

**SCHEME FOR OBTAINING PERMISSION OF  
PHARMACY COUNCIL OF INDIA TO START PHARM.D. OR PHARM.D. AND PHARM.D.  
(POST BACCALUERATE) PROGRAMME**

---

**All applications under this scheme be submitted to the Secretary, Pharmacy Council of India, before the prescribed date mentioned in the schedule**

---

**1. Eligibility Criteria:**

The following organizations shall be eligible to apply in the SIF for permission to start the Pharm.D., programme/s namely:

- a. A State Government / Union Territory
- b. A University
- c. A Registered Society under the Societies Registration Act

**2. Qualifying Criteria:**

Conditions to be fulfilled by person, institution, society or University to qualify to apply to PCI for permission to start Pharm.D. programme/s:

- a. The consent of Affiliation for the proposed Pharm.D. programme/s by the applicant from a University.
- b. No admission shall be made by the applicant to the proposed Pharm.D. programme/s without prior permission of the PCI.
- c. The applicant shall provide necessary additional infrastructural facilities as prescribed by the PCI under “Appendix – B” of Pharm.D. regulations for the starting of Pharm.D. programme/s. Opening of the Pharm.D. programme/s in a hired or rented building shall not be permitted.
- d. The applicant should have been approved under section 12 of the Pharmacy Act 1948 for the conduct of B.Pharm course.
- e. The applicant shall provide 300 bed hospital facility as prescribed under regulation 2) of “Appendix – B” of Pharm.D. regulations.

### 3. Form and Procedure:

- a. The applicant, subject to the fulfillment of above eligibility and qualifying criteria and also the requirements specified under the Pharm.D. regulations shall submit application in prescribed Standard Inspection Format (SIF) only, in triplicate to start the Pharm.D. programme/s to the Pharmacy Council of India.
- b. The SIF shall be submitted by the applicant either by Courier, Registered Post or in person to the Secretary, Pharmacy Council of India, New Delhi, along with a non-refundable application fee of Rs.2.00 lakhs in the form of Demand Draft in favour of „Pharmacy Council of India“ payable at New Delhi. The said fee covers registration of application, technical scrutiny, contingent expenditure and two inspections.

Beyond two inspections, the normal inspection fee prescribed by council will apply as prescribed under para 4 of this scheme.

- c. The schedule for receipt of applications for the starting of Pharm.D programme and processing of applications by the Pharmacy Council of India is given in the para 6 of this scheme.
- d. The applications received by the Pharmacy Council of India will be registered in the council office for scrutiny. Registration of application will only signify the acceptance of the application for scrutiny. Incomplete applications will be rejected summarily without refund of application fee. The applicant may apply a fresh within the stipulated time alongwith the non-refundable application fee.
- e. The Council will scrutinize the application in the first instance in terms of the feasibility of starting the proposed programme/s at the said institution. While evaluating the application, the council may seek clarification or additional information from the applicant as deemed necessary and carry out physical inspection to verify the information supplied by the applicant.
- f. After examining the application and after conducting necessary physical inspections, the Council office shall submit to the Central Council factual report stating that:
  - i. The applicant fulfils the eligibility and qualifying criteria.
  - ii. The applicant has the necessary managerial and financial capabilities to establish the Pharm.D. programme.
  - iii. The applicant has a feasible and time bound programme for recruitment of faculty and staff as prescribed in the Pharm.D. regulations and that the necessary posts stand created.

- iv. The applicant has appointed staff for 1st year of Pharm.D., & 4th year of Pharm.D. (Post bacculearte) programme.
- v. The applicant has not admitted students without prior permission of PCI.
- vi. Deficiencies of any kind shall be pointed out indicating whether these are remediable or not.
- g. The Central Council may then permit/approve/reject the application for conduct of Pharm.D., Programme/s and accordingly issue letter in a time bound manner specifying annual targets to be achieved by the applicant during the following years, if permission/approval is granted.
- h. The recommendation of the Central Council shall be final.
- i. The permission to establish the Pharm.D., Programme will be given initially for a period of one year and will be renewed on yearly basis subject to verification of the achievements of annual targets. It is the responsibility of the institution to apply to the Pharmacy Council of India for purpose of renewal six month prior to the expiry of the initial permission. This process of renewal of permission will continue till such time the establishment of all infrastructural facilities and staff requirements prescribed in the Pharm.D. regulation are completed and approval under section 12 of the Pharmacy Act 1948 for the conduct of Pharm.D programme is granted to the institution.
- j. The Council may then extend the approval of Pharm.D., Programme under section 12 of Pharmacy Act 1948 conducted by the institution for a period 1/3/5 years as the case may be for which the institution shall apply to the Pharmacy Council of India six months prior to the expiry of approval held.
- k. The Council may obtain any other information from the institution as it deems necessary.

**4. Fee Structure:**

The fee structure prescribed for Pharm.D programme is as under -

<u>Detail</u>	<u>Amount</u>
1.Starting of Pharm.D programme (including fees for 2 inspections) to be submitted with the application	Rs.2,00,000
2. Yearwise approval and inspection fee	Rs.1,00,000
3.Approval under section 12 ( including fees for two inspections)	Rs.2.00,000
4.Verification of compliance if any	Rs.1,00,000
5.Annual affiliation fee after approval under section 12	Rs. 50,000

## 5. Reapplication :

Wherever the Central Council has rejected the application of the applicant for the conduct of Pharm.D. programme/s the applicant may apply afresh for the conduct of Pharm.D. programme/s in the ensuing year following the dates of submission etc., mentioned in the schedule under para 6 of this scheme.

## 6. Schedule for submission of application and processing:

Sl. No.	Stage of processing	last date	for 2008-09 only
a.	Receipt of application	30 <sup>th</sup> September	31 <sup>st</sup> July
b.	Completion of inspection	31 <sup>st</sup> December	14 <sup>th</sup> August
c.	Approval of central council	31 <sup>st</sup> March	30 <sup>th</sup> august
d.	Issue of letter of approval by PCI	30 <sup>th</sup> April	10 <sup>th</sup> September

**PHARMACY COUNCIL OF INDIA**

**STANDARD INSPECTION FORM**

- PHARM.D
- PHARM.D. and PHARM.D (POST BACCALAUREATE)

**General Information pertaining to :-**

1. College and **teaching hospital** (Pharmacy Practice site)
2. Courses of Study leading to :-

**Pharm D. course**

Name of Institution : NIMRA COLLEGE OF PHARMACY

Place and Address : D-No:4-90,Nimra Nagar,Jupudi,  
Ibrahimpattanam, Vijayawada,  
Krishna (Dt.)—521456,  
[principalncp@yahoo.in](mailto:principalncp@yahoo.in),  
[nimracolleges@yahoo.co.in](mailto:nimracolleges@yahoo.co.in)

Principal/Dean : M.B.Venkatapathi Raju

Tel. No. Off. : 0866-2881854, Fax No.2881852,

Mobile No. : 9704012603

Email : mbvraju@yahoo.co.in

Name and address of Affiliating University : Jawaharlal Nehru Technological University ,  
Kakinada - 533 003, Andhra Pradesh, India.  
**Telephone No.** (O)+91 884 230 0888.

**Date :**

**Signature of Dean/Principal**

----- This form shall  
be precisely filled in, verified and signed by the Head/Principal, of the institution and forwarded in  
triplicate to the Secretary, Pharmacy Council of India. The entries should be as required under  
the PCI (Pharm.D.) regulations and norms.

Signature of the Head of the Institution

Signature of the Inspectors

**PHARMACY COUNCIL OF INDIA**  
**Standard Inspection Format (S.I.F) for**

- **Pharm. D. Programme**

or

- **Pharm.D. and Pharm. D. (Post Baccalaureate) Programmes**

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

**(SIF-D)**

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

*To be filled up by inspectors*

**Inspection No. :**

**Date of Inspection:**

**FILE No. :**

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

**2. \_\_\_\_\_**

**\_\_ PART – I**  
**A - GENERAL**  
**INFORMATION**

<b>A – I .1</b> Applicant is for Pharm.D. <input type="checkbox"/> Pharm.D. and Pharm.D. (Post Baccalaureate) <input type="checkbox"/> (Tick the relevant	
<b>A – I .2</b> Year of Establishment	2006
<b>A – I .3</b> Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	NIMRA COLLEGE OF PHARMACY D-No:4-90,Nimra Nagar,Jupudi, Ibrahimpatnam, Vijayawada, Krishna (Dt.)—521456, 0866-2881854, Fax No.2881852, <a href="mailto:principalncp@yahoo.in">principalncp@yahoo.in</a> , <a href="mailto:nimracolleges@yahoo.co.in">nimracolleges@yahoo.co.in</a>
<b>A – I .4</b> Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Private-Society <b>(ANNEXURE-I)</b>
<b>A – I .5</b> Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	NIMRA EDUCATIONAL SOCIETY D-No.10-3-307,Humayun Nagar, Masab Tank,Hyderabad-28 040-23534800, Fax No.23535900 nimracolleges@yahoo.co.in  <b>(ANNEXURE-I)</b>

Signature of the Head of the Institution

Signature of the Inspectors

<p><b>A – I .6</b> Name, Designation and Address of person to be contacted</p> <p>Name Designation Address STD Code Telephone No. Office Residence Mobile No. Fax No. E-Mail</p>	<p style="text-align: center;"><input type="checkbox"/></p> <p><b>Dr. MOHD SAQIB RASOOL KHAN</b> Secretary &amp; Correspondent, Nimra College of Pharmacy, Jupudi, Ibrahimpatnam – 521 456, Vijayawada, Krishna Dt 0866-2882786, 2881910, 2881854 040- 23534800/65507867 +91- 9849107860 0866-2881852 saqibrkhan@hotmail.com</p>
<p><b>A – I .7</b> Name and Address of the Head of the Institution</p>	<p style="text-align: center;">Dr.M.B.Venkatapathi Raju Nimra College of Pharmacy, Jupudi, Ibrahimpatnam, Vijayawada-521456, Andhra Pradesh</p>
<p><b>A – I .8</b> Name of the Examining Authority Complete Postal address: STD code Telephone No. Fax No. E-mail Website</p>	<p>Controller of Examinations Jawaharlal Nehru Technological University Kakinada, Kakinada - 533 003, Andhra Pradesh, India.</p> <p>0884-2300907,0884-2300909 <a href="mailto:ce@jntuk.edu.in">ce@jntuk.edu.in</a> jntuk.edu.in</p>

**A – I .9**

**APPLICATION FOR INSTITUTION SEEKING APPROVAL FOR PHARM. D. OR PHARM. D. AND PHARM.D. (POST BACCALAUREATE) PROGRAMME**  (Tick appropriate box)

**a. DETAILS OF INSPECTION/AFFILIATION FEE PAID**

Name of the Course	Affiliation Fee/Inspection fee for/up to the year	D.D. No	Dated
(a) Pharm. D.	2017- – 2018	896083	31-08-2016

**b. APPROVAL STATUS OF THE INSTITUTION (Annexure II)**

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVT	UNIVERSITY	Remarks of the Inspectors
D.Pharm.		Approval Letter No. and Date	----	----	----	----
		Approved Intake	---	---	---	---
		Actually Admitted	----	----	----	---
B.Pharm.		Approval Letter No. and Date	17-1/2014-PCI/19558-2014-15	GORT NO.120 DATED:30-05-2016	JNTUK/Lr.No:JNTUK/DAP/B1/B.Tech/B.Pharmacy/2014-15;Date:16-08-2014	
		Approved Intake	60	60	60	
		Actually Admitted	<b>60</b>	<b>60</b>	<b>60</b>	

Note: Enclose relevant documents

**A – I. 10**

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same Building / campus? If yes, give status  Yes  No

**A – I. 10 a**

<b>Status of the Pharmacy course:</b>	
<input type="checkbox"/> Independent Building	
<input type="checkbox"/> Wing of another college	
<input type="checkbox"/> Separate Campus	
<input type="checkbox"/> Multi Institutional Campus	
<input type="checkbox"/> Any Other, please specify	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

**A – I. 10 b**

**STATUS OF APPLICATION**

Course	Intake	Remarks
	Permissible	Proposed Intake
Pharm. D.	30	30



Signature of the Head of the Institution  
Inspectors

Signature of the

8

**B- - Details of the Institution**

(Annexure III)

<b>B –I .1</b>		Dr.M.B.Venkatapathi Raju			
<b>Name of the Principal/Head</b>					
<b>Qualification / Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm		15 years in teaching or Research out of which 5 years should be as Professor.	25 years	
	PhD				

\* Documentary evidence should be provided

**B –I .2**

**For institution seeking extension of approval**

Course	Date of last Inspection	Remarks of the last Inspection Report	Deficiencies rectified / Not rectified	Intake reduced/Stopped in the last 03
(a) Pharm. D.	NA	NA	NA	NA
(b) Pharm.D. Post Baccalaureate	NA	NA	NA	NA

\* Enclose Documents (write NA if not applicable)

**B –I .3**

<b>Type of Institution</b>	<b>Society</b>
<b>Details of the Governing Body</b>	<b>Annexure IV</b>
<b>Minutes of the last Governing council Meeting</b>	<b>Annexure IV</b>

**B –I .4 Pay Scales:**

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

**B –I .5 Co – Curricular Activities / Sports Activities**

Whether college has NSS Unit (Yes/No)?	NA
NSS Programme Officer's Name	NA
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes
Physical Instructor	Mr. Md. Sattar Khan.

Sports Ground	Individual
---------------	------------

Signature of the Head of the Institution

Signature of the Inspectors

## **C - FINANCIAL STATUS OF THE INSTITUTION**

**Audited financial Statement of Institute should be urnished**

**C –1.1 Resources and funding agencies (give complete list)**

**C –1.2 Please provide following Information(Annexure - V)-2014-15**

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	39,17,000	1.	Building	1,65,00,000	
3.	Library Fee	-	2.	Equipment	85,00,000	
4.	Sports Fee	-	3.	Books	10,00,000	
5.	Union Fee	-	<b>REVENUE EXPENDITURE</b>			
6.	Univ.fee	1,02,000	1	Salary	72,00,000	
7.	Society contribution	36,81.000	2.	<b>MAINTENANCE EXPENDITURE</b>		
				i	College	1,00,000
				ii	Others	50000
			3.	University Fee (If any)	102000	
			4.	Apex Bodies Fee	90000	
			5.	Government Fee	45000	
			6.	Deposit held by the College	1500000	
			7.	Others & Misc. Expenditure	100000+13000	
			8.	Total	77000000	
<b>Total</b>						

**Note: Enclose relevant documents**

Signature of the Head of the Institution

Signature of the Inspectors

## PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land for the Pharmacy College : 2.5 acres  
 b. Building : **Own**  
 Land Details to be in the name of Trust and Society  
 i) Own – Records to be enclosed  
 Sale deed/relevant document : **Annexure VI**  
 d. Building:  
 i) Approved Building plan, : **Annexure VI**  
 e. Total Built up Area of the college building in Sq.mts : 4800 Sq.mts  
 f. Amenities and Circulation Area in Sq.mts : 1500 Sq.mts

### 2. Class rooms:

**Total Number of Class rooms available and number provided for Pharm. D. or Pharm.D. and Pharm. D. (Post Baccalaureate) Programme**

Class	Required	Available Numbers	Required Area for each	Available Area in Sq.mts.	Remarks of the Inspectors
B.Pharm.	04	04		83 Sq.mts each	
Pharm. D.	2	2	90 Sq.mts. each (Desirable) 75 Sq.mts. each (Essential)	83 Sq.mts each	

**accommodate 30 students for Pharm D and 10 for Pharm. D. Post Baccalaureate )**

### 3. Laboratory requirement for both Pharm. D. or Pharm.D. and Pharm.D. (Post Baccalaureate) Programme

Sl. No.	Infrastructure for	Minimum requirement as per Norms	Available No. & Area in Sq.mts.	Remarks of the Inspectors
1	Laboratory Area (13 Labs) total	75 Sq.mts. each	83Sq.mts	
2	- Pharmaceutics and Pharmacokinetics Lab - Life Science (Pharmacology, Physiology, Pathophysiology) - Phytochemistry or Pharmaceutical Chemistry - Pharmacy Practice	3 2 2 1	83 Sq.mts 83 Sq.mts 83 Sq.mts 83 Sq.mts	
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)	80 Sq.mts	

\* Yearwise requirement will be considered.

Signature of the Head of the Institution

Signature of the Inspectors

4	Area of the Machine Room	80-100 Sq.mts	83 Sq.mts	
5	Central Instrument Room	80 Sq.mts with AC	83 Sq.mts	
6	Store Room – I	1 (Area 100 Sq mts)	100 Sq.mts	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	66 Sq.mts	
8	Hospital with teaching facility – (Please tick)	300 bedded hospital. Tertiary Care Hospital desirable Medicine (Compulsory) (Any three of the below)	yes	
a)	Own <input type="checkbox"/>			
b)	Teaching Hospital approved by MCI* or University <input type="checkbox"/>			
c)	* Govt. Hospital * <input type="checkbox"/>			
d)	Corporate type * <input type="checkbox"/>			
	* Attach a copy of MOU between institution & Hospital.	• Surgery • Pediatrics • Gynecology and • Obstetrics • Psychiatry • Skin and VD • Orthopedics		
9.	Deptt. of Pharmacy Practice/Clinical Pharmacy in Hospital	3 Sq.mts. per student	130	

† **The Institutions will not be permitted to run the above course in rented/leased building.**

1. All the Laboratories should be well lit & ventilated
2. All Laboratories should be provided with basic amenities and services like exhaust fans and fuming chamber to reduce the pollution wherever necessary.
3. All the laboratories should be provided with safety measures like fire safety, chemical exposure safety and bio safety.
4. The workbenches should be smooth and easily cleanable preferably made of non-absorbent material.
5. The water taps should be non-leaking and directly installed on sinks Drainage should be efficient.
6. 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 of the Inspectors
				No.	Area in Sq .mts	
1	Principal's Chamber	01	30 Sq .mts	1	83 Sq.mts	
2	Office – I – Establishment	01	60 Sq. mts	1	75 Sq.mts	
3	Office – II – Academics					
4	Confidential Room					

Signature of the Head of the Institution

Signature of the Inspectors

### 5. Staff Facilities:

Sl No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks of the Inspectors
				No.	Area in Sq. mts	
1	HODs for Pharm. D. and Post Baccalaureate Programme	Minimum 4	20 Sq mts x 4	4	80Sq.mts	
2	Faculty Rooms for Pharm. D. and Pharm.D. Post Baccalaureate Programme	01	10 Sq mts x n (n=No of teachers)		100 Sq.mts	

### 6. Museum, Library, Animal House [should have approval of the Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA)] and other Facilities:[

Sl No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks of the Inspectors
				No.	Area in Sq. mts	
1	Animal House	01	80 Sq. mts	01	90	
2	Library	01	150 Sq. mts	01	198	
3	Museum	01	50 Sq. mts (May be attached to the	01	50	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	-	83	
5	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	100 plants	

### 7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks of the Inspectors
				No.	Area in Sq. mts	
1	Girl's Common Room (Essential)	01	60 Sq. mts	01	83	
2	Boy's Common Room (Essential)	01	60 Sq. mts	01	83	
3	Toilet Blocks for Boys	01	24 Sq. mts	02	83	
4	Toilet Blocks for Girls	01	24 Sq. mts	02	83 each	
5	Drinking Water facility – Water cooler (Essential).	01	-	01		
6	Boy's Hostel (Desirable)	01	9 Sq. mts/ Room Single occupancy	-	-	
7	Girl's Hostel (Desirable)	01	9 Sq. mts / Room (single occupancy) 20 Sq mts / Room	01	-	
8	Power Backup Provision (Essential)	01		01	Available	

### 8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room	100 Sq.mts.	01	150	
Computer (Latest configuration)	1 system for every 10 students	10		
Printers	1 printer for every 10 computers	02		
Multi Media Projector	01	01		
Generator (5KVA)	01	01		

### 9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks of the Inspectors
		No.	Area in Sq. mts		
Principal's quarter	120 Sq. mts			Not Available	
Staff quarters	16 x 80 Sq mts			Not Available	
Canteen	100 Sq. mts	01	100		
Parking Area for staff and students			Available		
Bank Extension Counter			Available		
Co operative Stores					
Guest House	80 Sq. mts	01	80		
Auditorium			Available		
Seminar Hall			Available		
Transport Facilities for students			Available		
Medical Facility (First Aid)			Available		

### 10. A. Library books and periodicals

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	No.	
1	Number of books	150	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	1180	3450	
2	Annual addition of books		150 books per year		200	
3	Periodicals Hard copies / online		20 National 10 International periodicals		16 06	

Signature of the Head of the Institution

Signature of the Inspectors

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 (desirable)					
8	Library Timings					8.00am to 8.00pm

#### 10.B. Subject wise Classification of books available :

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmacy Practice	5	46	
2	Human Anatomy & Physiology	17	162	
3	Pharmaceutics (Dispensing & General Pharmacy)	45	243	
4	Pharmacognosy	23	121	
5	Pharmaceutical Organic Chemistry	20	268	
6	Pharmaceutical Inorganic Chemistry	11	238	
7	Pharmaceutical microbiology	32	194	
8	Pathophysiology	10	56	
9	Applied Biochemistry & Clinical Chemistry	40	128	
10	Pharmacology	26	209	
11	Pharmaceutical Jurisprudence	14	91	
12	Pharmaceutical Dosage Forms	03	10	
13.	Community Pharmacy	03	08	
14.	Clinical Pharmacy	07	05	
15.	Hospital Pharmacy	09	118	
16.	Pharmacotherapeutics	01	02	
17.	Pharmaceutical analysis	39	188	
18.	Medicinal Chemistry	10	102	
19.	Biology	18	87	
20.	Computer Science or Computer Application in pharmacy	05	94	
21	Mathematics/Statistics	97	92	

#### 10.C. 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

**Course Curriculum:**

**1.Student Staff Ratio:**

(Required ratio --- Theory → 30:1 and Practicals → 30:1) If more than 20 students in a batch 2 staff members to be present provided the lab is spacious.

<b>Class</b>	<b>Theory</b>	<b>Practicals</b>	<b>Remarks of the Inspectors</b>
Pharm. D.	20:1	20:1	
Pharm. D. Post Baccalaureate Programme	10:1	10:1	

**2. Academic Calendar**

<b>Proposed date of Commencement of session / sessions for PHARM. D.:</b>	<b>Commencement</b>	<b>Completion</b>
	<b>DD/MM/YY</b>	<b>DD/MM/YY</b>
	2017	2018

No of Days

No of Days

**3. Vacation for PHARM. D. :**

Summer:

Winter:

**4. Total No. of working days for PHARM. D.:**   
(Requirement not less than 200 working days/year)

**5. Date of Commencement of session for Pharm.D. Post Baccalaureate:**

<b>Commencement</b>	<b>Completion</b>
<b>DD/MM/YY</b>	<b>DD/MM/YY</b>
15/07/14	15/04/15

No of Days

No of Days

**6. Vacation for Pharm.D. Post Baccalaureate :** Summer:

Winter:

**7. Total Number of working days for Pharm.D. Post Baccalaureate**   
(Requirement not less than 200 working days/year)

**8. Time Table copy Enclosed: (Tick ✓)**

a. Pharm. D. course                                      Yes                                       No

b. Pharm.D. Post Baccalaureate Course                                      Yes                                       No

Signature of the Head of the Institution

Signature of the Inspectors

**10. Whether the prescribed numbers of classes per week are being conducted as per PCI norms.\***

**First year Pharm D:**

Subject  1	No of Theory Classes		Practicals		Tutorials		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Human Anatomy and Physiology	3	NA	3	NA	1	NA		
Pharmaceutics	2	NA	3	NA	1	NA		
Medicinal Biochemistry	3	NA	3	NA	1	NA		
Pharmaceutical Organic Chemistry	3	NA	3	NA	1	NA		
Pharmaceutical Inorganic Chemistry	2	NA	3	NA	1	NA		
Remedial Mathematics/ Biology	3	NA	3**	NA	1	NA		
<b>Total hours</b>	<b>16</b>	NA	<b>18</b>	NA	<b>6 = (40)</b>	NA		

\* Write NA if not Applicable

\*\* for Biology

Signature of the Head of the Institution

Signature of the Inspectors

**Second Year Pharm D:**

Subject  <b>1</b>	No of Theory Classes		Practicals		Tutorials		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs <b>2</b>	No of Hours Conducted <b>3</b>	Prescribed No of Hrs <b>4</b>	No of Hours Conducted <b>5</b>	Prescribed No of Hrs <b>6</b>	No of Hours Conducted <b>7</b>		
Pathophysiology	3	NA	-	NA	1	NA		
Pharmaceutical Microbiology	3	NA	3	NA	1	NA		
Pharmacognosy & Phytopharmaceuticals	3	NA	3	NA	1	NA		
Pharmacology-I	3	NA	-	NA	1	NA		
Community Pharmacy	2	NA	-	NA	1	NA		
Pharmacotherapeutics-I	3	NA	3	NA	1	NA		
<b>Total Hours</b>	<b>17</b>	NA	<b>9</b>	NA	<b>6 = 32</b>	NA		

Signature of the Head of the Institution

Signature of the Inspectors

**Third year Pharm D:**

Subject  1	No of Theory Classes		Practicals		Tutorials		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Pharmacology-II	3	NA	3	NA	1	NA		
Pharmaceutical Analysis	3	NA	3	NA	1	NA		
Pharmacotherapeutics-II	3	NA	3	NA	1	NA		
Pharmaceutical Jurisprudence	2	NA	-	NA	-	NA		
Medicinal Chemistry	3	NA	3	NA	1	NA		
Pharmaceutical Formulations	2	NA	3	NA	1	NA		
<b>Total hours</b>	<b>16</b>	NA	<b>15</b>	NA	<b>5 = 36</b>	NA		

Signature of the Head of the Institution

Signature of the Inspectors

**Fourth year Pharm D:**

Subject  1	No of Theory Classes		No. of Hours of Practical/Hospital Posting		Tutorials		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Pharmacotherapeutics-III	3	NA	3	NA	1	NA		
Hospital Pharmacy	2	NA	3	NA	1	NA		
Clinical Pharmacy	3	NA	3	NA	1	NA		
Biostatistics & Research Methodology	2	NA	-	NA	1	NA		
Biopharmaceutics & Pharmacokinetics	3	NA	3	NA	1	NA		
Clinical Toxicology	2	NA	-	NA	1	NA		
<b>Total hours</b>	<b>15</b>	NA	<b>12</b>	NA	<b>6 = 33</b>	NA		

Signature of the Head of the Institution

Signature of the Inspectors

**Fifth year Pharm D:**

Subject  1	No of Theory Classes		No. of Hours of Hospital Posting *		Seminars		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Clinical Research	3	NA	-		1	NA		
Pharmacoepidemiology and Pharmacoeconomics	3	NA	-		1	NA		
Clinical Pharmacokinetics & Pharmacotherapeutic Drug Monitoring	2	NA	-		1	NA		
Clerkship *	-	NA	-		1	NA		
Project work (Six Months)	-	NA	20	NA	-			
<b>Total hours</b>	<b>8</b>	NA	<b>20</b>	NA	<b>4 = 32</b>	NA		

\* Attending ward rounds on daily basis.

**11. Work load of Faculty members for Pharm. D. and Pharm.D. Post Baccalaureate**

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

Signature of the Head of the Institution

Signature of the Inspectors

**12. Work load of Faculty members per week for Pharm.D.**

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

**13. Workload of Faculty members per week for Pharm.D. and Pharm.D. (Post Baccalaureate)**

Sl. No	Name of the Faculty	Subjects taught	Pharm.D. and Pharm.D. (Post Baccalaureate)						Total work load	Remarks of the Inspector
			I		II		III			
			Th	Pr	Th	Pr	Th	Pr		
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

**14. Percentage of students qualified in GATE/gpat in the last Three Years**

Details	Year 2013-14	Year 2014-15	Year 2015-16
No. of Students Appeared	10	10	10
No. of Students Qualified	05	07	01
Percentage	50	70	10

**15. Whether Professional Society Activities are Conducted (Enclose details)**

Yes

Signature of the Head of the Institution

Signature of the Inspectors

## PART IV - PERSONNEL

### TEACHING STAFF.

1. Details of Teaching Faculty available with the institution for teaching for D.Pharm., B.Pharm. and M.Pharm. Courses to be enclosed in the format mentioned below:

(Annexure VII)

2. Details of Teaching Faculty exclusively available teaching for Pharm. D. 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
NA	NA	NA	NA	NA	NA	NA	NA	NA

3. Details of Teaching Faculty available for teaching for Pharm. D. and Pharm.D. (Post Baccalaureate) Course to be enclosed in the format mentioned below:

(Annexure VII)

4. Qualification and number of Staff Members

Qualification							
B. Pharm		M. Pharm		PhD		Others	
							Part Time
		20		03			

Signature of the Head of the Institution

Signature of the Inspectors



**5. Staff Pattern for Pharm. D. or Pharm.D. and Pharm. D. (Post Baccalaureate) courses department wise for full duration of course/courses\* : :**

Professor: Asst. Professor: Lecturer

<b>Department/Division</b>	<b>Name of the post</b>	<b>No. Required</b>	<b>Provided by the institution</b>	<b>Remarks of the Inspectors</b>
Department of Pharmaceutics	Professor	1		
	Asst. Professor	1		
	Lecturer	2		
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1		
	Asst. Professor	1		
	Lecturer	3		
Department of Pharmacology	Professor	1		
	Asst. Professor	1		
	Lecturer	2		
Department of Pharmacognosy	Professor	1		
	Asst. Professor	1		
	Lecturer	1		
Department of Pharmacy Practice	Professor	1		
	Asst. Professor	2		
	Lecturer	3		

\* Year wise availability will be assessed.

Signature of the Head of the Institution

Signature of the Inspectors



**9. Number of Non-teaching staff available for Pharm. D. or Pharm.D. and Pharm.D (Post Baccalaureate course) for full duration of course/courses\*.**

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspectors
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	06	D.Pharmacy D.Pharmacy	
2	Laboratory Assistants or Laboratory Attenders	1 for each Lab (minimum)	SSLC	7		
3	Office Superintendent	1	Degree	01	Degree	
4	Accountant	1	Degree	1	Degree	
5	Store keeper	1	D.Pharm or a Bachelor degree recognized by a University or institution.	1	Degree	
6	Computer Data Operator	1	BCA or Graduate with Computer Course	1	B.Com	
7	Office Staff I	1	Degree	1	Degree	
8	Office Staff II	2	Degree	2	Degree	
9.	Peon	2	SSLC	2		
10	Cleaning personnel	Adequate	---	02		
11	Gardener	Adequate	---	2		

- Inspectors to verify whether the Non teaching staff requirements for D.Pharm., B.Pharm. and M.Pharm. courses conducted by the institution are complied with or not.

\* Year wise availability will be assessed.

Signature of the Head of the Institution

Signature of the Inspectors



**10. Scale of pay for Teaching faculty ( enclosed) (Annexure VIII)**

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

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

(Inspectors to verify documents pertaining to the above) YES

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

(Inspectors to verify documents pertaining to the above)

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

Yes  No

**14. Gratuity Provided**

Yes  No

**15. Details of Non-teaching staff members ( enclosed) : (Annexure IX)**

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

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

Signature of the Head of the Institution

Signature of the Inspectors

**PART V -  
DOCUMENTATION Records Maintained: Essential**

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

Signature of the Head of the Institution

Signature of the Inspectors

**PART – VI**

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

Sl No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	Non Returning	
1	3200000	2770000	35000	2500000	2400000	100000	3500000	2200000	1300000	

**2. Total amount spent on chemicals and glassware 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	
	<b>Chemicals</b>	77,800	77,800	<b>Chemicals</b>	1,26,000	1,26,000	<b>Chemicals</b>	15,00,000	50,000	
	<b>Glassware</b>	80,000	80,000	<b>Glassware</b>	1,37,500	1,37,500	<b>Glassware</b>	15,00,000	40,000	

Signature of the Head of the Institution

Signature of the Inspectors

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

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	
	<b>Equipment</b>	2,97,000	2,97,000	<b>Equipment</b>	4,96,000	4,96,000	<b>Equipment</b>	20,00,000	40,000	

**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	
<b>1</b>	<b>Books</b>	5,00,000	5,00,000	<b>Books</b>	8,00,000	8,00,000	<b>Books</b>	10,00,000	10,000	
<b>2</b>	<b>Journals</b>	20,000	20,000	<b>Journals</b>	30,000	30,000	<b>Journals</b>	50,000	5000	

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

Signature of the Head of the Institution

Signature of the Inspectors



## PART VII – EQUIPMENT AND APPARATUS

### Department wise List of Minimum equipments required for Pharm.D. and Pharm.D. Post Baccalaureate

#### A. DEPARTMENT OF PHARMACOLOGY

##### : I. Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	15	15	Yes	
2	Haemocytometer with Micropipettes	20	40	Yes	
3	Sahli's haemocytometer	20	20	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	Available	Yes	
8	Models for various organs	One model of each organ	Available	Yes	
9	Specimen for various organs and systems	One model for each organ	Available	Yes	
10	Skeleton and bones	One set of skeleton and one spare bone	Available	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

11	Different Contraceptive Devices and Models	One set of each device	<b>Available</b>	<b>Yes</b>	
12	Muscle electrodes	01	01	<b>Yes</b>	
13	Lucas moist chamber	01	01	<b>Yes</b>	
14	Myographic lever	01	01	<b>Yes</b>	
15	Stimulator	01	01	<b>Yes</b>	
16	Centrifuge	01	01	<b>Yes</b>	
17	Digital Balance	01	01	<b>Yes</b>	
18	Physical /Chemical Balance	01	01	<b>Yes</b>	
19	Sherrington's Kymograph Machine or Polyrite	10	10	<b>Yes</b>	
20	Sherrington Drum	10	10	<b>Yes</b>	
21	Perspex bath assembly (single unit)	10	10	<b>Yes</b>	
22	Aerators	10	10	<b>Yes</b>	
23	Computer with LCD	01	01	<b>Yes</b>	
24	Software packages for experiment	01	01	<b>Yes</b>	
25	Standard graphs of various drugs	Adequate number	<b>Available</b>	<b>Yes</b>	
26	Actophotometer	01	01	<b>Yes</b>	
27	Rotarod	01	01	<b>Yes</b>	
28	Pole climbing apparatus	01	01	<b>Yes</b>	
29	Analgesiometer (Eddy's hot plate and radiant heat methods)	01	01	<b>Yes</b>	
30	Convulsiometer	01	01	<b>Yes</b>	
31	Plethysmograph	01	01	<b>Yes</b>	
32	Digital pH meter	01	01	<b>Yes</b>	

Signature of the Head of the Institution

Signature of the Inspectors

II. Apparatus:

S.No	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Folin-Wu tubes	60	60	Yes	
2	Dissection Tray and Boards	10	20	Yes	
3	Haemostatic artery forceps	10	10	Yes	
4	Hypodermic syringes and needles of size	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.

**B. DEPARTMENT OF PHARMACOGNOSY :**

I. Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	15	15	Yes	
2	Digital Balance	02	02	Yes	
3	Autoclave	02	02	Yes	
4	Hot air oven	02	02	Yes	
5	B.O.D. incubator	01	01	Yes	
6	Refrigerator	01	01	Yes	
7	Laminar air flow	01	01	Yes	
8	Colony counter	02	02	Yes	
9	Zone reader	01	01	Yes	
10	Digital pH meter	01	01	Yes	
11	Sterility testing unit	01	01	Yes	
12	Camera Lucida	15	15	Yes	
13	Eye piece micrometer	15	15	Yes	
14	Incinerator	01	01	Yes	
15	Moisture balance	01	01	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

16	Heating mantle	15	15	Yes	
17	Flourimeter	01	01	Yes	
18	Vacuum pump	02	02	Yes	
19	Micropipettes (Single and multi channeled)	02	02	Yes	
20	Micro Centrifuge	01	01	Yes	
21	Projection Microscope	01	01	Yes	

## II. Apparatus:

S.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	03	Yes	

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

## C. DEPARTMENT OF PHARMACEUTICAL CHEMISTRY

### : I. Equipment:

S.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	

Signature of the Head of the Institution

Signature of the Inspectors

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	01	Yes	
13	Microwave Oven	02	02	Yes	

II. Apparatus:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02	02	Yes	
2	Reflux flask and condenser single necked	20	20	Yes	
3	Reflux flask and condenser double/ triple	20	20	Yes	
4	Burettes	40	60	Yes	
5	Arsenic Limit Test Apparatus	20	20	Yes	
6	Nessler's Cylinders	40	40	Yes	

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

Signature of the Head of the Institution

Signature of the Inspectors

**D. DEPARTMENT OF PHARMACEUTICS :****I. Equipment:**

<b>S.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	Mechanical stirrers	10	10	Yes	
2	Homogenizer	05	05	Yes	
3	Digital balance	05	05	Yes	
4	Microscopes	05	05	Yes	
5	Stage and eye piece micrometers	05	05	Yes	
6	Brookfield's viscometer	01	01	Yes	
7	Tray dryer	01	01	Yes	
8	Ball mill	01	01	Yes	
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	

Signature of the Head of the Institution

Signature of the Inspectors

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

Signature of the Head of the Institution

Signature of the Inspectors

## II. Apparatus:

S.No	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	15	60	Yes	
2	Stalagmometer	15	58	Yes	
3	Desiccator*	05	04	Yes	
4	Suppository moulds	20	20	Yes	
5	Buchner Funnels (Small, medium, large)	05 each	05	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.

## E. DEPARTMENT OF PHARMACEUTICAL BIOTECHNOLOGY :

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Orbital shaker incubator	01	01	Yes	
2	Lyophilizer (Desirable)	01	00	No	
3	Gel Electrophoresis (Vertical and Horizontal)	01	01	Yes	
4	Phase contrast/Trinocular Microscope	01	01	Yes	
5	Refrigerated Centrifuge	01	00	No	
6	Fermenters of different capacity (Desirable)	01	00	No	
7	Tissue culture station	01	01	Yes	
8	Laminar airflow unit	01	01	Yes	
9	Diagnostic kits to identify infectious agents	01	01	Yes	

Signature of the Head of the Institution

Signature of the Inspectors



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

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

**E. DEPARTMENT OF PHARMACY PRACTICE :**

**Equipment:**

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

Signature of the Head of the Institution

Signature of the Inspectors

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

**NOTE:**

- 1. Computers and Internet connection (Broadband), six computers for students with internet and staff computers as required.**
- 2. Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and the department.**

**G. CENTRAL INSTRUMENTATION ROOM :**

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01			
2	Digital pH meter	01			
3	UV- Visible Spectrophotometer	01			

Signature of the Head of the Institution

Signature of the Inspectors

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

Signature of the Head of the Institution

Signature of the Inspectors

**H. Hospital Requirements for running Pharm D or Pharm.D. and Pharm.D. (Post Baccalaureate) courses : -**

**Hospital Details**

S.No.	Name/ Infrastructure	Minimum required Nos.	Provided	Remarks of the Inspectors
1	Hospital <sup>**</sup> with teaching facility Minimum 300 bedded Hospital	<u>Nature of Hospital</u> - Own - Teaching hospital recognised by MCI or University - Govt. Hospital not below the level of district Hospital - Corporate Hospital	<input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/>	
2	Place for Pharmacy Practice Department <sup>+</sup>	Minimum carpet area of 3 sq.mts. per student along with consent to provide the professional manpower to support the programme.	YES	
3	Available specialties <sup>++</sup>	Medicine (Compulsory) (Any three of the following) • Surgery • Pediatrics • Gynecology and Obstetrics • Psychiatry • Skin and VD •	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4	Location of the Hospital Give details.	<b>Within the same limits of Corporation or Municipality or Campus with Medical Faculty involvement as</b>		

\* Approval letter of the Hospital Authority to be annexed alongwith MOU.

<sup>+</sup> Inspectors are required to personally verify the space provided at the hospital and meet the hospital administrators for interaction.

<sup>++</sup> to be certified by the Dean/Director/Medical Supdt. of the hospital.

Signature of the Head of the Institution

Signature of the Inspectors

**Unit wise Medical Staff:**

Unit \_\_\_\_\_

Bed strength \_\_\_\_\_

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part	UG/PG QUALIFICATION			<b><u>Experience</u></b> Date wise teaching/Professional experience with designation					
				Subject with Year of	Institution	University	Designation	Institution	From	To	Period	

NA

Signature of the Head of the Institution

Signature of the Inspectors

**Other Ancillary staff available.**

- Epidemiologist
- Statistician
- Physiotherapies

**Available Clinical Material:**

- Average daily OPD.
- Average daily IPD.
- Average daily bed occupancy rate:
- Average daily operations: Major                      Minor
- Year-wise available clinical materials (during previous three years).

**Intensive Care facilities****I. ICU**

- No. of beds
- Equipment
- Average bed occupancy

**II. ICCU**

- No. of beds
- Equipment
- Average bed occupancy

**III. NICU**

- No. of Beds
- Equipment
- Average bed occupancy

**IV. PICU**

- No. of beds
- Equipment
- Average bed occupancy

Signature of the Head of the Institution

Signature of the Inspectors

## V. Dialysis

- No. of beds
- Equipment
- Average bed occupancy

**Specialty clinics and services being provided by the department.**

.....

.....

.....

**Details for Pharm.D. student and faculty.**

## A. Accommodation

Faculty	Area in Sq. mtr.
Pharmacy Practice Area	
Dispensary	
Drug Information Centre	
Computer/Internet facility	

B. Library – Departmental Library standard text and references Indexing and Abstracting services for DI services should be included as separate annexure.

C. Pharmacy Practice staff details at the hospital –

Name	Qualification	Signature of Faculty

Signature of the Head of the Institution

Signature of the Inspectors

**STANDARD INSPECTION FORM (Pharm.D.)****TEACHING PROGRAMME/INTERNSHIP PROGRAMME.**

1. Prescribed mode of admission to Scheduled Pharm.D. Course.

2. Academic Activities, please mention the frequency with which each activity is held.

- Case

presentation. •

Journal Club.

- Seminar

- Subject Review

- ADR meeting

- Lectures (separately held for Pharm.D

students) • Guest lectures

- Video film

- Others.

3. Log book of Pharm.D. students: Maintained/ Not maintained.

4. Whether Pharm.D. students participate in bedside counselling or not ? .....

**Summary of Inspection report – (check list) to be completed by the**

**Inspector. Date of inspection:-**

**Name of Inspector:-**

1	<b>Name of the institution</b>	Name and other particulars of Institution (Principal/Head)	
	NIMRA COLLEGE OF PHARMACY	Dr.M.B.VENKATAPATHI RAJU	Qualification detail. M.PHARM,PHD.
			25YEARS
			Experience:Adequate/Inadequate 51YEARS
		Age	

Signature of the Head of the Institution

Signature of the Inspectors



2	<b>Name of the institution</b>	Name and other particulars of Institution (Principal/Head)		
			Qualification detail.	
			Experience: Adequate/Inadequate	
			Age	
3	<b>Date of last inspection of the institution :</b>			
	<b>Number of admission at B.Pharm.</b>	60		
	<b>Staff position for B.Pharm.</b>	<b>Sufficient/Insufficient</b>		
	<b>Other deficiency, if any</b>	<b>Yes/No</b>		
4	<b>Total Teachers in the Pharmacy Practice Department (with requisite qualifications &amp; Experience</b>			
	Designation	Number	Name	Total Experience
	Professors			
	Asst. Professors			
	Lecturers			
	<ul style="list-style-type: none"> <li>- All teachers should be physically identified.</li> <li>- Detailed proforma (with photograph affixed) in respect of every teacher must be obtained signed by the concerned teacher, HOD and Head of institution</li> <li>- To ensure that staff is full time, paid and not working in any other institution</li> </ul>			
5	<b>Requisite important information of the Hospital</b>			
	Number of department in the Hospital			
	Teaching complement in each Dept.		Full/Partial	
	Total number of beds Dept. wise			
	Instruments and other expected facilities		Adequate/Inadequate	
	Bed side teaching		Yes/No	
	Laboratory Technician		Number and Names	
	Department Research Laboratory		Yes/No	
	Departmental Library – Book/Journals		Adequate/Inadequate	
	Central Library – Books/Journals pertaining to the department			
6	Space for Pharmacy Practice Department at the Hospital		Adequate/Inadequate	
	Indoor wards(Units/Department) & OPD space		Adequate/Inadequate	
	Offices for Faculty members		Adequate/Inadequate	
	Class Rooms and seminar rooms		Adequate/Inadequate	
	Dept. Library in the hospital supporting Drug Information Services			
7	Clinical Material		Adequate/Inadequate	
8	No of publications from the department during 3 years			
9	Examination conduct		As per norms of PCI/Not as per norms of	
	Standard of Examination		Satisfactory/Not satisfactory	

Signature of the Head of the Institution

Signature of the Inspectors

10	Year-wise number of Pharm.D students admitted and available staff during the last 5 years	Year	No. of Pharm.D students admitted	No. of staff available
	2008			
	2009			
	2010			
	2011			
	2012			
11	Other relevant facilities in the Institution			

12. **Specific remarks if any by the Inspector:** (No recommendations regarding permission/recognition be made) Give factual position only).

**Signature of the Inspector**

**Note : Specific mention of required facilities as per PCI norms and commensurate with the degree under consideration must be made specifying whether these are Available/Not available.**

<b>Compliance of deficiencies reflected in last Inspection Report</b>
<b>Specific observations if not rectified</b>

**Observation of the Inspectors:**

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

**Note:**

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

Signature of the Head of the Institution

Signature of the Inspectors

Name of the College : \_\_\_\_\_

Date of Inspection : \_\_\_\_\_

**STAFF DECLARATION FORM – 2008 – 2009.**

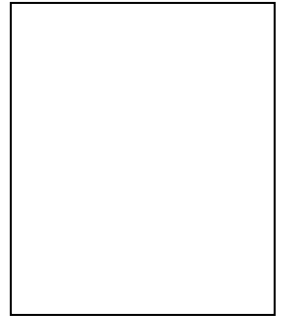
1.(a) Name.....

1.(b) Date of Birth & Age .....

Photograph

1.(c) Recent Passport size photo of the Employee  
Signed by Dean / Principal of the college.

1.(d) Submit Photo ID proof issued by Govt. Authorities :



**Photo ID submitted :Passport copy / Driving Licence / PAN Card / Voter ID/MCI Smart ID Card/State Pharmacy Council ID.**

Number ..... Issued by .....  
Photograph

Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.

1.(e) i. Present Designation:\_\_\_\_\_

1.(e)(i)a Certified copies of present appointment order at present institute attached.

1.(e)ii. Department\_\_\_\_\_

1.(e) iii. College: \_\_\_\_\_

1.(e) iv. City: \_\_\_\_\_

1.(e) v. Nature of appointment: Permanent / Temporary / Adhoc / Honorary / Part-time

1.(e) vi. Whether belongs to : SC / ST / OBC / Ex-service / Others.

1.(f) Residential Address of employee :

\_\_\_\_\_  
\_\_\_\_\_

1.(g) **Copy of Passport /Voter Card / Ration Card / Electricity Bill / Driving License Attached as a proof of residence.**

1.(h) Phone & Fax Number With Code: Office:

\_\_\_\_\_

Residence:

\_\_\_\_\_

E-mail address: \_\_\_\_\_

Mobile Number : \_\_\_\_\_

1.(i) Date of joining present institution : \_\_\_\_\_ as \_\_\_\_\_

1.(i)a Joining report at the present institute attached.

2. Qualifications :

Qualification	College & Univ.	Year	Registration No. with SPC	Name of the State Pharmacy Council
B.Pharm				
M.Pharm				
Ph.D.				

2.(a) **Copies of Degree certificates of UG and PG/and Ph.D. degree attached.**

2.(b) **Copies of valid State Pharmacy Council Registration Certificate to be attached.**

3. Details of the previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/Y Y	Total Experience in years
Lecturer					
Assistant Professor					
Associate Professor					
Professor					

4.(a) Before joining present institution I was working at \_\_\_\_\_ as \_\_\_\_\_ and relieved on \_\_\_\_\_ after resigning / retiring **(Relieving order is enclosed from the previous institution).**

4.(b) I am not working anywhere else in the State or outside the State in any capacity full-time / part- time.



5. Number of Research publications in Journals during the last 3 (Three) academic years :

5.(a) International Journals: \_\_\_\_\_

5.(b) National Journals: \_\_\_\_\_

5.(c) State/Other Journals: \_\_\_\_\_

6. Number of Research Projects on hand: \_\_\_\_\_

7.(a) I am having PAN Card and my PAN No. is \_\_\_\_\_/ I am not having PAN Card.

7.(b) I have drawn total emoluments from this college as under:-

	Amount Received	TDS
<b>July, 2008</b>		
<b>August, 2008</b>		
<b>September, 2008</b>		
<b>October, 2008</b>		
<b>November, 2008</b>		
<b>December, 2008</b>		
<b>January, 2009</b>		
<b>February, 2009</b>		
<b>March, 2009</b>		
<b>April, 2009</b>		
<b>May, 2009</b>		
<b>June, 2009</b>		

7.(c) (Copy of my PAN & Form 16 (TDS certificate) for financial year \_\_\_\_\_ are attached)

### Declaration

1. I have not worked at any other Pharmacy college/Industry or presented myself at any inspection from October 2007 onwards till date.
2. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted alongwith the declaration form, by the undersigned are absolutely true, correct and authentic. 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 Pharmacy Register).

Endorsement

Date:

Place

:



Signature of the Employee:

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.

I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents as submitted by the teacher to the institute and with the concerned institute and have found them to be correct and authentic.

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.

Date:

Place:

Countersigned by the  
Director/Dean/Principal

Remarks

S.No	Documents	Submitted
1.(c)	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	Yes / No
1.(d)	<b>Photo ID proof issued by Govt. Authorities : Passport / Driving Licence / PAN Card / Voter ID/PCI Smart ID Card/State Pharmacy</b>	Yes / No
1.(e)(i)a	Certified copies of present appointment order at present institute.	Yes/No
1.(g)	<b>Copy of Passport /Voter Card / Ration Card / Electricity Bill</b>	Yes / No
1.(i)a	Joining report at the present institute.	Yes/No
2.	<b>Copies of Degree certificates</b>	Yes / No
3.	<b>Copy of experience certificate for all teaching appointments</b>	Yes / No
4.(a)	<b>Relieving order from the previous institution.</b>	Yes / No
7.(a)	<b>PAN Card</b>	Yes / No
7.(c)	<b>Form 16 (TDS certificate) for financial year 2006-2007</b>	Yes / No

**Signed by the Teacher : \_\_\_\_\_ Countersigned by Dean / Principal.**

**Date : \_\_\_\_\_ Date :**

**Signed by the Inspector : \_\_\_\_\_ Date :**

**NOTE :**

1. The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed / attached with the Declaration Form.
2. The person will not be counted as a teachers if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card are not produced for verification at the time of inspection.

Signature of the Head of the Institution

Signature of the Inspectors