

# PHARMACY COUNCIL OF INDIA

## Standard Inspection Format (S.I.F) for institutions conducting D. Pharm course

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

(SIF-A)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No. :

NAME OF THE INSPECTORS: 1.  
(BLOCK LETTERS)

2.

### PART – I

#### A - GENERAL INFORMATION

<b>A – I. 1</b> Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	AWADH PARAMEDICAL COLLEGE & INSTITUTE 708, VISHESHARPUR, SHEETALA CHAUKIA AZAMGARH ROAD, JAUNPUR-222001, U.P. 05452 262040 262040 drsakuntalay@gmail.com
Year of Establishment	22/04/2012
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	TRUST
<b>A – I. 2</b> Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	KUNWAR DAS WELFARE TRUST  05452 262040 262040 drsakuntalay@gmail.com
<b>A – I. 3</b> Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	DR SHAKUNTALA YADAV (DIRECTOR)  05452 . 262040 263982 9415207436 262040 drsakuntalay@gmail.com
<b>A – I. 4</b> Name and Address of the Head of the Institution	DR SHAKUNTALA YADAV

Signature of the Head of the Institution

Signature of the Inspectors

**A –I. 5**

**FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL**

**a. Details of Affiliation Fee Paid**

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated
D. Pharm	25000.00	No : 006638	30/03/2016

**b. APPROVAL STATUS:** : NOT APPLICABLE

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVERNMENT	Remarks of the Inspectors
D. Pharm		Approval Letter No and Date		11285 21/03/2016	
		Approved Intake	N. A.		
		Actually Admitted			

**c. STATUS OF APPLICATION** : NOT APPLICABLE

Course	Extension of Approval		Increase in Intake of Seats		Remarks	
	Yes	No	Yes	No	Current Intake	Proposed increase in Intake
D. Pharm	Yes	No <input checked="" type="checkbox"/>	Yes	No <input checked="" type="checkbox"/>		60

**Note: Enclose relevant documents** : NOT APPLICABLE

**A –I. 6**

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. 6 a**

Status of the Pharmacy Course:	
Independent Building	<input checked="" type="checkbox"/>
Wing of another college	<input type="checkbox"/>
Separate Campus	<input checked="" type="checkbox"/>
Multi Institutional Campus	<input type="checkbox"/>

**Examining Authority :** BOARD OF TECHNICAL EDUCATION, LUCKNOW  
**With complete postal Address, Telephone No. and STD Code.** BASMANDI CHAURAHA, CHARBAG, LUCKNOW  
 PHONE NO. 0522-

Signature of the Head of the Institution

Signature of the Inspectors

## B - DETAILS OF THE INSTITUTION

<b>B –I.1</b> Name of the Principal		MR SHAILENDRA BAHADUR SINGH (PROPOSED)			
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm	07 YEAR	05 years	07 YEAR	
	PhD (Desirable)	PERSUING	02 years		

\* Documentary evidence should be provided

### B –I.2

For institution seeking continuation of approval

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
D. Pharm		NOT APPLICABLE		

\* Enclose Documents

### B –I.3

Pay Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
<b>Teaching Staff</b>	AICTE /UGC/State Govt. Yes / No	Yes / No (Will be paid as per Norms)	Yes / No	Yes / No	
<b>Non- Teaching Staff</b>	State Government Yes / No	Yes / No (Will be paid as per Norms)	Yes / No	Yes / No	

### B –I.4

D. Pharm Course: Admission statement for the past three years : NOT APPLICABLE

ACADEMIC YEAR	200-	200-	200-
Sanctioned	N. A.		
No. of Admissions	N. A.		
Unfilled Seats	N. A.		
No. of Excess Admissions	N. A.		

### B –I.5

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

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
D. Pharm	: NOT APPLICABLE	: NOT APPLICABLE	: NOT APPLICABLE

Signature of the Head of the Institution

Signature of the Inspectors

**B – II****Co – Curricular Activities / Sports Activities**

Whether college has NSS Unit (Yes/No)? If no give reasons	PROPOSED
NSS Programme Officer's Name	PROPOSED
Programme conducted (mention details)	PROPOSED
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes/No
Physical Instructor	Available / Not available
Sports Ground	Individual / Shared ✓

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 Resources and funding agencies (give complete list)**

**C .2 Please provide following Information**

<b>Receipts</b>			<b>Expenditure</b>			<b>Remarks of the Inspectors</b>
<b>Sl. No.</b>	<b>Particulars</b>	<b>Amount</b>	<b>Sl. No.</b>	<b>Particulars</b>	<b>Amount</b>	
<b>1.</b>	<b>Grants</b> a. Government b. Others	00.00	<b>CAPITAL EXPENDITURE</b>			
<b>2.</b>	<b>Tuition Fee</b>	00.00	<b>1.</b>	<b>Building</b>	2,00,000.00 (aprox)	
<b>3.</b>	<b>Library Fee</b>	00.00	<b>2.</b>	<b>Equipment</b>	7,00,000.00 (aprox)	
<b>4.</b>	<b>Sports Fee</b>	00.00	<b>3.</b>	<b>Others</b>	3,00,000.00 (aprox)	
<b>5.</b>	<b>Union Fee</b>	00.00	<b>REVENUE EXPENDITURE</b>			
<b>6.</b>	<b>Others</b>	00.00	<b>1</b>	<b>Salary</b>		
			<b>2.</b>	<b>MAINTENANCE EXPENDITURE</b>		
				<b>i</b>	<b>College</b>	
				<b>ii</b>	<b>Others</b>	
			<b>3.</b>	<b>University Fee (If any)</b>		
			<b>4.</b>	<b>Apex Bodies Fee</b>	75,000.00	
			<b>5.</b>	<b>Government Fee</b>		
			<b>6.</b>	<b>Deposit held by the College</b>		
			<b>7.</b>	<b>Others</b>		
			<b>8.</b>	<b>Misc.Expenditure</b>		
			<b>Total</b>		75,000.00	
<b>Total</b>						

**Note: Enclose relevant documents**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**PART- II PHYSICAL INFRASTRUCTURE**

1. a. Building : **Own/Rented/Leased**
- b. Land:
- i) Leased or own Leased  Own
- Sale / Agreement deed (records to be enclosed) : **Enclosed/Not available**
- c. Building: Leased  Rented
- i) Leased/Rented † (Record to be enclosed) : **Enclosed/Not available**
- ii) If Own (Approved Building plan & sale deed to be enclosed) : **Enclosed/Not available**
- d. Total Area of the college building in Sq.mts : Built up Area
- Amenities and Circulation Area

**2. Class rooms:**

**Total Number of Class rooms provided**

Class	Required	Available	Required Area * for each class room	Available Area in Sq. mts	Remarks of the Inspectors
D. Pharm	02	02	90 Sq. mts	100.33	

(\* To accommodate 60 students)

**3. Laboratory requirement**

Sl. No.	Name of Infrastructure	Requirement as per Norms	Available		Remarks/ Deficiency
			No.	Area in Sq. mts	
1	Laboratory Area for D.Pharm Course	50 Sq mts x n (n=05)	04	250	
2	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy <b>Total no. of Labs for D. Pharm Course</b> *Animal House	01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory <b>05 Laboratories</b> 01 (10 sq.mts)	01 01 01 01 04 01	10	
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 Sq.mts (minimum)	05	50	
4	Area of the Machine Room	100 Sq mts	01	100.33	
5	Aseptic Room	25 Sq mts	01	25	
6	Store Room – I	1 (Area 20 Sq mts)	01	20.9	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01	20.9	

\* Not required if computer simulated software are available

Signature of the Head of the Institution

Signature of the Inspectors

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

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

**4. Administration Area:**

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Principal's Chamber	01	20 Sq mts	01	20.9	
2	Office – I Including Confidential Room	01	40 Sq mts	01	41.8	
3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq mts	01	41.8	
4	Library with computer and reprographic facilities	01	100 Sq mts	01	100.33	
5	Museum	01	30 Sq mts (May be attached to the Pharmacognosy Lab)	01	41.8	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	324.8	
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01		Available

Signature of the Head of the Institution

Signature of the Inspectors

### 5. Student Facilities:

Sl. No.	Name of infrastructure	Requirement in number	Requirement in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Girl's Common Room (Essential)	01	40 Sq mts	01	100.33	
2	Boy's Common Room (Essential)	01	40 Sq mts	01	100.33	
3	Toilet Blocks for Boys	01	25 Sq mts	01	25	
4	Toilet Blocks for Girls	01	25 Sq mts	01	25	
5	Canteen (Desirable)	01	100 Sq mts	01	150.33	
6	Drinking Water facility Water Cooler (Essential)	01		YES		
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single occupancy	06	80.26	
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy)	06	80.26	
9	Power Backup Provision (Desirable)	01	GENERATOR		Available	INVERTER

### 6. Computer and other Facilities:

Name	Required	Available	Available		Remarks of the Inspectors
			No.	Area in Sq. mts	
Computer (latest Configuration)	1 system for every 10 students	YES	01	12	
Printers	1 printer for every 10 computers	YES	01	02	
Xerox Machine	01	YES	01	01	
Multi Media Projector	02	YES	02	02	

### 7. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	01	100.33	Adjust	
Staff quarters	6 x 80 Sq. mts	06	480	Adjust	
Parking Area for staff and students		YES			
Bank Extension Counter				No	
Co operative Stores				No	
Guest House	80 Sq. mts	01	100.33	Available	
Transport Facilities for students		YES		Available	
Medical Facility (First Aid)		YES		Available	

Signature of the Head of the Institution

Signature of the Inspectors



### 8. 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
				Titles	Numbers	
1	Number of books	75	750 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	51	610	
2	Annual addition of books		75 books per year			
3	Periodicals Hard copies / online		<b>06 National Journals</b> Indian Journal of Pharmaceutical Sciences Indian Journal of Pharmaceutical Education and Research Journal of Hospital Pharmacy Indian Journal of Pharmacology CIMS, MIMS Indian Journal of Experimental Biology.		06	
4	<b>Library Timings</b>					

### 8.B. Subject wise Classification:

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I			
2	Pharmaceutical Chemistry – I			
3	Pharmacognosy			
4	Biochemistry and Clinical Pathology			
5	Human Anatomy and Physiology			
6	Health Education and Community Pharmacy	N. A.		
7	Pharmaceutics – II			
8	Pharmaceutical Chemistry – II			
9	Pharmacology and Toxicology			
10	Pharmaceutical Jurisprudence			
11	Drug Store and Business Management			
12	Hospital and Clinical Pharmacy			

### 8.C. Library Staff:

	Staff:	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	D. Lib	1	YES	
2	Library Attenders	10+ 2 /PUC	1	YES	

**Note: The information provided will be assessed in giving the period of approval**

Signature of the Head of the Institution

Signature of the Inspectors

**PART III ACADEMIC REQUIREMENTS**

**Course Curriculum:**

**1. Student Staff Ratio:**

**Theory**

**Practicals**

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

If more than 20 students in a batch 2 staff members to be present provided the lab is spacious

**2. Date of Commencement of session:**

<b>Commencement</b>	<b>Completion</b>
<b>DD/MM/YY</b>	<b>DD/MM/YY</b>

**No of Days**

**No of Days**

**3. Vacation:**

**Summer:**

**Winter:**

**4. Total Number of working days:**

**5. Time Table:**

Time Table for I and II D. Pharm Enclosed

Yes

No

**6. Whether the prescribed numbers of classes are being conducted as per PCI norms**

Class / Subject	Theory		Practicals				Remarks of the Inspectors
	Prescribed No of Hours	No of Hours Conducted	Prescribed No. of Hours	No of Hours Conducted	Prescribed Number of Classes	No of Classes conducted	
<b>I D. Pharm</b>							
Pharmaceutics – I	75		100		25		
Pharmaceutical Chemistry – I	75		75		25		
Pharmacognosy	75		75		25		
Biochemistry and Clinical Pathology	50	N. A.	75		25		
Human Anatomy and Physiology	75		50		25		
Health Education and Community Pharmacy	50		----		----		
<b>II D. Pharm</b>							
Pharmaceutics – II	75		100		25		
Pharmaceutical Chemistry – II	100		75		25		
Pharmacology and Toxicology	75		50		25		
Pharmaceutical Jurisprudence	50	N. A.	----		----		
Drug Store and Business Management	75		----		----		
Hospital and Clinical Pharmacy	75		50		25		

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**7. Whether Internal Assessments are conducted periodically as per PCI norms**

Yes  No

**8. Whether Evaluation of the internal assessments is Fair**

Yes  No

Class	No. of Candidates scored more than 80%		No. of Candidates scored between 60 - 80%		No. of Candidates scored between 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
<b>I D. Pharm</b>			N. A.						
<b>II D. Pharm</b>			N. A.						

**9. Workload of Faculty members for D. Pharm**

Sl. No	Name of the Faculty	Subjects taught	D. Pharm				Total work load	Remarks of the Inspector
			I D. Ph		II D. Ph			
			Th	Pr	Th	Pr		
1.	Mr Shailendra Bahadur Singh, M. Pharma (Principal)							
2.	Mr Akhilesh Kumar Pandey, M. Phrama							
3.	Mr Pasu Pati Rai, B. Pharma							
4.	Mr Vinay Kumar Mali, B. Pharma							
6.	Mr Akhilesh Maurya, B. Pharma							
7.	Mr Amit Kumar Rai, B. Pharma							
8.	Mr Ajeet Yadav, B. Pharma							
9.	Mr Sunny Kumar Bharti, D. Pharma							
10.	Mr Rajkumar Chaurasiya, D. Pharma							

Signature of the Head of the Institution

Signature of the Inspectors

**PART IV - PERSONNEL**

**TEACHING STAFF.**

**1. Details of Teaching Faculty for D. Pharm Course to be enclosed in the format mentioned below:**

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Experience		State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
					After UG	After PG			
1.	Mr S.B.Singh	Principal	M Pharma	Concent Taken					

**2. Qualification and number of Staff Members**

**Number of staff members required: 07**

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

**3. Details of Faculty Retention for:**

Name of Faculty Member	Period	Percentage
N.A.	Duration of 15 yrs. And above	
	Duration of 10 yrs. And above	
	Duration of 5 yrs. And above	
	Less than 5 yrs.	

**4. Details of Faculty Turnover**

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

**5. No. of Non-teaching staff available for D. Pharm course for intake of 60 Students:**

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	02	D. Pharm	02	D. PHARMA	
2	Laboratory Assistants/ Attenders	04	SSLC	04	INTERMEDIATE	
3	Office Superintendent	01	Degree	01	Graduate	
4	Accountant cum Clark	01	Degree	01	B Com	
5	Store keeper	01	D. Pharm	01	D. PHARMA	
6	Computer Data Operator	01	10+2 with computer training	01	P.G.D.C.A.	
7	Peon	02	SSLC	01	HIGHSCHOOL	
8	Cleaning personnel	04	---	04		
9.	Gardener	01	---	01		

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**7. Scale of pay for Teaching faculty (to be enclosed):**

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
									P T	TDS	EPF					
1.	S.B. Singh	M Pharma	Principal	N.A.												

2. Akhilesh Mishra

3. Pasu Pati Rai

4. Vinay Kumar Mali , Satya Prakash, Mohd Nasir Khan

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

N. A.

(Inspectors to verify documents pertaining to the above)

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

N. A.

(Inspectors to verify documents pertaining to the above)

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

Yes

No

**11. Gratuity Provided**

Yes

No

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

N. A.

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors
	1. Sunny Kumar Bharti						

3. Raj Kumar Chaurasiya

**13. Whether Supporting Staff (Technical and Administrative) are encouraged for Skill Upgradation Programs**

Yes/ No

N. A.

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		✓	
5.	Final Marks Register		✓	
6.	Student Attendance Registers		✓	
7.	Minutes of meetings- Teaching Staff	YES		
8.	Fee paid Registers		✓	
9.	Acquittance Registers		✓	
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		✓	
13.	Standard Operating Procedures (SOP's) for Equipment	YES		
14.	Laboratory Manuals		✓	
15.	Stock Register for Equipment	YES		
16.	Animal House Records as per CPCSEA			

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 the previous year to be enclosed)**

Sl No.	Expenditure in Rs.			Expenditure in Rs. 2011 - 12			Expenditure in Rs			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total Budget Sanctioned	Recurring	Non Returning	Total Budget Sanctioned	Recurring	Non Returning	
				N. A.						

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

Sl No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
			N. A.							
	<b>Chemicals</b>			<b>Chemicals</b>			<b>Chemicals</b>			
	<b>Glassware</b>			<b>Glassware</b>			<b>Glassware</b>			

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

Sl No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
			N. A.							
	<b>Equipment</b>			<b>Equipment</b>			<b>Equipment</b>			

Signature of the Head of the Institution

Signature of the Inspectors

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

SI No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books		N. A.							
2	Journals		N. A.							

**\*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 D. Pharm**

**PHARMACEUTICS**

**Equipment:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Continuous Hot Extraction Equipment	05	03		
2	Conical Percolator	05	05		
3	Tincture Press	01	01		
4	Hand Grinding Mill	01	01		
5	Disintegrator	01	01		
6	Ball mill	01	01		
7	Hand operated Tablet machine	01	01		
8	Tablet Coating Pan unit with hot air blower laboratory size	01	01		
9	Polishing pan laboratory size	01	----		
10	Monsanto's hardness tester	01	01		
11	Pfizer type hardness tester	01	----		
12	Tablet disintegration test apparatus IP	01	----		
13	Tablet dissolution test apparatus IP	01	----		
14	Granulating sieve set	10	05		
15	Tablet counter – small size	05	01		
16	Friability tester	01	01		
17	Collapsible tube – Filling and sealing equipment	01	----		
18	Capsule filling machine – Lab size	01	----		
19	Digital balance	01	01		
20	Distillation unit for distilled water	02	01		
21	Deionisation unit	01	01		
22	Glass distillation unit for water for injection	01	01		
23	Ampoule washing machine	01	----		
24	Ampoule filling and sealing machine	01	----		
25	Sintered glass filters for bacterial proof filtration (four different grades)	Adequate	Adequate		
26	Millipore filter (3 grades)	Adequate	Adequate		

**Signature of the Head of the Institution**

**Signature of the Inspectors**

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

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

#### **PHARMACEUTICAL CHEMISTRY**

##### **Equipment:**

<b>Sl. No.</b>	<b>Name</b>	<b>Minimum required Nos.</b>	<b>Available Nos.</b>	<b>Working Yes / No</b>	<b>Remarks of the Inspectors</b>
1	Refractometer	01	-----		
2	Polarimeter	01	01		
3	Photoelectric colorimeter	01	01		
4	pH meter	01	01		
5	Atomic model set	02	01		
6	Electronic balance	01	01		
7	Periodic table chart	Adequate	Adequate		

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**PHYSIOLOGY & PHARMACOLOGY LABORATORY****Equipment:**

SI No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Haemoglobinometer	20	15		
2	Haemocytometer	10	10		
3	Student's organ bath	1	01		
4	Sherington's rotating drum	1	01		
5	Frog board	Adequate	Adequate		
6	Tray (dissecting)	Adequate	"		
7	Frontal writing lever	Adequate	"		
8	Aeration tube	Adequate	"		
9	Telethermometer	1	-----		
10	Pole climbing apparatus	1	-----		
11	Histamine chamber	1	-----		
12	Simple lever	Adequate	Adequate		
13	Staring heart lever	Adequate	"		
14	Aerator	Adequate	"		
15	Histological Slides	Adequate	"		
16	Sphygmomanometer (B.P. apparatus)	5	05		
17	Stethoscope	5	05		
18	First aid equipment	Adequate	Adequate		
19	Contraceptive device	Adequate	"		
20	Dissecting (surgical) instruments	Adequate	"		
21	Balance for weighing small Animals	1	01		
22	Kymograph paper	Adequate	Adequate		
23	Actophotometer	1	----		
24	Analgesiometer	1	----		
25	Thermometer	Adequate	-----		
26	Plastic animal cage	Adequate	-----		
27	Double unit organ bath with thermostat	1	-----		
28	Refrigerator	1	01		
29	Single pan balance	1	01		
30	Charts	Adequate	Adequate		

Signature of the Head of the Institution

Signature of the Inspectors

31	Human skeleton	1	01		
32	Anatomical specimen (Heart, brain, eye, ear, reproductive system etc.,)	1 set	Available		
33	Electro-convulsimeter	1	01		
34	Stop watch	Adequate	Adequate		
35	Clamp, boss heads, screw clips	Adequate	"		
36	Syme's Cannula	Adequate	"		

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

### PHARMCOGNOSY LABORATORY

#### Equipment:

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

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

### PHARMACY PRACTICE LABORATORY

#### Equipment:

SI No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	2	01		
2	Microscope	Adequate	Adequate		
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)	Adequate	"		
4	Watch glass	Adequate	"		
5	Centrifuge	1	01		
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	-----		
7	Filtration equipment	2	01		

**Signature of the Head of the Institution**

**Signature of the Inspectors**

8	Filling Machine	1	-----		
9	Sealing Machine	1	-----		
10	Autoclave sterilizer	1	01		
11	Membrane filter	1 Unit	-----		
12	Sintered glass funnel with complete filtering assemble	Adequate	-----		
13	Small disposable membrane filter for IV admixture filtration	Adequate	-----		
14	Laminar air flow bench	1	-----		
15	Vacuum pump	1	01		
16	Oven	1	01		
17	Surgical dressing	Adequate	Adequate		
18	Incubator	1	01		
19	PH meter	1	01		
20	Disintegration test apparatus	1	-----		
21	Hardness tester	1	01		
22	Centrifuge	1	01		
23	Magnetic stirrer	1	01		
24	Thermostatic bath	1	01		

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

**Museum: Every Institution shall maintain a museum of crude drugs, herbarium sheets, botanical specimens of the drugs, and plants, mentioned in the course in addition the following are recommended.**

1. Colored slides of medicine plants.
2. Display of popular patent medicines, and
3. Containers of common usage in medicines.

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**Observation of the Inspectors:**

**Compliance of the last recommendations by Inspectors**

**Specific observations if not complied**

**Signature of Inspectors:**

**1.**

**2.**

**Note:**

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

# **PHARMACY COUNCIL OF INDIA**

## **STAFF DECLARATION FORM**

From

Teacher's Name .....  
(as on University Degree certificate)

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

Photograph

Date of Birth & Age .....

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

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

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

Department : PHARMACY

College : AWADH PARAMEDICAL COLLEGE & INSTITUTE

City : JAUNPUR

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

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

Permanent Residential

Address of employee : \_\_\_\_\_  
\_\_\_\_\_

**Copy of Passport/Voter Card/Ration Card/PAN No./Electricity Bill/Driving License Attached as a proof of residence.**

STD Code

Phone No.

Phone & Fax Number with Code Office : \_\_\_\_\_

Residence : \_\_\_\_\_

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

Date of joining present institution : \_\_\_\_\_ as \_\_\_\_\_  
(Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer				
Reader/ Assistant Professor				
Professor				
Principal				

- 1) Before joining present institution I was working at \_\_\_\_\_ as \_\_\_\_\_ and relieved on \_\_\_\_\_ after resigning/retiring **(relieving order is enclosed from the previous institution).**
- 2) I am not working in any other Pharmacy College/Medical College/Dental College/Industry/Community Pharmacy/Hospital Pharmacy/Govt. Service/any other service in the State or outside the State in any capacity full-time/part-time other than the above.

**Signature of the Head of the Institution**

**Signature of the Inspectors**



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

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

(Copy of my form 16 (TDS certificate) for financial year 2008-2009 is attached)

P.A.N. : \_\_\_\_\_ Circle : \_\_\_\_\_

**Declaration**

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2007-2008.
2. It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Register of Registered Pharmacists).

Signature of the Employee:

Date : \_\_\_\_\_ Place: \_\_\_\_\_

**Endorsement**

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Countersigned by the Director/Dean/  
Principal in respect of Teaching Staff

Date : \_\_\_\_\_ Place : \_\_\_\_\_

**Signature of the Head of the Institution**

**Signature of the Inspectors**