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BOJJAM NARASIMHULU PHARMACY COLLEGE FOR WOMEN

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 B.Pharmacy course is Accredited by National Board of Accreditation

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Welcome to Our College

Bojjam Narasimhulu Pharmacy College for Women is run by Sangam Laxmibai Vidyapeet, a registered voluntary social action group working for empowerment of Women and girls through education since 1952. Vidyapeet has emerged as a synonym for imparting qualitative education for women and girls. Dr Ramlakshmi, an outstanding personality with academic and administrative excellence, is the President of the Vidyapeet

From the academic year 2007 - 08 it is offering a degree Program -B Pharmacy. Now the present intake is 100. College has excellent Infrastructure facilities with well designed classrooms, well equipped laboratories and well stacked library

Our Vision

- To motivate our students to achieve academic excellence through a disciplined and dedicated academic program to

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PHARMACY COUNCIL OF INDIA

STANDARD INSPECTION FORM

- PHARM.D✓

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

General Information pertaining to:

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

Pharm D. course

Name of Institution : Bojjam Narasimhulu Pharmacy College for Women

Place of Address : 17-1-383, Vinay Nagar, Santoshnagar Crossroads,
Saidabad, Hyderabad – 500 059,
Telangana, India.

Principal : Dr P Mani Chandrika

Telephone No.:off. : 040-24532171

Res.- :
Fax : 040-24537282

Mobile No. : 99897 77995

Email : principalbnpw@gmail.com

Name and address of Affiliating University : Jawaharlal Nehru Technological University
Kukatpally, Hyderabad – 500 085 Telangana, India

Signature of Principal

Date:

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

Signature of Head of the Institute

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

A – I. 1 Applicant is for Pharm.D. ✓ Pharm.D. and Pharm.D. (Post Baccalaureate) <input type="checkbox"/> (Tick the relevant Box) <input type="checkbox"/>	
A – I. 2 Year of Establishment	Bachelor of Pharmacy: 2007
A – I. 3 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	Bojjam Narasimhulu Pharmacy College for Women Vinay Nagar, Santoshnagar Crossroads, Saidabad, Hyderabad – 500059, Telangana, India. 040 - 24532171 040 – 24537281 principalbnpwc@gmail.com
A – I. 4 Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Society Documents enclosed – Annexure – I

Signature of Head of the Institute

Signature of the Inspectors

A – I.5 ✓ Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	Sangam Laxmibai Vidyapeet 17-1-209,Vinay Nagar, Santoshnagar Crossroads, Saidabad, Hyderabad – 500 059,Telangana, India. sangamlaxmibaividyaapeet@gmail.com www.bnpcw.ac.in Documents enclosed – Annexure – II
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A – I.6 Name, Designation and Address of person to be contacted Name Designation Address STD Code Telephone No. Office Residence Mobile No. Fax No. E-Mail	Dr P Mani Chandrika Principal Bojjam Narasimhulu Pharmacy College for Women 17-1-383,Vinay Nagar, Santoshnagar Crossroads, Saidabad, Hyderabad – 500 059, Telangana, India. 9989777995 040-24532171 principalbnpcw@gmail.com
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A – I.7 Name and Address of the Head of the Institution	Dr P Mani Chandrika Bojjam Narasimhulu Pharmacy College for Women Vinay Nagar, Santoshnagar Crossroads, Saidabad, Hyderabad - 500059,Telangana, India.
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A – I.8 Name of the Examining Authority Complete Postal address: STD code Telephone No. Fax No. E-mail Website	Jawaharlal Nehru Technological University, Kukatpally, Hyderabad - 500 085 Telangana, India 040-23158661 to 64 pa2registrar@jntuh.ac.in www.jntuh.ac.in
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Signature of Head of the Institute

Signature of the Inspectors

A – I.9

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

☐☐**DETAILS OF INSPECTION / AFFILIATION FEE PAID Documents enclosed – Annexure – III****a.**

Name of the Course	Affiliation Fee / Inspection Fee for / up to the year	DD No.	Dated
(a) Pharm. D.	2018-19	093014	28.08.2017
(b) Pharm. D. Post Baccalaureate	NA	NA	NA

b. APPROVAL STATUS OF THE INSTITUTION Documents enclosed – Annexure – IV

Name of the Course	Approved up to	In take Approved and Admitted	PCI	State Government	University	Remarks of the Inspectors
D Pharm	-	Approval Letter No. and Date	-	-	-	-
		Approved Intake	-	-	-	-
		Actually Admitted	-	-	-	-
B Pharm	2018-19	Approval Letter No and Date	EC meeting of the Council Proceeding dated 14.07.2017 and 15.07.2017.	TS Eamcet (B)-2016 Admissions Proceedings dated 08.09.2016 and 01.11.2016.	JNTUH grant of affiliation letter dated 13.06.2017 for the academic year 2017-18	
		Approved Intake	100	100	100	
		Actually Admitted	99			

Note: Enclose relevant

A – I.10

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

Yes ☒ No ☐

The society is running three other institutions besides B Pharmacy College in the same campus. However except for the B Pharm course, no other course run in the land and the building allocated for the B Pharmacy College. The following institutions are run by the society in the campus.

1. MH Gupta High School for Girls
2. Sangam Laxmibai Junior College for Girls
3. Bhoj Reddy Engineering College for Women

Signature of Head of the Institute

Signature of the Inspectors

A – I. 10 a**Status of the Pharmacy Course:**

Independent Building	:	<input type="text" value="Yes"/>
Wing of another college	:	<input type="text" value="No"/>
Separate Campus	:	<input type="text" value="No"/>
Multi Institutional Campus	:	<input type="text" value="Yes"/>
Any Other, please specify	:	<input type="text" value="-"/>

A – I. 10 b**STATUS OF APPLICATION**

Course	Intake	Remarks
	Permissible	Proposed Intake
Pharm D	30	30
Pharm D (PB)	10	NA

B - DETAILS OF THE INSTITUTION**B – I. 1**

Name of the Principal : Dr P Mani Chandrika

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.	19 ½ years	
	Ph D	√			

* Documentary evidence should be provided . **Documents enclosed -Annexure -V**

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 3 years*
(a) Pharm. D.	NA	NA	NA	NA
(b) Pharm.D. Post Baccalaureate	NA	NA	NA	NA

* Enclose Documents (write NA if not applicable)

Signature of Head of the Institute

Signature of the Inspectors

B –I .3

Type of Institution	Society
Details of the Governing Body	Enclosed - <i>Annexure -VI</i>
Minutes of the last Governing Council Meeting	Enclosed

B –I .4 Pay Scales:

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

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

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

Signature of Head of the Institute

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) Documents *enclosed -Annexure –VII*

C .1.2 Please provide following Information

These figures pertain for the financial year 2015-16 and as on 31-3-2016

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others		CAPITAL EXPENDITURE			
2.	Tuition Fee	17186672	1.	Building	35000000 (constructed by the Society)	
3.	Library Fee	-	2.	Equipment	6701206	
4.	Sports Fee	-	3.	Others	66140	
5.	Union Fee	-	REVENUE EXPENDITURE			
6.	Others	1966387	1	Salary	7854232	
			2.	MAINTENANCE EXPENDITURE		
			i	College		
			ii	Others	11064327	
			3.	University Fee (If any)	234500	
			4.	Apex Bodies Fee		
			5.	Government Fee		
			6.	Misc. Expenditure		
Total		19153059	Total		19153059	

Note: Enclose relevant documents

- Audited Financial Statement of the Institute

Signature of Head of the Institute

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land for the Pharmacy College : Available, 2.0 acres in Hyderabad Metro

b. Building : Own/Rented/Leased ✓

c. Land Details to be in the name of Trust and Society: **Documents enclosed - Annexure -VIII**

i) Own – Records to be enclosed

ii) Sale deed / Relevant document

d. Building:

i. Approved Building Plan, to be enclosed) : **Documents enclosed - Annexure -IX**

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

5363 Sq

f. Amenities and Circulation Area in Sq.mts.

858 Sq mts

2. Class rooms:

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

Class	Required Nos	Available Nos	Required Area * for each Class Room	Available Area in Sq. mts	Remarks of the Inspectors
D.Pharm./B.Pharm.	06	9 + 3 tutorials	6 of 90 Sq. mts Or 4 of 150 sq.mts. with public address system.	9 x90 sq mts 810+ 3x30 sq mts 90 Total Area = 900 sq mts	
Pharm. D.	2	6 + 2 tutorials	90 Sq.mts. each (Desirable) 75 Sq.mts. each (Essential)	6 x90 sq mts 540+ 2x30 sq mts 60 Total Area = 600 sq mts	
Pharm. D. Post Bacculaureate	NA	NA	NA	NA	

(* To accommodate 30 students for Pharm D and 10 for Pharm. D. Post Bacculaureate)

Signature of Head of the Institute

Signature of the Inspectors

3. Laboratory requirement for both Pharm. D. and 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 (8 Labs)	75 Sq.mts. each	8 & 8x90= 720	
2	<ul style="list-style-type: none"> - Pharmaceutics and Pharmacokinetics Lab - Life Science (Pharmacology, Physiology, Pathophysiology) - Phytochemistry or Pharmaceutical Chemistry - Pharmacy Practice 	2 2 2 2	02 02 02 02	
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)	10 & 10x10=100	

* Year wise requirement will be considered.

Signature of Head of the Institute

Signature of the Inspectors

I. No.	Infrastructure for	Minimum requirement as per Norms	Available No. & Area in Sq.mts.	Remarks of the Inspectors
4	Area of the Machine Room	80-100 Sq.mts	01&110	
5	Central Instrument Room	80 Sq.mts with AC	01&114	
6	Store Room – I	1 (Area 100 Sq mts)	01&140	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01&32	
8	Hospital with teaching facility – (Please tick)	300 bedded hospital. Tertiary Care Hospital desirable Medicine (Compulsory) • (Any three of the below) • Surgery Pediatrics Gynecology and Obstetrics Psychiatry Skin and VD • Orthopedics • •	Available	
a)	Own			
b)	Teaching Hospital approved by MCI* or University *			
c)	Govt. Hospital *			
d)	Corporate type *			
	* Attach a copy of MOU between institution & Hospital.			
9.	Deptt. of Pharmacy Practice/Clinical Pharmacy in Hospital	3 Sq.mts. per student	Available	

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

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

4. Administration Area:

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks of the Inspectors
				No.	Area in Sq .mts	
1	Principal's Chamber	01	30 Sq .mts	1	30	
2	Office – I – Establishment	01	60 Sq. mts	4	120	
3	Office – II – Academics					
4	Confidential Room					

Signature of Head of the Institute

Signature of the Inspectors

5. Staff Facilities:

SI 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 Bacculaureate Programme	Minimum 4	20 Sq mts x 4	4	80	
2	Faculty Rooms for Pharm. D. and Pharm.D. Post Bacculaureate Programme		10 Sq mts x n (n=No of teachers)	34	340	

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:

SI 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.	
1	Animal House	01	80 Sq. mts	01	150	
2	Library	01	150 Sq. mts	01	150	
3	Museum	01	50 Sq. mts (May be attached to the Pharmacognosy)	01	50	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	300	
5	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	Adequate number available	1500	

7. Student Facilities:

SI. No.	Name of infrastructure	Requirement as per Norms in	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	1	150	
2	Boy's Common Room (Essential)	01	60 Sq. mts	*	*	
3	Toilet Blocks for Boys	01	24 Sq. mts	1	24	
4	Toilet Blocks for Girls	01	24 Sq. mts	6	144	
5	Drinking Water facility – Water cooler (Essential).	01	-	2	-	
6	Boy's Hostel (Desirable)	01	9 Sq. mts/ Room Single occupancy	*	*	
7	Girl's Hostel (Desirable)	01	9 Sq. mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	-	-	
8	Power Backup Provision (Essential)	01		01	160 KVA	

Signature of Head of the Institute

Signature of the Inspectors

8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room	100 Sq.mts.	02	150	
Computer (Latest configuration)	1 system for every 10 students	64 computer systems with core i3 and p4 configuration		
Printers	1 printer for every 10 computers	05	-	
Multi Media Projector	01	08	-	
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		Yes	Adequate	-	
Bank Extension Counter		Yes	60	-	
Co operative Stores		Yes	60	-	
Guest House	80 Sq. mts	-	-	Not Available	
Auditorium		Yes	300 Capacity	-	
Seminar Hall		Yes	Adequate	-	410/east Block
Transport Facilities for students		TSRTC	-	-	
Medical Facility (First Aid)		Yes	-	-	

10. A. Library books and periodicals

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	No.	
1	Number of books	150	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	703	7052	
2	Annual addition of books		150 books per year	193 books		
3	Periodicals Hard copies / online		20 National 10 International periodicals	24 Journals E Journals (DELNET)		

Signature of Head of the Institute

Signature of the Inspectors

4	CDS		Adequate	198	198	
5	Internet Browsing Facility		Yes/No (Minimum ten Computers)	Yes		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	-	01 01 01	
7	Library Automation and Computerized System (desirable) Yes					
8	Library Timings:09.00 AM to 05.00 PM					

10.B. Subject wise Classification of books available: *Annexure -XI*

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmacy Practice	38	332	
2	Human Anatomy & Physiology	27	283	
3	Pharmaceutics (Dispensing & General Pharmacy)	25	187	
4	Pharmacognosy	43	438	
5	Pharmaceutical Organic Chemistry	96	747	
6	Pharmaceutical Inorganic Chemistry	30	262	
7	Pharmaceutical Microbiology	17	245	
8	Pathophysiology	05	99	
9	Applied Biochemistry & Clinical Chemistry	26	220	
10	Pharmacology	31	466	
11	Pharmaceutical Jurisprudence	15	175	
12	Pharmaceutical Dosage Forms	48	397	
13.	Community Pharmacy	04	34	
14.	Clinical Pharmacy	14	48	
15.	Hospital Pharmacy	18	164	
16.	Pharmacotherapeutics	07	102	
17.	Pharmaceutical Analysis	43	473	
18.	Medicinal Chemistry	20	279	
19.	Biology	14	59	
20.	Computer Science or Computer Application in Pharmacy	24	284	
21	Mathematics/Statistics	23	105	

10.C. Library Staff:

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

Signature of Head of the Institute

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio:

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

Class	Theory	Practicals	Remarks of the Inspectors
Pharm. D.	30:1	15:1	
Pharm. D. Post Baccalaureate Programme	NA	NA	

2. Academic Calendar

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

Commencement	Completion
DD/MM/YY	DD/MM/YY
2018-19	2019-20

No of Days

No of Days

3. Vacation for PHARM.D.:

Summer:

30

Winter:

--

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

220

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

Commencement	Completion
DD/MM/YY	DD/MM/YY
NA	NA

No of Days

No of Days

6. Vacation for Pharm.D.Post Baccalaureate:

Summer:

NA

Winter:

NA

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

NA

8. Time Table copy Enclosed: (Tick✓) **Documents enclosed - Annexure -XII**

a. Pharm.D.course

Yes

✓

No

b. Pharm.D. Post Baccalaureate Course

Yes

NA

No

Signature of Head of the Institute

Signature of the Inspectors

- 10 Whether the prescribed numbers of classes per
Week are being conducted as per PCI norms.* First year Pharm D:

Subject 1	No of Theory Classes		Practicals		Tutorials		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Human Anatomy and Physiology	3	3	3	3	1	1	7X6	
Pharmaceutics	2	2	3	3	1	1	7X4	
Medicinal Biochemistry	3	3	3	3	1	1	7X6	
Pharmaceutical Organic Chemistry	3	3	3	3	1	1	7X6	
Pharmaceutical Inorganic Chemistry	2	2	3	3	1	1	7X4	
Remedial Mathematics/ Biology	3	3	3**	3**	1	1	7X6	
Total hours	16	16	18	18	6 = (40)	6 = (40)	7X6	

* Write NA if not Applicable

** for Biology

Second Year Pharm D: NA

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

Third year Pharm D: NA

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

Signature of Head of the Institute

Signature of the Inspectors

Fourth year Pharm D: NA

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

Signature of Head of the Institute

Signature of the Inspectors

Fifth year Pharm D: NA

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

* Attending ward rounds on daily basis.

10. Workload 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
			Th	Pr	Th	Pr			
1	Dr P Mani Chandrika	Pharmaceutical Organic Chemistry	04	-	NA	NA			
2	Ms P Kusuma	Pharmaceutics, Pharmaceutical Inorganic	03 03	03 -	NA	NA			
3	Ms Saritha Chaurasia	Medicinal Biochemistry Chemistry	04	03	NA	NA			
4	Ms B Thrinitha	Pharmaceutical Organic Pharmaceutical Inorganic Chemistry	-	03 03					
5	Ms Pasham Uma	Remedial Biology	04	03	NA	NA			
6	Ms Aruna Kutani	Human Anatomy and Physiology	04	03	NA	NA			
7	Ms G Satyavani	Remedial Mathematics	07	-	NA	NA			

11. Workload 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			
1	Dr P Mani Chandrika	Pharmaceutical Organic Chemistry	04	-	-	-	-	-	-	-	-	-			
2	Ms P Kusuma	Pharmaceutics, Pharmaceutical Inorganic Chemistry	03 03	03 -	-	-	-	-	-	-	-	-			
3	Ms Saritha Chaurasia	Medicinal Biochemistry Pharmaceutical Organic	04	03 03	-	-	-	-	-	-	-	-			
4	Ms Aruna Kutani	Human Anatomy and Physiology Pharmaceutical Inorganic Chemistry	04	03 03	-	-	-	-	-	-	-	-			
5	Ms G Satyavani	Remedial Mathematics	07	-	-	-	-	-	-	-	-	-			
6	Ms P Sravani	Remedial Biology	04	03	-	-	-	-	-	-	-	-			

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

SI No	Name of the Faculty	Subject s 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										

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

Details	Year 2014-15	Year 2015-16	Year 2016-17
No. of Students Appeared	23	18	25
No. of Students Qualified	15	12	21
Percentage	65%	67%	84%

14. Whether Professional Society Activities are Conducted (Enclose details)

✓

Yes	No
-----	----

Signature of Head of the Institute

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF

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

SI No	Name	Designation	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
Enclosed details – Annexure –XIII								

2. Details of Teaching Faculty exclusively available teaching for Pharm. D. Course to be enclosed in the format mentioned below:

SI No	Name	Designation	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
Enclosed details – Annexure -XIV								

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

SI No	Name	Designation	Qualification	Date of Joining	Teaching Experience		State Pharmacy Council Reg	Signature of the faculty	Remarks of the Inspectors
					After UG	After PG			
NA									

4. Qualification and number of Staff Members

Qualification							
B. Pharm		M. Pharm		PhD		Others	
							Part Time
-	-	04		02			

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	01	
	Lecturer	2	-	
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1	01	
	Asst. Professor	1	-	
	Lecturer	3	-	
Department of Pharmacology	Professor	1	-	
	Asst. Professor	1	03	
	Lecturer	2	-	
Department of Pharmacognosy	Professor	1	01	
	Asst. Professor	1	-	
	Lecturer	1	-	
Department of Pharmacy Practice	Professor	1	-	
	Asst. Professor	2	-	
	Lecturer	3	-	

* Year wise availability will be assessed.

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	Period	Percentage
	Duration of 15 yrs. And above	NA
	Duration of 10 yrs. And above	NA
	Duration of 5 yrs. And above	50%
	Less than 5 yrs.	50%

8. Details of Faculty Turnover

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
	% of faculty retained in last 3 yrs	√			

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	Qualificatio	
1	Laboratory Technician	1 for each Dept	D. Pharm	05	B Pharm/ D Pharm/B Sc	
2	Laboratory Assistants or Laboratory Attenders	1 for each Lab (minimum)	SSLC	05	B Sc/SSC	
3	Office Superintendent	1	Degree	1	B Com	
4	Accountant	1	Degree	1	MBA(Fin)	
5	Store keeper	1	D.Pharm or a Bachelor degree recognized by a University or institution.	1	B Pharm	
6	Computer Data Operator	1	BCA or Graduate with Computer Course	1	MCA	
7	Office Staff I	1	Degree	1	MBA (HR)	
8	Office Staff II	2	Degree	2	MCA	
9.	Peon	2	SSLC	2	SSC	
10	Cleaning personnel	Adequate	---	Adequate	---	
11	Gardener	Adequate	---	Adequate	---	

- 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.

10. Scale of pay for Teaching faculty (to be closed): Enclosed details – Annexure -XV

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

11. Whether facilities for Research /Higher studies are provided to the faculty? Yes
(Inspectors to verify documents pertaining to the above)

12. Whether faculty members are allowed to attend workshops and seminars? Yes
(Inspectors to verify documents pertaining to the above)

13. Scope for the promotion for faculty: Promotions Yes ☒ No ☒

14. Gratuity Provided Yes ☒ No ☒

15. Details of Non-teaching staff members (list to be enclosed): Enclosed details – Annexure -XVI

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

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

Signature of the Head of the Institution

Signature of the Inspectors

PART V - DOCUMENTATION

Records Maintained: Essential

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

Signature of the Head of the Institution

Signature of the Inspectors

PART – VI

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

(Audited Accounts for previous year to be enclosed)

Documents enclosed – Annexure – VII

SI No.	Expenditure 2014-15 in Rs.			Expenditure 2015-16 in Rs.			Expenditure 2016-17 in Rs.			Remarks of the Inspectors
	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	Non Returning	
1		12009284	1912247		12988298	469281		12020115	364141	

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

SI No.	Expenditure 2014-15 in Rs.			Expenditure 2015-16 in Rs.			Expenditure 2016-17 in Rs.			Remarks of the Inspectors
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Chemicals	75000	15650	Chemicals	60000	45075	Chemicals	100000	10385	
2	Glassware	25000	11325	Glassware	20000	12890	Glassware	-	-	

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

SI No.	Expenditure 2014-15 in Rs.			Expenditure 2015-16 in Rs.			Expenditure 2016-17 in Rs.			Remarks of the Inspectors
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Equipment	2000000	1874499	Equipment	1000000	419724	Equipment	400000	259570	

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

SI No.	Expenditure 2014-15 in Rs.			Expenditure 2015-16 in Rs.			Expenditure 2016-17 in Rs.			Remarks of the Inspectors
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Books	50000	-	Books	200000	49557	Books	50000	20134	
2	Journals	60000	40388	Journals	100000	60588	Journals	60000	58830	

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

Signature of the Head of the Institution

Signature of the Inspectors

PART VII – EQUIPMENT AND APPARATUS

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

A. DEPARTMENT OF PHARMACOLOGY:

I. Equipment:

S.No	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	15	20	Yes	
2	Haemocytometer with Micropipettes	20	20	Yes	
3	Sahli's haemocytometer	20	20	Yes	
4	Hutchinson's spirometer	01	01	Yes	
5	Spygmomanometer	05	10	Yes	
6	Stethoscope	05	10	Yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	60	Yes	
8	Models for various organs	One model of each organ system	25	Yes	
9	Specimen for various organs and systems	One model for each organ system	25	Yes	
10	Skeleton and bones	One set of skeleton and one spare bone	2 sets of skeleton and 2 sets of spare bone	Yes	
11	Different Contraceptive Devices and Models	One set of each device	4 sets	Yes	
12	Muscle electrodes	01	01	Yes	

13	Lucas moist chamber	01	01	Yes	
14	Myographic lever	01	01	Yes	
15	Stimulator	01	20	Yes	
16	Centrifuge	01	01	Yes	
17	Digital Balance	01	01	Yes	
18	Physical /Chemical Balance	01	01	Yes	
19	Sherrington's Kymograph Machine orPolyrite	10	25	Yes	
20	Sherrington Drum	10	25	Yes	
21	Perspex bath assembly (single unit)	10	25	Yes	
22	Aerators	10	14	Yes	
23	Computer with LCD	01	01	Yes	
24	Software packages for experiment	01	01	Yes	
25	Standard graphs of various drugs	Adequate number	Adequate number	Yes	
26	Actophotometer	01	01	Yes	
27	Rotarod	01	01	Yes	
28	Pole climbing apparatus	01	01	Yes	
29	Analgesiometer (Eddy's hot plate and radiant heat	01	01	Yes	
30	Convulsiometer	01	01	Yes	
31	Plethysmograph	01	01	Yes	
32	Digital pH meter	01	01	Yes	

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	25 and 10	Yes	
3	Haemostatic artery forceps	10	10	Yes	
4	Hypodermic syringes and needles of size 15,24,26G	10	17	Yes	
5	Levers, cannulae	20	35, 15	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	15	20	Yes	
2	Digital Balance	02	02	Yes	
3	Autoclave	02	02	Yes	
4	Hot air oven	02	01	Yes	
5	B.O.D.incubator	01	01	Yes	
6	Refrigerator	01	01	Yes	
7	Laminar air flow	01	01	Yes	
8	Colony counter	02	01	Yes	
9	Zone reader	01	01	Yes	
10	Digital pH meter	01	01	Yes	
11	Sterility testing unit	01	01	Yes	
12	Camera Lucida	15	25	Yes	
13	Eye piece micrometer	15	07	Yes	
14	Incinerator	01	01	Yes	
15	Moisture balance	01	01	Yes	

16	Heating mantle	15	20	Yes	
17	Flourimeter	01	01	Yes	
18	Vacuum pump	02	01	Yes	
19	Micropipettes (Single and multi channeled)	02	01	Yes	
20	Micro Centrifuge	01	01	Yes	
21	ProjectionMicroscope	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	50	Yes	
2	Water bath	20	20	Yes	
3	Clavengersapparatus	10	01	Yes	
4	Soxhlet apparatus	10	02	Yes	
5	TLC chamber and sprayer	10	10 and 2	Yes	
6	Distillation unit	01	01	Yes	

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

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	06	Yes	
2	Oven	03	03	Yes	
3	Refrigerator	01	01	Yes	
4	Analytical Balances for demonstration	05	05	Yes	

5	Digital 10mg balanc	10	05	Yes	
6	Digital Balance (1mg sensitivity)	01	02	Yes	
7	Suction pumps	06	01	Yes	
8	Muffle Furnace	01	01	Yes	
9	Mechanical Stirrers	10	04	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	01	Yes	

II. Apparatus:

S.No .	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02	02 (Demo purpose)	Yes	
2	Reflux flask and condenser single necked	20	275	Yes	
3	Reflux flask and condenser double/ triple necked	20	05	Yes	
4	Burettes	40	148	Yes	
5	Arsenic Limit Test Apparatus	20	12	Yes	
6	Nessler's Cylinders	40	784	Yes	

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

D.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	01	Yes	
2	Homogenizer	05	02	Yes	
3	Digital balance	05	02	Yes	
4	Microscopes	05	10	Yes	
5	Stage and eye piece micrometers	05	07 and 08	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	02	Yes	
10	Double cone blender	01	01	Yes	
11	Propeller type mechanical agitator	05	01	Yes	
12	Autoclave	01	01	Yes	
13	Steam distillation still	01	01	Yes	
14	Vacuum Pump	01	01	Yes	
15	Standard sieves, sieve no. 8, 10, 12, 22, 24, 44, 66, 80	10 sets	Adequate	Yes	
16	Tablet punching machine	01	04	Yes	
17	Capsule filling machine	01	03	Yes	
18	Ampoule washing machine	01	01	Yes	
19	Ampoule filling and sealing machine	01	02	Yes	
20	Tablet disintegration test apparatus IP	01	01	Yes	
21	Tablet dissolution test apparatus IP	01	01	Yes	
22	Monsanto's hardness tester	01	02	Yes	
23	Pfizer type hardness tester	01	03	Yes	

24	Friability test apparatus	01	01	Yes	
25	Clarity test apparatus	01	03	Yes	
26	Ointment filling machine	01	03	Yes	
27	Collapsible tube crimping machine	01	03	Yes	
28	Tablet coating pan	01	01	Yes	
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH 10	05 EACH 10	Yes	
30	Digital pH meter	01	01	Yes	
31	All purpose equipment with all accessories	01	01	Yes	
32	Aseptic Cabinet	01	01	Yes	
33	BOD Incubator	02	01	Yes	
34	Bottle washing Machine	01	01	Yes	
35	Bottle Sealing Machine	01	01	Yes	
36	Bulk Density Apparatus	02	01	Yes	
37	Conical Percolator (glass/copper/ stainless)	10	30	Yes	
38	Capsule Counter	02	01	Yes	
39	Energy meter	02	01	Yes	
40	Hot Plate	02	06	Yes	
41	Humidity Control Oven	01	01	Yes	
42	Liquid Filling Machine	01	01	Yes	
43	Mechanical stirrer with speed regulator	02	01	Yes	
44	Precision Melting point Apparatus	01	01	Yes	
45	Distillation Unit	01	01	Yes	

II. Apparatus:

S.No	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	15	40	Yes	
2	Stalagmometer	15	40	Yes	
3	Desiccator*	05	07	Yes	
4	Suppository moulds	20	20	Yes	
5	Buchner Funnels (Small, medium, large)	05 each	05 each	Yes	
6	Filtration assembly	01	01	Yes	
7	Permeability Cups	05	-	-	
8	Andreason's Pipette	03	04	Yes	
9	Lipstick moulds	10	01	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	—	—	
3	Gel Electrophoresis (Vertical and Horizontal)	01	01	Yes	
4	Phase contrast/Trinocular Microscope	01	01	Yes	
5	Refrigerated Centrifuge	01	01	Yes	
6	Fermenters of different capacity (Desirable)	01	—	—	
7	Tissue culture station	01	—	—	
8	Laminar airflow unit	01	01	Yes	
9	Diagnostic kits to identify infectious agents	01	02	Yes	

10	Rheometer	01	01	Yes	
11	Viscometer	01	01	Yes	
12	Micropipettes (single and multi channeled)	01 each	01	Yes	
13	Sonicator	01	01	Yes	
14	Respinometer	01	01	Yes	
15	BOD Incubator	01	01	Yes	
16	Paper Electrophoresis Unit	01	01	yes	
17	Micro Centrifuge	01	01	yes	
18	Incubator water bath	01	01	yes	
19	Autoclave	01	01	Yes	
20	Refrigerator	01	01	Yes	
21	Filtration Assembly	01	01	Yes	
22	Digital pH meter	01	01	Yes	

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

F. DEPARTMENT OF PHARMACY PRACTICE:

Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes /	Remarks of the Inspectors
1	Colorimeter	2	11	Yes	
2	Microscope	Adequate	Adequate	Yes	
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)	Adequate	Adequate	Yes	
4	Watch glass	Adequate	Adequate	Yes	
5	Centrifuge	1	1	Yes	
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	Adequate	Yes	
7	Filtration equipment	2	2	Yes	

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

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	11	Yes	
2	Digital pH meter	01	01	Yes	
3	UV- Visible Spectrophotometer	01	02	Yes	

4	Flourimeter	01	01	Yes	
5	Digital Balance (1mg sensitivity)	01	01	Yes	
6	Nephelo Turbidity meter	01	01	Yes	
7	Flame Photometer	01	02	Yes	
8	Potentiometer	01	05	Yes	
9	Conductivity meter	01	13	Yes	
10	Fourier Transform Infra Red Spectrometer(Desirable)	01	–	–	
11	HPLC	01	–	–	
12	HPTLC (Desirable)	01	–	–	
13	Atomic Absorption and Emission spectrophotometer (Desirable)	01	–	–	
14	Biochemistry Analyzer (Desirable)	01	–	–	
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01	–	–	
16	Deep Freezer (Desirable)	01	–	–	
17	Ion- Exchanger	01	02	Yes	
18	Lyophilizer (Desirable)	01	–	–	

Signature of the Head of the Institution

Signature of the Inspectors

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

S.No .	Name/ Infrastructure	Minimum required Nos.	Provided	Remarks of the Inspectors
1	Hospital with teaching facility Minimum 300 bedded Hospital	<u>Nature of Hospital</u> <ul style="list-style-type: none"> - Own - Teaching hospital recognised by MCI or University - Govt. Hospital not below the level of district Hospital - Corporate Hospital 	<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto; text-align: center; line-height: 40px;">√</div>	
2	Place for Pharmacy Practice Department ⁺	Minimum carpet area of 3 sq.mts. per student along with consent to provide the professional manpower to support the programme.	Available	
3	Available specialties ⁺⁺	Medicine (Compulsory) (Any three of the following) <ul style="list-style-type: none"> • Surgery • Pediatrics • Gynecology and bstetrics • Psychiatry • Skin and VD • Orthopedics 	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin: 2px; text-align: center;">√</div> <div style="border: 1px solid black; width: 60px; height: 30px; margin: 2px; text-align: center;">√</div> <div style="border: 1px solid black; width: 60px; height: 30px; margin: 2px; text-align: center;">√</div> <div style="border: 1px solid black; width: 60px; height: 30px; margin: 2px; text-align: center;">√</div> <div style="border: 1px solid black; width: 60px; height: 30px; margin: 2px; text-align: center;">√</div> <div style="border: 1px solid black; width: 60px; height: 30px; margin: 2px; text-align: center;">√</div> </div>	
4	Location of the Hospital Give details.	Within the same limits of Corporation or Municipality or Campus with Medical Faculty involvement as adjunct faculty	Available	

* Approval letter of the Hospital Authority to be annexed along with MOU. **Documents enclosed - Annexure -XVII**

⁺ 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 Supdt. of the hospital.

Unit wise Medical Staff:

Unit_____

Bed strength_____

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	UG/PG QUALIFICATION			Experience Date wise teaching/Professional experience with designation & Institution				
				Subject with Year of	Institution	University	Designatio n	Institution	From	To	Period
			To be enclosed								

Signature of the Head of the Institution

Signature of the Inspectors

- Epidemiologist
- Statistician
- Physiotherapies

- 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).

- I. ICU: Available
 - No.of beds
 - Equipment
 - Average bed occupancy

- II. ICCU: Available
 - No.of beds
 - Equipment
 - Average bed occupancy

III. NICU: Available

- No.of Beds
- Equipment
- Average bed occupancy

IV. PICU: Available

- No.of beds
- Equipment
- Average bed occupancy

V. Dialysis: Available

- No.of beds
- Equipment
- Average bed occupancy

Specialty clinics and services being provided by the department.: Available

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Details for Pharm.D. student and faculty.

A. Accommodation

Faculty	Area in Sq. mtr.
Pharmacy Practice Area	1200 Sq feet
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: Available

C. Pharmacy Practice staff details at the hospital–

S.No	Name	Qualification	Signature of Faculty
1	Dr P Mani Chandrika	M.Pharm, Ph.D	
2	R Kusuma	M. Pharm	
3	Saritha Chaurasia	M. Pharm	
4	B Thrinitha	M. Pharm	
5	Pasham Uma	M. Pharm	
6	Aruna Kutani	M. Pharm	
7	G Satyavani	M. Tech	

Signature of the Head of the Institution

Signature of the Inspectors

1. Prescribed mode of admission to Scheduled Pharm.D.Course.
2. Academic Activities, please mention the frequency with which each activity is held.
 - Case presentation.
 - Journal
 - Club. •
 - Seminar
 - Subject
 - Review• ADR
 - meeting
 - Lectures (separately held for Pharm.D students)
 - Guest lectures
 - Video film
 -
 - Others.
3. Log book of Pharm.D.students: Maintained/ Not maintained.
4. Whether Pharm.D. students participate in bedside counselling or not ?.....

Summary of Inspection report–(checklist) to be completed by the

Inspector. Date of inspection:-

Name of Inspector:-

1	Name of the institution	Name and other particulars of Institution (Principal/Head)
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Signature of the Head of the Institution

Signature of the Inspectors

			Qualification detail.
			Experience:Adequate/Inadequate
			Age

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

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

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

Signature of the Inspector

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

Compliance of deficiencies reflected in last Inspection Report
Specific observations if not rectified

Observation of the Inspectors:

Signature of Inspectors:	1.
	2.

Note:

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

Name of the College: _____

Date of Inspection: _____

STAFF DECLARATION FORM-2008-2009.

1.(a) Name.....

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

Photogr

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

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

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

Number Issued by
Photograph

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

1.(e) i. Present Designation: _____

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

1.(e)ii. Department _____

1.(e) iii. College: _____

1.(e) iv. City: _____

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

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

Others.

1.(f) Residential Address of employee:

1.(g)

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

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

Residence: _____

E-mail address: _____

Mobile Number : _____

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

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

2. Qualifications :

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

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

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

3.Details of the previous appointments/teaching experience

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

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

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

Signature of the Head of the Institution

Signature of the Inspectors

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

academic years : 5.(a)

International Journals: _____

5.(b) National Journals: _____

5.(c) State/Other Journals: _____

6. Number of Research Projects on hand: _____

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

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

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

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

Declaration

1. I have not worked at any other Pharmacy college/Industry or presented myself at any inspection from October 2007 onwards till date.
2. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Pharmacy Register).

Signature of the
Employee:

Date:
Endorsement

Place:

This endorsement is the certification that the undersigned has satisfied himself /herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct.

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

In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Date: Place:

Remarks

Countersigned by the
Director/Dean/Principal

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

Signed by the Teacher:

Countersigned by Dean /Principal.

Date:

Date:

Signed by the Inspector:

Date:

NOTE :

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

Signature of the Head of the Institution

Signature of the Inspectors