
		Approved Intake				
		Actually Admitted				

c. STATUS OF APPLICATION : Not applicable

COURSES INSPECTED FOR					
Faculty / Subject	Extension of Approval		Increase in Intake of Seats		Remarks
	Yes	No	Yes	No	Current Intake
B. Pharm	Yes	No	Yes	No	

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. Other course offered in the institution is given in Annexure – 3

Yes

No

A – I. 6 a

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

B.S. Abdur Rahman Crescent University
Seethakathi Estate, G.S.T. Road,
Vandalur, Chennai – 600 048.
+91 – 044 – 2275 1347, 48, 50

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B –I .1 Name of the Dean	Prof. M.V.V. PRASAD, M.Pharm., Ph.D.				
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm.	1990	15 years, out of which 5 years as Prof. / HOD	26 years CV enclosed Annexure- 4	
	Ph.D.	2002	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 - **Not applicable**

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
B. Pharm				

* Enclose Documents

B –I .3 Minutes of Board of Management is enclosed as Annexure – 5

Status of Governing Council:	University
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	Pensi on benefi t	Remarks of the Inspectors
Teaching Staff	<div style="display: flex; justify-content: space-around;"> ✓ ✓ </div> AICTE /UGC/State Govt. Yes / No	Yes	Yes	Yes	
Non- Teaching Staff	State Government ✓Yes / No	Yes	Yes	Yes	

B –I .5

B. Pharm Course: Admission Statement for the Past Three Years - **Not applicable**

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
Sanctioned			
No. of Admissions			
Unfilled Seats			
No. of Excess Admissions			

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

Not applicable

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
1 st year			
2 nd year			
3 rd year			
Final year			
Pass % (Final Year)			

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. Murali Manohar
Programme conducted (mention details)	
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes
Physical Instructor	Available
Sports Ground	Available

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

Enclosed

Please refer Annexure – 6

C .1 Resources and funding agencies (give complete list) -

Funding received from B.S. Abdur Rahman Institute of Science & Technology Society

Please refer Income and Expenditure statement enclosed as Annexure – 6.

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		1.	Building		
3.	Library Fee		2.	Equipment		
4.	Sports Fee		3.	Others		
5.	Union Fee		REVENUE EXPENDITURE			
6.	Others		1	Salary		
			2.	MAINTENANCE EXPENDITURE		
				i	College	
				ii	Others	
			3.	University Fee (If any)		
			4.	Apex Bodies Fee		
			5.	Government Fee		
			6.	Deposit held by the College		
			7.	Others		
			8.	Misc.Expenditure		
			Total			
Total						

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

Land document enclosed as Annexure – 7

d. Building[†]:

- i) Approved Building plan, to be Enclosed :

e. Total Built Area of the college building in Sq.mts : Built up Area **58000 sq.ft**

Amenities and Circulation Area **40000 sq.ft**

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	04	04	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	75 sq. each	

(*To accommodate 60 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	8 720 sqmts	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm course	03 Laboratories 02 Laboratories 1 Laboratory 2 Laboratories 01 Laboratories 01 Laboratory 10 Laboratories *	2 2 1 1 1 1 8	
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		
5	Central Instrumentation Room	80 Sq.mts with A/ C	80 sqmts	
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	04	240	
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	03	60 sq.m.	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	02	20 sq.m.	

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			
2	Library	01	150 Sq mts	1	1213.05 mts	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	--		
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	03	1200 seating capacity	
5	Seminar Hall	01		03	300 seats 200 seats 75 seats	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	Yes	0.5 acres	

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	1	60	
2	Boy's Common Room (Essential)	01	60 Sq.mts	1	60	
3	Toilet Blocks for Boys	01	24 Sq.mts	1	24	
4	Toilet Blocks for Girls	01	24 Sq.mts	1	24	
5	Drinking Water facility – Water Cooler (Essential).	01		1		
6	Boy's Hostel (Desirable)	01	9 Sq.mts Room Single occupancy	1	107395 sqft	
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	1	39234 sqft	
8	Power Backup Provision (Desirable)	01		1	2,350 kVA	

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	100	
Computer (Latest Configuration)	1 system for every 10 students	20 systems		
Printers	1 printer for every 10 computers	03 printers		
Multi Media Projector	01	03		
Generator (5KVA)	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	1	3177 sq.ft		
Staff quarters	16 x 80 Sq. mts	1	75000 sq.ft		
Canteen	100 Sq. mts	1	8500 sq.ft		
Parking Area for staff and students		1	Available		
Bank Extension Counter		1	Available		
Co operative Stores		1	Available		
Guest House	80 Sq. mts	1	Available		
Transport Facilities for students		Available			
Medical Facility (First Aid)		Available			

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	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	150	1500	
2	Annual addition of books		100 to 150 books per year	100	300	
3	Periodicals Hard copies / online		10 National 05 International periodicals	02 03	50 20	
4	CDS		Adequate Nos	20	20	
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	Available		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	Available	1 1 1	
7	Library Automation and Computerized System		Yes			
8	Library Timings		08.00 a.m. to 08.00 p.m. (Saturday & Sunday - 10.00 a.m. to 4.00 p.m.)			

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 - Not applicable

Course Curriculum:

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

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

2. Scheme of B. Pharm Course:

3. Date of Commencement of session / sessions:

Commencement	Completion
DD/MM/YY	DD/MM/YY

No of Days

No of Days

4. Vacation: Summer:

Winter:

5. Total No. of working days:

6. Time Table:

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:

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		

II B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours	Prescribed No of	No of Hours	No of Classes Conducted to fulfill Prescribed Number of Hours in Colum 5 No. of classes x hours per class	
1	2	3	4	5		

Signature of the Head of the Institution

Signature of the Inspectors

III B. Pharm:

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		

IV B. Pharm:

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		

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

9. Number of Guest Lectures / Seminars / Workshops / Symposia / Presentations conducted during last Three years.

A.

Name of the Event	Year 200-	Year 200-	Year 200-
Guest Lectures			
Seminars			
Workshops			
Symposia			

B. Papers Presented / Published during last three years

	Year 200-		Year 200-		Year 200-	
	National	International	National	International	National	International
Published						
Presented						

Signature of the Head of the Institution

Signature of the Inspectors

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

Yes No

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		III Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
I B. Pharm							
II B. Pharm							
III B. Pharm							
IV B. Pharm							

11. Whether Evaluation of the internal assessments is Fair 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 B.Pharm									
II B.Pharm									
III B.Pharm									
IV B.Pharm									

12. Work load of Faculty members for B. Pharm

Sl. 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 200-	Year 200-	Year 200-
No. of Students Appeared			
No. of Students Qualified			
Percentage			

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	
Industrial Tour	
Industrial Training	
No. of Resource Persons from the Industry for Guest Lectures	
No. of Collaboration projects with Industry	

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 200-	Year 200-	Year 200-
No. of students appeared for campus interview			
% Placed			

**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: List of Teaching Staff enclosed in Annexure – 8

1. Details of Teaching Faculty for B.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 PG			
1	Dr.M.V. V.Prasad	Professor&Dean	M.Pharm, Ph.D	23.03.2017	26 Years	15662/A1/A P		

2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others - Full Time
1	1	3 part time
B. Pharm., M.Tech., Ph.D. – 1	1	

3. Teaching Staff required year wise exclusively for B.Pharm for intake of 60 Students.

	No. of staff required for I *B.Pharm	Available	No. of staff required for II B.Pharm	Available	No. of staff required for III B.Pharm	Available	No. of staff required for IV B.Pharm	Available
Principal	1		1		1		1	
Pharmaceutical Chemistry	1		2		3		4	
Pharmaceutical Analysis	1		--		-		1	
Pharmacology	1		2		3		4	
Pharmacognosy	1		2		3		3	
Pharmaceutics	1		2		3		4	
Total	6		9		13		17	
Part time teaching Staff	3		-		-		-	
Remarks of the Inspection Team								

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

Ratio of staff - Prof. (2): Asst. Prof. (2): Lecturer (2)

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

Professor: Asst. Professor: Lecturer

Signature of the Head of the Institution

Signature of the Inspectors

Department / Division	Name of the post	For strength of 60 students	Provided by the institution	Remarks of inspection team
Department of Pharmaceutics	Professor	1		
	Asst. Professor	1		
	Lecturer	2		
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1		
	Asst. Professor	1		
	Lecturer	3		
Department of Pharmacology	Professor	1		
	Asst. Professor	1		
	Lecturer	2		
Department of Pharmacognosy	Professor	1		
	Asst. Professor	1		
	Lecturer	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: Not applicable

Name of Faculty Member	Period	%
	Duration of 15 yrs. and above	
	Duration of 10 yrs. and above	
	Duration of 5 yrs. and above	
	Less than 5 yrs.	

7. Details of Faculty Turnover: Not applicable

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

Signature of the Head of the Institution

Signature of the Inspectors

8. Number of Non-teaching staff available for B. Pharm. course for intake of 60 Students:

Details enclosed in Annexure – 9

Sl. No.	Designation	Required (Minimum)	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm.	3	D.Pharm.	
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC	8	X Std.	
3	Office Superintendent	1	Degree	1	B.Com.	
4	Accountant	1	Degree	1	M.Com.	
5	Store keeper	1	D. Pharm./ Degree	1	M.A.	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	1	B.C.A.	
7	Office Staff I	1	Degree	1	B.Com.	
8	Office Staff II	2	Degree	1	B.C.A.	
9	Peon	2	SSLC	1	X Std.	
10	Cleaning personnel	Adequate	---	Adequate		
11	Gardener	Adequate	---	Adequate		

Signature of the Head of the Institution

Signature of the Inspectors

9. Scale of pay for Teaching faculty (to be enclosed): **Not applicable**

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

10. Whether facilities for Research / Higher studies are provided to the faculty? 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 enclosed as Annexure - 9**

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

15. Whether Supporting Staff (Technical and Administrative) are encouraged for skill up gradation programs. **Yes**

Signature of the Head of the Institution

Signature of the Inspectors

PART V - DOCUMENTATION

Records Maintained: Essential - **Not applicable**

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

Signature of the Head of the Institution

Signature of the Inspectors

PART – VI

**Audited financial Statement of Accounts is enclosed in
Annexure - 6**

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

Sl	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	Non Returning	

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

Not applicable

Sl	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	Incurred	
	Chemicals			Chemicals			Chemicals			
	Glassware			Glassware			Glassware			

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

Not applicable

Sl	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	Incurred	
	Equipment			Equipment			Equipment			

Signature of the Head of the Institution

Signature of the Inspectors

4. Total amount spent on Books and Journals for the past three years: **Not applicable**

Sl 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			Books			Books			
2	Journals			Journals			Journals			

*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 B. Pharm (for a batch of 20 students)

DEPARTMENT OF PHARMACOLOGY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	15	15	Yes	
2	Haemocytometer with Micropipettes	20	20	Yes	
3	Sahli's haemocytometer	20	20	Yes	
4	Hutchinson's spirometer	01	01	Yes	
5	Spygmomanometer	05	05	Yes	
6	Stethoscope	05	10	Yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	10	Yes	
8	Models for various organs	One model of each organ system	10	Yes	
9	Specimen for various organs and systems	One model for each organ system	10	Yes	
10	Skeleton and bones	One set of skeleton and one spare bone	01	Yes	
11	Different Contraceptive Devices and Models	One set of each device	01	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 / Polyrite	10	05	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	05	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	Livers, 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	15	15	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	15	15	Yes	
13	Eye piece micrometer	15	15	Yes	
14	Incinerator	01	01	Yes	
15	Moisture balance	01	01	Yes	
16	Heating mantle	15	15	Yes	
17	Flourimeter	01	01	Yes	
18	Vacuum pump	02	02	Yes	
19	Micropipettes (Single and multi channeled)	02	02	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	12	Yes	
4	Soxhlet apparatus	10	11	Yes	
6	TLC chamber and sprayer	10	12	Yes	
7	Distillation unit	01	03	Yes	

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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	05	Yes	
6	Digital Balance (1mg sensitivity)	01	01	Yes	
7	Suction pumps	06	06	Yes	
8	Muffle Furnace	01	10	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	40	80	Yes	
5	Arsenic Limit Test Apparatus	20	20	Yes	
6	Nessler's Cylinders	40	50	Yes	

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DEPARTMENT OF PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Mechanical stirrers	10	10	Yes	
2	Homogenizer	05	06	Yes	
3	Digital balance	05	04	Yes	
4	Microscopes	05	06	Yes	
5	Stage and eye piece micrometers	05	05	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	80	Yes	
16	Tablet punching machine	01			
17	Capsule filling machine	01			
18	Ampoule washing machine	01			
19	Ampoule filling and sealing machine	01			
20	Tablet disintegration test apparatus IP	01			
21	Tablet dissolution test apparatus IP	01			
22	Monsanto's hardness tester	01			
23	Pfizer type hardness tester	01			
24	Friability test apparatus	01			
25	Clarity test apparatus	01			
26	Ointment filling machine	01			
27	Collapsible tube crimping machine	01			
28	Tablet coating pan	01			
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH 10			
30	Digital pH meter	01	01	Yes	
31	All purpose equipment with all accessories	01			
32	Aseptic Cabinet	01	01	Yes	
33	BOD Incubator	02	02	Yes	
34	Bottle washing Machine	01			
35	Bottle Sealing Machine	01			
36	Bulk Density Apparatus	02			
37	Conical Percolator (glass/ copper/ stainless steel)	10	10	Yes	
38	Capsule Counter	02			
39	Energy meter	02			
40	Hot Plate	02	02	Yes	

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41	Humidity Control Oven	01	01	Yes	
42	Liquid Filling Machine	01			
43	Mechanical stirrer with speed regulator	02			
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	15	15	Yes	
2	Stalagmometer	15	15	Yes	
3	Desiccator*	05	05	Yes	
4	Suppository moulds	20	20	Yes	
5	Buchner Funnels (Small, medium, large)	05 each	15	Yes	
6	Filtration assembly	01	01	Yes	
7	Permeability Cups	05	01	Yes	
8	Andreason's Pipette	03	03	Yes	
9	Lipstick moulds	10	10	Yes	

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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		Yes	
5	Refrigerated Centrifuge	01	01	Yes	
6	Fermenters of different capacity (Desirable)	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			
11	Viscometer	01	01	Yes	
12	Micropipettes (single and multi channeled)	01 each	03	Yes	
13	Sonicator	01	01	Yes	
14	Respinometer	01			
15	BOD Incubator	01	01	Yes	
16	Paper Electrophoresis Unit	01			
17	Micro Centrifuge	01			
18	Incubator water bath	01			
19	Autoclave	01	01	Yes	
20	Refrigerator	01			
21	Filtration Assembly	01			
22	Digital pH meter	01	01	Yes	

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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			
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			

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13	Atomic Absorption and Emission spectrophotometer (Desirable)	01			
14	Biochemistry Analyzer (Desirable)	01			
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01			
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

