

PHARMACY COUNCIL OF INDIA
Standard Inspection Format (S.I.F) for institutions conducting B. Pharm & 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:
(BLOCK LETTERS)

1.
2.

PART – I

A - GENERAL INFORMATION

A – I .1

Name of the Institution:

Hygia Institute of Pharmacy

Complete Postal address:

Vill-Ghazipur Balram, Faizullaganj, Ghaila Road,
Sitapur - Hardoi Bypass Road, Opp- Sahara City
Homes, Prabandh Nagar, Lucknow

STD code

0522

Telephone No.

2851061

Fax No.

2851079

E-mail

hioplucknow@gmail.com

Year of starting of the course

2018-19

Status of the course conducting body:

Private

Government / University / Autonomous / Aided /
Private (Enclose copy of Registration documents of
Society/Trust)

A – I .2

Name, address of the Society/Trust/ Management
(attach documentary evidence)

Oregon Educational Society
1/139, Kursi Road, Vikas Nagar, Lucknow

STD Code:

0522

Telephone No:

4017427

Fax No:

0522-2851079

E-mail

oeslucknow@gmail.com

Web Site:

www.hygia.in

A – I .3

Name, Designation and Address of person to be
contacted by phone

Izhar Husain jafri

STD Code

0522

Telephone No

6536437

Office

4017427

Residence

Inambagh Sector-10 Lucknow

Mobile No.

9235316705

Fax No

0522-2851079

E-Mail

jafrihoney1@rediffmail.com

A – I .4

Name and Address of the Head of the Institution

Dr. Jitendra Narain Pandit

A-I.4 a)

Whether the Jan Aushadhi Medical Store has been
opened by your institution

Yes / No

(Please tick () the relevant portion)


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 | New | | | |
| B.Pharm | New | | | |

b. APPROVAL STATUS:

| Name of the Course | Approved up to | Intake Approved and admitted | PCI | STATE GOVERNMENT | UNIVERSITY | Remarks of the Inspectors |
|--------------------|----------------|------------------------------|-----|--|------------|---------------------------|
| B.Pharm. | New | Approval Letter No and Date | New | - | | |
| | | Approved Intake | New | - | | |
| | | Actually Admitted | New | - | | |
| D.Pharm. | New | Approval Letter No and Date | New | प्रशिप/परिषद/2017/7807 दिनांक 18/08/2017 | | |
| | | Approved Intake | New | | | |
| | | Actually Admitted | New | | | |

c. STATUS OF APPLICATION

| Course | Extension of approval | Increase in Intake of Seats | Remark | |
|---------|-----------------------|-----------------------------|----------------|--------------------------|
| | | | Current intake | Proposed increase intake |
| D.Pharm | NEW | | | |
| B.Pharm | NEW | | | |

Note : Enclosed relevant documents

A –I. 6

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same building / campus? If Yes, Give Details

YES No **A – I. 6 a**

Status of the Pharmacy Course:

Independent Building YesWing of another college NoSeparate Campus Yes

Signature of the Head of the Institution

Signature of the Inspectors

Multi Institutional Campus

No

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

For Diploma Course
Board of Technical Education
1, Guru Gobind Singh Marg,
Bans Mandi Chauraha,
Charbagh, Lucknow, Uttar
Pradesh 226001
Phone: 0522 263 0243

For Degree Course
The Registrar, Dr. APJ Abdul
Kalam Technical University,
Address: 7/946, Sector 7,
Jankipuram Extension,
Lucknow, Uttar Pradesh
226021
Phone: 079857 68002

B - DETAILS OF THE INSTITUTION

| | | | | | |
|---|----------------|----------------------------|--|----------------------|------------------------------|
| B -I .1 Name of the Principal | | Dr. Jitendra Narain Pandit | | | |
| Qualification/ Experience | Qualification* | | Teaching Experience required | Actual experience | Remarks of the Inspectors |
| | M. Pharm | 1979 | 15 years, out of which 5 years as Prof. / HOD | 37 yrs | |
| | PhD | 2005 | 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

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

*Enclose Documents

B -I .3

| | |
|---|----------|
| Status of Governing Council: | Society |
| Details of the Governing Body | Enclosed |
| Minutes of the last Governing council Meeting | Enclosed |

B -I .4**Pay Scales:**

| Staff | Scale of pay | PF | Gratuity | Pension benefit | Remarks of the Inspectors |
|-----------------------|-----------------------------------|-----|----------|--------------------|------------------------------|
| Teaching Staff | AICTE /UGC /State Govt. Yes | Yes | | | |
| Non-Teaching Staff | State Government Yes / No | Yes | | | |

B -I .5**D. Pharm Course: Admission statement for the past three years**

| ACADEMIC YEAR | Year 200- | Year 200- | Year 2018-19 |
|-------------------|-----------|-----------|--------------|
| Sanctioned | | | New |
| No. of Admissions | | | New |
| Unfilled Seats | | | New |



Signature of the Head of the Institution

Signature of the Inspectors

| | | | |
|--------------------------|--|--|-----|
| No. of Excess Admissions | | | New |
|--------------------------|--|--|-----|

B –I .6

Academic information: Percentage of D. Pharm results for the past three years: NEW

| ACADEMIC YEAR | Year 200- | Year 200- | Year 2018-19 |
|---------------|-----------|-----------|--------------|
| D.Pharm | | | New |

B –I .7

B. Pharm Course: Admission statement for the past three years : NEW

| ACADEMIC YEAR | Year 200- | Year 200- | Year 2018-19 |
|--------------------------|-----------|-----------|--------------|
| Sanctioned | | | New |
| No. of Admissions | | | New |
| Unfilled Seats | | | New |
| No. of Excess Admissions | | | New |

B –I .8

Academic information : Percentage of UG results of the past three years based on University calendar

| ACADEMIC YEAR | Year 200- | Year 200- | Year 2018-19 |
|---------------------|-----------|-----------|--------------|
| 1st year | | | New |
| 2nd year | | | New |
| 3rd year | | | New |
| Final year | | | New |
| Pass % (Final year) | | | New |

B – II

Co – Curricular Activities / Sports Activities

| | |
|---|------------|
| Whether college has NSS Unit (Yes/No)? If no give reasons | No |
| NSS Programme Officer's Name | No |
| Programme conducted (mention details) | No |
| Whether students participating in University level cultural activities / Co- curricular/sports activities | Yes |
| Physical Instructor | Available |
| Sports Ground | Individual |


Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (D.Pharm/B. Pharm courses) : Available
0.75 Acre

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 : Enclosed

i) Own -Records to be enclosed
sale deed

d. Building† : Enclosed

i) Approved Building plan, sale deed to be enclosed)

e. Total Built Area of the college building in Sq.mts Built up Area 2597

Amenities and Circulation Area 649

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 | 01 | 90 Sq. mts each | 92 | |
| B. Pharm | 04 | 01 | 90 Sq. mts (Desirable) or 75 Sq.mts each (Essential) | 92 | |

(*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 | 05 lab for B.Pharm 04 Lab for D.Pharm & 828 sqmts. area | |
| 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 * | 2 No. = 184 Sqm. 2 No. = 184 Sqm. 1 No. = 92 Sqm. 2 No. = 184 Sqm. 2 No. = 184 Sqm. | |
| 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) | 09 No. = 92 Sqm. | |
| 4 | Area of the Machine Room | 80-100 Sq.mts | 1 No. = 82 Sqm. | |
| 5 | Central Instrumentation Room | 80 Sq.mts with A/ C | 1 No. = 80 Sqm. | |
| 6 | Store Room – I | 1 (Area 100 Sq mts) | 1 No. = 100 Sqm. | |
| 7 | Store Room – II | 1 (Area 20 Sq mts) | 1 No. = 22 Sqm. | |


Signature of the Head of the Institution

Signature of the Inspectors

| | | | | |
|--|-----------------------------|--|--|--|
| | (For Inflammable chemicals) | | | |
|--|-----------------------------|--|--|--|

*Number of laboratories required for both D.Pharm and B.Pharm

† 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 | 32 | |
| 2 | Office – I - Establishment | 01 | 60 Sq. mts | 01 | 45 | |
| 3 | Office – II - Academics | | | 01 | 40 | |
| 4 | Confidential Room | | | 01 | 34 | |
| 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 | 84 | |
| 2 | Faculty Rooms for D.Pharm and B.Pharm course | | 10 Sq mts x n (n=No of teachers) | 15 | 150 | |
| 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 | 110 | |
| 2 | Library | 01 | 150 Sq mts | 1 | 165 | |
| 3 | Museum | 01 | 50 Sq mts (May be attached to the Pharmacognosy lab) | 1 | 65 | |
| 4 | Auditorium / Multi Purpose Hall (Desirable) | 01 | 250 – 300 seating capacity | 1 | -- | |
| 5 | Herbal Garden (Desirable) | 01 | Adequate Number of Medicinal Plants | 1 | Availab le | |


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7. Student Facilities:

| Sl. No. | Name of infrastructure | Requirement as per Norms in number | Requirement as per Norms, in area | Available | | Remarks/ Deficiency |
|---------|---|------------------------------------|---|-----------|-----------------|---------------------|
| | | | | No. | Area in Sq .mts | |
| 1 | Girl's Common Room (Essential) | 01 | 60 Sq.mts | 1 | 62 | |
| 2 | Boy's Common Room (Essential) | 01 | 60 Sq.mts | 1 | 62 | |
| 3 | Toilet Blocks for Boys | 01 | 24 Sq.mts | 1 | 25 | |
| 4 | Toilet Blocks for Girls | 01 | 24 Sq.mts | 1 | 25 | |
| 5 | Drinking Water facility – Water Cooler (Essential). | 01 | | 1 | -- | |
| 6 | Boy's Hostel (Desirable) | 01 | 9 Sq .mts / Room Single occupancy | 1 | - | |
| 7 | Girl's Hostel (Desirable) | 01 | 9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy) | 1 | - | |
| 8 | Power Backup Provision (Desirable) | 01 | | 1 | | |

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) | 1 | 80 | |
| Computer (Latest Configuration) | 1 system for every 10 students (UG) | 12 | | |
| Printers | 1 printer for every 10 computers | 2 | | |
| Multi Media Projector | 01 | 1 | | |
| Generator (5KVA) | 01 | 1 | 30 KW backup | |



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| 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 | 0 | 0 | | |
| Staff quarters | 16 x 80 Sq. mts | 0 | 0 | | |
| Canteen | 100 Sq. mts | 1 | 150 | | |
| Parking Area for staff and students | | 1 | Available | | |
| Bank Extension Counter | | 0 | 0 | | |
| Co operative Stores | | 0 | 0 | | |
| Guest House | 80 Sq. mts | 1 | 80 sq.mts | | |
| Auditorium | | | | | |
| Seminar Hall | | | | | |
| Transport Facilities for students | | 1 | 1 Bus | | |
| Medical Facility (First Aid) | | | Available | | |

10. A. Library books and periodicals

The minimum norms for the initial stock of books, yearly addition of the books and the number of journals to be subscribed are as given below:

| Sl No. | Item | Titles (No) | Minimum Volumes (No) | Available | | Remarks of the Inspectors |
|--------|--|-------------|---|---------------------------------|---------|---------------------------|
| | | | | Title | Numbers | |
| 1 | Number of books | 150 | 1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy | 155 | 1532 | |
| 2 | Annual addition of books | | 150 books per year | New | New | |
| 3 | Periodicals Hard copies / online | | 10 National 05 International periodicals | 11 National 05 International | | |
| 4 | CDS | | Adequate Nos | available | | |
| 5 | Internet Browsing Facility | | Yes/No (Minimum ten computers) | Yes | | |
| 6 | Reprographic Facilities: Photo Copier Fax Scanner | | 01 01 01 | 01 01 01 | | |
| 7 | Library Automation and Computerized System | | | | | |
| 8 | Library Timings 9:30 am to 8:00pm | | | | | |


Signature of the Head of the Institution

Signature of the Inspectors

10.B. Subject wise Classification

| Sl. No. | Subject | Available | | Remarks of the inspector |
|---------|---|-----------|---------|--------------------------|
| | | Title | Numbers | |
| 1 | Pharmaceutics-I | 16 | 140 | |
| 2 | Pharmaceutical Chemistry-I | 17 | 124 | |
| 3 | Pharmacognosy | 13 | 120 | |
| 4 | Biochemistry and Clinical pathology | 10 | 130 | |
| 5 | Human Anatomy and Physiology | 15 | 120 | |
| 6 | Health Education and Community Pharmacy | 10 | 130 | |
| 7 | Pharmaceutics-II | 12 | 124 | |
| 8 | Pharmaceutical Chemistry-II | 13 | 130 | |
| 9 | Pharmacology and Toxicology | 16 | 142 | |
| 10 | Pharmaceutical Jurisprudence | 9 | 120 | |
| 11 | Drug Store and Business Management | 12 | 130 | |
| 12 | Hospital and Clinical Pharmacy | 12 | 122 | |

10.C. Library Staff:

| Sl. No. | Staff | Qualification | Required | Available | Remarks of the Inspectors |
|---------|---------------------|---------------|----------|-----------|---------------------------|
| 1 | Librarian | M. Lib | 1 | 01 | |
| 2 | Assistant Librarian | D. Lib | 1 | 01 | |
| 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 | 66:1 | 33:2 | |
| D.Pharm | New | New | |

2. Scheme of B. Pharm Course: Annual Semester

3. Date of Commencement of session / sessions: B.Pharm

4. Vacation: for B.Pharm Summer: Winter:

5. Total No. of working days for B.Pharm

6. Date of Commencement of session for D.Pharm

7. Vacation for D.Pharm Summer: Winter:

8. Total No. of working days for D.Pharm

9. Time Table copy enclosed
a. B.Pharm course Yes No

b. D.Pharm course Yes No

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 | | |
| | | | | | | |
| | | | | | | |

II B. Pharm:

| | | | |
|---------|----------------------|------------|----------------|
| Subject | No of Theory Classes | Practicals | Remarks of the |
|---------|----------------------|------------|----------------|



Signature of the Head of the Institution

Signature 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 | Inspectors |
|---|----------------------|-----------------------|------------------------|-----------------------|---|------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | |
| | | | | | | |

III B. Pharm:

| Subject | No of Theory Classes | | Practicals | | | Remarks of the Inspectors |
|---------|----------------------|-----------------------|------------------------|-----------------------|---|---------------------------|
| | Prescribed No of Hrs | No of Hours Conducted | Prescribed No of Hours | No of Hours Conducted | No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | |
| | | | | | | |

IV B. Pharm:

| Subject | No of Theory Classes | | Practicals | | | Remarks of the Inspectors |
|---------|----------------------|-----------------------|------------------------|-----------------------|---|---------------------------|
| | Prescribed No of Hrs | No of Hours Conducted | Prescribed No of Hours | No of Hours Conducted | No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | |
| | | | | | | |

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

| Class/ Subject | Theory | | Practicals | | | | Remarks of the Inspectors |
|----------------------------|----------------------|-----------------------|------------------------|-----------------------|------------------------------|---|---------------------------|
| | Prescribed No of Hrs | No of Hours Conducted | Prescribed No of Hours | No of Hours Conducted | Prescribed number of classes | No of class conducted with duration per class | |
| II D.Pharm | | | | | | | |
| Pharmaceutics-1 | 75 | | 100 | | 25 | | |
| Pharmaceutical Chemistry-1 | 75 | | 75 | | 25 | | |
| Pharmacognosy | 75 | | 75 | | 25 | | |


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| | | | | | | | |
|---|-----|--|-------|--|-------|--|--|
| Biochemistry and Clinical Pathology | 50 | | 75 | | 25 | | |
| Human Anatomy and Physiology | 75 | | 50 | | 25 | | |
| Health Education and Community Pharmacy | 50 |  | ..... |  | ..... |  |  |
| II. D.Pharm | | | | | | | |
| Pharmaceutics-II | 75 | | 100 | | 25 | | |
| Pharmaceutical Chemistry-II | 100 | | 75 | | 25 | | |
| Pharmacology and Toxicology | 75 | | 50 | | 25 | | |
| Pharmaceutical Jurisprudence | 50 |  | ..... |  | ..... |  |  |
| Drug Store and Business Management | 75 |  | ..... |  | ..... |  |  |
| Hospital and Clinical Pharmacy | 75 | | 50 | | 25 | | |

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

Yes No

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

A

| Name of the Event | Year 200 | Year 200 | Year 2018-19 |
|-------------------|----------|----------|--------------|
| Guest Lectures | | | NEW |
| Seminars | | | NEW |
| Workshops | | | NEW |
| Symposia | | | NEW |

B. Papers Presented / Published during last three years

| | Year 200 | | Year 200 | | Year 2018-19 | |
|-----------|----------|---------------|----------|---------------|--------------|---------------|
| | National | International | National | International | National | International |
| Published | | | | | NEW | NEW |
| Presented | | | | | NEW | NEW |

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

Yes Yes No

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

Signature of the Head of the Institution

Signature of the Inspectors

15. Whether Evaluation of the internal assessments is Fair

Yes

No

| Class | No. of Candidates scored more than 80% | | No. of Candidates scored between 60 - 80% | | No. of Candidates scored between 50 - 60% | | No. of Candidates Less than 50% | | Remarks of the Inspectors |
|--------------|--|----|---|----|---|----|---------------------------------|----|---------------------------|
| | Th | Pr | Th | Pr | Th | Pr | Th | Pr | |
| I B. Pharm | | | | | | | | | |
| II B. Pharm | | | | | | | | | |
| III B. Pharm | | | | | | | | | |
| IV B. Pharm | | | | | | | | | |

16. Whether Evaluation of the internal assessments is Fair

Yes

No

| Class | No. of Candidates scored more than 80% | | No. of Candidates scored between 60 - 80% | | No. of Candidates scored between 50 - 60% | | No. of Candidates Less than 50% | | Remarks of the Inspectors |
|-------------|--|----|---|----|---|----|---------------------------------|----|---------------------------|
| | Th | Pr | Th | Pr | Th | Pr | Th | Pr | |
| I D. Pharm | | | | | | | | | |
| II D. Pharm | | | | | | | | | |

17. Workload of faculty members for D.Pharm. and B.Pharm

| Sl. No. | Name of faculty | Subjects taught | D.Pharm | | B.Pharm | | Total work load | | Remarks of the Inspector |
|---------|-----------------|-----------------|---------|----|---------|----|-----------------|--|--------------------------|
| | | | Tr | Pr | Tr | Pr | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

18. Work load of Faculty members for B. Pharm

| Sl. No. | Name of faculty | Subjects taught | B.Pharm | | | | | | | | Total work load | Remarks of the Inspector |
|---------|-----------------|-----------------|---------|---|----|---|-----|---|----|---|-----------------|--------------------------|
| | | | I | | II | | III | | IV | | | |
| | | | P | T | P | T | P | T | P | T | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

19. Workload of Faculty members for D.Pharm

| Sl. No. | Name of Faculty | Subjects taught | D.Pharm | | | | Total workload | Remarks of the Inspector |
|---------|-----------------|-----------------|---------|----|---------|----|----------------|--------------------------|
| | | | I D.Ph | | II D.Ph | | | |
| | | | Th | Pr | Th | Pr | | |
| | | | | | | | | |
| | | | | | | | | |

20. Percentage of students qualified in GATE in the last Three Years



Signature of the Head of the Institution

Signature of the Inspectors

| Details | Year 200 | Year 200 | Year 2018-19 |
|---------------------------|----------|----------|--------------|
| No. of Students Appeared | | | NEW |
| No. of Students Qualified | | | NEW |
| Percentage | | | NEW |

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

If applicable please give the details for the previous Year

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

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

| Year | Year 200 | Year 200 | Year 2018-19 |
|---|----------|----------|--------------|
| No. of students appeared for campus interview | | | NEW |
| % Placed | | | NEW |

23. Whether Professional Society Activities are Conducted (Enclose Details) (ISTE, IPA, APTI, ICTA and Related Societies) Yes NEW 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 & B.Pharm Course to be enclosed in the format mentioned below:

| No | Name | Designation | Qualification | Date of Joining | Teaching Experience | State Pharmacy Council Reg No. | Signature of the faculty | Remarks of the Inspectors |
|----|----------------------------|-----------------|---------------|-----------------|---------------------|--------------------------------|--------------------------|---------------------------|
| 1 | Dr. Jitendra Narain Pandit | Director | Ph.D | | 37 yrs | | | |
| 2 | Anupam Bisht | Asst. Professor | M.Pharm. | | 5 yrs | | | |
| 3 | Vipin Kumar Kashyap | Asst. Professor | M.Pharm. | | 2 yrs | | | |
| 4 | Ajay Pratap Singh | Asst. Professor | M.Pharm. | | 2 months | | | |
| 5 | Arun Kumar | Asst. Professor | M.Pharm. | | 2 months | | | |
| 6 | Sonali Sundram | Asst. Professor | M.Pharm. | | 2 months | | | |
| 7 | Utkarsh Chaturvedi | Asst. Professor | M.Pharm | | 2 months | | | |
| 8 | Dhirendra Kumar Sahu | Asst. Professor | M.Pharm. | | 2 months | | | |
| 9 | Arihant Jain | Lecturer | B.Pharm | | | | | |
| 10 | Hemant Srivastava | Lecturer | B.Pharm | | | | | |
| 11 | Pradeep Kumar | Lecturer | B.Pharm | | | | | |
| 12 | Sopan Awasthi | Lecturer | B.Pharm | | | | | |
| 13 | Deepak Mishra | Lecturer | B.Pharm | | | | | |
| 14 | Surendra Kumar Nigam | Lecturer | B.Sc. | | 1 yr | | | |
| 15 | Aravind Kumar | Lecturer | M.Sc. | | 3 yrs | | | |
| 16 | Kritika Ojha | Lecturer | B.Tech | | 1 yr | | | |
| 17 | Syed Nayyar Abbas Zaidi | Lecturer | MCA | | 1 yr | | | |

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

| Sl No | Name | Designation | Qualification | Date of Joining | Teaching Experience | State Pharmacy Council Reg No. | Signature of the faculty | Remarks of the Inspectors |
|-------|----------------------------|-----------------|---------------|-----------------|---------------------|--------------------------------|--------------------------|---------------------------|
| 1 | Dr. Jitendra Narain Pandit | Director | Ph.D | | 37 yrs | | | |
| 2 | Anupam Bisht | Asst. Professor | M.Pharm. | | 5 yrs | | | |
| 3 | Vipin Kumar Kashyap | Asst. Professor | M.Pharm. | | 2 yrs | | | |
| 4 | Ajay Pratap Singh | Asst. Professor | M.Pharm. | | 2 months | | | |
| 5 | Arun Kumar | Asst. Professor | M.Pharm. | | 2 months | | | |
| 6 | Sonali Sundram | Asst. Professor | M.Pharm. | | 2 months | | | |
| 7 | Dhirendra Kumar Sahu | Asst. Professor | M.Pharm. | | 2 months | | | |
| 8 | Aravind Kumar | Lecturer | M.Sc. | | 3 yrs | | | |
| 9 | Kritika Ojha | Lecturer | B.Tech | | 1 yr | | | |
| 10 | Syed Nayyar Abbas Zaidi | Lecturer | MCA | | 1 yr | | | |


Signature of the Head of the Institution

Signature of the Inspectors

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 faculty | Remarks of the inspector |
|--------|--------------------|-----------------|---------------|-----------------|---------------------|----------|---------------------------------|----------------------|--------------------------|
| | | | | | After UG | After PG | | | |
| 1. | Utkarsh Chaturvedi | Asst. Professor | M.Pharm | | | | | | |
| 2. | Arihant Jain | Lecturer | B.Pharm | | | | | | |
| 3. | Hemant Srivastava | Lecturer | B.Pharm | | | | | | |
| 4. | Pradeep Kumar | Lecturer | B.Pharm | | | | | | |
| 5. | Sopan Awasthi | Lecturer | B.Pharm | | | | | | |
| 6. | Deepak Mishra | Lecturer | B.Pharm | | | | | | |
| 7. | Surendra Kumar Nim | Lecturer | B.Sc. | | 1yr | | | | |

4. Qualification and number of Staff Members

| Qualification | | | | | | | |
|---------------|--|---------|--|-----|--|-------|--|
| B.Pharm | | M.Pharm | | PhD | | Other | |
| 05 | | 07 | | 01 | | 04 | |
| | | | | | | | |
| | | | | | | | |

5. 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 | | |
| | Asst. Professor | 1 | 1 | |
| | Lecturer | 4 | | |
| Department of Pharmaceutical Chemistry (including Pharmaceutical Analysis) | Professor | 1 | 1 | |
| | Asst. Professor | 1 | 1 | |
| | Lecturer | 4 | 2 | |
| Department of Pharmacology | Professor | 1 | | |
| | Asst. Professor | 1 | 1 | |
| | Lecturer | 3 | 1 | |
| Department of Pharmacognosy | Professor | 1 | | |
| | Asst. Professor | 1 | 1 | |
| | Lecturer | 2 | | |



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

| | No. of staff required for 1 *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 | |
| Pharmaceutical chemistry | 1 | 2 | 2 | | 3 | | 4 | |
| Pharmaceutical Analysis | 1 | 1 | ..... |  | ..... |  | 1 | |
| Pharmacology | 1 | 1 | 2 | | 3 | | 4 | |
| Pharmacognosy | 1 | 1 | 2 | | 3 | | 3 | |
| Pharmaceutics | 1 | 1 | 2 | | 3 | | 4 | |
| Total | 6 | 7 | 9 | | 13 | | 17 | |
| Part time teaching staff | 3 | 3 | ..... |  | ..... |  | ..... |  |
| Remarks of the inspection team | | | | | | | | |

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

7. Selection criteria and Recruitment Procedure for Faculty:

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

8. Details of Faculty Retention for:

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

9. Details of Faculty Turnover:

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

10. Number of Non-teaching staff available for D. Pharm and B.Pharm course for intake of 60


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Signature of the Inspectors

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 | 04 | D.Pharm. | |
| 2 | Laboratory Assistants / Attenders | 1 for each Lab (minimum) | SSLC | 06 | SSLC | |
| 3 | Office Superintendent | 1 | Degree | 01 | B.Sc. | |
| 4 | Accountant | 1 | Degree | 01 | B.Com | |
| 5 | Store keeper | 1 | D. Pharm/ Degree | 01 | B.Pharm | |
| 6 | Computer Data Operator | 1 | BCA / Graduate with Computer Course | 01 | MCA | |
| 7 | Office Staff I | 1 | Degree | 01 | BA | |
| 8 | Office Staff II | 2 | Degree | 02 | BA | |
| 9 | Peon | 2 | SSLC | 02 | SSLC | |
| 10 | Cleaning personnel | Adequate | --- | 02 | SSLC | |
| 11 | Gardener | Adequate | --- | 02 | - | |



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Signature of the Inspectors

11. Scale of pay for Teaching faculty (to be enclosed): Detail on separate sheet

| Sl. No | Name | Qualification | Designation | Basic pay Rs. | DA Rs. | HR A Rs. | CCA Rs. | Other allowance Rs. | Deductions | | | Bank A/C No | PAN No | EPF A/c no. | Total | Signature |
|--------|------|---------------|-------------|---------------|--------|----------|---------|---------------------|------------|------|-----|-------------|--------|-------------|-------|-----------|
| | | | | | | | | | P T | TD S | EPF | | | | | |
| 1 | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | |

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

14. Scope for the promotion for faculty: Promotions

Yes

No

15. Gratuity Provided

Yes

No

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

| Sl No | Name | Designation | Qualification | Date of Joining | Experience | Signature | Remarks of the Inspectors |
|-------|------|-------------|---------------|-----------------|------------|-----------|---------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |

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


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 | | |



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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. | | | Expenditure in Rs. | | | Expenditure in Rs | | | Remarks of the Inspectors* |
|-----|-------------------------|-----------|---------------|-------------------------|-----------|---------------|-------------------------|-----------|---------------|----------------------------|
| No. | Total budget sanctioned | Recurring | Non Recurring | Total budget sanctioned | Recurring | Non Returning | Total budget sanctioned | Recurring | Non Returning | |
| | | | | | | | | | | |

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

| Sl | Expenditure in Rs. | | | Expenditure in Rs. | | | Expenditure in Rs | | | Remarks of the Inspectors* |
|-----|------------------------|------------|----------|------------------------|------------|----------|------------------------|------------|----------|----------------------------|
| No. | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | |
| | Chemicals | | | Chemicals | | | Chemicals | 250000 | 250000 | |
| | Glassware | | | Glassware | | | Glassware | 150000 | 150000 | |

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

| Sl | Expenditure in Rs. | | | Expenditure in Rs. | | | Expenditure in Rs | | | Remarks of the Inspectors* |
|-----|------------------------|------------|----------|------------------------|------------|----------|------------------------|------------|----------|----------------------------|
| No. | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | |
| | Equipment | | | Equipment | | | Equipment | 1100000 | 1100000 | |

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

| Sl No. | Expenditure in Rs. | | | Expenditure in Rs. | | | Expenditure in Rs | | | Remarks of the Inspectors* |
|--------|------------------------|------------|----------|------------------------|------------|----------|------------------------|------------|----------|----------------------------|
| | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | |
| 1 | Books | | | Books | | | Books | 150000 | 150000 | |
| 2 | Journals | | | Journals | | | Journals | 50000 | 50000 | |

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



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Signature of the Inspectors

Department wise List of Minimum equipments required for D. Pharm

PHARMACEUTICS Equipment:

| Sl. No. | Name | Minimum required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors |
|---------|--|-----------------------|----------------|------------------|---------------------------|
| 1 | Continuous Hot Extraction Equipment | 05 | 05 | | |
| 2 | Conical Percolator | 05 | 05 | | |
| 3 | Tincture Press | 01 | 01 | | |
| 4 | Hand Grinding Mill | 01 | 01 | | |
| 5 | Disintegrator* | 01 | 01 | | |
| 6 | Ball mill* | 01 | 01 | | |
| 7 | Hand operated Tablet machine | 01 | 01 | | |
| 8 | Tablet Coating Pan unit with hot air blower laboratory size* | 01 | 01 | | |
| 9 | Polishing pan laboratory size | 01 | 01 | | |
| 10 | Monsanto's hardness tester | 01 | 01 | | |
| 11 | Pfizer type hardness tester | 01 | 01 | | |
| 12 | Tablet disintegration test apparatus IP* | 01 | 01 | | |
| 13 | Tablet dissolution test apparatus IP* | 01 | 01 | | |
| 14 | Granulating sieve set | 10 | 10 | | |
| 15 | Tablet counter – small size | 05 | 05 | | |
| 16 | Friability tester* | 01 | 01 | | |
| 17 | Collapsible tube – Filling and sealing equipment* | 01 | 01 | | |
| 18 | Capsule filling machine – Lab size* | 01 | 01 | | |
| 19 | Digital balance* | 01 | 01 | | |
| 20 | Distillation unit for distilled water | 02 | 02 | | |
| 21 | Deionisation unit | 01 | 01 | | |
| 22 | Glass distillation unit for water for injection | 01 | 01 | | |
| 23 | Ampoule washing machine | 01 | 01 | | |
| 24 | Ampoule filling and sealing machine* | 01 | 01 | | |
| 25 | Sintered glass filters for bacterial proof filtration | Adequate | Adequate | | |



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

NOTE: Adequate numbers 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 | 01 | | |
| 2 | Polarimeter | 01 | 01 | | |
| 3 | Photoelectric colorimeter | 01 | 01 | | |
| 4 | pH meter* | 01 | 01 | | |
| 5 | Atomic model set* | 02 | 02 | | |
| 6 | Electronic balance* | 01 | 01 | | |
| 7 | Periodic table chart | Adequate | Adequate | | |

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


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PHYSIOLOGY & PHARMACOLOGY LABORATORY

Equipment:

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



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|----|---|----------|----------|--|--|
| 29 | Digital balance | 1 | 1 | | |
| 30 | Charts | Adequate | Adequate | | |
| 31 | Human skeleton* | 1 | 1 | | |
| 32 | Anatomical specimen* (Heart, brain, eye, ear, reproductive system etc.,) | 1 set | 1 set | | |
| 33 | Electro-convulsimeter* | 1 | 1 | | |
| 34 | Stop watch | Adequate | Adequate | | |
| 35 | Clamp, boss heads, screw clips* | Adequate | Adequate | | |
| 36 | Syme's Cannula | Adequate | Adequate | | |

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

PHARMCOGNOSY LABORATORY

Equipment:

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

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

PHARMACY PRACTICE LABORATORY

Equipment:

| Sl. No. | Name | Minimum required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors |
|---------|---|-----------------------|----------------|------------------|---------------------------|
| 1 | Colorimeter | 2 | 2 | | |
| 2 | Microscope | Adequate | Adequate | | |
| 3 | Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,) | Adequate | Adequate | | |
| 4 | Watch glass | Adequate | Adequate | | |


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| | | | | | |
|----|---|----------|----------|--|--|
| 5 | Centrifuge | 1 | 1 | | |
| 6 | Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities | Adequate | Adequate | | |
| 7 | Filtration equipment | 2 | 2 | | |
| 8 | Filling Machine | 1 | 1 | | |
| 9 | Sealing Machine | 1 | 1 | | |
| 10 | Autoclave sterilizer | 1 | 1 | | |
| 11 | Membrane filter | 1 Unit | 1 Unit | | |
| 12 | Sintered glass funnel with complete filtering assemble | Adequate | Adequate | | |
| 13 | Small disposable membrane filter for IV admixture filtration | Adequate | Adequate | | |
| 14 | Laminar air flow bench | 1 | 1 | | |
| 15 | Vacuum pump | 1 | 1 | | |
| 16 | Oven | 1 | 1 | | |
| 17 | Surgical dressing | Adequate | Adequate | | |
| 18 | Incubator | 1 | 1 | | |
| 19 | PH meter | 1 | 1 | | |
| 20 | Disintegration test apparatus | 1 | 1 | | |
| 21 | Hardness tester | 1 | 1 | | |
| 22 | Centrifuge | 1 | 1 | | |
| 23 | Magnetic stirrer | 1 | 1 | | |
| 24 | Thermostatic bath | 1 | 1 | | |

NOTE: Adequate numbers of glassware 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 | 15 | | |
| 2 | Haemocytometer with Micropipettes* | 20 | 20 | | |
| 3 | Sahli's haemocytometer | 20 | 20 | | |
| 4 | Hutchinson's spirometer | 01 | 01 | | |
| 5 | Spygmomanometer* | 05 | 05 | | |
| 6 | Stethoscope* | 05 | 05 | | |
| 7 | Permanent Slides for various tissues | One pair of each tissue Organs and endocrine glands One slide of each organ system | One pair of each tissue Organs and endocrine glands One slide of each organ system | | |
| 8 | Models for various organs | One model of each organ system | One model of each organ system | | |
| 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 | One set of skeleton and one spare bone | | |
| 11 | Different Contraceptive Devices and Models* | One set of each device | One set of each device | | |
| 12 | Muscle electrodes | 01 | 01 | | |
| 13 | Lucas moist chamber | 01 | 01 | | |
| 14 | Myographic lever | 01 | 01 | | |
| 15 | Stimulator | 01 | 01 | | |
| 16 | Centrifuge | 01 | 01 | | |
| 17 | Electronic Balance | 01 | 01 | | |
| 18 | Physical /Chemical Balance | 01 | 01 | | |
| 19 | Sherrington's Kymograph Machine / Polyrite | 10 | 10 | | |
| 20 | Sherrington Drum* | 10 | 10 | | |


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Signature of the Inspectors

| | | | | | |
|----|---|-----------------|-----------------|--|--|
| 21 | Perspex bath assembly (single unit) | 10 | 10 | | |
| 22 | Aerators* | 10 | 10 | | |
| 23 | Computer with LCD | 01 | 01 | | |
| 24 | Software packages for experiment | 01 | 01 | | |
| 25 | Standard graphs of various drugs | Adequate number | Adequate number | | |
| 26 | Actophotometer* | 01 | 01 | | |
| 27 | Rotarod | 01 | 01 | | |
| 28 | Pole climbing apparatus* | 01 | 01 | | |
| 29 | Analgesiometer (Eddy's hot plate and radiant heat methods)* | 01 | 01 | | |
| 30 | Convulsiometer* | 01 | 01 | | |
| 31 | Plethysmograph | 01 | 01 | | |
| 32 | Digital pH meter | 01 | 01 | | |

Apparatus:

| Sl. No. | Name | Minimum required No.s | Available Nos. | Working Yes / No | Remarks of the Inspectors |
|---------|--|-----------------------|----------------|------------------|---------------------------|
| 1 | Folin-Wu tubes | 60 | 60 | | |
| 2 | Dissection Tray and Boards* | 10 | 10 | | |
| 3 | Haemostatic artery forceps | 10 | 10 | | |
| 4 | Hypodermic syringes and needles of size 15,24,26 G | 10 | 10 | | |
| 5 | Levers, cannulae* | 20 | 20 | | |

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



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Signature of the Inspectors

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 | | |
| 2 | Digital Balance | 02 | 02 | | |
| 3 | Autoclave | 02 | 02 | | |
| 4 | Hot air oven | 02 | 02 | | |
| 5 | B.O.D. incubator | 01 | 01 | | |
| 6 | Refrigerator | 01 | 01 | | |
| 7 | Laminar air flow | 01 | 01 | | |
| 8 | Colony counter | 02 | 02 | | |
| 9 | Zone reader | 01 | 01 | | |
| 10 | Digital pH meter | 01 | 01 | | |
| 11 | Microscope with stage and oil immersion objective | 20 | 20 | | |
| 12 | Sterility testing unit | 01 | 01 | | |
| 13 | Camera Lucida | 15 | 15 | | |
| 14 | Eye piece micrometer | 15 | 15 | | |
| 15 | Stage Micrometer | 20 | 20 | | |
| 16 | Incinerator | 01 | 01 | | |
| 17 | Moisture balance | 01 | 01 | | |
| 18 | Heating mantle | 15 | 15 | | |
| 19 | Flourimeter | 01 | 01 | | |
| 20 | Vacuum pump | 02 | 02 | | |
| 21 | Micropipettes (Single and multi channeled) | 02 | 02 | | |
| 22 | Micro Centrifuge | 01 | 01 | | |
| 23 | Projection Microscope | 01 | 01 | | |

Apparatus:

| Sl. No. | Name | Minimum required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors |
|---------|-----------------------------|-----------------------|----------------|------------------|---------------------------|
| 1 | Reflux flask with condenser | 20 | 20 | | |
| 2 | Water bath | 20 | 20 | | |
| 3 | Clavengers apparatus | 10 | 10 | | |



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| | | | | | |
|---|-------------------------|----|----|--|--|
| 4 | Soxhlet apparatus | 10 | 10 | | |
| 5 | TLC chamber and sprayer | 10 | 10 | | |
| 6 | Distillation unit | 01 | 01 | | |

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 | | |
| 2 | Oven | 03 | 03 | | |
| 3 | Refrigerator | 01 | 01 | | |
| 4 | Analytical Balances for demonstration | 05 | 05 | | |
| 5 | Digital balance 10mg sensitivity | 10 | 10 | | |
| 6 | Suction pumps | 06 | 06 | | |
| 7 | Muffle Furnace | 01 | 01 | | |
| 8 | Mechanical Stirrers | 10 | 10 | | |
| 9 | Magnetic Stirrers with Thermostat | 10 | 10 | | |
| 10 | Vacuum Pump | 01 | 01 | | |
| 11 | Digital pH meter | 01 | 01 | | |
| 12 | Microwave Oven | 01 | 01 | | |

Apparatus:

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

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


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DEPARTMENT OF PHARMACEUTICS**Equipment:**

| Sl. No. | Name | Minimum Required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors |
|----------------|--|------------------------------|-----------------------|-------------------------|----------------------------------|
| 1 | Homogenizer | 05 | 05 | | |
| 2 | Digital balance (10 mg sensitivity) | 05 | 05 | | |
| 3 | Microscopes | 05 | 05 | | |
| 4 | Stage and eye piece micrometers | 05 | 05 | | |
| 5 | Brookfield's viscometer | 01 | 01 | | |
| 6 | Ball mill* | 01 | 01 | | |
| 7 | Sieve shaker with sieve set* | 01 | 01 | | |
| 8 | Double cone blender | 01 | 01 | | |
| 9 | Propeller type mechanical agitator | 05 | 05 | | |
| 10 | Autoclave* | 01 | 01 | | |
| 11 | Steam distillation still | 01 | 01 | | |
| 12 | Vacuum Pump* | 01 | 01 | | |
| 13 | Standard sieves, sieve no. 8, 10,12,22,24,44,66,80 | 10 sets | 10 sets | | |
| 14 | Tablet punching machine | 01 | 01 | | |
| 15 | Capsule filling machine* | 01 | 01 | | |
| 16 | Ampoule washing machine* | 01 | 01 | | |
| 17 | Ampoule filling and sealing machine* | 01 | 01 | | |
| 18 | Tablet disintegration test apparatus IP | 01 | 01 | | |
| 19 | Tablet dissolution test apparatus IP | 01 | 01 | | |
| 20 | Monsanto's hardness tester | 01 | 01 | | |
| 21 | Pfizer type hardness tester | 01 | 01 | | |
| 22 | Friability test apparatus* | 01 | 01 | | |
| 23 | Clarity test apparatus | 01 | 01 | | |
| 24 | Ointment filling machine | 01 | 01 | | |
| 25 | Collapsible tube crimping machine* | 01 | 01 | | |
| 26 | Tablet coating pan* | 01 | | | |
| 27 | Magnetic stirrer, 500 ml and 1 liter capacity* with variable speed control | 10 | 10 | | |
| 28 | Digital pH meter | 02 | 02 | | |


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|----|---|----|----|--|--|
| 29 | All purpose equipment with all accessories | 01 | 01 | | |
| 30 | Aseptic Cabinet | 01 | 01 | | |
| 31 | BOD Incubator | 02 | 02 | | |
| 32 | Bottle washing Machine | 01 | 01 | | |
| 33 | Bottle Sealing Machine | 01 | 01 | | |
| 34 | Bulk Density Apparatus | 02 | 02 | | |
| 35 | Conical Percolator (glass/ copper/ stainless steel) | 10 | 10 | | |
| 36 | Capsule Counter | 02 | 02 | | |
| 37 | Energy meter | 02 | 02 | | |
| 38 | Hot Plate | 02 | 02 | | |
| 39 | Humidity Control Oven | 01 | 01 | | |
| 40 | Liquid Filling Machine | 01 | 01 | | |
| 41 | Mechanical stirrer with speed regulator | 02 | 02 | | |
| 42 | Precision Melting point Apparatus | 01 | 01 | | |
| 43 | Tray dryer | 01 | 01 | | |
| 44 | Distillation Unit | 01 | 01 | | |

Apparatus:

| Sl. No. | Name | Minimum required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors |
|---------|--|-----------------------|----------------|------------------|---------------------------|
| 1 | Ostwald's viscometer | 15 | 15 | | |
| 2 | Stalagmometer | 15 | 15 | | |
| 3 | Desiccator* | 05 | 05 | | |
| 4 | Suppository moulds | 20 | 20 | | |
| 5 | Buchner Funnels (Small, medium, large) | 05 each | 05 each | | |
| 6 | Filtration assembly | 01 | 01 | | |
| 7 | Permeability Cups | 05 | 05 | | |
| 8 | Andreason's Pipette | 03 | 03 | | |
| 9 | Lipstick moulds | 10 | 10 | | |

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


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PHARMACEUTICAL BIOTECHNOLOGY

| Sl. No. | Name | Minimum required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors |
|---------|---|-----------------------|----------------|------------------|---------------------------|
| 1 | Orbital shaker incubator | 01 | 01 | | |
| 2 | Lyophilizer (Desirable) | 01 | 01 | | |
| 3 | Gel Electrophoresis (Vertical and Horizontal) | 01 | 01 | | |
| 4 | Phase contrast/Trinocular Microscope | 01 | 01 | | |
| 5 | Refrigerated Centrifuge | 01 | 01 | | |
| 6 | Fermenters of different capacity (Desirable) | 01 | 01 | | |
| 7 | Tissue culture station | 01 | 01 | | |
| 8 | Laminar airflow unit | 01 | 01 | | |
| 9 | Diagnostic kits to identify infectious agents | 01 | 01 | | |
| 10 | Rheometer | 01 | 01 | | |
| 11 | Viscometer | 01 | 01 | | |
| 12 | Micropipettes (single and multi channeled) | 01 each | 01 each | | |
| 13 | Sonicator | 01 | 01 | | |
| 14 | Respinometer | 01 | 01 | | |
| 15 | BOD Incubator | 01 | 01 | | |
| 16 | Paper Electrophoresis Unit | 01 | 01 | | |
| 17 | Micro Centrifuge | 01 | 01 | | |
| 18 | Incubator water bath | 01 | 01 | | |
| 19 | Autoclave | 01 | 01 | | |
| 20 | Refrigerator | 01 | 01 | | |
| 21 | Filtration Assembly | 01 | 01 | | |
| 22 | Digital pH meter | 01 | 01 | | |

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 | | |


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|----|--|----|----|--|--|
| 2 | Digital pH meter | 01 | 01 | | |
| 3 | UV- Visible Spectrophotometer | 01 | 01 | | |
| 4 | Flourimeter | 01 | 01 | | |
| 5 | Digital Balance (1mg sensitivity) | 01 | 01 | | |
| 6 | Nephelo Turbidity meter | 01 | 01 | | |
| 7 | Flame Photometer | 01 | 01 | | |
| 8 | Potentiometer | 01 | 01 | | |
| 9 | Conductivity meter | 01 | 01 | | |
| 10 | Fourier Transform Infra Red Spectrometer (Desirable) | 01 | 01 | | |
| 11 | HPLC | 01 | 01 | | |
| 12 | HPTLC (Desirable) | 01 | 01 | | |
| 13 | Atomic Absorption and Emission spectrophotometer (Desirable) | 01 | 01 | | |
| 14 | Biochemistry Analyzer (Desirable) | 01 | 01 | | |
| 15 | Carbon, Hydrogen, Nitrogen Analyzer (Desirable) | 01 | 01 | | |
| 16 | Deep Freezer (Desirable) | 01 | 01 | | |
| 17 | Ion- Exchanger | 01 | 01 | | |
| 18 | Lyophilizer (Desirable) | 01 | 01 | | |

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



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Observation of the Inspectors:

| |
|--|
| Compliance of the last recommendations by Inspectors |
| Specific observations if not complied |

| | |
|--------------------------|----|
| Signature of Inspectors: | 1. |
| | 2. |

Note:

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

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