

# 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. : ~~32-1144/2014~~PCI

NAME OF THE INSPECTORS: 1.  
(BLOCK LETTERS)

2.

### PART – I

#### A - GENERAL INFORMATION

<b>A – I .1</b> Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	<b>VIVA Institute Of Pharmacy</b> Post. Shirgaon, Virar (E), Tah.Vasai, Dist.Palghar <b>0250-</b> <b>6990999/6965628</b> <b>0250-2515275</b> <a href="mailto:pharmacy@vivacollege.org">pharmacy@vivacollege.org</a>
Year of Establishment	<b>2010</b> (Dated 4 <sup>th</sup> Jan 2010)
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Private (Document Enclosed)
<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:	Late Shri Vishnu Waman Thakur Charitable Trust Thakur Niwas, Raja Chatrapati Shivaji marg, Virar (W) Dist.Palghar-401404 <b>0250-</b> <b>6990999/6965628</b> <b>0250-2515275</b> <a href="mailto:pharmacy@vivacollege.org">pharmacy@vivacollege.org</a> <a href="http://www.vivapharmacy.org">www.vivapharmacy.org</a>
<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	<b>Dr. Ravindra B. Kabnurkar</b> <b>Principal , VIVA Institute of Pharmacy</b>  <b>0250-</b> <b>6990999/6965628</b> <b>0250-6990999</b> <b>022-28622549</b> <b>+91-9869220364, 7506740058</b> <b>0250-2515275</b> <a href="mailto:rkabnurkar@yahoo.com">rkabnurkar@yahoo.com</a> <a href="mailto:rkabnurkar@gmail.com">rkabnurkar@gmail.com</a>
<b>A – I .4</b> Name and Address of the Head of the Institution	<b>Dr. Ravindra B. Kabnurkar,</b> A-18 Om Pushpanjali Opp – Poinsur Gymkhna , Kandivali West

#### A – I .5 FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

Signature of the Head of the Institution

Signature of the Inspectors

### a. Details of Affiliation Fee Paid (NA)

<b>Name of the Course</b>	<b>Affiliation Fee paid up to</b>	<b>Receipt No</b>	<b>Dated</b>	<b>Remarks of the Inspectors</b>
B. Pharm	2016-17, DD No.792487 Dt.25/07/16	Paid on 25/07/16	Receipt awaited	

**b. APPROVAL STATUS:**

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspect
B. Pharm	Approved for the conduct of course	<b>Approval Letter No and Date</b> 258 E.C(35) 1144/38554-58 Dated 27/9/14	38554-58	No.2/NGC/New Phar/ Approval/2013/1041	No. Aff.I/ICD/2015-16/(17)280	
		<b>Approved Intake</b>	60	60	60	
		<b>Actually Admitted</b>	60	60	60	

### c. STATUS OF APPLICATION

COURSES INSPECTED FOR			
Faculty / Subject	Extension of Approval	Increase in Intake of Seats	Remarks
			Current Intake
B. Pharm	Yes, Need	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**

**A – I. 6 a**

Yes

Yes

No

### Status of the Pharmacy Course:

## Independent Building

**Yes**

**Wing of another college**

**No**

## Separate Campus

**No**

## Multi Institutional Campus

**Yes**

### Examining Authority

**: The Registrar, Mumbai University, Kalina Campus, Kalina, Santacruz ( E), Mumbai-400098**

**With complete postal**

**: 022-26543000/ 26543300**

**Address, Telephone No. and****STD Code.**

**Signature of the Head of the Institution**

### Signature of the Inspectors

## B - DETAILS OF THE INSTITUTION

<b>B –I .1</b> <b>Name of the Principal</b>			Dr. Ravindra B. Kabnurkar		
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm	M.Pharm	35 years, out of which 5 years as Prof. / HOD	36 Years	
	PhD.	PhD (Tech.)	10 years, out of which at least 05 years as Asst. Prof.		

\* Documentary evidence should be provided

### B –I .2

For institution seeking continuation of affiliation (NA)

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Compli ed / Not	Intake reduced/Stoppe d in the last 03
<b>B. Pharm</b>	7 and 8 May 2015	1. Labs be provided for B.Pharmacy part III & Part IV 2. Some equipments are deficient as mentioned in SIF 3. Area of Principals chamber, Admin, Office & Animal house being deficient 4. Non teaching staff, Lab technician with D.Pharm qualification 5. Individual staff service register be prepared	-complied  -complied  -complied  -Lab Technician appointed with D.Pharm on 1/8/2015 -Service Register for individual staff is made.	NA

\* Enclose Documents

### B –I .3

<b>Status of Governing Council: Trust</b>	<b>Trust</b>
<b>Details of the Governing Body Enclosed</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	No	No	
<b>Non- Teaching Staff</b>	State Government : Yes	Yes	No	No	

Signature of the Head of the Institution

Signature of the Inspectors

**B –I .5****B. Pharm Course: Admission Statement for the Past Three Years**

<b>ACADEMIC YEAR</b>	<b>Year 2013-14</b>	<b>Year 2014-15</b>	<b>Year 2015-16</b>
<b>Sanctioned</b>	60	60	60
<b>No. of Admissions</b>	52	60	60
<b>Unfilled Seats</b>	08	Nil	Nil
<b>No. of Excess Admissions</b>	Nil	Nil	Nil

Signature of the Head of the Institution

Signature of the Inspectors

**B –I .6**

**Academic information: Percentage of UG results for the past three years based on University Calendar**

ACADEMIC YEAR	Year 2013-14	Year 2014-15	Year 2015-16
<b>1<sup>st</sup> year</b>	SEM-I-84% SEM-II-74.50%	Sem-I : 42.42% Sem-II : 66.66%	Sem-I : 61.29% Sem-II : 63.0%
<b>2<sup>nd</sup> year</b>	NA	Sem-III : 50% Sem-IV : 38.63%	Sem-III :53.7 % Sem-IV : 30%
<b>3<sup>rd</sup> year</b>	NA	NA	Sem-V :94.4 % Sem-VI : 86.1 %
<b>Final year</b>	SEM-VII-86.20% SEM-VIII-75.86%	NA	NA
<b>Pass % (Final Year)</b>	86.55%	NA	NA

**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. Vishal Sawant
Programme conducted (mention details)	Started this year June-2015
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes
Physical Instructor	available
Sports Ground	Shared

**Signature of the Head of the Institution**

**Signature of the Inspectors**

## C - FINANCIAL STATUS OF THE INSTITUTION (2014-2015)

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		<b>CAPITAL EXPENDITURE</b>			
2.	Tuition Fee	1,14,67,630	1.	Building	1,09,82,479	
3.	Library Fee	30400	2.	Equipment	48,65,569	
4.	Sports Fee	38000	3.	Others	61,21,394	
5.	Union Fee	-	<b>REVENUE EXPENDITURE</b>			
6.	Others	712720	1.	Salary	73,34,374	
			2.	<b>MAINTENANCE EXPENDITURE</b>		
				I College	1,81,952	
				ii Others		
			3.	University Fee (If any)	3,39,712	
			4.	Apex Bodies Fee	0	
			5.	Government Fee	0	
			6.	Deposit held by the College	28,00,000	
<b>Total</b>		1,22,48,750	7.	Others		
			8.	Misc.Expenditure		
			<b>Total</b>		6569003	

Note: Enclose relevant documents

## 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 5810 sq. mt.

Amenities and Circulation Area 646 Sq. mt

### 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	05 Tutorial	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	80 Sq. mts	

(\*To accommodate 60 students).

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

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq mts	Remarks/ Deficiency
1	Laboratory Area for B.Pharm Course (12 Labs)	90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts – Essential	87 Sq.mt each	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm course	03 Laboratories 02 Laboratories 01 Laboratory 02 Laboratories 01 Laboratories 01 Laboratory  10 Laboratories *	03 02 01 02 01 01  10	
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 sq mts (minimum)	10sq.mt.	
4	Area of the Machine Room	80-100 Sq.mts	90sqmt.	
5	Central Instrumentation Room	80 Sq.mts with A/ C	105sq mt	
6	Store Room – I	1 (Area 100 Sq mts)	62+25 sq.mt.	
7	Store Room - II (For Inflammable chemicals)	1 (Area 20 Sq mts)	25 sqmt.	

\*Number of laboratories required for entire course of 4 years.

Signature of the Head of the Institution

Signature of the Inspectors

† The Institutions will not be permitted to run the courses in rented building on or after 31.12.2008

1. All the Laboratories should be well lit & ventilated
2. All Laboratories should be provided with basic amenities and services like exhaust fans and fume chamber to reduce the pollution wherever necessary.
3. The work benches should be smooth and easily cleanable preferably made of non-absorbent material.
4. The water taps should be non-leaking and directly installed on sinks. Drainage should be efficient.
5. Balance room should be attached to the concerned laboratories.

#### 4. Administration Area:

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Principal's Chamber	01	30 Sq .mts	01	30 Sq .mts	
2	Office – I - Establishment	01	60 Sq. mts	01	63 Sq. mts	
3	Office – II - Academics					
4	Confidential Room					

#### 5. Staff Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4	04	21 Sq mts	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	07	21 Sq mts	

#### 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	01	90 Sq. mt	
2	Library	01	150 Sq mts	01	232 Sq mts	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	01	63 sq. mts	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	350*	
5	Seminar Hall	01		01	132 sq mts*	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	25 Sq mts	

\* Shared with sister institute

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)	1	60 Sq.mts	01	63 Sq.mts	
2	Boy's Common Room (Essential)	1	60 Sq.mts	01	63 Sq.mts	
3	Toilet Blocks for Boys	1 1	24 Sq.mts	04	24 Sq.mts Sq.mts	
4	Toilet Blocks for Girls	1 1	24 Sq.mts	04	24Sq.mts	
5	Drinking Water facility – Water Cooler (Essential).	1		01	By voltas	
6	Boy's Hostel (Desirable)	1	9 Sq .mts / Room /Room Single	No	NA	
7	Girl's Hostel (Desirable)	1	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	Yes	Adequate	
8	Power Backup Provision (Desirable)	1		01		

## 8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	01	75 sq. mt.	
Computer (Latest Configuration)	1 system for every 10 students	35	---	
Printers	1 printer for every 10 computers	04	---	
Multi Media Projector	01	04	---	
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	-	-	Yes	
Staff quarters	16 x 80 Sq. mts		-	Yes	
Canteen	100 Sq. mts	01	100 sq mt		
Parking Area for staff and students		01	Adequate		
Bank Extension Counter				Yes	
Co operative Stores				Yes	
Guest House	80 Sq. mts	01	100 sq mt		
Transport Facilities for students		Yes	Public & Private (VVMT)		
Medical Facility (First Aid)		01	20 sq mt		

**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	185	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	1858	2944	
2	Annual addition of books		100 to 150 books per year	51	214	
3	Periodicals Hard copies / online		10 National 05 International periodicals	7 Nat. (Bentham Dated 14/3/2016)	1 Int.Nat.	
4	CDS		Adequate Nos	05	15	
5	Internet Browsing Facility		<b>Yes</b> (Minimum ten computers)	-	30	
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	Yes Yes Yes Yes	02 03 01 03	
7	Library Automation and Computerized System : Yes (Inhouse Library Software)					
8	<b>Library Timings 8:30 am to 5.00 Pm</b>					

**10.B. Library Staff:**

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

### PART III ACADEMIC REQUIREMENTS

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

(Required ratio --- Theory → 60:1 and Practicals → 20:1) 1:60 1:20 or less

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
29/06/2015	07/04/2016

No of Days

No of Days

**4. Vacation:**

Summer:

20

Winter:

15

**5. Total No. of working days:**

218

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**6. Time Table:**

Time Table for B. Pharm course Enclosed

Yes

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		
<b>SEM-I</b>						
Anatomy, physiology and Pathology - I	35	53	--	--		
Physical Organic Chemistry	45	45	--	--		
Physical Pharmacy-I	48	48	--	--		
Communication Skill	40	40	--	--		
Environmental Science	35	64	--	--		
Physical Pharmacy Lab	--	--	4Hrs/wk	48		
Anatomy, physiology and Pathology Lab	--	--	4Hrs/wk	48		
Computer Lab	--	--	4Hrs/wk	48		

SEM-II						
Pharmaceutical Chemistry-I	41	42	--	--		
Pharmaceutics-I	48	53	--	--		
Biochemistry-I	55	55	--	--		
Anatomy Physiolo & Patho-II	45	54	--	--		
Physical Pharmacy-II	36	36	--	--		
Pharmaceutics Lab-I	--	--	4Hrs/wk	44		
Pharmaceutical Chemistry Lab-I	--	--	4Hrs/wk	44		
Physical Pharmacy Lab-II	--	--	4Hrs/wk	48		

## 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	
	2	3	4	5		
Sem-III						
Dispensing Pharmacy	30	51	--	--		
Organic Chemistry-I	48	73	--	--		
Biochemistry-II	48	52	--	--		
Anatomy Physiology & Patho-III	38	50	--	--		
Pharmaceutical Engineering	38	50	--	--		
Mathematics	37	37	--	--		
Dispensing Pharmacy Lab	--	--	4Hrs/wk	56		
Organic Chemistry Lab-I	--	--	4Hrs/wk	48		
Biochemistry Lab	--	--	4Hrs/wk	56		
Sem-IV						
Organic Chemistry-II	38	47	--	--		
Pharmaceutical Analysis-I	38	38	--	--		
Pharmaceutics-II	38	38	--	--		
Microbiology	36	36	--	--		
Pharmacology-I	38	42	--	--		
Mathematics and Statistics	36	36	--	--		
Pharmaceutics Lab II	--	--	4Hrs/wk	40		
Pharmaceutical Analysis Lab-I	--	--	4Hrs/wk	48		
Pharmacology Lab-I	--	--	4Hrs/wk	40		
Microbiology Lab	--	--	4Hrs/wk	40		

**III B. Pharm:**

Subject  1	No of Theory Classes		Practicals			Remarks of the Inspec
	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	
Sem V						
Organic Chemistry-III	60	61	--	--		
Cosmeticology	45	45	--	--		
Pharmaceutical Biotechnology	60	60	--	--		
Pharmacology-II	60	60	--	--		
Pharmaceutical Management	45	57	--	--		
Organic Chemistry Lab II	--	--	4Hrs/wk	40		
Pharmaceutical Biotechnology Lab	--	--	4Hrs/wk	42		
Pharmacology Lab-II	--	--	4Hrs/wk	44		

Subject  1	No of Theory Classes		Practicals			Remarks of the Inspector
	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	
Sem VI						
Pharmaceutical Chemistry II	45	47	--	--		
Pharmaceutics III	45	46	--	--		
Pharmacognosy I	60	60	--	--		
Pharmaceutical Analysis II	45	45	--	--		
HPDSM	45	45	--	--		
Pharmaceutical Chemistry lab II	--	--	4Hrs/wk	60		
Pharmaceutical Analysis lab II	--	--	4Hrs/wk	40		
Pharmaceutics lab III	--	--	4Hrs/wk	44		
Pharmacognosy lab I	--	--	4Hrs/wk	40		

Signature of the Head of the Institution

Signature of the Inspectors

#### IV B. Pharm:

Subject  1	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours	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	
Sem VII (Inprocess)						

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 2013-14	Year 2014-15	Year 2015-16
Guest Lectures	03	03	07
Seminars	-	02	01
Workshops	-	-	-
Symposia	-	-	-

(Seminar Topic: New Drug Discovery and Reserch Today and Tomorrow)

B. Papers Presented / Published during last three years

	Year 2013-14		Year 2014-15		Year 2015-16	
	National	International	National	International	National	International
Published	-	03	04	08	02	07
Presented	-	02	-	-	-	-

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 (Semester)	I Sessional Dates DD/MM/YY		II Sessional Dates		III Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practic	Theory	Practicals	
I B. Pharm (II-Sem)	22/2/16 to 25/2/16	29/2/16 to 2/3/16	-	-	-	-	
II B. Pharm (IV-Sem)	22/2/16 to 25/2/16	1/3/16 to 4/3/16	-	-	-	-	
III B. Pharm (VI-Sem)	22/2/16 to 25/2/16	29/2/16 to 4/3/16	-	-	-	-	

**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
		T	Pr	Th	Pr	Th	Pr	Th	Pr	
I B.Pharm	SEM I	5	18	30	22	2	14	9	3	
	SEM II	0	20	36	25	3	10	0	1	
II B.Pharm	SEM III	1	20	25	24	2	6	5	1	
	SEM IV	1	15	15	18	15	15	5	6	
III B.Pharm	SEM V	1	3	26	18	2	8	0	4	
	SEM VI	2	15	28	20	0	1	0	0	

**Signature of the Head of the Institution**

**Signature of the Inspectors**



## 12. Work load of Faculty members for B. Pharm (2015-16)

S.N.	FACULTY NAME	SEM II	SEM IV	SEM VI	TOTAL
1.	DR. KABANURKAR		Pharmaceutics II (3)	P'cognosy-I (1)	04
2.	SUNITA OGALE	APP-II (2)	Pharmacology I (3)	HCP (3)	08
3.	MR.SANGHDEEP GAJBHIYE	Physical Pharmacy-II (2) + Physical Pharmacy Lab-II (08)	Pharmaceutics Lab II (08)		18
4.	DR. SONI		Organic Chemistry-II (3)	Pharmaceutical Chemistry-II (3) + Pharmaceutical Chemistry Lab -II (8)	14
5.	PRACHI PATIL	Physical Pharmacy II (2)	Pharmaceutics Lab II (4)	Pharmaceutics III (2) + Pharmaceutics Lab III (8)	16
6.	PALLAVI DUSE	Biochemistry I (2)	Pharmaceutical Analysis- I(3) + Pharmaceutical Analysis- I Lab (12)		17
7.	NEHA LAXANE	Pharmaceutics I (4) + Pharmaceutics Lab I (12)		Pharmaceutics III (1)	17
8.	VISHAKHA THAKUR	Pharmaceutical Chemistry-I(3) + Pharmaceutical Chemistry Lab I (12)			15
9.	SAGAR CHOUDHARI			Pharmacognosy& Phytochemistry- I(3) + Pharmacognosy & Phytochemistry lab I (8)	11 Exam Duty
10.	MRUDULA KUMAVAT	Anatomy, Physiology and Pathophysiology II (2)	Pharmacology Lab I(12) +		14
11.	PRITI MHATRE	Biochemistry I (2)		Pharmaceutical Analysis- II (3) + Pharmaceutical Analysis Lab - II (8)	13 Exam Duty
12.	MISS. TRIPTI JAIN ( Visiting faculty)	Physical Pharmacy Lab-II (04)	Microbiology (2) + Microbiology lab (12)		18

Signature of the Head of the Institution

Signature of the Inspectors

Sr. No.	Name of Faculty	Semester I		Semester III		Semester V		Total (Hrs.) (Theory + Pract.)
		Theory	Practical	Theory	Practical	Theory	Practical	
1.	Dr. R.B. Kabnurkar			Dis. Pharmacy (3)				4 + 0 = 4
2	Mrs. Sunita Ogale			APP- III (2)		Pharmacology-II (3)		5 + 0 = 5
3	Mr. Sanghadeep Gajbhiye	PP I (1)				Cosmeticology (2)	Cosmeticology Lab (8)	3 + 8 = 11
4	Mrs. Prachi Patil	PP I (3)	PP Laboratory – I (8)	APP- III (2hr)		Cosmeticology (1)		4 + 8 = 12
5	Mrs. Pallavi Duse			Biochem-II (4)	Biochem. Lab (12)			4 + 12 = 16
6	Mrs. Neha Laxane		Physical Pharmacy Laboratory – I(4)	Pharm. Eng. (3)		Pharm. Management (3)		6 + 4 = 10
7	Miss. Vishakha Thakur	EVS (3)		Org. Chem - I (4)			Organic Chemistry Lab – II (4)	7 + 4 = 11
8	Mr. Sagar Choudhari				Dispensing Lab (12)	Pharm. Biotech. (2)		2 + 12 = 14
9	Miss. Priti Mhatre	Physical Org. Chem (4)			Organic Chemistry Lab - I (12)			4 + 12 = 16
10	Miss. Mrudula Kumavat	APP – I (4)	APP – Lab.I (12)					4 + 12 = 16
11	Visiting Faculty (From Engineering)			Mathematics (3)				3 + 0 = 3
12	Visiting Faculty (From MCA)		Computer (12)					0 + 12 = 12
13	Visiting Faculty (Ms. Aaditi )	Communication Skills (3)						3 + 0 = 3
14	Dr Kamlesh Soni	Exam dept				Org. Chem - III (4) Pharm. Biotech. (2)	Organic Chemistry Lab – II (4)	6 + 4 = 10

Signature of the Head of the Institution

Signature of the Inspectors

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

Details	Year 2013-14	Year 2014-15	Year 2015-16
No. of Students Appeared	20	NA	NA
No. of Students Qualified	7	NA	NA
Percentage	34%	NA	NA

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

**If applicable please give the details for the previous Year**

Events	Details for the Previous Year
<b>No. of Industrial visits</b>	02
<b>Industrial Tour</b>	01
<b>Industrial Training</b>	01
<b>No. of Resource Persons from the Industry for Guest Lectures</b>	03
<b>No. of Collaboration projects with Industry</b>	None

( Industrial Visit: Supreme Pharmaceuticals Ltd. Mysore)

**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 2013-14</b>	<b>Year 2014-15</b>	<b>Year 2015-16</b>
<b>No. of students appeared for campus interview</b>	20	NA	NA
<b>% Placed</b>	68.96%	NA	NA

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

Yes	
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**Signature of the Head of the Institution**

**Signature of the Inspectors**

**PART IV : PERSONNEL**

**1. Details of Teaching Faculty for B. Pharm. Course to be enclosed in the format mentioned below(2015-16)**

SI No	Name	Designation	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspector
					After PG			
01	Dr. R.B. Kabnurkar	Principal	M Pharm. PhD	23/03/2014	36 Years	12556		
02	Dr. Kamlesh Soni	Associate Professor	M Pharm. PhD	07/07/2015	7.5 Years	56748		
03	Dr. Sunita Ogale	Asst. Professor	M Pharm. PhD	1/07/2014	23Years	25683		
04	Mr. Sanghadeep Gajbhiye	Asst. Professor	M Pharm.	04/08/2010	06Years	95506		
05	Mrs. Prachi Patil	Asst. Professor	M.Pharm	17/02/2011	07Years	78668		
06	Mr. Sagar Chaudhari	Asst. Professor	M.Pharm	08/07/2013	1Prof+2Year Teach	111824		
07	Miss. Vishakha Thakur	Asst. Professor	M.Pharm	08/07/2013	2 Years	118565		
08	Mrs. Neha Laxane	Asst. Professor	M.Pharm	08/07/2013	1Prof+2Year Teach	89177		
09	Mrs. Pallavi Duse	Asst. Professor	M.Pharm	08/07/2013	2Prof+2Year Teach	144771		
10	Miss. Priti Mhatre	Asst. Professor	M.Pharm	08/07/2013	2Years	125562		
11	Miss. Mrudula kumavat	Asst. Professor	M.Pharm	22/07/2013	2 Years	121335		
12	Miss. Tripti Jain	Visiting	M.Pharm	10/2/2016	Fresher	--		
13	Mr. Sandesh Akre	Asst. Professor	BE. MBA	10/7/2010	1Prof.+6yr Teaching	--		
14	Mrs. Shiksha Singh	Asst. Professor	MSc. Math B.Ed	03/08/15	2-3 months	--		
15	Pawar Prashant	Asst. Professor	M.A.B.Ed	15/07/2010	11 Years	--		
16	Mrs. Patil Trupti	Asst. Professor	M.Phil, M.A.B.Ed (English)	01/08/2009	11 Years	--		
17	Mrs. Upadhyay Pooja	Asst. Professor	M.A M.Phil PhD (English)	24/01/2014	5 Years	--		

**PART IV : PERSONNEL**

**1. Details of Teaching Faculty for B. Pharm. Course to be enclosed in the format mentioned below(2016-17)**

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspector
					After PG			
01	Dr. R.B. Kabnurkar	Principal	M Pharm. PhD	23/03/2014	36 Years	12556		
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05	Mrs. Prachi Patil	Asst. Professor	M.Pharm	17/02/2011	07Years	78668		
06	Mr. Sagar Chaudhari	Asst. Professor	M.Pharm	08/07/2013	1Prof+2Year Teach	111824		
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09	Mrs. Pallavi Duse	Asst. Professor	M.Pharm	08/07/2013	2Prof+2Year Teach	144771		
10	Miss. Priti Mhatre	Asst. Professor	M.Pharm	08/07/2013	2Years	125562		
11	Ms. Tanvi Pingale	Asst. Professor	M.Pharm	25/07/2016	1 Year	112175		
12	Mr. Nilesh Babre	Asst. Professor	M.Pharm	11/08/2016	7 Years	51763		
13	Mr. Amol Borade	Asst. Professor	M.Pharm	19/08/2016	6 Years	155987		
14	Dr. Aarti Prabhu	Associate Professor	M Pharm. PhD	19/08/2016	18 Years	167077		
15	Mr. Sandesh Akre	Asst. Professor	BE. MBA	10/7/2010	1Prof.+6yr Teaching	--		
16	Mrs. Shiksha Singh	Asst. Professor	MSc. Math B.Ed	03/08/15	2-3 months	--		
17	Pawar Prashant	Asst. Professor	M.A.B.Ed	15/07/2010	11 Years	--		
18	Mrs. Patil Trupti	Asst. Professor	M.Phil, M.A.B.Ed (English)	01/08/2009	11 Years	--		
19	Mrs. Upadhyay Pooja	Asst. Professor	M.A M.Phil PhD (English)	24/01/2014	5 Years	--		
20	Mrs. Sushruta Mulay	-	M.Pharm	28/07/2016	5 Years	--		

## 2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others - Full Time
14+2	03	04

## 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	1	1	1
Pharmaceutical Chemistry	1	2	2	2	3	3	4	4
Pharmaceutical Analysis	1	2	--	--	-	--	1	1
Pharmacology	1	1	2	2	3	2	4	3
Pharmacognosy	1	1	2	2	3	2	3	2
Pharmaceutics	1	1	2	2	3	3	4	4
<b>Total</b>	6	8	9	9	13	11	17	15
Part time teaching Staff	3	02	-	02	-	01	-	NA
Remarks of the Inspection Team								

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

## 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	4+1	
	Lecturer	2	-	
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1	0	
	Associate Professor	1	2	
	Asst. Professor	1	1+2(Pharm. Anal.)	
Department of Pharmacology	Professor	1	0	
	Associate Professor	1	0	
	Asst. Professor	1	3	
Department of Pharmacognosy	Professor	1	1	
	Asst. Professor	1	1	
	Lecturer	1	-	

Signature of the Head of the Institution

Signature of the Inspectors

### 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 (Need based)
<b>d.</b>	Whether opinion of Recruitment Committee Recorded	Yes

### 6.Details of Faculty Retention for: (NA)

Name of Faculty Member	Period	%
	<b>Duration of 15 yrs. and above</b>	NA
	<b>Duration of 10 yrs. and above</b>	NA
Mr. Sanghadeep Gajbhiye	<b>Duration of 5 yrs. and above</b>	100
Mrs. Prachi Patil		
Dr. R.Kabnurkar	<b>Less than 5 yrs.</b>	100
Dr. Kamlesh Soni		
Dr. Sunita Ogale		
Mrs. Pallavi Duse		
Mrs. Neha Laxane		
Mrs. Vishakha Thakur		
Mrs. Mrudula Kumawat		
Mr. Sagar Choudhari		
Ms. Priti Mhatre		

### 7. Details of Faculty Turnover: (NA)

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
-	-	-	-	-	0

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	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	3 2	B. Sc D.Pharm	
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC	3 2	HSC SSC	
3	Office Superintendent	1	Degree	1	B.Com	
4	Accountant	1	Degree	1	B.Com	
5	Store keeper	1	Degree	1	B.Sc	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	1	B.E MBA	
7	Office Staff I	1	Degree	1	B.A	
8	Office Staff II	2	Degree	1	B.A	
9	Peon	2	SSLC	2	SSLC	
10	Cleaning personnel	Adequate	---	4	---	
11	Gardener	Adequate	---	1	---	

**Signature of the Head of the Institution****Signature of the Inspectors**

**9. Scale of pay for Teaching faculty (to be enclosed):(2015-16)**

Sl. No	Name	Qualification	Designation	Basic pay Rs.	DA Rs.	HRA Rs.	CL A Rs.	Other allowance Rs.	Deductions			Bank A/C No	PAN No	EPF A/c no.	Total	Signature
									P T	TDS	EPF					
1	Dr.R.B.Kabnurkar	M. Pharm Ph.D.	Principal	-	-	-	-	-		8500	-	64103	AAPPK3416K		85000	
2	Mrs. Sunita Ogale	M.Pharm	Asst. Prof	35247	37714	3771			200	3500	1800	64436	AAXPO8277A		77533	
3	Mr.Sanghadeep Gajbhiye	M.Pharm	Lecturer	9650	24318	1448	300	-	200	1000	1800	52482	AOTPG1979D	592	41341	
4	Mrs Prachi patil	M. pharm	Lecturer	9375	23164	1379	300	-	200	500	1800	52523	BCIPP6453M	682	39431	
5.	Ms. Vishakha G. Thakur	M.Pharm	Lecturer	8550	19751	1283	0	-	200	0	1800	37944	APIPT4138D	1070	34658	
6.	Mrs. Pallavi Duse	M. pharm	Lecturer	8275	19115	1241	0	-	200	0	1800	52835	BJSP1348G	1073	33569	
7.	Mrs. Neha Laxane	M.Pharm	Lecturer	8550	19751	1283	0	-	200	0	1800	63048	ASLPD2793A	-	34658	
8.	Ms. Priti Mhatre	M.Pharm	Lecturer	8550	19751	1283	0	-	200	0	1800	52836	BSVPM1410Q	1068	34658	
9.	Ms. Mrudula Kumawat	M. pharm	Lecturer	8550	19751	1283	0	-	200	0	1800	63065	CWPPK5776C	1067	34658	
10.	Mr. Sagar Choudhari	M.Pharm	Lecturer	8550	19751	1283	0	-	200	0	1800	63085	AUBBC9109R	1072	34658	
11.	Dr. Kamlesh Soni	M.Pharm, PhD.	Associate Professor	-	-	-	-	-	200	4000	-	65951	BHGPS0095D	-	68000	

**Scale of pay for Teaching faculty (to be enclosed):(2016-17)**

Sl. No	Name	Qualification	Designation	Basic pay Rs.	DA Rs.	HRA Rs.	CL A Rs.	Other allowance Rs.	Deductions			Bank A/C No	PAN No	EPF A/c no.	Total
									P T	TDS	EPF				
1	Dr.R.B.Kabnurkar	M. Pharm Ph.D.	Principal	85000	-	-	-	-	-	8500	-	64103	AAPPK3416K	-	85000
2	Mrs. Sunita Ogale	M.Pharm	Asst. Prof	36450	39002	3645	0	-	200	2000	1800	64436	AAXPO8277A	1277	79897
3	Dr. Kamlesh Soni	M.Pharm, PhD.	Associate Professor	31715	33935	3172	0	-	200	1000	0	65951	BHGPS0095D	-	69622
4	Dr. Aarti Prabhu	M.Pharm, PhD.	Associate Professor	31715	33935	3172	0	378	200	1000	0	-	-	-	70000
5	Mr.Sanghadeep Gajbhiye	M.Pharm	Asst. Prof	26150	13075	2615	0	-	200	0	1800	52482	AOTPG1979D	593	42640
6	Mrs Prachi patil	M. pharm	Asst. Prof	25500	12750	2550	0	-	200	0	1800	52523	BCIPP6453M	682	41600
7	Ms. Vishakha G. Thakur	M.Pharm	Asst. Prof	22900	11450	2290	0	-	200	500	1800	37944	APIPT4138D	1070	37440
8	Mrs. Pallavi Duse	M. pharm	Asst. Prof	22250	11125	2225	0	-	200	0	1800	52835	BJSP1348G	1073	36400
9	Mrs. Neha Laxane	M.Pharm	Asst. Prof	22900	11450	2290	0	-	200	500	1800	63048	ASLPD2793A	1110	37440
10	Ms. Priti Mhatre	M.Pharm	Asst. Prof	22900	11450	2290	0	-	200	500	1800	52836	BSVPM1410Q	1068	37440
11	Mr. Sagar Choudhari	M.Pharm	Asst. Prof	22900	11450	2290	0	-	200	500	1800	63085	AUBBC9109R	1072	37440
12	Mr. Nilesh Babre	M.Pharm	Asst. Prof	26150	13075	2615	0	-	200	-	1800	-	BBYPB2953F	-	45000
13	Mr. Amol U. Borade	M.Pharm	Asst. Prof	22900	11450	2290	0	3560	200	500	1800	-	BJXPB4228E	-	41000
14	Ms. Tanvi Pingale	M.Pharm	Asst. Prof	8275	13046	1241	0	-	200	0	1800	-	BBMPP0595B	-	27500
15	Mrs. Sushruta Mulay	M.Pharm	Asst. Prof	-	-	-	-	-	-	-	-	-	-	-	27500

**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**

No

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

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the
01	Mr. Shailendra Pawar	Lab Asst.	B.Sc./B.Ed	01/06/2014	2 yrs.		
02	Mrs. Gaurita Thakur	Lab Asst.	B.Sc	01/06/2014	2 yrs.		
03	Mrs. Madhura Bhosale	Lab. Tech.	D.Pharm.	01/07/2010	6 yrs.		
04	Mrs. Sumedha Mohite	Lab Asst.	D.Pharm.	01/07/2010	6 month		
05	Mrs. Nrupa Raut	Lab Asst.	B.Sc	01/11/2015	1 yrs.		
06	Mr. Manoj Sharma	Lab Attendant	HSC	01/06/2014	2 yrs.		
07	Mrs. Prachi Thakur	Accountant	B.Com	01/06/2014	2 yrs.		
08	Mrs. Mugdha Pathak	OS	B.A	01/07/2010	6 yrs.		
09	Mr. Kalpesh Akre	Clerk	B.A	18/05/2015	1 yr.		
10	Mrs. Kalpita Chaudhari	Asst. Librarian	B.A/B.Lib	01/11/2015	1 yr.		
11	Mr. Abhijit Mhatre	Peon	SSC	01/06/2014	2 yrs.		
12	Mr. Jagdish Bhoir	Peon	SSC	25/02/2015	1 yrs.		
13	Mr. Dattaguru Bandare	Peon	HSC	03/11/2015	6 month		
14	Mr. Suyash Salvi	Peon	HSC	16/06/2016	1 month		

**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	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)

Sl	Expenditure in Rs. 2013-14			Expenditure in Rs 2014-15			Expenditure in Rs 2015-16			Remarks of the Inspectors*
No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	Non Returning	
	-	-	-	82,26,850	82,26,850		9940000	9938324	2484581	

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

Sl	Expenditure in Rs. 2013-14			Expenditure in Rs 2014-15			Expenditure in Rs 2015-16			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals	-	-	Chemicals	240000	616464	Chemicals		458898	
	Glassware	-	-	Glassware	350000	-	Glassware		282057	

282057

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

(Enclose purchase invoice)

Sl	Expenditure in Rs. 2013-14			Expenditure in Rs 2014-15			Expenditure in Rs 2015-16			Remarks of the Inspectors *
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment	6,65,757	6,65,757	Equipment	4,58,110	4,58,110	Equipment	5000000	4848654	

Signature of the Head of the Institution

Signature of the Inspectors

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

Sl No.	Expenditure in Rs. 2013-14			Expenditure in Rs 2014-15			Expenditure in Rs 2015-16			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>	4,60,000	4,60,000	<b>Books</b>	1,00,000	1,00,000	<b>Books</b>		840504	
<b>2</b>	<b>Journals</b>	35655	35655	<b>Journals</b>	388200	388200	<b>Journals</b>		121000	

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

## VII – EQUIPMENT AND APPARATUS

**Department wise list of minimum equipments required for B. Pharm (for a batch of 20 students)**

### **DEPARTMENT OF PHARMACOLOGY**

#### **Equipment:**

<b>Sl. No.</b>	<b>Na me</b>	<b>Minimum required Nos.</b>	<b>Available Nos.</b>	<b>Work ing</b>	<b>Remarks of the</b>
1	Microscopes	15	36	Yes	
2	Haemocytometer with Micropipettes	20	22	Yes	
3	Sahli's haemocytometer	20	22	Yes	
4	Hutchinson's spirometer	01	01	Yes	
5	Spygmomanometer	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	One pair of each tissue Organs and endocrine glands	Yes	
8	Models for various organs	One model of each organ system	One model of each organ system	Yes	
9	Specimen for various organs and systems	One model for each organ system	One model for each organ system		
10	Skeleton and bones	One set of skeleton and one spare bone	and one spare bone	Yes	
11	Different Contraceptive Devices and Models	One set of each device	One set of each device	Yes	
12	Muscle electrodes	01	01	Yes	
13	Lucas moist chamber	01	01	Yes	
14	Myographic lever	01	01	Yes	
15	Stimulator	01	01	Yes	
16	Centrifuge	01	01	Yes	
17	Digital Balance	01	01	Yes	
18	Physical /Chemical Balance	01	01	Yes	
19	Sherrington's Kymograph Machine Polyrite	10	18	Yes	



20	Sherrington Drum	10	11	Yes	
21	Perspex bath assembly (single unit)	10	18	Yes	
22	Aerators	10	18	Yes	
23	Computer with LCD	01	01	Yes	
24	Software packages for experiment	01	01	Yes	
25	Standard graphs of various drugs	Adequate number	Adequate	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	02	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	03	Yes	
3	Autoclave	02	03	Yes	
4	Hot air oven	02	03	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	03	Yes	
11	Sterility testing unit	01	-		
12	Camera Lucida	15	16	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-channelled)	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	02	Yes	

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**DEPARTMENT OF PHARMACEUTICAL  
CHEMISTRY Equipment:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1.	Hot plates	05	05	Yes	
2.	Oven	03	03	Yes	
3.	Refrigerator	01	01	Yes	
4.	Analytical Balances for demonstration	05	05	Yes	
5.	Digital balance 10mg sensitivity	10	10	Yes	
6.	Digital Balance (1mg sensitivity)	01	01	Yes	
7.	Suction pumps	06	06	Yes	
8.	Muffle Furnace	01	01	Yes	
9.	Mechanical Stirrers	10	10	Yes	
10.	Magnetic Stirrers with Thermostat	10	10	Yes	
11.	Vacuum Pump	01	01	Yes	
12.	Digital pH meter	01	03	Yes	
13.	Microwave Oven	02	02	Yes	
14.	Suction pumps	06	06	Yes	
15.	Muffle Furnace	01	01	Yes	

**Apparatus:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02	03	Yes	
2	Reflux flask and condenser single necked	20	20	Yes	
3	Reflux flask and condenser double / triple necked	20	10	Yes	
4	Burettes	40	50	Yes	
5	Arsenic Limit Test Apparatus	20	20	Yes	
6	Nessler's Cylinders	40	50	Yes	

**DEPARTMENT OF PHARMACEUTICS****Equipments**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
	Mechanical stirrers	10	10	Yes	
2.	Homogenizer	05	03	Yes	
3.	Digital balance	05	05	Yes	
4.	Microscopes	05	33	Yes	
5.	Stage and eye piece micrometers	05	05	Yes	
6.	Brookfield's viscometer	01	-		
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	05	Yes	
12	Autoclave	01	01	Yes	
13	Steam distillation still	01	01	Yes	
14	Vacuum Pump	01	01	Yes	
15	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	10	Yes	
16	Tablet punching machine	01	01	Yes	
17	Capsule filling machine	01	01	Yes	
18	Ampoule washing machine	01	01	Yes	
19	Ampoule filling and sealing machine	01	01	Yes	
20	Tablet disintegration test apparatus IP	01	01	Yes	
21	Tablet dissolution test apparatus IP	01	01	Yes	
22	Monsanto's hardness tester	01	01	Yes	
23	Pfizer type hardness tester	01	01	Yes	
24	Friability test apparatus	01	01	Yes	
25	Clarity test apparatus	01	01	Yes	
26	Ointment filling machine	01	01	Yes	
27	Collapsible tube crimping machine	01	01	Yes	

28	Tablet coating pan	01	01	yes	
29	Magnetic stirrer, 500ml and 1 liter capacity with	05 EACH	02	Yes	
30	Digital pH meter	01	03	Yes	
31	All purpose equipment with all accessories	01	-	-	
32	Aseptic Cabinet	01	01	Yes	
33	BOD Incubator	02	01	Yes	
34	Bottle washing Machine	01	01	Yes	
35	Bottle Sealing Machine	01	01	Yes	
36	Bulk Density Apparatus	02	01	Yes	
37	Conical Percolator (glass/ copper/ stainless steel)	10	10	Yes	
38	Capsule Counter	02	-	Yes	
39	Energy meter	02	-	Yes	
40	Hot Plate	02	03	Yes	
41	Humidity Control Oven	01	01	Yes	
42	Liquid Filling Machine	01	01	Yes	
43	Mechanical stirrer with speed regulator	02	03	Yes	
44	Precision Melting point Apparatus	01	01	Yes	
45	Distillation Unit	01	02	Yes	

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**Apparatus:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	15	40	Yes	
2	Stalagmometer	15	40	Yes	
3	Desiccator*	05	05	Yes	
4	Suppository moulds	20	20	Yes	
5	Buchner Funnels (Small, medium, large)	05 each	08 each	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.**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

## 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	-	-	
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	-	-	
7	Tissue culture station	01	-	Yes	
8	Laminar airflow unit	01	01	-	
9	Diagnostic kits to identify infectious	01	01	Yes	
10	Rheometer	01	-	Yes	
11	Viscometer	01	01	Yes	
12	Micropipettes (single and multi channeled)	01 each	01	Yes	
13	Sonicator	01	01	Yes	
14	Respinometer	01	-		
15	BOD Incubator	01	01	Yes	
16	Paper Electrophoresis Unit	01	01	Yes	
17	Micro Centrifuge	01	01	Yes	
18	Incubator water bath	01	-	Yes	
19	Autoclave	01	01	Yes	
20	Refrigerator	01	02	Yes	
21	Filtration Assembly	01	01	Yes	
22	Digital pH meter	01	03	Yes	

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**CENTRAL INSTRUMENTATION ROOM:**

<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	Colorimeter	01	01	Yes	
2	Digital pH meter	01	01	Yes	
3	UV- Visible Spectrophotometer	01	02	Yes	
4	Fluorimeter	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	-	-	
11	HPLC	01	-	-	
12	HPTLC (Desirable)	01	-	-	
13	Atomic Absorption and Emission spectrophotometer	01	-	-	
14	Biochemistry Analyzer (Desirable)	01	-	Yes	
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01	-	-	
16	Deep Freezer (Desirable)	01	-	-	
17	Ion- Exchanger	01	-	Yes	
18	Lyophilizer (Desirable)	01	-		

**Signature of the Head of the Institution****Signature of the Inspectors**



**Observation of the Inspectors:**

<b>Compliance of the last recommendations by Inspectors</b>
<b>Specific observations if not complied</b>

<b>Signature of Inspectors:</b>	<b>1</b>
	<b>2.</b>

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

# **PHARMACY COUNCIL OF INDIA**

## **STAFF DECLARATION FORM**

From

Teacher's Name:

(as on University Degree certificate)

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

Date of Birth & Age :

Photograph

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm				
M.Pharm				
(Ph.D.)/others				

**Copies of Registration Certificate and University degree/PG/Ph.D. be attached.**

Present Designation : \_\_\_\_\_

Department : \_\_\_\_\_

College : \_\_\_\_\_

City : \_\_\_\_\_

Nature of appointment : Permanent/Temporary/Adhoc/Honorary/Part-time

Whether belongs to : O.G./SC/ST/OBC/Ex-service/Others

**Signature of the Head of the Institution**

**Signature of the Inspectors**

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 : \_\_\_\_\_ (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 \_\_\_\_\_ and relieved on \_\_\_\_ after resigning/retiring  
(relieving order is enclosed from the previous institution).

2) I am not working in any other 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.

**Signature of the Head of the Institution**

**Signature of the Inspectors**

3) I have drawn total emoluments from this college as under :-

	Amount Received	TDS
April, 2012		
May, 2012		
June, 2012		
July, 2012		
August, 2012		
September, 2012		
October, 2012		
November, 2012		
December, 2012		
January, 2013		
February, 2013		
March, 2013		

(Copy of my form 16 (TDS certificate) for financial year 2013-2014 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 2012-2013.
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 : \_\_\_\_\_

**Signature of the Head of the Institution**

**Signature of the Inspector**

