

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting B. Pharm

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

(SIF-B)

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 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	MESCO College of Pharmacy, # 13-5-741 Mustaidpura, Karwan Road, Hyderabad - 500 006 040-6530 7550 040-24820255 mescomcp2003@gmail.com
Year of Establishment	2003
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Private-Soc iety Copy Enclosed Annexure – I
A – I .2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	Muslim Educational Social and Cultural Organisation, 22-1-1037/1, MESCO Diagnostic Centre, Hyderabad Annexure - II 040-24576890 040-24411907 mescodc@hotmail.com www.mescomcp.com
A – I .3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	Dr. Fakhruddin Mohammed Chairman, 22-1-1037/1, MESCO Diagnostic Centre, Hyderabad 040 24576890 24411907 66786768 9849007680 24411484 healthindiahospital@hotmail.com
A – I .4 Name and Address of the Head of the Institution	Dr. V.H.Sastry, MESCO College of Pharmacy, # 13-5-741, Mustaidpura, Karwan Road, Hyderabad - 500 006

A – I .5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

Signature of the Head of the Institution

Signature of the Inspectors

a. Details of Affiliation Fee Paid

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B. Pharm	1,00,000.00	664408	13-06-2016	

b. APPROVAL STATUS:

Annexure - III

Name of the Course	Approved up to	In take Approved and	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspectors
B. Pharm	2003-2004 To 2016-2017	Approval Letter No and Date	32-376/2011-PCI/3812-30, 01/09/14	G.O.Ms.No.62 18-07-2013	No.1474/H/2012-13/Phar/Acad/IV-7, 05-11-2012.	
		Approved Intake	60	60	60	
		Actually Admitted				

c. STATUS OF APPLICATION

COURSES INSPECTED FOR

Faculty / Subject	Extension of Approval	Increase in Intake of Seats	Remarks	
			Current Intake	Proposed increase in Intake
B. Pharm	Yes	No	60	

Note: Enclose relevant documents

A –I. 6

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same

Building / campus? If Yes, Give Details MBA

Yes

No

A – I. 6 a

Status of the Pharmacy Course:

Independent Building

Wing of another college

Separate Campus

Multi Institutional Campus

Osmania University Jamia Osmania, Hyderabad -07

040-27090020

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

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B –I .1 Name of the Principal		Dr V.H.Sastry			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm		15 Years	25 years	
	PhD				

* Documentary evidence should be provided

Annexure - IV

B –I .2

For institution seeking continuation of affiliation

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
B. Pharm	8 & 9-05-2014	Enclosed	Complied	Nil

* Enclose Documents

Annexure - V

B –I .3

Status of Governing Council:	Government/Trust/Society/Individual / University
Details of the Governing Body	Enclosed / Not Enclosed
Minutes of the last Governing council Meeting	Enclosed / Not Enclosed

B –I .4

Annexure – VI & VII

Pay Scales:

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

B –I .5

Annexure – VIII

B. Pharm Course: Admission Statement for the Past Three Years

ACADEMIC YEAR	Year 2010-2011	Year 2011-2012	Year 2012-2013
Sanctioned	60	60	60
No. of Admissions	60	60	55
Unfilled Seats	-	-	05
No. of Excess Admissions	-	-	-

Signature of the Head of the Institution

Signature of the Inspectors

B – I .6

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

ACADEMIC YEAR	Year 2010-2011	Year 2011-2012	Year 2012-2013
1st year	15	07	15
2nd year	25	38	65
3rd year	17	23	75
Final year	82	80	82
Pass % (Final Year)	98	74	82

B – II

Co – Curricular Activities / Sports Activities

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

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

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	3,681,000.00	1.	Building	234,084.00	
3.	Library Fee	495,000.00	2.	Equipment	44,196.00	
4.	Sports Fee		3.	Others	1,844,557.00	
5.	Union Fee		REVENUE EXPENDITURE			
6.	Others	374,291.00	1	Salary	2,545,861.00	
			2.	MAINTENANCE EXPENDITURE		
				i	College	
				ii	Others	
			3.	University Fee (If any)		
			4.	Apex Bodies Fee		
			5.	Government Fee		
			6.	Deposit held by the College		
			7.	Others		
			8.	Misc.Expenditure		
	Total	4,572,221.00	Total		4,952,789.80	

Note: Enclose relevant documents

Annexure – IX

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (B. Pharm courses) : ~~0.629~~ Available
 a) 2.5 acres District HQ/Corporation/Municipality limit
 b) 0.5 acre for City / Metros
 b. Building : Own
 c. Land Details to be in name of Trust and Society
 Records to be enclosed
 Sale deed : Enclosed – Annexure - X
 d. Building[†]:
 i) Approved Building plan, to be Enclosed : Enclosed– Annexure - XI
 e. Total Built Area of the college building in Sq.mts : Built up Area 2597 Sq.mts

Amenities and Circulation Area 1540 Sq.mts and 4137 Sq.mts

B. Class rooms:

Total Number of Class rooms provided at the end of 4 Year Course

Class	Required Nos	Available Nos	Required Area * for each class room	Available Area in Sq.mts	Remarks of the
B. Pharm	04	04	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	90 Sq. mts	

(*To accommodate 60 students).

3. Laboratory requirement at the end of 4 Years

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq mts	Remarks/ Deficiency
1	Laboratory Area for B.Pharm Course (12 Labs)	90 Sq .mts x n (n=10) – Including Preparation room – Desirable	1105 Sq.mts	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room)	03 Laboratories 02 Laboratories 01 Laboratory 02 Laboratories 01 Laboratories 01 Laboratory 10 Laboratories *	04.377.65 sq.mts 02.167.68 sq.mts 01.127.27 sq.mts 02.178.55 sq.mts 01.786.00 sq.mts 01.119.84 sq.mts 11.743.60 sq.mts 01.557.74 sqmts	
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 sq mts (mini)	10 sq.mts	
4	Area of the Machine Room	80-100 Sq.mts	84.82 Sq.mts	
5	Central Instrumentation Room	80 Sq.mts with A/ C	80.00 Sq.mts	
6	Store Room – I	1 (Area 100 Sq mts)	109 Sq.mts	
7	Store Room - II (For Inflammable chemicals)	1 (Area 20 Sq mts)	20.7 sq.mts	

*Number of laboratories required for entire course of 4 years.

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 work benches should be smooth and easily cleanable preferably made of non-absorbent material.
4. The water taps should be non-leaking and directly installed on sinks. Drainage should be efficient.
5. Balance room should be attached to the concerned laboratories.

4. Administration Area:

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq.mts	
1	Principal's Chamber	01	30 Sq.mts	01	32 sq.mts	
2	Office – I - Establishment	01	60 Sq. mts	01	60 sq.mts	
3	Office – II – Academics					
4	Confidential Room					

5. Staff Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq.mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq.mts x 4	04	85 sq.mts	
2	Faculty Rooms for B.Pharm course		10 Sq.mts x n (n=No of teachers)	02	20 sq.mts	

80 Museum, Library, Animal House and other Facilities

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No	Area in Sq. mts	
1	Animal House	01	80 Sq.mts	01	75.00sq.mts	
2	Library	01	150 Sq.mts	01	183 sq.mts	
3	Museum	01	50 Sq.mts (May be attached to the Pharmacognosy lab)	01	50 sq.mts	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	-	
5	Seminar Hall	01	01	01	132 Sq.mts	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	60.00 sq.mts	

Signature of the Head of the Institution

Signature of the Inspectors

7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Girl's Common Room (Essential)	01	60 Sq.mts	1	61.31 sq.mts	
2	Boy's Common Room (Essential)	01	60 Sq.mts	1	60.sq.mts	
3	Toilet Blocks for Boys	01	24 Sq.mts	1	30 sq.mt	
4	Toilet Blocks for Girls	01	24 Sq.mts	1	30 sq.mt	
5	Drinking Water facility – Water Cooler (Essential).	01		2 (20 Lit)	Yes	
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy	1	-	
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	100	-	
8	Power Backup Provision (Desirable)	01		1	-	

105. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	1	105.742 sq.mts	
Computer (Latest Configuration)	1 system for every 10 students	60		
Printers	1 printer for every 10 computers	4		
Multi Media Projector	01	3		
Generator (5KVA)	01	1		

Signature of the Head of the Institution

Signature of the Inspectors

9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Availab	Remarks / Deficien
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	1	120 sq.mts		
Staff quarters	16 x 80 Sq. mts	8	80X8		
Canteen	100 Sq. mts	Yes	100 sq.mts		
Parking Area for staff and students		Yes			
Bank Extension Counter		Yes			
Co operative Stores					
Guest House	80 Sq. mts	Yes	100 sq.mts		
Transport Facilities for students			Yes		
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	Numbers	
1	Number of books	150	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	873	7569	
2	Annual addition of books		100 to 150 books per year		1745	
3	Periodicals Hard copies / online		10 National 05 International periodicals		26 1+23(E-Journals)	
4	CDS		Adequate Nos		140	
5	Internet Browsing Facility		Yes/No (Minimum ten computers)		Yes	
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01		Yes	
7	Library Automation and Computerized System		Delnet		Yes	
8	Library Timings				9.00 a.m. to 5.00 p.m.	

10.B. Library Staff:

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

Signature of the Head of the Institution

Signature of the Inspectors

II B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
Ph.Organic Chemistry-II						
Pharmaceutical Biochemistry						
Pharmaceutical Engineering-II						
Pharmacognosy- I						
Environmental Studies						

III B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspector
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
Pharmaceutical Chemistry	48	47	48	44	11x4	
Pharmacology-II	48	47	48	40	10x4	
Physical Pharmacy-II	48	45	48	40	10x4	
Forensic Pharmacy	48	45	--	--	--	
Biostatistics	48	44	--	--	--	

Signature of the Head of the Institution

Signature of the Inspectors

IV B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
Pharmaceutical Biotechnology	48	55	48	40	10x4	
Hospital and Clinical Pharmacy	48	48	--	--	--	
Cosmetic Technology	48	47	48	40	10x4	
Pharmacoinformatics	48	45	48	44	11x4	

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

Yes

9. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last Three years.

A.

Name of the Event	Year 2011	Year 2012	Year 2013
Guest Lectures	15	15	18
Seminars	-	01	01
Workshops	-	-	-
Symposia	-	-	-

B. Papers Presented / Published during last three years

	Year 2011		Year 2012		Year 2013	
	National	International	National	International	National	International
Published	10	04	15	12	05	12
Presented	-	-	08	02	-	-

Signature of the Head of the Institution

Signature of the Inspectors

10. Whether Internal Assessments are conducted periodically as per university norms

Yes No

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		III Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
I B. Pharm	24-12-2012	-	04-03-2012	-	06/05/13	-	
II/II B. Pharm	21-01-2013	-	07-9-2013	-	NA	-	
III/IIB. Pharm	21-01-2013	-	07-9-2013	-	NA	-	
IV/IIB. Pharm	21-01-2013	-	07-9-2013	-	NA	-	

11. Whether Evaluation of the internal assessments is Fair Yes No

Class	No. of Candidates scored more than 80%		No. of Candidates scored between 60 - 80%		No. of Candidates scored between 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I B.Pharm	05	10	16	27	10	04	20	08	
II B.Pharm	04	20	20	40	15	00	21	00	
III B.Pharm	03	40	29	31	16	01	28	00	
IV B.Pharm	30	45	28	15	07	01	03	00	

Signature of the Head of the Institution

Signature of the Inspectors

12. Work load of Faculty members for B. Pharm

S. No.	Name of the faculty	Subjects taught	B. Pharm		Total Work Load	Specific Remarks of the Inspector
			Th	Pr		
III-I						
1	Mr. Faizan Sayeed	Ph. Tech	04	06	10	
2	Dr. Javed Akhter Ansari	Pharmacology-I+ (Ph.cognosy)	04+2	06	12	
3	Ms. Sana Aslam	P P – I	04	06	10	
4	Mr. Quazi Imaduddin	Med Chem- I	04		04	
5	Mr. Dipankar Bhowmik	Multi Media Lab + Ph.Cognosy	02	06	08	
IV-I						
1	Dr. V.H.Sastry	B P P K	04		04	
2	Ms. Sana Aslam	P B M	04	-	04	
3	Mr. Faizan Sayeed	D F D	04	06	10	
4	Dr. Khaja Zaheeruddin	Pharma. Analysis	04	06	10	
5	Mr. Quazi Imaduddin	Med Chem - II	04	06	10	

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

Details	Year 2011	Year 2012	Year 2013
No. of Students Appeared	10	15	10
No. of Students Qualified	06	08	05
Percentage	60	53	50

14. Whether the Institution has an Industry – Institution Interaction cell Yes No
If applicable please give the details for the previous Year

Event	Details for the Previous Year
No. of Industrial visits	08
Industrial Tour	01
Industrial Training	01 (as per curriculum requirement)
No. of Resource Persons from the Industry for Guest Lectures	04
No. of Collaboration projects with Industry	-

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

Year	Year 2011	Year 2012	Year 2013
No. of students appeared for campus interview	25	40	20
% Placed	05	20	05

16. Whether Professional Society Activities are Conducted (Enclose Details) (ISTE, IPA, APTI, ICTA and Related Societies)

Yes No

Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF.

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

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
1	Dr. V. H. Sastry	Professor	M.Pharm, Ph.D	01/06/03	25 yrs	040171		
2	Mr. Faizan Sayeed	Associate Professor	M.Pharm (Ph.D)	07/09/07	11 yrs	15201		
3	Mr. Quazi Imaduddin	Assistant Professor	M.Pharm, (Ph.D)	15/07/08	12 yrs	666228		
4	Dr. Ansari Javed Akhtar	Associate Professor	M.Pharm Ph.D	02/02/12	8 yrs	58981		
5	Mr. D. Bhowmik	Assistant Professor	M.Pharm.	11/08/09	7 yrs			
6	Mrs. Sana Aslam	Assistant Professor	M.Pharm	01/08/10	7 yrs	56367/A1		
7	Mr. Abdul Hai	Part time Lecturer	M.Sc, (Ph.D)	03/12/12	17 yrs	N/A		
8	Dr. Khaja Zaheeruddin	Assistant Professor	M.Sc., Ph.D	24/06/13	27 yrs	N/A		

2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others – Full Time
06	03	02

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

	No. of staff required for I *B.Pharm	Available	No. of staff required for II B.Pharm	Available	No. of staff required for III B.Pharm	Available	No. of staff required for IV B.Pharm	Available
Principal	1	1	1	1	1	1	1	1
Pharmaceutical Chemistry	1	1	2	2	3	3	4	4
Pharmaceutical Analysis	1	1	--	--	-	-	1	1
Pharmacology	1	1	2	2	3	3	4	4
Pharmacognosy	1	1	2	2	3	3	3	3
Pharmaceutics	1	1	2	2	3	3	4	4
Total	6	6	9	9	13	13	17	17
Part time teaching Staff	3	3	-	-	-	-	-	-
Remarks of Inspection								

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

Signature of the Head of the Institution

Signature of the Inspectors

4. **Staff Pattern for B. Pharm courses Department wise / Division wise:**

Professor: Asst. Professor: Lecturer

Department / Division	Name of the post	For strength of 60 students	Provided by the institution	Remarks of inspection team
Department of Pharmaceutics	Professor	1	1	
	Asst. Professor	1	3	
	Lecturer	2	3	
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1		
	Asst. Professor	1	1	
	Lecturer	3	3	
Department of Pharmacology	Professor	1		
	Asst. Professor	1	1	
	Lecturer	2	2	
Department of Pharmacognosy	Professor	1		
	Asst. Professor	1	1	
	Lecturer	1	1	

Signature of the Head of the Institution

Signature of the Inspectors

5. Selection criteria and Recruitment Procedure for Faculty:

a.	Whether Recruitment Committee has been formed	Yes / No
b.	Whether Advertisement for vacancy is notified in the Newspapers	Yes / No
c.	Whether Demonstration Lecture has been conducted	Yes / No
d.	Whether opinion of Recruitment Committee Recorded	Yes / No

Annexure - XII

6.Details of Faculty Retention for:

Name of Faculty Member	Peri	%
	Duration of 15 yrs. and above	
	Duration of 10 yrs. and above	
1. Dr V.H. Sastry	Duration of 5 yrs. and above	
2. Dr. Ansari Javed Akhtar		
3. Ms. Syeda Rana Nikhath		
4. Dr.Syed Areefulla Hussaini	Less than 5 yrs.	
5. Mr. Rajesh Babu.Vs		
6. Mr. Faizan Sayeed		
7. Mr. Quazi Imaduddin		
8.		
9.		

7. Details of Faculty Turnover:

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
	% of faculty retained in last 3 yrs	70%	-	-	30%

Signature of the Head of the Institution

Signature of the Inspectors

8.Number of Non-teaching staff available for B. Pharm course for intake of 60 Students:

Sl. No.	Designation	Required (Minimum)	Required Qualification	Available		Remarks of the
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	01	M.Sc (T.Fatima), B.Pharm (Tabassum Jahan)	
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC	06	Inter (K.M.A Kareem) Attender (Mohd Ghouse)	
3	Office Superintendent	1	Degree	01	MA LLB(G.Q.Haqqani)	
4	Accountant	1	Degree	01	B.Com (Zakir)	
5	Store keeper	1	DPharm/ Degree	01	B.Sc DMLT (Rafath)	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	01	B.Com (Waliullah)	
7	Office Staff I	1	Degree	01		
8	Office Staff II	2	Degree	02		
9	Peon	2	SSLC	02	S.S.C (Anjali)	
10	Cleaning personnel	Adequate	---	Adequat		
11	Gardener	Adequate	---	Adequat		

Signature of the Head of the Institution

Signature of the Inspectors

9. Scale of pay for Teaching faculty (to be 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
									P T	TDS	EPF					

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

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

12. Scope for the promotion for faculty: Promotions Yes No

13. Gratuity Provided Yes No

14. Details of Non-teaching staff members (list to be enclosed): Annexure – XII

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors
1	Mr. G.Q. Haqqani	Superintendent	M.A LLB	23/07/16	35 Years		
2	Mr.Mohd Waliullah	Office Incharge	B.Com	14/09/06	10 Years		
3	Mrs. Tausif Fatema	Lab. Assistant	M.Sc.	01/01/04	9 Years		
4	Mrs. E. Radhika	Librarian	M.Li.Sc.	26/11/05	8 Years		
5	Mr. Mohd Abdul Wahed	Store I/c	B.A	01/10/15	6 Years		
6	Ms. Tabassum Jahan	Lab Technician	B.Pharm	01/10/15	6 Years		
7	Mr. Mohd Ghouse	Lab Assistant	H.S.C	03/07/13	18 Years		
8	Mr. Khaja Mohd Abdul	Lab Assistant	Inter	01/04/16	1 Year		
9	Mr. Mohd Aamer	Labrary Asst	SSC	07/09/13	2 Years		
10	Mrs. V. Sharda	Sweeper	VII	07/07/03	8 Years		
11	Mrs. Joythi	Sweeper	VII	21/10/04	7 Years		
12	Mrs. Survana	Sweeper	V	10/02/05	6 Years		
13	Mrs. Paralima	Sweeper	V				
14	Mrs. Padma	Sweeper	V				
15	Ms. Anjali	Peon	S.S.C				
16	Ms. Rukmani Bai	Sweeper	V				

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

Yes/ No

Signature of the Head of the Institution

Signature of the Inspectors

PART V - DOCUMENTATION

Records Maintained: Essential

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

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)**

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

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

Sl	Expenditure in Rs. 2011-12			Expenditure in Rs. 2012-13			Expenditure in Rs 2013-14			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
	Chemicals	7,50,000.00	1,19,372.00	Chemicals	7,50,000.00	1,42,641.00	Chemicals	1,80,752.00	1,80,752.00	
	Glassware			Glassware			Glassware			

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

Sl	Expenditure in Rs. 2011-12			Expenditure in Rs. 2012-13			Expenditure in Rs 2013-14			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
	Equipment	5,00,000.00	4,47,764.00	Equipment	35,00,000.00	4,99,247.00	Equipment	2,81,000.00	2,74,248.00	

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. 2011-2012			Expenditure in Rs. 2012-2013			Expenditure in Rs. 2013-2014			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	4,00,000.00	1,43,801.00	Books	6,00,000.00	4,98,776.00	Books	2,00,000.00	1,35,731.00	
2	Journals	1,00,000.00	32,815.00	Journals	1,00,000.00	52,099.00	Journals	82,500.00	83,375.00	

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

Annexure – XIII

Signature of the Head of the Institution

Signature of the Inspectors

PART VII – EQUIPMENT AND APPARATUS

Department wise list of minimum equipments required for B. Pharm (for a batch of 20 students)

DEPARTMENT OF PHARMACOLOGY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	15	30	Yes	
2	Haemocytometer with Micropipettes	20	20	Yes	
3	Sahli's haemocytometer	20	25	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	100	Yes	
8	Models for various organs	One model of each organ system	Available	Yes	
9	Specimen for various organs and systems	One model for each organ system	Available	Yes	
10	Skeleton and bones	One set of skeleton and one spare bone	3	Yes	
11	Different Contraceptive Devices and Models	One set of each device	Available	Yes	
12	Muscle electrodes	01	01	Yes	
13	Lucas moist chamber	01	01	Yes	
14	Myographic lever	01	01	Yes	
15	Stimulator	01	01	Yes	
16	Centrifuge	01	01	Yes	
17	Digital Balance	01	01	Yes	
18	Physical /Chemical Balance	01	01	Yes	
19	Sherrington's Kymograph Machine / Polyrite	10	22	Yes	

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20	Sherrington Drum	10	20	Yes	
21	Perspex bath assembly (single unit)	10	20	Yes	
22	Aerators	10	20	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	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 methods)	01	01	Yes	
30	Convulsiometer	01	01	Yes	
31	Plethysmograph	01	01	Yes	
32	Digital pH meter	01	01	Yes	

Apparatus:

Sl. No.	Name	Minimum required No.s	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Folin-Wu tubes	60	60	Yes	
2	Dissection Tray and Boards	10	10	Yes	
3	Haemostatic artery forceps	10	10	Yes	
4	Hypodermic syringes and needles of size 15,24,26G	10	Yes 3*10=30	Yes	
5	Livers, cannulae	20	20	Yes	

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

DEPARTMENT OF PHARMACOGNOSY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	15	15	Yes	
2	Digital Balance	02	02	Yes	
3	Autoclave	02	03	Yes	
4	Hot air oven	02	02	Yes	

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

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Reflux flask with condenser	20	22	Yes	
2	Water bath	20	22	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	01	Yes	

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

DEPARTMENT OF PHARMACEUTICAL CHEMISTRY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Hot plates	05	05	Yes	
2	Oven	03	03	Yes	
3	Refrigerator	01	01	Yes	

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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	

Apparatus:

Sl. 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 necked	20	20	Yes	
4	Burettes	40	40	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.

DEPARTMENT OF PHARMACEUTICS

Equipment:

Sl. 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	05	05	Yes	
6	Brookfield's viscometer	01	01	Yes	
7	Tray dryer	01	01	Yes	
8	Ball mill	01	01	Yes	

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9	Sieve shaker with sieve set	01	01	Yes	
10	Double cone blender	01	01	Yes	
11	Propeller type mechanical agitator	05	05	Yes	
12	Autoclave	01	01	Yes	
13	Steam distillation still	01	01	Yes	
14	Vacuum Pump	01	01	Yes	
15	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	10 sets	Yes	
16	Tablet punching machine	01	02	Yes	
17	Capsule filling machine	01	01	Yes	
18	Ampoule washing machine	01	01	Yes	
19	Ampoule filling and sealing machine	01	01	Yes	
20	Tablet disintegration test apparatus IP	01	01	Yes	
21	Tablet dissolution test apparatus IP	01	01	Yes	
22	Monsanto's hardness tester	01	01	Yes	
23	Pfizer type hardness tester	01	01	Yes	
24	Friability test apparatus	01	01	Yes	
25	Clarity test apparatus	01	01	Yes	
26	Ointment filling machine	01	01	Yes	
27	Collapsible tube crimping machine	01	01	Yes	
28	Tablet coating pan	01	01	Yes	
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH 10	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	02	Yes	
34	Bottle washing Machine	01	01	Yes	
35	Bottle Sealing Machine	01	01	Yes	
36	Bulk Density Apparatus	02	02	Yes	
37	Conical Percolator (glass/ copper/ stainless steel)	10	10	Yes	
38	Capsule Counter	02	02	Yes	
39	Energy meter	02	02	Yes	
40	Hot Plate	02	02	Yes	

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Signature of the Inspectors

41	Humidity Control Oven	01	01	Yes	
42	Liquid Filling Machine	01	01	Yes	
43	Mechanical stirrer with speed regulator	02	02	Yes	
44	Precision Melting point Apparatus	01	01	Yes	
45	Distillation Unit	01	01	Yes	

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	15	15	Yes	
2	Stalagmometer	15	15	Yes	
3	Desiccator*	05	05	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	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.

PHARMACEUTICAL BIOTECHNOLOGY

Sl. 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	No (desirable)	---	
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	No (desirable)	---	
7	Tissue culture station	01	01	Yes	
8	Laminar airflow unit	01	01	Yes	

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9	Diagnostic kits to identify infectious agents	01	01	Yes	
10	Rheometer	01	01	Yes	
11	Viscometer	01	01	Yes	
12	Micropipettes (single and multi channeled)	01 each	01 each	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.

CENTRAL INSTRUMENTATION ROOM:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01	01	Yes	
2	Digital pH meter	01	01	Yes	
3	UV- Visible Spectrophotometer	01	01	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	01	Yes	
8	Potentiometer	01	01	Yes	
9	Conductivity meter	01	01	Yes	
10	Fourier Transform Infra Red Spectrometer (Desirable)	01	No (desirable)	---	
11	HPLC	01	01	Yes	
12	HPTLC (Desirable)	01	No (desirable)	---	

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Signature of the Inspectors

13	Atomic Absorption and Emission spectrophotometer (Desirable)	01	No (desirable)	---	
14	Biochemistry Analyzer (Desirable)	01	01	Yes	
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01	-	-	
16	Deep Freezer (Desirable)	01	01	Yes	
17	Ion- Exchanger	01	01	Yes	
18	Lyophilizer (Desirable)	01	No (desirable)	---	

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

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

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

Present Designation : _____

Department : _____

College : _____

City : _____

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 Office : _____
with Code

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 :-

	Amount Received	TDS
April, 2010		
May, 2010		
June, 2010		
July, 2010		
August, 2010		
September, 2010		
October, 2010		
November, 2010		
December, 2010		
January, 2011		
February, 2011		
March, 2011		

(Copy of my form 16 (TDS certificate) for financial year 2010-2011 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 2010-2011.
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