

**PHARMACY COUNCIL OF INDIA**  
**Standard Inspection Format (S.I.F) for institutions conducting B. Pharm**  
**(To be filled and submitted to PCI by an organization seeking approval of the**  
**course / continuation of the approval)**

(SIF-B)

*To be filled up by P.C.I.*

*To be filled up by inspectors*

**Inspection No. :**

**Date of Inspection:**

**FILE No. :**

**NAME OF THE INSPECTORS: 1.**  
**(BLOCK LETTERS)**  
**2.**

**PART – I**

**A - GENERAL INFORMATION**

<p><b>A – I.1</b>  Name of the Institution:  Complete Postal address:  STD code  Telephone No.  Fax No.  E-mail</p>	<p>GITAM School of Pharmacy  GITAM School of Pharmacy,  Gandhi Institute of Technology and Management  (GITAM), Rudraram (V), Patancheru (M), Sangareddy  Dist. - 502 329, Telangana.  08455 - 221401  Fax- 08455 - 221293  Principalpharmacy_hydcampus@gitam.edu</p>
<p>Year of starting of the course</p>	<p>2017-2018</p>
<p>Status of the course conducting body:  Government / University / Autonomous / Aided /  Private (Enclose copy of Registration documents of  Society/Trust)</p>	<p>GANDHI INSTITUTE OF TECHNOLOGY AND  MANAGEMENT (GITAM)  Deemed to be University (Estd U/s 3 of UGC Act 1956)</p>
<p><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:</p>	<p>GANDHI INSTITUTE OF TECHNOLOGY AND  MANAGEMENT, Gandhinagar Campus, Rushikonda  Visakhapatnam - 530 045, Andhra Pradesh  0891 2840501  2790222  registrar@gitam.edu  www.gitam.edu</p>
<p><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</p>	<p>Prof. G S Kumar  Principal  GITAM School of Pharmacy  Gandhi Institute of Technology and Management  (GITAM), Rudraram, Patancheru Mandal Sangareddy Dist  - 502 329. Telangana  08455 - 221401 Mobile: +91 7997490070  Fax- 08455 - 221293  Principalpharmacy_hydcampus@gitam.edu</p>
<p><b>A – I.4</b>  Name and Address of the Head of the Institution</p>	<p>Prof. G S Kumar  Principal  GITAM School of Pharmacy  Gandhi Institute of Technology and Management  (GITAM), Rudraram, Patancheru Mandal Sangareddy Dist  - 502 329. Telangana  Phone: 08455 - 221401 Mobile: +91 7997490070  Fax- 08455 - 221293  Principalpharmacy_hydcampus@gitam.edu</p>

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**A –I . 5**

**FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL**

**a. Details of Affiliation Fee Paid**

Name of the course	Affiliation Fee paid Up to	Receipt No	Dated	Remarks of the Inspectors
B.Pharm	2018-19			

**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	2017-18	Approval Letter No and Date 277 EC, Item No.39, Dt.June2017		Applied for NOC	Constituent College of GITAM	
		Approved Intake	60	60	60	
		Actually Admitted	14	14	14	

**c. STATUS OF APPLICATION**

**COURSES INSPECTED FOR**

Faculty / Subject	Extension of Approval		Increase in Intake of Seats		Remarks
	Yes	No	Yes	No	Current Intake
B. Pharm	Yes		No		60

**Note: Enclose relevant documents**

**A –I. 6**

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

**Building / campus? If Yes, Give Details**

Yes

No

**A – I. 6 a**

**Status of the Pharmacy Course:**

**Independent Building**

 NA

**Wing of another college**

 NA

**Separate Campus**

 NA

**Multi Institutional Campus**

 Yes

**Examining Authority :** Gandhi Institute of Technology and Management (GITAM)

**With complete postal Address, Telephone No. and STD Code.** Rushikonda, Visakhapatnam - 530 045. Andhra Pradesh 0891 2840501

**Signature of the Head of the Institution**

**Signature of the Inspectors**

## B - DETAILS OF THE INSTITUTION

<b>B –I .1</b> Name of the Principal		Prof. G S Kumar			
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	<b>M. Pharm</b>	M. Pharm	15 years, out of which 5 years as Prof. / HOD	17 Years	
	<b>PhD</b>	PhD	10 years, out of which at least 05 years as Asst. Prof	17 Years	

\* 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>B. Pharm</b>	23/02/2017	Lab furniture and equipments procured, yet to be installed	Complied	NA

\* Enclose Documents

### B –I .3

<b>Status of Governing Council:</b>	<b>University</b>
<b>Details of the Governing Body</b>	<b>Enclosed</b>
<b>Minutes of the last Governing council Meeting</b>	<b>Enclosed</b>

### B –I .4

Pay Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
<b>Teaching Staff</b>	AICTE /UGC/State Govt.	Yes	Yes	Yes	
<b>Non- Teaching Staff</b>	State Government	Yes	Yes	Yes	

### B –I .5

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

ACADEMIC YEAR	Year 2015-16	Year 2016-17	Year 2017-18
<b>Sanctioned</b>	NA	NA	60
<b>No. of Admissions</b>	NA	NA	14
<b>Unfilled Seats</b>	NA	NA	46
<b>No. of Excess Admissions</b>	NA	NA	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 -**

<b>ACADEMIC YEAR</b>	<b>Year 200-</b>	<b>Year 200-</b>	<b>Year 200-</b>
<b>1<sup>st</sup> year</b>	<b>NOT APPLICABLE</b>		
<b>2<sup>nd</sup> year</b>			
<b>3<sup>rd</sup> year</b>			
<b>Final year</b>			
<b>Pass % (Final Year)</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	Dr. K. Nagendra Kumar, Assistant Professor
Programme conducted (mention details)	NA
Whether students participating in University level cultural activities / Co- curricular/sports activities	YES
Physical Instructor	M. Narayana Rao Chowdary
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 Inspector
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	<b>Grants</b> a. Government b. Others		<b>CAPITAL EXPENDITURE</b>			
2.	<b>Tuition Fee</b>		1.	<b>Building</b>		
3.	<b>Library Fee</b>		2.	<b>Equipment</b>		
4.	<b>Sports Fee</b>		3.	<b>Others</b>		
5.	<b>Union Fee</b>		<b>REVENUE EXPENDITURE</b>			
6.	<b>Others</b>		1	<b>Salary</b>		
			2.	<b>MAINTENANCE</b>		
				i	<b>College</b>	
				ii	<b>Others</b>	
			3.	<b>University Fee (If any)</b>		
			4.	<b>Apex Bodies Fee</b>		
			5.	<b>Government Fee</b>		
			6.	<b>Deposit held by the College</b>		
			7.	<b>Others</b>		
			8.	<b>Misc.Expenditure</b>		
	<b>Total</b>		<b>Total</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) : **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<sup>†</sup>:

i) Approved Building plan, to be Enclosed : **Enclosed –**

e. Total Built Area of the college building in Sq.mts : Built up Area

3944
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Amenities and Circulation Area

1578
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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	04	03	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	254 Sq. mts each	

(\*To accommodate 60 students).

**3. Laboratory requirement at the end of 4 Years : To conduct 1<sup>st</sup> Year Programme**

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	1489	
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 *	280 280 91 196 120 114	
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)	20 Sq .mts	
4	Area of the Machine Room	80-100 Sq.mts	110	
5	Central Instrumentation Room	80 Sq.mts with A/ C	116	
6	Store Room – I	1 (Area 100 Sq mts)	134	
7	Store Room - II (For Inflammable chemicals)	1 (Area 20 Sq mts)	28	

\*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	36	
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	4	117	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	04	228	

**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		80	
2	Library	01	150 Sq mts	1	143	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	1	66	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	1	250 capacity Available	
5	Seminar Hall	01		1	133	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	Available		

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**7. Student Facilities:**

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Girl's Common Room (Essential)	01	60 Sq.mts	01	65	
2	Boy's Common Room (Essential)	01	60 Sq.mts	01	65	
3	Toilet Blocks for Boys	01	24 Sq.mts	01	130	
4	Toilet Blocks for Girls	01	24 Sq.mts	01	217	
5	Drinking Water facility – Water Cooler (Essential).	01		01	Available	
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy	01	Available	
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	01	Available	
8	Power Backup Provision (Desirable)	01		01	Available	

**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	139 Sq.mts	
Computer (Latest Configuration)	1 system for every 10 students	40		
Printers	1 printer for every 10 computers	04		
Multi Media Projector	01	01		
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.		
Principal quarters	80 Sq. mts			Not Available	
Staff quarters	16 x 80 Sq. mts			Not Available	
Canteen	100 Sq. mts	01		Available	
Parking Area for staff and students		01		Available	
Bank Extension Counter		01		Available	
Co operative Stores		01		Available	
Guest House	80 Sq. mts	01		Available	
Transport Facilities for students		10		Available	
Medical Facility (First Aid)		01		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	146	904	
2	Annual addition of books		100 to 150 books per year			
3	Periodicals Hard copies / online		10 National 05 International periodicals	21		
4	CDS		Adequate Nos	Available		
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	Yes		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	01 01 01		
7	Library Automation and Computerized System:		Yes			
8	<b>Library Timings : 08.00 am to 8.00 pm</b>					

## 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	1	

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 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:** Semester

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

Commencement	Completion
I Sem 31/08/2017	07/12/2017
II Sem 27/12/2017	13/04/2018

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		
Human anatomy & Physiology-I	3	3	4	4	36	
Pharma. Analysis	3	3	4	4	40	
Pharmaceutics	3	3	4	4	36	
Pharma. Inorganic Chemistry	3	3	4	4	40	
Communication Skills	2	2	2	2	20	
Remedial Maths/Biology	2	2	2	--	--	

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	
NA						
NA						

**III 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	
NA						
NA						

**IV 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	
NA						
NA						

Signature of the Head of the Institution

Signature of the Inspectors

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 2015-16	Year 2016-17	Year 2017-18
Guest Lectures	NA	NA	4
Seminars	NA	NA	0
Workshops	NA	NA	0
Symposia	NA	NA	0

B. Papers Presented / Published during last three years

	Year 2015-16		Year 2016-17		Year 2017-18	
	National	International	National	International	National	International
Published	1	3	2	8	2	6
Presented	5	4	5	5	1	0

Signature of the Head of the Institution

Signature of the Inspectors

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

Yes  No

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		III Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
I B. Pharm I Sem	05.10.17 to 07.10.17	09.10.17 to 13.10.17	20.11.17 to 22.11.17	24.11.17 to 29.11.17	NA	NA	
I B. Pharm II Sem	12.02.18 to 14.02.18	15.02.18 to 19.02.18	28.03.18 to 31.03.18	02.04.18 to 05.04.18	NA	NA	
III B. Pharm	NA	NA	NA	NA	NA	NA	
IV B. Pharm	NA	NA	NA	NA	NA	NA	

**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
			T	P		
1.	Dr.G.S Kumar	Pharma.Analysis	3	4	7	
2.	Dr.R.Vasanthi	Pharma.Inorganic Chemistry	3	4	7	
3.	Dr.B.Ramesh	Pharmaceutics	3	4	7	
4.	Dr.Rakesh Barik	Human anatomy & Physiology-I	3	4	7	

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

Details	Year 200-	Year 200-	Year 200-
No. of Students Appeared	NA	NA	NA
No. of Students Qualified	NA	NA	NA
Percentage	NA	NA	NA

**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	0
Industrial Tour	0
Industrial Training	0
No. of Resource Persons from the Industry for Guest Lectures	1
No. of Collaboration projects with Industry	0

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 -NA**

<b>Year</b>	<b>Year 200-</b>	<b>Year 200-</b>	<b>Year 200-</b>
<b>No. of students appeared for campus interview</b>			
<b>% Placed</b>	NA	NA	NA

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

<b>Yes</b>	<b>No</b>
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**Signature of the Head of the Institution**

**Signature of the Inspectors**

**PART IV - PERSONNEL**

**TEACHING STAFF:** To be Identified

**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.G.S Kumar	Principal & Professor	M.Pharm., Ph.D	28.08.17	17	KA/22760		
2	Dr.R.Vasanthi	Asst. Prof.	M.Pharm., Ph.D	24.07.17	9	A1/042445		
3	Dr.B.Ramesh	Asst. Prof.	M.Pharm., Ph.D	17.08.17	12	A1/037434		
4	Dr.Rakesh Barik	Asst. Prof.	M.Pharm., Ph.D	18.08.17	13	A1/13893		

\* Notification will be given to fill Assistant Professors in Pharmaceutical Analysis, Pharmaceutics and Pharmacognosy. The Teachers are available in Mathematics, Biology and Computer science

**2. Qualification and number of Staff Members ;**

Qualification		
M. Pharm	PhD	Others - Full Time
0	04	0

**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	1	NA	1	NA
Pharmaceutical Chemistry	1	1	2	1	3	NA	4	NA
Pharmaceutical Analysis	1	0	--	0	-	NA	1	NA
Pharmacology	1	0	2	0	3	NA	4	NA
Pharmacognosy	1	1	2	1	3	NA	3	NA
Pharmaceutics	1	1	2	1	3	NA	4	NA
<b>Total</b>	<b>6</b>	<b>4</b>	<b>9</b>	<b>4</b>	<b>13</b>		<b>17</b>	
<b>Part time teaching Staff</b>	<b>3</b>	<b>3</b>	<b>-</b>		<b>-</b>		<b>-</b>	
<b>Remarks of the Inspection Team</b>								

Signature of the Head of the Institution

Signature of the Inspectors

**\*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

Department / Division	Name of the post	For strength of 60 students	Provided by the institution	Remarks of inspection team
Department of Pharmaceutics	Professor	1	0	
	Asst. Professor	1	1	
	Lecturer	2	0	
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1	0	
	Asst. Professor	1	1	
	Lecturer	3	0	
Department of Pharmacology	Professor	1	0	
	Asst. Professor	1	0	
	Lecturer	2	0	
Department of Pharmacognosy	Professor	1	1	
	Asst. Professor	1	1	
	Lecturer	1	0	

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

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

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

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: NA**

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:**

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

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

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					
1	Dr.G.S Kumar	M.Pharm, PhD	Principal & Professor	40890	54987	15417	0	10500	200	1800	622515425	AFUPG9816M	AP/60572/10935	121794		
2	Dr.R.Vasanthi	M.Pharm PhD	Asst.Prof	15600	25252	7080	0	8000	200	1800	6454679252	ADXPH5154Q	AP/60572/893	55932		
3	Dr.B.Ramesh	M.Pharm PhD	Asst.Prof	15600	25252	7080	0	8000	200	1800	622515210	ASSPB0841N	APPTC00605720000010923	55932		
4	Dr.Rakesh Barik	M.Pharm PhD	Asst.Prof	15600	25252	7080	0	8000	200	1800	622515038	ALHPB9388G	APPTC00605720000010924	55932		

**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

**13. Gratuity Provided**

Yes

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**14. Details of Non-teaching staff members (list to be enclosed): To be Identified**

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors
1	M.Gopi	Office Superintendent	B.Sc	24/07/17	15		
2	P.Dileep Kumar	Jr. Assistant	M.Tech	07/08/17	1		
3	B.Somulu	Lab Technician	B.Sc	24/07/17	12		
4	G.Geetha	Lab Technician	M.Sc	24/07/17	6		
5	B.Keerthi Priya	Lab Technician	M.Sc	24/07/17	1		
6	G.Lavanya	Lab Technician	B.Pharm	17/10/17	1		
	Raju	Lab attender	B.Sc	24/07/17	14		
7	D.V.M Vittal	Librarian	MLiSc	24/07/17	15		
8	A.Venugopal	Asst. Librarian	BLibSc	24/07/17	1		
9	V.Raju	Library attender	SSC	24/07/17	1		
10	Md.Yadulla	Lab attender	SSC	16/10/17	1		

**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

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**

**1. Financial Resource allocation and utilization for the past three years: Enclosed Annexure - 5  
(Audited Accounts for previous year to be enclosed)**

SI	Expenditure in Rs. 2015-16			Expenditure in Rs. 2016-17			Expenditure in Rs. 2017-18			Remarks of the Inspectors*
	No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	
	NA	NA	NA	NA	NA	NA				
	NA	NA	NA	NA	NA	NA				

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

SI	Expenditure in Rs. 2015-16			Expenditure in Rs. 2016-17			Expenditure in Rs. 2017-18			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
	Chemicals	NA	NA	Chemicals	NA	NA	Chemicals	253121	253121	
	Glassware	NA	NA	Glassware	NA	NA	Glassware	192553	192553	

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

SI	Expenditure in Rs. 2015-16			Expenditure in Rs. 2016-17			Expenditure in Rs. 2017-18			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
	Equipment	NA	NA	Equipment	NA	NA	Equipment	307756	307756	

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

SI No.	Expenditure in Rs. 2015-16			Expenditure in Rs. 2016-17			Expenditure in Rs. 2017-18			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>	NA	NA	<b>Books</b>	NA	NA	<b>Books</b>	3311955	3311955	
<b>2</b>	<b>Journals</b>	NA	NA	<b>Journals</b>	NA	NA	<b>Journals</b>	54407	54407	

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

**PART VII – EQUIPMENT AND APPARATUS – Purchase order issued**

**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	Sphygmomanometer	05	05	Yes	
6	Stethoscope	05	05	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	5	Yes	
9	Specimen for various organs and systems	One model for each organ system	5	Yes	
10	Skeleton and bones	One set of skeleton and one spare bone	02	Yes	
11	Different Contraceptive Devices and Models	One set of each device	02	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	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	4	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	15	15	Yes	
2	Digital Balance	02	01	Yes	
3	Autoclave	02	01	Yes	
4	Hot air oven	02	01	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	01	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	01	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	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	03	Yes	
2	Oven	03	02	Yes	
3	Refrigerator	01	01	Yes	

4	Analytical Balances for demonstration	05	05	Yes	
5	Digital balance 10mg sensitivity	10	02	Yes	
6	Digital Balance (1mg sensitivity)	01	01	Yes	
7	Suction pumps	06	02	Yes	
8	Muffle Furnace	01	01	Yes	
9	Mechanical Stirrers	10	05	Yes	
10	Magnetic Stirrers with Thermostat	10	05	Yes	
11	Vacuum Pump	01	01	Yes	
12	Digital pH meter	01	01	Yes	
13	Microwave Oven	02	0		

**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	40	Yes	
5	Arsenic Limit Test Apparatus	20	5	Yes	
6	Nessler's Cylinders	40	40	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	10	05	Yes	
2	Homogenizer	05	03	Yes	
3	Digital balance	05	02	Yes	
4	Microscopes	05	05	Yes	
5	Stage and eye piece micrometers	05	05	Yes	
6	Brookfield's viscometer	01	0		
7	Tray dryer	01	01	Yes	
8	Ball mill	01	01	Yes	

9	Sieve shaker with sieve set	01	01	Yes	
10	Double cone blender	01	01	Yes	
11	Propeller type mechanical agitator	05	03	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	0		
17	Capsule filling machine	01	0		
18	Ampoule washing machine	01	0		
19	Ampoule filling and sealing machine	01	0		
20	Tablet disintegration test apparatus IP	01	0		
21	Tablet dissolution test apparatus IP	01	0		
22	Monsanto's hardness tester	01	0		
23	Pfizer type hardness tester	01	0		
24	Friability test apparatus	01	0		
25	Clarity test apparatus	01	0		
26	Ointment filling machine	01	0		
27	Collapsible tube crimping machine	01	0		
28	Tablet coating pan	01	0		
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH 10	05	Yes	
30	Digital pH meter	01	01	Yes	
31	All purpose equipment with all accessories	01	0		
32	Aseptic Cabinet	01	01	Yes	
33	BOD Incubator	02	01	Yes	
34	Bottle washing Machine	01	0		
35	Bottle Sealing Machine	01	0		
36	Bulk Density Apparatus	02	02	Yes	
37	Conical Percolator (glass/ copper/ stainless steel)	10	10	Yes	
38	Capsule Counter	02	0		
39	Energy meter	02	01	Yes	
40	Hot Plate	02	02	Yes	

**Signature of the Head of the Institution**

**Signature of the Inspectors**

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	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	10	Yes	
6	Filtration assembly	01	01	Yes	
7	Permeability Cups	05	05	Yes	
8	Andreason's Pipette	03	03	Yes	
9	Lipstick moulds	10	10	Yes	

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

**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	0		
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	0	0	
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	02	Yes	
13	Sonicator	01	01	Yes	
14	Respinometer	01	01	Yes	
15	BOD Incubator	01	0		
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: Purchase order issued**

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	0		
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	0		
11	HPLC	01	0		
12	HPTLC (Desirable)	01	0		

13	Atomic Absorption and Emission spectrophotometer (Desirable)	01	0		
14	Biochemistry Analyzer (Desirable)	01	0		
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01	0		
16	Deep Freezer (Desirable)	01	0		
17	Ion- Exchanger	01	01	Yes	
18	Lyophilizer (Desirable)	01	0		

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**Observation of the Inspectors:**

**Compliance of the last recommendations by Inspectors**

**Specific observations if not complied**

**Signature of Inspectors:**

**1.**

**2.**

**Note:**

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

# **PHARMACY COUNCIL OF INDIA**

## **STAFF DECLARATION FORM**

From

Teacher's Name .....  
(as on University Degree certificate)

Recent Passport size photo of the Employee  
Signed by Dean/Principal of the College.

Photograph

Date of Birth & Age .....

<b>Qualification</b>	<b>College &amp; University</b>	<b>Year</b>	<b>Registration No. with State Pharmacy Council</b>	<b>Name of the State Pharmacy Council</b>
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 :-

	<b>Amount Received</b>	<b>TDS</b>
April, 2017		
May, 2017		
June, 2017		
July, 2017		
August, 2017		
September, 2017		
October, 2017		
November, 2017		
December, 2017		
January, 2018		
February, 2018		
March, 2018		

(Copy of my form 16 (TDS certificate) for financial year 2017-2018 is attached)

P.A.N. : \_\_\_\_\_ Circle : \_\_\_\_\_

**Declaration**

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2017-2018.
2. It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Register of Registered Pharmacists).

Signature of the Employee:

Date : \_\_\_\_\_ Place: \_\_\_\_\_

**Endorsement**

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the above mentioned 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 : \_\_\_\_\_