

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

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

Signature of the Head of the Institution

Signature of the Inspectors

|   |  |
|---|--|
| <p><b>A - I.6</b><br/>Name, Designation and Address of person to be contacted</p> <p>Name<br/>Designation<br/>Address<br/>STD Code<br/>Telephone No.<br/>Office<br/>Residence<br/>Mobile No.<br/>Fax No.<br/>E-Mail</p> | <p><b>Dr. MOHD SAQIB RASOOL KHAN</b><br/>Secretary &amp; Correspondent,<br/>Nimra College of Pharmacy, Jupudi,<br/>Ibrahimpattam - 521 456, Vijayawada, Krishna Dt<br/>0866-2882786,<br/>2881910, 2881854<br/>040- 23534800/65507867<br/>+91- 9849107860<br/>0866-2881852<br/>saqibrkhan@hotmail.com</p> |
| <p><b>A - I.7</b><br/>Name and Address of the Head of the Institution</p>   | <p>Dr.M.B.Venkatapathi Raju<br/>Nimra College of Pharmacy, Jupudi, Ibrahimpattam,<br/>Vijayawada-521456, Andhra Pradesh</p>  |
| <p><b>A - I.8</b><br/>Name of the Examining Authority<br/>Complete Postal address: STD code<br/>Telephone No.<br/>Fax No.<br/>E-mail<br/>Website</p>  | <p>Controller of Examinations<br/>Jawaharlal Nehru Technological University<br/>Kakinada - 533 003, Andhra Pradesh<br/><br/>0884-2300907,0884-2300909<br/><a href="mailto:ce@jntuk.edu.in">ce@jntuk.edu.in</a><br/><br/><a href="http://jntuk.edu.in">jntuk.edu.in</a></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 |
|                    | 2018 - 2019                                       |         | 31-08-2017 |

*h. saiz*

PRINCIPAL  
NIMRA COLLEGE OF PHARMACY  
Nimra Nagar, JUPUDI,  
Ibrahimpattam, VIJAYAWADA-521 456

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

| Name of the Course | Approved up to | Intake Approved and Admitted | PCI                       | STATE GOVT                   | UNIVERSITY              |
|--------------------|----------------|------------------------------|---------------------------|------------------------------|-------------------------|
| D.Pharm.           |                | Approval Letter No. and Date | ----                      | ----                         | ----                    |
|                    |                | Approved Intake              | ---                       | ---                          | ---                     |
|                    |                | Actually Admitted            | ----                      | ----                         | ----                    |
| B.Pharm.           |                | Approval Letter No. and Date | 17-1/2014-PCI/19558-20415 | GORT.NO.120 DATED:30-05-2016 | UNIVERSITY NO. 120/2016 |
|                    |                | Approved Intake              | 100                       | 60                           | 60                      |
|                    |                | Actually Admitted            | Admissions going on       | 60                           | 60                      |

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**

Status of the Pharmacy course:

Independent Building

Wing of another college

Separate Campus

Multi Institutional Campus

Any Other, please specify

**A - I. 10 b  
STATUS OF APPLICATION**

| Course    | Intake      | Remarks |
|-----------|-------------|---------|
|           | Permissible |         |
| Pharm. D. | 30          | 30      |
|           |             |         |

Signature of the Head of the Institution

Signature of the Inspectors

*[Signature]*  
PRINCIPAL

**B - Details of the Institution**

(Annexure III)

|  |                |   |                   |                           |
|--|----------------|---|-------------------|---------------------------|
| <b>B-I.1</b><br>Name of the Principal/Head |                | Dr.M.B.Venkatapathi Raju  |                   |                           |
| Qualification / Experience                 | Qualification* | Teaching Experience Required  | Actual experience | Remarks of the Inspectors |
|  | 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.                    | 18/05/2017              | Enclosed                              | Rectified                              | NA                                    |
| (b) Pharm.D. Post Baccalaureate | NA                      | NA                                    | NA                                     | NA                                    |

\* Enclose Documents (write NA if not applicable)

**B-I.3**

|   |             |
|---|-------------|
| Type of Institution                           | Society     |
| Details of the Governing Body                 | Annexure IV |
| Minutes of the last Governing council Meeting | Annexure IV |

**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 | AICTE /UGC/State Government | 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 furnished

C-1.1 Resources and funding agencies (give complete list)

C-1.2 Please provide following Information(Annexure - V)-2016-17

| Receipts     |                                      |           | Expenditure                    |                                |                 | Remarks<br>of the<br>Inspector |
|--------------|--------------------------------------|-----------|--------------------------------|--------------------------------|-----------------|--------------------------------|
| Sl. No.      | Particulars                          | Amount    | Sl. No.                        | Particulars                    | Amount          |                                |
| 1.           | Grants<br>a. Government<br>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 | <b>MAINTENANCE EXPENDITURE</b> |                                |                 |                                |
|              |                                      |           | i                              | College                        | 1,00,000        |                                |
|              |                                      |           | ii                             | Others                         | 50000           |                                |
|              |                                      |           | 3.                             | University Fee<br>(If any)     | 102000          |                                |
|              |                                      |           | 4.                             | Apex Bodies Fee                | 90000           |                                |
|              |                                      |           | 5.                             | Government Fee                 | 45000           |                                |
|              |                                      |           | 6.                             | Deposit held by<br>the College | 1500000         |                                |
|              |                                      |           | 7.                             | Others & Misc.<br>Expenditure  | 100000+13000    |                                |
|              |                                      |           | 8.                             | <b>Total</b>                   | <b>77000000</b> |                                |
| <b>Total</b> |                                      |           |                                |                                |                 |                                |

Note: Enclose relevant documents

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**

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

Signature of the Head of the Institution

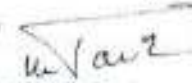
Signature of the Inspectors

|   |  |
|---|--|
| <p><b>A - I.6</b><br/>Name, Designation and Address of person to be contacted</p> <p>Name<br/>Designation<br/>Address<br/>STD Code<br/>Telephone No.<br/>Office<br/>Residence<br/>Mobile No.<br/>Fax No.<br/>E-Mail</p> | <p><b>Dr. MOHD SAQIB RASOOL KHAN</b><br/>Secretary &amp; Correspondent,<br/>Nimra College of Pharmacy, Jupudi,<br/>Ibrahimpattam - 521 456, Vijayawada, Krishna Dt<br/>0866-2882786,<br/>2881910, 2881854<br/>040- 23534800/65507867<br/>+91- 9849107860<br/>0866-2881852<br/>saqibrkhan@hotmail.com</p> |
| <p><b>A - I.7</b><br/>Name and Address of the Head of the Institution</p>   | <p><b>Dr.M.B.Venkatapathi Raju</b><br/>Nimra College of Pharmacy, Jupudi, Ibrahimpattam<br/>Vijayawada-521456, Andhra Pradesh</p>  |
| <p><b>A - I.8</b><br/>Name of the Examining Authority<br/>Complete Postal<br/>address: STD code<br/>Telephone No.<br/>Fax No.<br/>E-mail<br/>Website</p>  | <p>Controller of Examinations<br/>Jawaharlal Nehru Technological University Kakinada,<br/>Kakinada - 533 003, Andhra Pradesh, India.</p> <p>0884-2300907,0884-2300909<br/><a href="mailto:ce@jntuk.edu.in">ce@jntuk.edu.in</a><br/><a href="http://jntuk.edu.in">jntuk.edu.in</a></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 |
|                    | 2018 - 2019                                       |         | 31-08-2017 |

  
PRINCIPAL  
NIMRA COLLEGE OF PHARMACY  
Nimra Near Jupudi

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

| Name of the Course | Approved up to | Intake Approved and Admitted | PCI                       | STATE GOVT                   | UNIVERSITY  |
|--------------------|----------------|------------------------------|---------------------------|------------------------------|---|
| D.Pharm.           |                | Approval Letter No. and Date | ---                       | ---                          | ---   |
|                    |                | Approved Intake              | ---                       | ---                          | ---   |
|                    |                | Actually Admitted            | ---                       | ---                          | ---   |
| B.Pharm.           |                | Approval Letter No. and Date | 17-1/2014-PCI/19558-20415 | GORT.NO.120 DATED:30-05-2016 | INT/REG/1/2014-13/13/14, Tech. Pharmacy/2014-18/18/14, 24-08-2014 |
|                    |                | Approved Intake              | 100                       | 60                           | 60  |
|                    |                | Actually Admitted            | Admissions going on       | 60                           | 60  |

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

Status of the Pharmacy course:

Independent Building

Wing of another college

Separate Campus

Multi Institutional Campus

Any Other, please specify

A-I. 10 b

**STATUS OF APPLICATION**

| Course    | Intake      | Remarks |
|-----------|-------------|---------|
|           | Permissible |         |
| Pharm. D. | 30          | 30      |

Signature of the Head of the Institution

Signature of the Inspectors

*[Handwritten Signature]*



**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>Teaching Experience Required</b>   | <b>Actual experience</b> | <b>Remarks of the Inspectors</b> |
| <b>Qualification / Experience</b> | <b>Qualification*</b> | 15 years in teaching or Research out of which 5 years should be as Professor. | 25 years                 |                                  |
|                                   | M. Pharm              |   |                          |                                  |
|                                   | 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 | Deficiencies rectified / Not | Intake reduced/Stopped in the last 03 years <sup>2</sup> |
|---------------------------------|-------------------------|--------------------------------|------------------------------|--|
| (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**

|   |             |
|---|-------------|
| Type of Institution                           | Society     |
| Details of the Governing Body                 | Annexure IV |
| Minutes of the last Governing council Meeting | Annexure IV |

**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 | AICTE /UGC/State Government | 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)-2016-17

| Receipts     |                                      |           | Expenditure                |                                    |              | Remarks<br>of the<br>Inspector |
|--------------|--------------------------------------|-----------|----------------------------|------------------------------------|--------------|--------------------------------|
| Sl.<br>No.   | Particulars                          | Amount    | Sl.<br>No.                 | Particulars                        | Amount       |                                |
| 1.           | Grants<br>a. Government<br>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<br/>EXPENDITURE</b> |              |                                |
|              |                                      |           | i                          | College                            | 1,00,000     |                                |
|              |                                      |           | ii                         | Others                             | 50000        |                                |
|              |                                      |           | 3.                         | University Fee<br>(If any)         | 102000       |                                |
|              |                                      |           | 4.                         | Apex Bodies Fee                    | 90000        |                                |
|              |                                      |           | 5.                         | Government Fee                     | 45000        |                                |
|              |                                      |           | 6.                         | Deposit held by<br>the College     | 1500000      |                                |
|              |                                      |           | 7.                         | Others & Misc.<br>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 : **Annexure VI**
    - Sale deed/relevant document
  - 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 |
|-----------|----------|-------------------|--|---------------------------|---------|
| B.Pharm.  | 04       | 04                |  | 83 Sq.mts each            |         |
| Pharm. D. | 2        | 2                 | 90 Sq.mts. each (Desirable)<br>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                  | 83 Sq.mts  |                           |
| 2       | - Pharmaceutics and Pharmacokinetics Lab<br>- Life Science (Pharmacology, Physiology, Pathophysiology)<br>- Phytochemistry or Pharmaceutical Chemistry<br>- Pharmacy Practice | 3<br>2<br>2<br>1                 | 83 Sq.mts<br>83 Sq.mts<br>83 Sq.mts<br>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<br>(For Inflammable chemicals)               |                          | 1 (Area 20 Sq mts)  | 66 Sq.mts  |
| 8  | Hospital with teaching facility -<br>(Please tick)           |                          | 300 bedded<br>hospital. Tertiary<br>Care Hospital<br>desirable<br>Medicine<br>(Compulsory)<br>(Any three of the<br>below) | yes        |
| a) | Own  | <input type="checkbox"/> |   |            |
| b) | Teaching Hospital approved by<br>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<br>& Hospital.    |                          |   |            |
| 9. | Deptt. of Pharmacy Practice/Clinical<br>Pharmacy in Hospital |                          | 3 Sq.mts. per<br>student  | 130        |

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

- All the Laboratories should be well lit & ventilated
- All Laboratories should be provided with basic amenities and services like exhaust fans and fuming chamber to reduce the pollution wherever necessary.
- All the laboratories should be provided with safety measures like fire safety, chemical exposure safety and bio safety.
- The workbenches should be smooth and easily cleanable preferably made of non-absorbent material.
- The water taps should be non-leaking and directly installed on sinks Drainage should be efficient.
- 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 |
|--------|----------------------------|------------------------------------|-----------------------------------|-----------|----------------|---------|
|        |                            |                                    |                                   | 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          |                                    |                                   |           |                |         |

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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<br>(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)<br>20 Sq mts / Room | 01        | -               |                           |
| 8       | Power Backup Provision (Essential)                  | 01                                 |   | 01        | Availabe        |                           |

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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 books 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<br>Hard copies / online |             | 20 National<br>10 International periodicals   |           | 16<br>06 |                           |

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|   |  |                         |     |                  |
|---|--|-------------------------|-----|------------------|
| 4 | CDS  | Yes/No                  | yes |                  |
| 5 | Internet Browsing Facility                             | (Minimum ten Computers) |     |                  |
| 6 | Reprographic Facilities:                               |                         |     |                  |
|   | Photo Copier   | 01                      |     | 01               |
|   | Fax  | 01                      |     | 01               |
|   | Scanner  | 01                      |     | 01               |
| 7 | Library Automation and Computerized System (desirable) |                         |     | 8.00am to 8.00pm |
| 8 | Library Timings  |                         |     |                  |

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

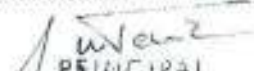
| Sl. No | Subject  | Available |         | Remarks of the Inspectors |
|--------|--|-----------|---------|---------------------------|
|        |  | Titles    | Numbers |                           |
| 1      | Pharmacy Practice                                    | 5         | 46      |                           |
| 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         |                           |

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

First year Pharm D:

| Subject                            | No of Theory Classes |                       | Practicals           |                       | Tutorials            |                       | Total No. of classes conducted<br>No. of classes x hours per class | Remarks of the Inspectors |
|------------------------------------|----------------------|-----------------------|----------------------|-----------------------|----------------------|-----------------------|--|---------------------------|
|                                    | Prescribed No of Hrs | No of Hours Conducted | Prescribed No of Hrs | No of Hours Conducted | Prescribed No of Hrs | No of Hours Conducted |  |                           |
| 1                                  | 2                    | 3                     | 4                    | 5                     | 6                    | 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>            | <b>NA</b>             | <b>18</b>            | <b>NA</b>             | <b>6 = (40)</b>      | <b>NA</b>             |  |                           |

\* Write NA if not Applicable  
 \*\* for Biology

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**Second Year Pharm D:**

| Subject                              | No of Theory Classes |                       | Practicals           |                       | Tutorials            |                       | Total No. of classes conducted<br>No. of classes x hours per class | Remarks of the Inspectors |
|--------------------------------------|----------------------|-----------------------|----------------------|-----------------------|----------------------|-----------------------|--|---------------------------|
|                                      | Prescribed No of Hrs | No of Hours Conducted | Prescribed No of Hrs | No of Hours Conducted | Prescribed No of Hrs | No of Hours Conducted |  |                           |
| 1                                    | 2                    | 3                     | 4                    | 5                     | 6                    | 7                     |  |                           |
| 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>            | <b>NA</b>             | <b>9</b>             | <b>NA</b>             | <b>6 = 32</b>        | <b>NA</b>             |  |                           |

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JAMSHEDPUR

Third year Pharm D:

| Subject                      | No of Theory Classes |                       | Practicals           |                       | Tutorials            |                       | Total No. of classes conducted<br>No. of classes x hours per class | Remarks of the Inspectors |
|------------------------------|----------------------|-----------------------|----------------------|-----------------------|----------------------|-----------------------|--|---------------------------|
|                              | Prescribed No of Hrs | No of Hours Conducted | Prescribed No of Hrs | No of Hours Conducted | Prescribed No of Hrs | No of Hours Conducted |  |                           |
| 1                            | 2                    | 3                     | 4                    | 5                     | 6                    | 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>            | <b>NA</b>             | <b>15</b>            | <b>NA</b>             | <b>5 = 36</b>        | <b>NA</b>             |  |                           |

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**Fourth year Pharm D:**

| Subject                              | No of Theory Classes |                       | No. of Hours of Practical/Hospital Posting |                       | Tutorials            |                       | Total No. of classes conducted<br>No. of classes x hours per class | Remarks of the Inspectors |
|--------------------------------------|----------------------|-----------------------|--|-----------------------|----------------------|-----------------------|--|---------------------------|
|                                      | Prescribed No of Hrs | No of Hours Conducted | Prescribed No of Hrs                       | No of Hours Conducted | Prescribed No of Hrs | No of Hours Conducted |  |                           |
|                                      |                      |                       |  |                       |                      |                       |  |                           |
| 1                                    |                      |                       |  |                       |                      |                       |  |                           |
| 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>            | <b>NA</b>             | <b>12</b>                                  | <b>NA</b>             | <b>6 = 33</b>        | <b>NA</b>             |  |                           |

**Fifth year Pharm D:**

| Subject   | No of Theory Classes |                       | No. of Hours of Hospital Posting * |                       | Seminars             |                       | Total No. of classes conducted<br>No. of classes x hours per class | Remarks of the Inspectors |
|---|----------------------|-----------------------|------------------------------------|-----------------------|----------------------|-----------------------|--|---------------------------|
|   | Prescribed No of Hrs | No of Hours Conducted | Prescribed No of Hrs               | No of Hours Conducted | Prescribed No of Hrs | No of Hours Conducted |  |                           |
| 1   | 2                    | 3                     | 4                                  | 5                     | 6                    | 7                     |  |                           |
| Clinical Research   | 3                    | NA                    | -                                  |                       | 1                    | NA                    |  |                           |
| 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>             | <b>NA</b>             | <b>20</b>                          | <b>NA</b>             | <b>4 = 32</b>        | <b>NA</b>             |  |                           |

\* 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 | Th                           | Pr |                 |                          |
| NA     | NA                  | NA              | NA | NA        | NA | NA                           | NA | NA              | NA                       |

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## 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.

| Class                                  | Theory | Practicals | Remarks of the Inspectors |
|--|--------|------------|---------------------------|
| Pharm. D.                              | 20:1   | 20:1       |                           |
| Pharm. D. Post Baccalaureate Programme | 10:1   | 10:1       |                           |

#### 2. Academic Calender

Proposed date of Commencement of session / sessions for PHARM. D.:

| Commencement<br>DD/MM/YY | Completion<br>DD/MM/YY |
|--------------------------|------------------------|
| 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:

| Commencement<br>DD/MM/YY | Completion<br>DD/MM/YY |
|--------------------------|------------------------|
|                          |                        |

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

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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                       | 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

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## 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 |
|-------|-------------------|-------------|-------------------|-----------------|---------------------|--------------------------------|--------------------------|---------|
| 1     | Dr. M Janarthan   | Professor   | M. Pharm., Ph.D., | 21.04.2011      | 20                  | 8755/A1                        |                          |         |
| 5     | Mrs. Shabana      | Asst. Prof. | M. Pharm.         | 11.05.2015      | 03                  |                                |                          |         |
| 2     | Mr. Syed Mohammad | Asst. Prof. | Pharm-D           | 01.05.2017      | 01                  |                                |                          |         |
| 3     | Ms. P Hima Bindu  | Asst. Prof. | Pharm-D           | 01.05.2017      | 01                  |                                |                          |         |
| 4     | Ms. Ch Bhargavi   | Asst. Prof. | Pharm-D           | 01.08.2017      | 01                  |                                |                          |         |

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 T |
|  |               | 04       | 01  |        |

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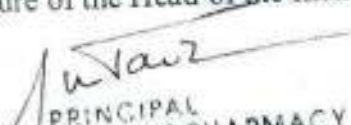
5. Staff Pattern for Pharm. D. or Pharm.D. and Pharm. D. (Post Baccalaureate) courses department wise for full duration of course/courses\* : :

Professor: Asst. Professor: Lecturer

| Department/Division   | Name of the post | No. Required | Provided by the institution | Remarks of the Inspectors |
|---|------------------|--------------|-----------------------------|---------------------------|
| Department of Pharmaceutics   | Professor        | 1            |                             |                           |
|   | Asst. Professor  | 1            |                             |                           |
|   | Lecturer         | 2            |                             |                           |
| Department of Pharmaceutical Chemistry<br>(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.

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6. 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 |

7. Details of Faculty Retention for:

| Name of Faculty Member | Period | Percentage |
|------------------------|--------|------------|
|                        |        |            |
|                        |        |            |
|                        |        |            |
|                        |        |            |
|                        |        |            |
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|                        |        |            |
|                        |        |            |
|                        |        |            |
|                        |        |            |
|                        |        |            |
|                        |        |            |

8. Details of Faculty Turnover

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

*M. V. Rao*  
PRINCIPAL  
COLLEGE OF PHARMACY

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<br>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

Principal  
NIMRA COLLEGE OF PHARMACY  
NIMRA Nagar, JUPUDI,  
MADRAS-521 456

**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 no. | Total | Signature |
|-------|------|---------------|-------------|---------------|--------|---------|---------|---------------------|------------|-------------|--------|-------------|-------|-----------|
|       |      |               |             |               |        |         |         |                     | PT         | 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)

Yes  No

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

Yes  No

**14. Gratuity Provided**

**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**

**PART V - OCUMENTATION 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 Inspectors

Signature of the Head of the Institution

  
**NIMRA COLLEGE OF PHARMACY**  
 Nimra Nagar, JUPUDI,  
 Ibrahimpatnam, Villupuram District - 621 456

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.      |           |               | Remarks of the Inspectors* |
|--------|-------------------------|-----------|---------------|-------------------------|-----------|---------------|----------------------------|
|        | Total budget sanctioned | Recurring | Non Recurring | 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.     |            |          | Remarks of the Inspectors* |
|--------|------------------------|------------|----------|------------------------|------------|----------|----------------------------|
|        | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred |                            |
|        | 77,800                 | 77,800     | 77,800   | Chemicals              | 1,26,000   | 1,26,000 |                            |
|        | 80,000                 | 80,000     | 80,000   | Glassware              | 1,37,500   | 1,37,500 |                            |
|        |                        |            |          | Total budget allocated |            |          |                            |
|        |                        |            |          | Chemicals              | 1,00,000   | 90,000   |                            |
|        |                        |            |          | Glassware              | 1,00,000   | 60,000   |                            |

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*(Signature)*  
 PRINCIPAL  
 NIMRA COLLEGE OF PHARMACY  
 No. 10, PUNE,  
 Maharashtra - 411 005

Signature of the Inspectors

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

| Sl No. | Expenditure in Rs.     |            |          | Expenditure in Rs.     |            |          | Remarks of the Inspectors* |
|--------|------------------------|------------|----------|------------------------|------------|----------|----------------------------|
|        | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred |                            |
|        | Equipment              | 2,97,000   | 2,97,000 | Equipment              | 1,00,000   | 70,000   |                            |
|        |                        |            |          |                        |            |          |                            |

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

| Sl No. | Expenditure in Rs.     |            |          | Expenditure in Rs.     |            |          | Remarks of the Inspectors |
|--------|------------------------|------------|----------|------------------------|------------|----------|---------------------------|
|        | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred |                           |
| 1      | Books                  | 5,00,000   | 5,00,000 | Books                  | 1,00,000   | 1,00,000 |                           |
| 2      | Journals               | 20,000     | 20,000   | Journals               | 10,000     | 5000     |                           |

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

Signature of the Inspectors

Head of the Institution

PAAL  
OF PHARMACY

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  | 20             | Yes              |                           |
| 3     | Sahli's haemocytometer                  | 20  | 20             | Yes              |                           |
| 4     | Hutchinson's spirometer                 | 01  | 01             | Yes              |                           |
| 5     | Hutchinson's spirometer                 | 05  | 05             | Yes              |                           |
| 6     | Stethoscope                             | 05  | 05             | Yes              |                           |
| 7     | Permanent Slides for various tissues    | One pair of each tissue Organs and endocrine glands       | Available      |                  |                           |
| 8     | Models for various organs               | One slide of each organ system<br>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              |                           |

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PRINCIPAL

| Sl. No. | Particulars   | Quantity | One set of each device | Available | Yes / No | Remarks |
|---------|---|----------|------------------------|-----------|----------|---------|
| 11      | Different Contraceptive Devices and Models                |          |                        | Available | Yes      |         |
| 12      | Muscle electrodes   | 01       | 01                     | 01        | Yes      |         |
| 13      | Lucas moist chamber                                       | 01       | 01                     | 01        | Yes      |         |
| 14      | Myographic lever  | 01       | 01                     | 01        | Yes      |         |
| 15      | Stimulator  | 01       | 01                     | 01        | Yes      |         |
| 16      | Centrifuge  | 01       | 01                     | 01        | Yes      |         |
| 17      | Digital Balance   | 01       | 01                     | 01        | Yes      |         |
| 18      | Physical /Chemical Balance                                | 10       | 10                     | 10        | Yes      |         |
| 19      | Sherrington's Kymograph Machine or Polyrite               | 10       | 10                     | 10        | Yes      |         |
| 20      | Sherrington Drum  | 10       | 10                     | 10        | Yes      |         |
| 21      | Perspex bath assembly (single unit)                       | 10       | 10                     | 10        | Yes      |         |
| 22      | Aerators  | 01       | 01                     | 01        | Yes      |         |
| 23      | Computer with LCD   | 01       | 01                     | 01        | Yes      |         |
| 24      | Software packages for experiment                          |          |                        | Available | Yes      |         |
| 25      | Standard graphs of various drugs                          |          | Adequate number        |           | Yes      |         |
| 26      | Actophotometer  | 01       | 01                     | 01        | Yes      |         |
| 27      | Rotarod   | 01       | 01                     | 01        | Yes      |         |
| 28      | Pole climbing apparatus                                   | 01       | 01                     | 01        | Yes      |         |
| 29      | Analgesimeter (Eddy's hot plate and radiant heat methods) | 01       | 01                     | 01        | Yes      |         |
| 30      | Convulsiometer  | 01       | 01                     | 01        | Yes      |         |
| 31      | Plethysmograph  | 01       | 01                     | 01        | Yes      |         |
| 32      | Digital pH meter  | 01       | 01                     | 01        | Yes      |         |

Signature of the Inspectors

Signature of the Head of the Institution



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              |                           |

*[Handwritten signature]*  
 Sd/- the Inspectors

|    |   |    |    |     |
|----|---|----|----|-----|
| 16 | Heating mantle                              | 15 | 15 | Yes |
| 17 | Flourimeter                                 | 01 | 01 | Yes |
| 18 | Vacuum pump                                 | 02 | 02 | Yes |
| 19 | Micropipettes (Single and multi channelled) | 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              |                           |

|    |                                   |    |    |     |
|----|-----------------------------------|----|----|-----|
| 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.

**D. DEPARTMENT OF PHARMACEUTICS:**

**I. Equipment:**

| S.No | Name   | Minimum required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors |
|------|--|-----------------------|----------------|------------------|---------------------------|
| 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                          | 01                    | 01             | 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                                      | 05                    | 05             | Yes              |                           |
| 11   | Propeller type mechanical agitator                       | 01                    | 01             | Yes              |                           |
| 12   | Autoclave  | 01                    | 01             | Yes              |                           |
| 13   | Steam distillation still                                 | 01                    | 01             | Yes              |                           |
| 14   | Vacuum Pump  | 10 sets               | 10             | Yes              |                           |
| 15   | Standard sieves, sieve no. 8, 10, 12, 22, 24, 44, 66, 80 | 01                    | 01             | 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   | Mosanto's hardness tester                                | 01                    | 01             | Yes              |                           |
| 23   | Pharm type hardness tester                               | 01                    | 01             | Yes              |                           |

|    |   |               |    |     |
|----|---|---------------|----|-----|
| 24 | Friability test apparatus                                       | 01            | 01 | Yes |
| 25 | Clarity test apparatus  | 01            | 01 | Yes |
| 26 | Ointment filling machine  | 01            | 01 | Yes |
| 27 | Collapsible tube crimping machine                               | 01            | 01 | Yes |
| 28 | Tablet coating pan  | 01            | 01 | Yes |
| 29 | Magnetic stirrer, 500ml and 1 liter capacity with speed control | 05 EACH<br>10 | 10 | Yes |
| 30 | Digital pH meter  | 01            | 01 | Yes |
| 31 | All purpose equipment with all accessories                      | 01            | 01 | Yes |
| 32 | Aseptic Cabinet   | 02            | 02 | Yes |
| 33 | BOD Incubator   | 01            | 01 | Yes |
| 34 | Bottle washing Machine  | 01            | 01 | Yes |
| 35 | Bottle Sealing Machine  | 02            | 02 | Yes |
| 36 | Bulk Density Apparatus  | 10            | 10 | Yes |
| 37 | Conical Perculator (glass/copper/ stainless steel)              | 02            | 02 | Yes |
| 38 | Capsule Counter   | 02            | 02 | Yes |
| 39 | Energy meter  | 02            | 02 | Yes |
| 40 | Hot Plate   | 01            | 01 | Yes |
| 41 | Humidity Control Oven   | 01            | 01 | Yes |
| 42 | Liquid Filling Machine  | 02            | 02 | Yes |
| 43 | Mechanical stirrer with speed regulator                         | 01            | 01 | Yes |
| 44 | Precision Melting point Apparatus                               | 01            | 01 | Yes |
| 45 | Distillation Unit   | 01            | 01 | Yes |

Signature of the Inspectors

Signature of the Head of the Institution

NAME OF THE INSTITUTION

**II. Apparatus:**

| S.No | Name                                   | Minimum required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors |
|------|--|-----------------------|----------------|------------------|---------------------------|
| 1    | Ostwald's viscometer                   | 15                    | 15             | Yes              |                           |
| 2    | Stalagmometer                          | 15                    | 20             | 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              |                           |

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Signature of the Inspectors

|    |   |         |    |     |
|----|---|---------|----|-----|
| 10 | Rheometer                                   | 01      | 01 | Yes |
| 11 | Viscometer                                  | 01      | 01 | Yes |
| 12 | Micropipettes (single and multi channelled) | 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 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                    |                |                  |                           |



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

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

Hospital Details

| S.No. | Name/<br>Infrastructure  | Minimum required Nos.   | Provided   | Remarks of the Inspectors |
|-------|--|---|--|---------------------------|
| 1     | Hospital with teaching facility<br>Minimum 300 bedded Hospital | <u>Nature of Hospital</u><br>- Own<br>- Teaching hospital recognised by MCI or University<br>- Govt. Hospital not below the level of district Hospital<br>- Corporate Hospital  | <input type="checkbox"/><br><input type="checkbox"/><br><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)<br>(Any three of the following) <ul style="list-style-type: none"> <li>• Surgery</li> <li>• Pediatrics</li> <li>• Gynecology and Obstetrics</li> <li>• Psychiatry</li> <li>• Skin and VD •</li> </ul> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                           |
| 4     | Location of the Hospital<br>Give details.                      | Within the same limits of Corporation or Municipality or Medical Faculty involvement as   |  |                           |

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

+ Inspectors are required to personally verify the space provided at the hospital and meet the hospital administrators for interaction.  
 ++ to be certified by the Dean/Director/Medical Superd. of the hospital.

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Unit wise Medical Staff:

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

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

NA

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**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

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## V. Dialysis

- No. of beds
- Equipment
- Average bed occupancy

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

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## 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