

# PHARMACY COUNCIL OF INDIA

**Standard Inspection Format (S.I.F) for institutions conducting B. Pharm and D. Pharm**

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

(SIF-C)

*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><b>Azad Institute of Pharmacy &amp; Research.</b> Azadpuram, Natkur, Post, Chandrwal, via Bangla Bazar Road, Lucknow. Pin Code: 226002 0522 2817896 0522- 2817685 info@aipr.ac.in.</p>
<p>Year of starting of the course</p>	<p><b>Diploma-</b> proposed to start from 2018-19 <b>Degree-</b> established in 2005</p>
<p>Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)</p>	<p>Private</p>
<p><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><b>Azad Educational Society,</b> 5, New Grand Market, Behind Burlington Mall, Cantt Road, Lucknow. <b>(Annexure-1)</b> 0522 3206988 0522-2629438 ahmad.aiet@gmail.com www.agei.in.</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><b>Er. Suhail Ahmad Executive Director</b> 5, New Grand Market, Behind Burlington Hotel, Cantt Road, Lucknow. 0522 2817896 2817685 3206988 9335455646 0522- 2817685 info@aipr.ac.in</p>
<p><b>A – I .4</b> Name and Address of the Head of the Institution</p>	<p><b>Dr. Mohd Imtiyaz Ahmad( Director)</b> Azad Institute of Pharmacy &amp; Research, Azadpuram, Adjacent CRPF Camp, Post- Chandrawal Via Bangla Bazar Road, Lucknow. Pin Code-226002</p>
<p><b>A – I .4 a)</b> Whether the Jan Aushadhi Medical Store has been opened by your institution</p>	<p>Yes /No<sup>✓</sup> (Please tick ( ) the relevant portion)</p>

Signature of the Head of the Institution

Signature of the Inspectors

**A – I .5**

**FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL**

**a. DETAILS OF AFFILIATION FEE PAID**

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
D. Pharm	2018-19	<b>699190</b> (Annexure-2)	24/08/2017	
B. Pharm	2017-18	<b>699188</b> (Annexure-3)	24/08/2017	

**b. APPROVAL STATUS**

Name of the Course	Approved up to	Intake Approved and admitted	PCI	STATE GOVT	UNIVERSITY/ BTEUP	Remarks of the Inspectors
<b>B. Pharm</b>	2017-18	<b>Approval Letter No and Date</b> AICTE-F.No. Northern/1-3324831908/2017/EOADate : 10-Apr-2017 (Annexure-4)	32-497/2014-PCI- 101 CC Item No.-121 Degree IR No 5 <sup>th</sup> Oct. 2016 (Annexure-5)	Lka;k % 395@2005 lksyg -1-1-13(13½ fnukad % 29@01@2005	,ods0Vh0;w0@dql odko @lofoo@ 2017/700-1295 fnukad 15/05/2017 (Annexure-7)	
		<b>Approved Intake</b>	100	100	100	
		<b>Actually Admitted</b>	100	100	100	
<b>D. Pharm</b>	NA	<b>Approval Letter No and Date</b>			-----	
		<b>Approved Intake</b>	NA	NA	NA	
		<b>Actually Admitted</b>	NA	NA	NA	

**c. STATUS OF APPLICATION**

Course	Extension of Approval		Increase in Intake of Seats		Remarks	
	No	Yes	No	Yes	Current Intake	Proposed increase in Intake
D. Pharm	No	No	No	No	NA	Intake applied for 60 seats
B. Pharm	Yes	Yes	No	No	100	100

**Note: Enclose relevant documents**

(Please See Annexure – 4, 5, 6 & 7)

**A –I. 6**

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same Building / campus? If yes, give status

Yes

No

<b>A – I. 6 a</b>	<b>Status of the Pharmacy Course:</b>
Independent Building	<input type="checkbox"/> Yes
Wing of another college	<input type="checkbox"/> No
Separate Campus	<input type="checkbox"/> Yes
Multi Institutional Campus	<input type="checkbox"/> No

**Examining Authority :  
With complete postal  
Address, Telephone No.  
and STD code.**

**For Diploma course  
Board Of Technical Education  
1-Gurugovind Singh Marg,  
Bans Xing, Charbagh, Lucknow  
Phone No. 0522-2630243, 2638709**

**For Degree course  
Dr. A.P.J. Abdul Kalam Technical University  
Sec-11, Jankipuram, Vistar Yojna,  
Lucknow, (U.P.) Pin Code-226031  
Phone No.-0522-2771079**

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		Dr. Mohd Imtiyaz Ahmad			
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm	Yes	15 years, out of which 5 years as Prof. / HOD	12Yrs & 07 Months	
	PhD	Yes	10 years, out of which at least 05 years as Asst. Prof		

\* Documentary evidence should be provided

(Annexure- 8)

**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>	29 & 30.05.2017	(Referred to Annexure -9)	Complied	No

\* Enclose Documents

**B –I .3**

<b>Status of Governing Council:</b>	Board of Governors
<b>Details of the Governing Body</b>	Copy Enclosed (Annexure- 10)
<b>Minutes of the last Governing council Meeting</b>	Copy Enclosed (Annexure- 11)

**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	No	No	No	
<b>Non-Teaching Staff</b>	State Government Yes	Yes	No	No	

**B –I .5****D. Pharm Course: Admission statement for the past three years****(Applied for Starting D.Pharm course in Academic Session-2018-19)**

ACADEMIC YEAR	Year 2014-15	Year 2015-16	Year 2016-17
<b>Sanctioned</b>	NA	NA	NA
<b>No. of Admissions</b>	NA	NA	NA
<b>Unfilled Seats</b>	NA	NA	NA
<b>No. of Excess Admissions</b>	NA	NA	NA

**B –I .6****Academic information: Percentage of D. Pharm results for the past three years:****(Applied for Starting D.Pharm course in Academic Session-2018-19)**

ACADEMIC YEAR	Year 2014-15	Year 2015-16	Year 2016-17
D. Pharm	NA	NA	NA

Signature of the Head of the Institution

Signature of the Inspectors

**B –I .7****B. Pharm Course: Admission statement for the past three years**

<b>ACADEMIC YEAR</b>	<b>Year 2015-16</b>	<b>Year 2016-17</b>	<b>Year 2017-18</b>
<b>Sanctioned</b>	100	100	100
<b>No. of Admissions</b>	40	85	100
<b>Unfilled Seats</b>	60	15	0
<b>No. of Excess Admissions</b>	0	0	0

**B –I .8****Academic information: Percentage of UG results for the past three years based on University Calendar**

<b>ACADEMIC YEAR</b>	<b>Year 2014-15</b>	<b>Year 2015-16</b>	<b>Year 2016-17</b>
<b>1<sup>st</sup> year</b>	80	75	100
<b>2<sup>nd</sup> year</b>	90	79	100
<b>3<sup>rd</sup> year</b>	100	95	100
<b>Final year</b>	80	90	100
<b>Pass % (Final Year)</b>	80	90	100

**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. Shoeb Ahmad Khan
Programme conducted (mention details)	Yes, Blood Donation Camp
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**

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

**.2 Please provide following Information**

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others	0.00 0.00	<b>CAPITAL EXPENDITURE</b>			
2.	Tuition Fee	9901100.00	1.	Building	0.00	
3.	Library Fee	741750.00	2.	Equipment	1041291.00	
4.	Sports Fee	0.00	3.	Others	119977.00	
5.	Union Fee	0.00	<b>REVENUE EXPENDITURE</b>			
6.	Others	6900800.00	1	Salary	7328783.00	
			2.	<b>MAINTENANCE EXPENDITURE</b>		
				i	College	368750.00
				ii	Others	0.00
			3.	University Fee (If any)	1976000.00	
			4.	Apex Bodies Fee	0.00	
			5.	Government Fee	0.00	
			6.	Deposit held by the College	0.00	
			7.	Others	3098540.00	
			8.	Misc. Expenditure	3398240.00	
			<b>Total</b>		<b>17331581.00</b>	
<b>Total</b>		<b>17543650.00</b>				

**Note: Enclose relevant documents**

**(Annexure- 12)**

Signature of the Head of the Institution

Signature of the Inspectors

## PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (D.Pharm / B.Pharm courses) : **Available 2.5 Acres**  
 a) 2.5 acres District HQ/Corporation/Municipality limit  
 b) 0.5 acre for City / Metros
- b. Building<sup>†</sup> : **Own**
- c. Land Details to be in the name of Trust and Society  
 i) Own – Records to be enclosed  
 Sale deed : **(Annexure -13)**
- d. Building:  
 i) Approved Building plan, sale deed to : **(Annexure -14)**  
 be enclosed)
- e. Total Built Area of the college building in Sq.mts : Built up Area - 5865 sqm  
 Amenities and Circulation Area-1740 sqm

### 2. Class rooms:

#### Total Number of Class rooms provided for both D. Pharm and B. Pharm

Class	Required	Available Numbers	Required Area * for each Class Room	Available Area in Sq. mts	Remarks of the Inspectors
D. Pharm	02	02	90 Sq. mts each	180	
B. Pharm	04	08	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	720	

(\* To accommodate 60 students)

### 3. Laboratory requirement for both D. Pharm and B. Pharm

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq mts	Remarks/ Deficiency
1	Laboratory Area for B. Pharm Course (10 Labs) Laboratory area for D. Pharm Course (03 Labs)	90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts - Essential	<b>12 &amp; 1074</b> <b>03 &amp; 270</b>	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm and D.Pharm Course	03 Laboratories 03 Laboratories 01 Laboratory 03 Laboratories 02 Laboratories 01 Laboratory 13 Laboratories *	232 231 77 231 152 103 15 Laboratories	
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)	110	
4	Area of the Machine Room	80-100 Sq.mts	88	
5	Central Instrument Room	80 Sq.mts with A/ C	101	
6	Store Room – I	1 (Area 100 Sq mts)	102	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	23	

**\*No. of laboratories required for for both D. Pharm and B. Pharm**

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 fuming chamber to reduce the pollution wherever necessary.
3. The workbenches should be smooth and easily cleanable preferably made of non-absorbent material.
4. The water taps should be non-leaking and directly installed on sinks Drainage should be efficient.
5. Balance room should be attached to the concerned laboratories.

#### 4. Administration Area:

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Principal's Chamber	01	30 Sq. mts	1	40	
2	Office – I – Establishment	01	60 Sq. mts	1	76	
3	Office – II – Academics			1	76	
4	Confidential Room			1	36	

#### 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	82	
2	Faculty Rooms for D.Pharm & B.Pharm course		10 Sq mts x n (n=No of teachers)	24	240	

#### 6. Museum, Library, Animal House and other Facilities:

Sl No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Animal House	01	80 Sq. mts	1	82	
2	Library	01	150 Sq. mts	1	178	
3	Museum	01	50 Sq. mts (May be attached to the Pharmacognosy lab)	1	54	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	1	135	
5	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	1	132	

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 Sqmts	01	60	
2	Boy's Common Room (Essential)	01	60 Sq.mts	01	62	
3	Toilet Blocks for Boys	01	24 Sq.mts	02	56	
4	Toilet Blocks for Girls	01	24 Sq.mts	02	100	
5	Drinking Water facility – Water cooler (Essential).	01	-	03	.....	
6	Boy's Hostel (Desirable)	01	9 Sq mts/ Room Single occupancy	01	569	
7	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	01	1137	
8	Power Backup Provision (Desirable)	01		01(260kV Generator)	.....	

### 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	82	
Computer (Latest configuration)	1 system for every 10 students (UG & PG)	45	.....	
Printers	1 printer for every 10 computers	05	.....	
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. mts		
Principal quarters	80 Sq. mts	1	150		
Staff quarters	16 x 80 Sq	20	1600		
Canteen	100 Sq. mts	1	150		
Parking Area for staff and students		2	300		
Bank Extension Counter		1	30		
Co operative Stores		1	150		
Guest House	80 Sq. mts	1	85		
Auditorium		....	.....		
Seminar Hall		1	135		
Transport Facilities for students		02 (Buses)			
Medical Facility (First Aid)		1	35		

### 10. A. Library books and periodicals

(Annexure -15)

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	No.	
1	Number of books	150	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	738	7267	
2	Annual addition of books		150 books per year	32	180	
3	Periodicals Hard copies / online		10 National 05 International periodicals	16	16	
4	CDS		Adequate Nos	.....	20	
5	Internet Browsing Facility		Yes/No (Minimum ten Computers)	Yes	10 (PCs)	
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	Available Available Available	01 01 01	
7	Library Automation and Computerized System			<b>Available</b>		
8	Library Timings			<b>9:00 am to 6:00 pm</b>		

Signature of the Head of the Institution

Signature of the Inspectors

**10.B. Subject wise Classification:**

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I	57	921	
2	Pharmaceutical Chemistry – I	58	685	
3	Pharmacognosy	60	585	
4	Biochemistry and Clinical Pathology	38	349	
5	Human Anatomy and Physiology	88	508	
6	Health Education and Community Pharmacy	29	215	
7	Pharmaceutics – II	42	394	
8	Pharmaceutical Chemistry – II	62	685	
9	Pharmacology and Toxicology	70	638	
10	Pharmaceutical Jurisprudence	35	115	
11	Drug Store and Business Management	10	30	
12	Hospital and Clinical Pharmacy	12	85	

**10.C. Library Staff:**

	Staff	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	M. Lib	1	01 M.Lib	
2	Assistant Librarian	D. Lib	1	01 M.Lib	
3	Library Attenders	10 +2 / PUC	2	02	

Signature of the Head of the Institution

Signature of the Inspectors

**PART III ACADEMIC REQUIREMENTS**

**Course Curriculum:**

**1. Student Staff Ratio:**

(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.

Class	Theory	Practicals	Remarks of the Inspectors
B.Pharm	60:1	25:1	
D.Pharm	60:1	25:1	

**2. Scheme of B. Pharm Course:**                      **Annual**                                            **Semester**                       **Yes**                     

**3. Date of Commencement of session / sessions for B.PHARM:**

Commencement	Completion
01/08/2017	05/06/2018

**4. Vacation for B.PHARM:**                      **Summer:**                                            **Winter:**                                            **No of Days**                      **No of Days**  
 (Annexure -16)

**5. Total No. of working days for B.PHARM:**                     

**6. Date of Commencement of session for D.PHARM:**

Commencement	Completion
01/08/2018	PROPOSED

\*As per the Schedule of Examining Authority (BTE).

**7. Vacation for D.PHARM:**                      **Summer:**                                            **Winter:**                                            **No of Days**                      **No of Days**

**8. Total Number of working days for D.PHARM**                     

**9. Time Table copy Enclosed:**                      (Tick ✓)  
 a. B. Pharm course                                            (Annexure -17)

b. D.Pharm Course                     

**10. Whether the prescribed numbers of classes are being conducted as per university norms for B. PHARM**  
**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 and Physiology– I	40	46	40	40	10	
Pharmaceutical Analysis-I	40	44	40	48	12	

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Pharmaceutics I	40	48	40	40	10	
Pharmaceutical Inorganic Chemistry	40	44	40	44	11	
Communication Skills	32	36	40	40	10	
Remedial Biology	32	36	40	40	10	
Mathematics	32	40	NA	NA	NA	
Human Anatomy and Physiology–II	40	48	40	48	12	
Pharmaceutical Organic Chemistry I	40	42	40	44	11	
Biochemistry	40	44	40	48	12	
Pathophysiology	40	46	40	48	12	
Computer Applications in Pharmacy	40	42	40	44	11	
Environmental Sciences	40	42	NA	NA	NA	

## II 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		
Pharmaceutics –II (Unit Operation)	40	42	40	48	12	
Pharmacognosy-II	40	44	40	44	11	
Pharmaceutical Chemistry –IV (Hetrocyclic & Bio-organic Chemistry)	40	48	40	48	12	
Pharmaceutics –III (Hospital & Com. Pharmacy)	40	42	40	48	12	
A.P.P. III	40	46	20	16	08	
Cyber Security	40	42	NA	NA	NA	
Pharmaceutical Chemistry –V (Molecular Biology & Biochemistry)	40	42	40	48	12	
Pharmaceutics-IV(Physical Pharmacy)	40	45	40	44	11	
Pharmaceutical Jurisprudence	40	42	20	20	10	
Pharmaceutics-V(Cosmetic Technology)	40	45	40	44	11	
Pharmaceutical Analysis -II	40	42	40	40	10	
Universal Human Values & Professional Ethic	40	44	NA	NA	NA	

Signature of the Head of the Institution

Signature of the Inspectors

### 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	
Pharmaceutical Chemistry – VI (Medicinal Chemistry-I)	40	48	40	44	11	
Pharmaceutics –VI (Pharma. Tech. -I)	40	44	40	40	10	
Pharmacology –I (Pharmacology & Toxicology)	40	45	40	44	11	
Pharmaceutics-VII(Pharmaceutical & Food Microbiology)	40	46	40	44	11	
Environment & Ecology	40	46	0	0	0	
Pharmaceutical Chemistry-VII (Med. Chem.-II)	40	42	40	44	11	
Pharmaceutics –VIII (Pharma. Tech-II)	40	44	40	48	12	
Pharmacology –II	40	48	40	44	11	
Pharmacognosy –III	40	48	40	48	12	
Professional Communication	40	42	0	0	0	

### 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	
Pharma.Chemistry-VII (Med. Chem.-III)	40	42	40	40	10	
Pharmaceutics – IX (Biopharmaceutics & pharmacokinetics)	40	45	40	44	11	
Pharmacology –III (Pharmacology & Pharmacovigilance)	40	44	40	48	12	
Pharmacognosy –IV	40	46	40	48	12	
Pharm. Analysis-III (Pharm. Analysis & Quality Assurance)	40	42	40	44	11	
Pharm.Chemistry-IX (Chemistry of Natural Products)	40	44	40	44	11	

Signature of the Head of the Institution

Signature of the Inspectors

Pharmaceutics – X (Pharm.Biotechnology)	40	45	40	40	10	
Pharmaceutics – XI (Pharm. Marketing & Management)	40	42	0	0	0	
Pharmaceutics – XII (Food & Nutraceuticals)	40	42	40	48	12	
Elective	40	42	0	0	0	

### 11. Whether the prescribed numbers of classes are being conducted as per PCI norms for D.PHARM

Class/Subject	Theory		Practicals				Remark of the Inspectors
	Prescribed No of Hours	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	Prescribed Number of Classes	No of Classes Conducted with duration per class	
<b>I D. Pharm</b>							
Pharmaceutics – I	75	NA	100	NA	25	NA	
Pharmaceutical Chemistry – I	75	NA	75	NA	25	NA	
Pharmacognosy	75	NA	75	NA	25	NA	
Biochemistry and Clinical Pathology	50	NA	75	NA	25	NA	
Human Anatomy and Physiology	75	NA	50	NA	25	NA	
Health Education and Community Pharmacy	50	NA	----	NA	----	NA	
<b>II D. Pharm</b>							
Pharmaceutics – II	75	NA	100	NA	25	NA	
Pharmaceutical Chemistry – II	100	NA	75	NA	25	NA	
Pharmacology and Toxicology	75	NA	50	NA	25	NA	
Pharmaceutical Jurisprudence	50	NA	----	NA	----	NA	
Drug Store and Business Management	75	NA	----	NA	----	NA	
Hospital and Clinical Pharmacy	75	NA	50	NA	25	NA	

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

Yes

### 13. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last year

A.

Name of the Event	Year 2015-16	Year 2016-17	Year 2017-18
Guest Lectures	03	04	02
Seminars	01	00	Going on
Workshops	0	00	01
Symposia	0	00	Going on

Signature of the Head of the Institution

Signature of the Inspectors

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

	Year 2014-15		Year 2015-16		Year 2016-17	
	National	International	National	International	National	International
<b>Published</b>	2	3	2	2	2	1
<b>Presented</b>	3	2	2	0	0	0

14. Whether Internal Assessments are conducted periodically as per university / Board norms-  Yes

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	
<b>B.PHARM</b>							
I B. Pharm	21 to 23 Sep.2017	25 to 28 Sep.2017	26 to 28 Oct.2017	30-31, Oct & 01 Nov. 2017	23 to 25, Nov, 2017	27 to 29, Nov, 2017	
II B. Pharm	21 to 23 Sep.2017	25 to 28 Sep.2017	26 to 28 Oct.2017	30-31, Oct & 01 Nov. 2017	23 to 25, Nov, 2017	27 to 29, Nov, 2017	
III B. Pharm	21 to 23 Sep.2017	25 to 28 Sep.2017	26 to 28 Oct.2017	30-31, Oct & 01 Nov. 2017	23 to 25, Nov, 2017	27 to 29, Nov, 2017	
IV B. Pharm	21 to 23 Sep.2017	25 to 28 Sep.2017	26 to 28 Oct.2017	30-31, Oct & 01 Nov. 2017	23 to 25, Nov, 2017	27 to 29, Nov, 2017	
<b>D.PHARM</b>							
I D. Pharm	NA	NA	NA	NA	NA	NA	
II D.Pharm	NA	NA	NA	NA	NA	NA	

15. Whether Evaluation of the internal assessments is Fair Yes  No

Class	No. of Candidates scored more than 80%		No. of Candidates scored more than 60 - 80%		No. of Candidates scored more than 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
<b>I B.Pharm</b>	55	58	29	26	-	-	-	-	
<b>II B.Pharm</b>	25	32	21	14	-	-	-	-	
<b>III B.Pharm</b>	59	70	30	19	-	-	-	-	
<b>IV B.Pharm</b>	30	38	17	9	-	-	-	-	

16. Whether Evaluation of the internal assessments is Fair Yes  No

Class	No. of Candidates scored more than 80%		No. of Candidates scored more than 60 - 80%		No. of Candidates scored more than 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
<b>I D.Pharm</b>	NA	NA	NA	NA	NA	NA	NA	NA	
<b>II D.Pharm</b>	NA	NA	NA	NA	NA	NA	NA	NA	

17. Work load of Faculty members for D. Pharm and B. Pharm NA

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

Signature of the Head of the Institution

Signature of the Inspectors

### 18. Work load of Faculty members for B. Pharm

S. No	Name of the Faculty	Subjects taught	B. Pharm								Total work load	Specific Remarks of the Inspector
			Ist		IInd		IIIrd		IVth			
			Th	Pr	Th	Pr	Th	Pr	Th	Pr		
1	Dr. Mohd. Imtiyaz Ahmad	Pharmacology-III	0	0	0	0	0	0	5	0	5	
2	Dr. Manju Pandey	Biopharmaceutics	0	0	0	0	0	0	4	8	12	
3	Mr. Irfan Aizz	Ph.Cognosy-IV	0	0	0	0	0	0	8	8	16	
4	Mr. Nishant Kumar	Pharmacology-I Pharmacology-III	0 0	0 0	0 0	0 0	5 0	4 0	0 0	0 4	13	
5	Mr. Ajay Kumar Dubey	Hetro & Bioorg Chem. Med.Chem.-I	0 0	0 0	4 0	8 0	0 4	0 0	0 0	0 0	16	
6	Mr. Abdul Baseer Khan	Ph.Cognosy-II	0	0	4	8	0	0	0	0	12	
7	Mr. Rizwan Ahmad	Ph.Inorg.Chem Ph.Analysis-III	4 0	8 0	0 0	0 0	0 0	0 0	0 4	0 0	16	
8	Mr. Abadhesh K. Niranjan	Ph Technology-I Biopharmaceutics	0 0	0 0	0 0	0 0	5 0	4 0	0 4	0 0	13	
9	Dr. Mohd. Sohrab	Pharmaceutics-I Biopharmaceutics	4 0	8 0	0 0	0 0	0 0	0 0	0 0	0 4	16	
10	Ms.Ritika Risha	Unit Operations Biopharmaceutics	0 0	0 0	4 0	8 0	0 0	0 0	0 0	0 4	16	
11	Ms Shruti Richa	HAP-I Ph.Cognosy-IV	4 0	8 0	0 0	0 0	0 0	0 0	0 0	0 4	16	
12	Ms. Saista Rizvi	APP-III Pharmacology-III	0 0	0 0	4 0	8 0	0 0	0 0	0 0	0 4	16	
13	Ms. Shweta Sinha	Ph.Analysis-I Med.Chem.-I	4 0	8 0	0 0	0 0	0 0	0 4	0 0	0 0	16	
14	Mr.Mohd Ataurahamn	Ph.Analysis-I Med.Chem.-III	4 0	8 0	0 0	0 0	0 0	0 0	0 4	0 0	16	
15	Mr. Akhilesh Kumar	Pharmaceutics-I Food & Microbiology	4 0	8 0	0 0	0 0	0 0	0 4	0 0	0 0	16	
16	Mr. Mohd Saleem	APP-III Med. Chem.-III	0 0	0 0	4 0	8 0	0 0	0 0	0 4	0 0	16	
17	Ms Roli Verma	Unit Operations Ph Technology-I	0 0	0 0	4 0	8 0	0 0	0 4	0 0	0 0	16	
18	Ms Shivani Tiwari	HAP-I Ph.Analysis-III	4 0	8 0	0 0	0 0	0 0	0 0	0 0	0 4	16	
19	Mr. Saurabh Srivastava	Hospital & Com.Ph Environment & Eco	0 0	0 0	4 0	8 0	0 4	0 0	0 0	0 0	16	
20	Ms Neelu Verma	Hospital & Com.Ph Ph.Analysis-III	0 0	0 0	4 0	8 0	0 0	0 0	0 0	0 4	16	
21	Mr. Kaleem Ahmad Khan	Ph.Cognosy-II Ph.Cognosy-IV	0 0	0 0	4 0	8 0	0 0	0 0	0 0	0 4	16	
22	Mr. Piyush Gautam	Pharmacology-I Pharmacology-III	0 0	0 0	0 0	0 0	0 0	4 0	0 4	0 8	16	
23	Mr. Sunil Kumar Singh	Food & Microbiology Ph.Analysis-III	0 0	0 0	0 0	0 0	4 0	4 0	0 0	0 8	16	
24	Ms. Shainda Laeeq	Ph.Inorg.Chem Ph.Analysis-III	4 0	8 0	0 0	0 0	0 0	0 0	0 4	0 0	16	
25	Mr. Noorul Hasan Khan	Hetro & Bioorg Chem Med.Chem.-I	0 0	0 0	4 0	8 0	0 0	0 4	0 0	0 0	16	
26	Mr. Mohd Islam	Cyber Security	0	0	4	0	0	0	0	0	4	
27	Mr. Mohd Haleem	Remidial Mathematics	6	4	0	0	0	0	0	0	10	
28	Dr. Virendra Kumar	Remidial Biology	6	4	0	0	0	0	0	0	10	
29	Mr. Shakti Singh	Communication Skill	4	4	0	0	0	0	0	0	8	

### 19. Workload of Faculty members for D. Pharm NA

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

Signature of the Head of the Institution

Signature of the Inspectors



**20. Percentage of students qualified in GPAT in the last Three Years**

Details	Year 2014-15	Year 2015-16	Year 2016-17
No. of Students Appeared	10	15	22
No. of Students Qualified	01	01	00
Percentage	10	7	00

**21. Whether the Institution has an Industry – Institution Interaction cell**  **Yes****For B. Pharm****If applicable please give the details for the previous Year**

Events	Details for the Previous Year
No. of Industrial visits	01
Industrial Tour	01
Industrial Training	01
No. of Resource Persons from the Industry for Guest Lectures	00
No. of Collaboration projects with Industry	00

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

Year	Year 2014-15	Year 2015-16	Year 2016-17
No. of students appeared for campus interview	0	20	42
% Placed	0	0	67 %

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

Signature of the Head of the Institution

Signature of the Inspectors

**PART IV - PERSONNEL**

**TEACHING STAFF.**

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

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

**2. Details of Teaching Faculty for B.Pharm Course to be enclosed in the format mentioned below:**

S N	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. Mohd. Imtiyaz Ahmad	Director	M.Pharm Ph.D.	01/11/2011	12Yrs 07 months	32530		
2	Dr. Manju Pandey	Professor	M.Pharm, Ph.D.	17/01/2007	10 ½Yrs	32075		
3	Mr. Irfan Aizz	Asst. Professor	M. Pharm	01/12/2012	13 Yrs	21922		
4	Mr. Nishant Kumar	Asso. Professor	M. Pharm	07/02/2007	10½ Yrs	24756		
5	Mr. Ajay Kumar Dubey	Asso. Professor	M. Pharm	19/01/2009	9 Yrs 04 months	37761		
6	Mr. Abdul Baseer Khan	Asst. Professor	M. Pharm	06/08/2009	8 Yrs	25610		
7	Mr. Rizwan Ahmad	Asst. Professor	M. Pharm	08/08/2009	8 Yrs	24217		
8	Mr. Abadhesh K. Niranjan	Asst. Professor	M. Pharm	26/09/2011	7 Yrs	40160		
9	Dr. Mohd. Sohrab	Asst. Professor	M.Pharm, Ph.D.	25/07/2017	01 Yrs	45295		
10	Ms.Ritika Risha	Asst. Professor	M. Pharm	04/03/2017	1Yrs	Applied		
11	Ms Shruti Richa	Asst. Professor	M. Pharm	03/03/2017	06 months	56007		
12	Ms. Saista Rizvi	Asst. Professor	M. Pharm	01/03/2017	06 months	58365		
13	Ms. Shweta Sinha	Asst. Professor	M. Pharm	02/03/2017	06 months	41359		
14	Mr.Mohd Ataurahamn	Asst. Professor	M. Pharm	07/01/2015	02Yrs. 07 Months	16879		
15	Mr. Akhilesh Kumar	Asst. Professor	M. Pharm	19/07/2016	01Yrs.	42319		
16	Mr. Mohd Saleem	Asst. Professor	M. Pharm	03/07/2015	2Yrs.	45019		
17	Ms Roli Verma	Asst. Professor	M. Pharm	02/07/2015	2 Yrs.	51720		
18	Ms Shivani Tiwari	Asst. Professor	M. Pharm	04/03/2017	06 months	40683		
19	Mr. Saurabh Srivastava	Asst. Professor	M. Pharm	10/04/2017	05 months	47384		
20	Ms Neelu Verma	Asst. Professor	M. Pharm	16/2/2017	06 months	54251		
21	Mr. Kaleem Ahmad Khan	Asst. Professor	M. Pharm	21/2/2017	06 months	46341		
22	Mr. Piyush Gautam	Asst. Professor	M. Pharm	21/07/2016	01Yrs.	46296		
23	Mr. Sunil Kumar Singh	Asst. Professor	M. Pharm	04/08/2015	2Yrs.	50662		

Signature of the Head of the Institution

Signature of the Inspectors

S N	Name	Designation	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
					After PG			
24	Ms. Shainda Laeeq	Asst. Professor	M. Pharm	03/04/2017	05 months	39729		
25	Mr. Noorul Hasan Khan	Asst. Professor	M. Pharm	02/07/2017	.....	51027		
26	Mr. Mohd Islam	Lecturer	M.C.A	22/02/2007	10 Years	NA		
27	Mr. Mohd Haleem	Lecturer	M.Sc	02/01/2012	5.5 Years	NA		
28	Dr. Virendra Kumar	Lecturer	M.Sc, Ph.D	15/06/2005	12 Years	NA		
29	Mr. Shakti Singh	Lecturer	B.Tech	01/10/2016	01 Years	NA		

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

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Experience		State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
					After UG	After PG			
1	Mr. Waseem Ahmad	Lecturer	M.Pharm	Identified	Fresher				
2	Ms. Richa Saxena	Lecturer	M.Pharm	Identified	Fresher				
3	Mr. Tushar Mahajan	Lecturer	M.Pharm	Identified	Fresher				
4	Mr. Mohd Shahid Khan	Lecturer	M.Pharm	Identified	Fresher				

### 4. Qualification and number of Staff Members

Qualification							
B. Pharm		M. Pharm		PhD		Others	
		22		03		03	Part Time

### 5. Staff Pattern for B. Pharm courses department wise: : Professor: Asst. Professor: Lecturer

Department / Division	Name of the post	For strength of 100 students	Provided by the institution	Remarks of the Inspectors of inspection team
Department of Pharmaceutics	Professor	1	01	
	Asso. Professor	2	.....	
	Asst. Professor/ Lecturer	5	10	
Department of Pharmaceutical Chemistry (including Pharmaceutical Analysis)	Professor	1	.....	
	Asso. Professor	2	01	
	Asst. Professor/ Lecturer	4	04	
Department of Pharmacology	Professor	1	.....	
	Asso. Professor	1	01	
	Asst. Professor/ Lecturer	3	05	
Department of Pharmacognosy	Professor	1	01	
	Asso. Professor	1	.....	
	Asst. Professor/ Lecturer	2	02	

Signature of the Head of the Institution

Signature of the Inspectors

**6. Teaching Staff required year wise exclusively for B. Pharm for intake of 100 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	01	1	01	1	01	1	01
Pharmaceutical Chemistry	2	01	4	02	6	06	7	07
Pharmaceutical Analysis	1	01	2	01	2	02	2	02
Pharmacology	1	01	2	02	3	03	4	05
Pharmacognosy	1	01	2	02	3	03	4	04
Pharmaceutics	2	01	4	07	6	06	7	07
<b>Total</b>	<b>8</b>	<b>06</b>	<b>15</b>	<b>15</b>	<b>21</b>	<b>21</b>	<b>25</b>	<b>25</b>
<b>Part time teaching Staff</b>	<b>3</b>	<b>03</b>	<b>-</b>		<b>-</b>		<b>-</b>	
<b>Remarks of the Inspection Team</b>								

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

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

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

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

<b>Name of Faculty Member</b>	<b>Period</b>	<b>Percentage</b>
The Institute was established in 2005 hence all the faculty members fall within this criteria	<b>Duration of 15 yrs. And above</b>	<b>....</b>
	<b>Duration of 10 yrs. And above</b>	<b>....</b>
	<b>Duration of 5 yrs. And above</b>	<b>80</b>
	<b>Less than 5 yrs.</b>	<b>20</b>

**9. Details of Faculty Turnover**

<b>Name of Faculty Member</b>	<b>Period</b>	<b>More than 50%</b>	<b>50%</b>	<b>25%</b>	<b>Less than 25%</b>
	<b>% of faculty retained in last 3 yrs</b>	<b>Yes</b>	<b>No</b>	<b>No</b>	<b>No</b>

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**10. Number of Non-teaching staff available for D. Pharm and B. Pharm course for intake of (D.Pharm-60) & (B.Pharm-100) students:**

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	05	D.Pharm/BSc	
2	Laboratory Assistants/ Attenders	1 for each Lab (minimum)	SSLC	04	Inter	
3	Office Superintendent	1	Degree	01	M.A	
4	Accountant	1	Degree	02	M.Com	
5	Store keeper	1	D. Pharm/ Degree	01	B.Sc	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	01	B.A. with computer Course	
7	First Division Assistant	1	Degree	01	B.A.	
8	Second Division Assistant	2	Degree	02	B.A.	
9.	Peon	2	SSLC	03	10 <sup>th</sup> Pass	
10	Cleaning personnel	Adequate	---	03	5 <sup>th</sup> Pass	
11	Gardener	Adequate	---	01	5 <sup>th</sup> Pass	

**(Annexure-18)**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**11.Scale of pay for Teaching faculty (to be enclosed):**
**(Annexure – 19)**

Sl. No	Name	Desig.	Qualf.	Basic pay Rs.	DA Rs.	H R A R s.	CC A Rs.	Other allowance Rs.	Deduct ions			Bank A/C No	PAN No	EP F A/c no.	Total	Signature
									P T	T D S	E P F					
1	Dr. Mohd. Imtiyaz Ahmad	Director	M.Pharm Ph.D.	50000	0	0	0	0	0	0	0301000400005904	AICPA1544M	-	50000		
2	Dr. Manju Pandey	Professor	M.Pharm Ph.D.	35000	0	0	0	0	0	0	0301000400003438	ARQPP4511Q	0	35000		
3	Mr. Irfan Aziz	Asst. Professor	M. Pharm	40000	10	0	0	0	0	0	0301000400005001	AKIPA1513E	0	40000		
4	Mr. Nishant Kumar	Asso. Professor	M. Pharm	27000	0	0	0	1500	0	0	0301000400002891	AUSPK3563C	0	28500		
5	Mr. Ajay Kr Dubey	Asso. Professor	M. Pharm	13788	10479	0	0	0	0	0	0301000101309471	APSPD9993D	0	24267		
6	Mr. Rizwan Ahmad	Asst. Professor	M. Pharm	13375	10165	0	0	0	0	0	0756000100174186	AHLPA6061D	0	23540		
7	Mr. Abdul Baseer Khan	Asst. Professor	M. Pharm	13513	10270	0	0	0	0	0	0301000400004367	BOGPK9132Q	0	23783		
8	Mr. Abadhesh K. Niranjan	Asst. Professor	M. Pharm	21500	0	0	0	0	0	0	0301000400005834	AOSPN0532N	0	21500		
9	Mr.Mohd Ataurahamn	Asst. Professor	M. Pharm	22000	0	0	0	0	0	0	0301000400004358	AUQPR5179M	0	22000		
10	Mr.Sunil Kumar Singh	Asst. Professor	M. Pharm	18000	0	0	0	0	0	0	0301000400010416	DIGPS0147K	0	18000		
11	Mrs..Roli Verma	Asst. Professor	M. Pharm	18000	0	0	0	0	0	0	0301000400010407	ALOPV7966M	0	18000		
12	Mr. Mohd. Saleem	Asst. Professor	M. Pharm	18000	0	0	0	0	0	0	0301000400010258	CQLPS5518N	0	18000		
13	Mr. Piyush Gautam	Asst. Professor	M. Pharm	18000	0	0	0	0	0	0	Applied	ALLPG3894N	0	18000		
14	Ms. Ritika Risha	Asst. Professor	M. Pharm	18000	0	0	0	0	0	0	0301000400011026	BGFPR1399D	0	18000		
15	Mr. Mohd. Sohrab	Asst. Professor	M. Pharm	18000	0	0	0	0	0	0	0301000101366032	FXEPS2322P	0	18000		
16	Mr. Akhilesh Kumar	Asst. Professor	M. Pharm	18000	0	0	0	0	0	0	Applied	BSOPK9824K	0	18000		
17	Ms. Shruti Richa	Asst. Professor	M. Pharm	16000	0	0	0	0	0	0	0301000400010984	BZSPR7396L	0	16000		
18	Ms. Saista Rizvi	Asst. Professor	M. Pharm	16000	0	0	0	0	0	0	0301000400010975	BYXPR7963P	0	16000		

Sl. No	Name	Desig.	Qualif.	Basic pay Rs.	DA Rs.	H R A R s.	CC A Rs.	Other allowance Rs.	Deduct ions			Bank A/C No	PAN No	EP F A/c no.	Total	Signature
									P T	T D S	E P F					
19	Ms. Shweta Sinha	Asst. Professor	M. Pharm	16000	0	0	0	0	0	0	0301000400011008	FQVPS4054L	0	16000		
20	Ms. Shivani Tiwari	Asst. Professor	M. Pharm	16000	0	0	0	0	0	0	0301000400011017	AMMPT0013C	0	16000		
21	Mr. Saurabh Srivastava	Asst. Professor	M. Pharm	18000	0	0	0	0	0	0	Applied	DSVPS1177N	0	18000		
22	Ms. Neelu Verma	Asst. Professor	M. Pharm	18000	0	0	0	0	0	0	Applied	APDPV6693L	0	18000		
23	Mr. Kaleem Ahmad Khan	Asst. Professor	M. Pharm	18000	0	0	0	0	0	0	Applied	BWOPK2718N	0	18000		
24	Ms. Shainda Laeeq	Asst. Professor	M. Pharm	18000	0	0	0	0	0	0	Applied	AFHPL8114N	0	18000		
25	Mr. Noorul Hasan Khan	Asst. Professor	M. Pharm	18000	0	0	0	0	0	0	Applied	DRZPK4868P	0	18000		

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

**Yes**

(Inspectors to verify documents pertaining to the above)

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

**Yes**

(Inspectors to verify documents pertaining to the above)

**14. Scope for the promotion for faculty: Promotions**

**Yes**

**15. Gratuity Provided**

**No**

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

Sl No	Name	Designation	Qualification	Date of Joining	Exp.	Signature	Remarks of the Inspectors
1	Mr. Irshad Husain	Registrar	M.A. M.Com.	01/12/2005	12 Yrs		
2	Mr. Mohd Kamruddin	Computer operator cum Office Asstt.	M.A.	27/07/2005	12 Yrs.		
3	Ms. Nasreen Siddiqui	P.A. to Director cum Office Asstt.	M.A.	01/04/2007	10 Yrs.		
4	Mr. Mohd. Fahimul Haque	Accountant	M Com	02/09/2008	10Yrs.		
5	Mr. Waris Kareem	Accounts Clerk	M. A.	28/08/2006	11 Yrs.		
6	Mr. Anil Kumar	Lab Cum Store Incharge	D.Pharm	01/04/2008	9 Yrs.		
7	Mr. Umesh Chandra Yadav	Lab Technician	D.Pharm	16/08/2007	10 Yrs.		
8	Ms. Sultana Bano	Lab Technician	B.Pharm	10/08/2017	.....		
9	Mr. Abdul Waheed Ansari	Lab Technician	B.Sc	14/11/2008	9 Yrs.		
10	Mr. Ovais Khan	Librarian	M.Lib	18/03/2008	13 Yrs.		
11	Mr. Sumendra Yadav	Library Assistant	M.Lib	16/12/2005	12 Yrs.		
12	Mr Manish Kr Yadav	Library Attendent	C.Lib	12/03/2013	4 Yrs.		
13	Mr. Mohd. Hashim	Library Attendent	Intermediate	20/10/2012	5 Yrs.		
14	Mr. Syed Mohd Samad	Lab Attendant	High School	08/09/2008	9 Yrs.		
15	Mr. Shan Mohd	Lab Attendant	High School	15/04/2014	3 Yrs.		
16	Mr. Shekh Murad	Lab Attendant	BA	11/01/2011	6 Yrs.		
17	Mr. Izhar Ahmad	Generator Operator	ITI	14/12/2007	10 Yrs.		
18	Mr. Naseer	Chaukidar	5 <sup>th</sup> Pass	01/05/2007	10 Yrs.		
19	Mr. Mushir	Peon	High School	19/04/2011	5 Yrs.		
20	Mr. Shamim	Peon	High School	10/05/2009	8 Yrs.		
21	Mr. Wahid	Peon	High School	10/05/2009	8 Yrs.		
22	Mr. Rohit	Sweeper	5 <sup>th</sup> Pass	....	...		
23	Mr. Rahul	Sweeper	5 <sup>th</sup> Pass	...	...		
24	Mr. Aashish	Sweeper	5 <sup>th</sup> Pass	...	...		
25	Mr. Sunil Kumar	Gardenar	5 <sup>th</sup> Pass	...	...		

**17. 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	Yes		
2.	Individual Service Register	Yes		
3.	Staff Attendance Registers	Yes		
4.	Sessional Marks Register	Yes		
5.	Final Marks Register	Yes		
6.	Student Attendance Registers	Yes		
7.	Minutes of meetings- Teaching Staff	Yes		
8.	Fee paid Registers	Yes		
9.	Acquittance Registers	Yes		
10.	Accession Register for books and Journals in Library	Yes		
11.	Log book for chemicals and Equipment costing more than Rupees one lakh	Yes		
12.	Job Cards for laboratories	Yes		
13.	Standard Operating Procedures (SOP's) for Equipment	Yes		
14.	Laboratory Manuals	Yes		
15.	Stock Register for Equipment	Yes		
16.	Animal House Records as per CPCSEA	Yes		

Signature of the Head of the Institution

Signature of the Inspectors

**PART - VI**

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

(Audited Accounts for previous year to be enclosed)

(Annexure-20)

Sl	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs 2016-17			Remarks of the Inspectors*
No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	Non Returning	
	1800000	1600000	200000	21000000	18000000	3000000	2400000	2000000	400000	

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

Sl	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs 2016-17			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals	200000	130430	Chemicals	250000	127017	Chemicals	300000	93479	
	Glassware	200000	53261	Glassware	250000	62460	Glassware	300000	49108	

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

(Enclose purchase invoice)

Sl	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs 2016-17			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment	500000	273840	Equipment	500000	178300	Equipment	500000	304605	

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Signature of the Inspectors

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

Sl No.	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs. 2016-17			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>200000</b>	<b>143901</b>	<b>Books</b>	<b>200000</b>	<b>74928</b>	<b>Books</b>	<b>200000</b>	<b>24159</b>	
<b>2</b>	<b>Journals</b>	<b>100000</b>	<b>30000</b>	<b>Journals</b>	<b>100000</b>	<b>30000</b>	<b>Journals</b>	<b>100000</b>	<b>7705</b>	

\*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**

**Note: Inspectors are requested to note that items which are marked with an asterisk (\*) are common for both B.Pharm and D. Pharm.**

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

**PHARMACEUTICS Equipment:**

**(Annexure-21)**

<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	Continuous Hot Extraction Equipment	05	05	Yes	
2	Conical Percolator	05	10	Yes	
3	Tincture Press	01	01	Yes	
4	Hand Grinding Mill	01	01	Yes	
5	Disintegrator*	01	01	Yes	
6	Ball mill*	01	01	Yes	
7	Hand operated Tablet machine	01	01	Yes	
8	Tablet Coating Pan unit with hot air blower laboratory size*	01	01	Yes	
9	Polishing pan laboratory size	01	01	Yes	
10	Monsanto's hardness tester	01	01	Yes	
11	Pfizer type hardness tester	01	01	Yes	
12	Tablet disintegration test apparatus IP*	01	01	Yes	
13	Tablet dissolution test apparatus IP*	01	01	Yes	
14	Granulating sieve set	10	01	Yes	
15	Tablet counter – small size	05	01	Yes	
16	Friability tester*	01	01	Yes	
17	Collapsible tube – Filling and sealing equipment*	01	01	Yes	
18	Capsule filling machine – Lab size*	01	01	Yes	
19	Digital balance*	01	01	Yes	
20	Distillation unit for distilled water	02	02	Yes	
21	Deionisation unit	01	01	Yes	
22	Glass distillation unit for water for injection	01	01	Yes	
23	Ampoule washing machine	01	01	Yes	
24	Ampoule filling and sealing machine*	01	01	Yes	
25	Sintered glass filters for bacteria proof filtration (four different grades)	Adequate	Available		

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26	Millipore filter ( 3 grades)	Adequate	Available		
27	Autoclave*	01	01	Yes	
28	Hot air sterilizer	01	01	Yes	
29	Incubator	01	01	Yes	
30	Aseptic cabinet	01	01	Yes	
31	Ampoule clarity test equipment*	01	01	Yes	
32	Blender	01	01	Yes	
33	Sieves set (Pharmacopoeial standard)*	02	02	Yes	
34	Lab Centrifuge	01	02	Yes	
35	Ointment slab	Adequate	Available		
36	Ointment spatula	Adequate	Available		
37	Pestle and mortar porcelain	Adequate	Available		
38	Pestle and mortar glass	Adequate	Available		
39	Suppository moulds of three sizes	Adequate	Available		
40	Refrigerator	01	01	Yes	

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

### PHARMACEUTICAL CHEMISTRY

#### Equipment:

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

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

Signature of the Head of the Institution

Signature of the Inspectors

## PHYSIOLOGY & PHARMACOLOGY LABORATORY

### Equipment:

Sl.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Haemoglobinometer	20	20	Yes	
2	Haemocytometer*	10	12	Yes	
3	Student's organ bath	01	10	Yes	
4	Sherington's rotating drum*	01	10	Yes	
5	Frog board	Adequate	Available		
6	Tray (dissecting)	Adequate	Available		
7	Frontal writing lever*	Adequate	Available		
8	Aeration tube*	Adequate	Available		
9	Telethermometer	01	01	Yes	
10	Pole climbing apparatus*	01	01	Yes	
11	Histamine chamber	01	01	Yes	
12	Simple lever*	Adequate	Available		
13	Sterling heart lever*	Adequate	Available		
14	Aerator*	Adequate	Available		
15	Histological Slides	Adequate	Available		
16	Sphygmomanometer* (B.P. apparatus)	05	10	Yes	
17	Stethoscope*	05	10	Yes	
18	First aid equipment	Adequate	Available		
19	Contraceptive device*	Adequate	Available		
20	Dissecting (surgical) instruments	Adequate	Available		
21	Balance for weighing small Animals	01	01	Yes	
22	Kymograph paper	Adequate	Available		
23	Actophotometer*	01	01	Yes	
24	Analgesiometer*	01	01	Yes	
25	Thermometer	Adequate	Available		
26	Plastic animal cage	Adequate	Available		
27	Double unit organ bath with thermostat	01	01	Yes	
28	Refrigerator	01	01	Yes	
29	Digital balance	01	01	Yes	
30	Charts	Adequate	Available		
31	Human skeleton*	01	01	Yes	

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32	Anatomical specimen (Heart, brain, eye,,ear,,reproductive system etc.,)*	01 set	01	Yes	
33	Electro-convulsimeter*	01	01	Yes	
34	Stop watch	Adequate	Available		
35	Clamp, boss heads, screw clips*	Adequate	Available		
36	Syme's Cannula*	Adequate	Available		

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

### PHARMCOGNOSY LABORATORY

#### Equipment:

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

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

### PHARMACY PRACTICE LABORATORY

#### Equipment:

SI No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	2	02	Yes	
2	Microscope	Adequate	Available		
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)	Adequate	Available		
4	Watch glass	Adequate	Available		
5	Centrifuge	1	01	Yes	
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	Available		
7	Filtration equipment	2	02	Yes	
8	Filling Machine	1	01	Yes	
9	Sealing Machine	1	01	Yes	

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10	Autoclave sterilizer	1	01	Yes	
11	Membrane filter	1 Unit	01 Unit	Yes	
12	Sintered glass funnel with complete filtering assemble	Adequate	Available		
13	Small disposable membrane filter for IV admixture filtration	Adequate	Available		
14	Laminar air flow bench	1	01	Yes	
15	Vacuum pump	1	01	Yes	
16	Oven	1	01	Yes	
17	Surgical dressing	Adequate	Available		
18	Incubator	1	01	Yes	
19	PH meter	1	01	Yes	
20	Disintegration test apparatus	1	01	Yes	
21	Hardness tester	1	01	Yes	
22	Centrifuge	1	01	Yes	
23	Magnetic stirrer	1	01	Yes	
24	Thermostatic bath	1	01	Yes	

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

**Museum:** Every Institution shall maintain a museum of crude drugs, herbarium sheets, botanical specimens of the drugs, and plants, mentioned in the course in addition the following are recommended.

1. Colored slides of medicine plants.
2. Display of popular patent medicines, and
3. Containers of common usage in medicines.

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Signature of the Inspectors



**II 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	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*	5	10	Yes	
6	Stethoscope*	5	10	Yes	
	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	25	Yes	
8	Models for various organs	One model of each organ system	20	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	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	Electronic Balance	01	01	Yes	
18	Physical /Chemical Balance	01	01	Yes	
19	Sherrington's Kymograph Machine / Polyrte	10	10	Yes	
20	Sherrington Drum*	10	10	Yes	
21	Perspex bath assembly (single unit)	10	10	Yes	

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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	10	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	02	Yes	
30	Convulsiometer*	01	01	Yes	
31	Plethysmograph	01	02	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	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	

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10	Digital pH meter	01	01	Yes	
11	Microscope with stage and oil immersion objective	20	20	Yes	
12	Sterility testing unit	01	01	Yes	
13	Camera Lucida	15	20	Yes	
14	Eye piece micrometer	15	20	Yes	
15	Stage micrometer	20	20	Yes	
16	Incinerator	01	01	Yes	
17	Moisture balance	01	01	Yes	
18	Heating mantle	15	20	Yes	
19	Flourimeter	01	01	Yes	
20	Vacuum pump	02	02	Yes	
21	Micropipettes (Single and multi channeled)	02	05	Yes	
22	Micro Centrifuge	01	01	Yes	
23	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	
5	TLC chamber and sprayer	10	10	Yes	
6	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	

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5	Digital balance 10mg sensitivity	10	10	Yes	
6	Suction pumps	06	06	Yes	
7	Muffle Furnace	01	01	Yes	
8	Mechanical Stirrers	10	10	Yes	
9	Magnetic Stirrers with Thermostat	10	10	Yes	
10	Vacuum Pump	01	01	Yes	
11	Digital pH meter	01	01	Yes	
12	Microwave Oven	01	02	02	

**Apparatus:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02	02	Yes	
2	Reflux flask and condenser single necked	20	20	Yes	
3	Reflux flask and condenser double / triple necked	20	20	Yes	
4	Burettes	100	100	Yes	
5	Arsenic Limit Test Apparatus	25	25	Yes	
6	Nessler's Cylinders	50	50	Yes	

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

**DEPARTMENT OF PHARMACEUTICS**

**Equipment:**

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Homogenizer	05	10	Yes	
2	Digital balance (10 mg sensitivity)	05	05	Yes	
3	Microscopes	05	10	Yes	
4	Stage and eye piece micrometers	05	15	Yes	
5	Brookfield's viscometer	01	01	Yes	
6	Ball mill*	01	01	Yes	
7	Sieve shaker with sieve set*	01	01	Yes	
8	Double cone blender	01	01	Yes	
9	Propeller type mechanical agitator	05	05	Yes	
10	Autoclave*	01	01	Yes	
11	Steam distillation still	01	01	Yes	

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12	Vacuum Pump*	01	01	Yes	
13	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	20 Sets	Yes	
14	Tablet punching machine	01	01	Yes	
15	Capsule filling machine*	01	01	Yes	
16	Ampoule washing machine*	01	01	Yes	
17	Ampoule filling and sealing machine*	01	01	Yes	
18	Tablet disintegration test apparatus IP	01	02	Yes	
19	Tablet dissolution test apparatus IP	01	01	Yes	
20	Monsanto's hardness tester	01	02	Yes	
21	Pfizer type hardness tester	01	01	Yes	
22	Friability test apparatus*	01	01	Yes	
23	Clarity test apparatus	01	01	Yes	
24	Ointment filling machine*	01	01	Yes	
25	Collapsible Tube Crimping Machine*	01	01	Yes	
26	Tablet coating pan*	01	01	Yes	
27	Magnetic stirrer, 500ml and 1 liter capacity*, with variable speed control.	10	10	Yes	
28	Digital pH meter	02	02	Yes	
29	All purpose equipment with all accessories	01	01	Yes	
30	Aseptic Cabinet	01	01	Yes	
31	BOD Incubator	02	02	Yes	
32	Bottle washing Machine	01	01	Yes	
33	Bottle Sealing Machine	01	01	Yes	
34	Bulk Density Apparatus	02	02	Yes	
35	Conical Percolator (glass/ copper/ stainless steel)	10	10	Yes	
36	Capsule Counter	02	02	Yes	
37	Energy meter	02	02	Yes	
38	Hot Plate	02	02	Yes	
39	Humidity Control Oven	01	01	Yes	
40	Liquid Filling Machine	01	01	Yes	
41	Mechanical stirrer with speed regulator	02	02	Yes	
42	Precision Melting point Apparatus	01	01	Yes	
43	Tray Drier	01	01	Yes	
44	Distillation Unit	01	01	Yes	

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**Apparatus:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	15	20	Yes	
2	Stalagmometer	15	20	Yes	
3	Desiccator*	05	10	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	05	Yes	
8	Andreason's Pipette	03	05	Yes	
9	Lipstick moulds	10	10	Yes	

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

**PHARMACEUTICAL BIOTECHNOLOGY**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Orbital shaker incubator	01	01	Yes	
2	Lyophilizer (Desirable)	01	00		
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	00		
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	01	Yes	

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16	Paper Electrophoresis Unit	01	01	Yes	
17	Micro Centrifuge	01	01	Yes	
18	Incubator water bath	01	01	Yes	
19	Autoclave	01	01	Yes	
20	Refrigerator	01	01	Yes	
21	Filtration Assembly	01	01	Yes	
22	Digital pH meter	01	01	Yes	

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

**CENTRAL INSTRUMENTATION ROOM:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01	01	Yes	
2	Digital pH meter	01	01	Yes	
3	UV- Visible Spectrophotometer	01	01	Yes	
4	Flourimeter	01	01	Yes	
5	Digital Balance (1mg sensitivity)	01	01	Yes	
6	Nephelo Turbidity meter	01	01	Yes	
7	Flame Photometer	01	01	Yes	
8	Potentiometer	01	01	Yes	
9	Conductivity meter	01	01	Yes	
10	Fourier Transform Infra Red Spectrometer (Desirable)	01	00		
11	HPLC	01	01	Yes	
12	HPTLC (Desirable)	01	00		
13	Atomic Absorption and Emission spectrophotometer (Desirable)	01	00		
14	Biochemistry Analyzer (Desirable)	01	00		
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01	00		
16	Deep Freezer (Desirable)	01	00		
17	Ion- Exchanger	01	01	Yes	
18	Lyophilizer (Desirable)	01	00		

**\* Items marked with asterisk are common for B.Pharm and D. Pharm**

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.

Contd. on page 3

3) I have drawn total emoluments from this college as under (Please fill the data of last academic session) :-

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

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

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

**Declaration**

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

Signature of the Employee:

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

**Endorsement**

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement

Countersigned by the Director/Dean/  
Principal in respect of Teaching Staff

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



