

# 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	<b>Keshlata College of Pharmacy Campus -Keshlata Hospital Delapeer Road, BAREILLY 243122 ( U P ) 0581 2300647, 2300114 0581- 2303345</b>
Year of starting of the course	<b>2017-18</b>
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Private College - Established and Promoted by Keshlata Educational Society ( registered under Society Act vide registration no. 819/2003-04 on 9-3-2004 having renewal till 9 <sup>th</sup> March 2019)
<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:	<b>Keshlata Educational Society Campus -Keshlata Hospital, Delapeer, Bareilly 0581 – 2300647 0581 –2303345 Kcolbly2012@yahoo.com <a href="http://www.keshlata.com">www.keshlata.com</a></b>
<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	<b>Dr. Keshav Kumar Agrawal  0581 2303344 &amp; 2300647  9837070066 0581 -2303345 <a href="mailto:keshlatahosp@yahoo.com">keshlatahosp@yahoo.com</a></b>
<b>A – I. 4</b> Name and Address of the Head of the Institution	<b>Mr. Devendra Khandelwal Administrator Keshlata College of Pharmacy, Keshlata Hospital Campus, Delapeer, ,Bareilly</b>
<b>A-1.4a</b> Whether the Jan Aushadhi Medical Store has been opened by your institution	<b>No</b>

Signature of the Head of the Institution

Signature of the Inspectors

A –I. 5

**FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL      New Proposal**

a. **Details of Affiliation Fee Paid**

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated
D. Pharm	N/A	N/A	N/A

b. **APPROVAL STATUS:**                              NEW PROPOSAL

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	N / A	N/A	
		Approved Intake	N / A	N/A	
		Actually Admitted	N / A	N/A	

c. **STATUS OF APPLICATION**                              NEW PROPOSAL

Course	Extension of Approval		Increase in Intake of Seats		Remarks	
					Current Intake	Proposed increase in Intake
D. Pharm	Yes	No	Yes	No	N / A	

Note: Enclose relevant documents

A –I. 6

**Whether other Educational Institutions / Courses are also being run by the society /trust in the same Building/ campus?**

YES                  NO   

If yes, give status:    **Other education institutions promoted by the society are**  
 1). Keshlata college of Nursing, 2). Keshlata School of Nursing,  
 3). Keshlata Institute of Paramedical Sciences

A – I. 6 a

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

**Examining Authority :**                              Board of Technical Education , Uttar Pradesh  
**With complete postal Address,**                  Guru Govind Singh Marg , Bans Mandi, Charbagh  
 LUCKNOW -226001( U P)  
**Telephone No. and STD Code.**                  0522 -2630243

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**B - DETAILS OF THE INSTITUTION**

<b>B –I .1</b> <b>Name of the Principal</b>	<b>New Proposal</b> (Identified to be appointed as Principal)				
<b>Qualification/ Experience</b>	<b>Qualification</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm	M Pharm	05 years	5 yrs	
	PhD (Desirable)		02 years		

\* **Documentary evidence should be provided**

**B –I .2**

**For institution seeking continuation of approval** Not Applicable

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
<b>D. Pharm</b>	N/A	N / A	N /A	N /A

\* Enclose Documents

**B –I .3 Pay Scales:** New Proposal

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

**B –I .4**

**D. Pharm Course: Admission statement for the past three years** New Proposal

ACADEMIC YEAR	2015-16	2016-17	2017-18
<b>Sanctioned</b>	N/A	N/A	N/A
<b>No. of Admissions</b>	N/A	N/A	N/A
<b>Unfilled Seats</b>	N/A	N /A	N /A
<b>No. of Excess Admissions</b>	N/A	N /A	N /A

**B –I .5**

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

ACADEMIC YEAR	Year 2015	Year 2016	Year 2017
D. Pharm	N/ A	N / A	N / A

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

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

Proposed institute is promoted by **Keshlata Education Society** and copy of Audited balance sheet of the last year (2015-16 ) of the society is attached.

**C.1 Resources and funding agencies (give complete list):** Promoter – Keshlata Educational Society

**C.2 Please provide following Information** New Proposal

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

**Note: Enclose relevant documents**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

## PART- II PHYSICAL INFRASTRUCTURE

1. a). Building : Own  
 b. Land: : Own  
 Sale / Agreement deed (records to be enclosed) : **Enclosed**

c. Building: Own Leased  Rented

- i) Leased/Rented † (Record to be enclosed) : N/A  
 ii) If Own (Approved Building plan & sale deed to be enclosed) : Enclosed

d. Total Area of the college building in Sq. mts : Built up Area **1054 Sq Mtrs**

Amenities and Circulation Area **365 Sq Mtrs**

### 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	91 Sq Mtr	

(\* 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)	Five	258	
2	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy <b>Total 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)	One One One One One Five One	51 52 52 51 52 258 23	
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)	Avail- able	75	
4	Area of the Machine Room	100 Sq mts	One	104	
5	Aseptic Room	25 Sq mts	One	51	
6	Store Room – I	1 (Area 20 Sq mts)	One	51	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	One	20	

\* 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	One	25	
2	Office – I Including Confidential Room	01	40 Sq mts	Two	30+ 15	
3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq mts	Six	96	
4	Library with computer and reprographic facilities	01	100 Sq mts	Yes	@	
5	Museum	01	30 Sq mts (May be attached to the Pharmacognosy Lab)	One	42	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	Yes	#	
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	Yes	\$	

@ Separate section is provided for Pharmacy in the central Library (240 Sq Mtr)

# Well equipped and well-furnished Auditorium with 400 seating capacity is available in the campus.

\$ Area in the campus is earmarked for developing herbal garden.

**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	One	40	
2	Boy's Common Room (Essential)	01	40 Sq mts	One	42	
3	Toilet Blocks for Boys	01	25 Sq mts	One	-	
4	Toilet Blocks for Girls	01	25 Sq mts	Two	-	
5	Canteen (Desirable)	01	100 Sq mts	**		
6	Drinking Water facility Water Cooler (Essential)	01		**	-	
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single occupancy	**	-	
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy)	**	-	
9	Power Backup Provision (Desirable)	01		**	-	

\*\* Common with facilities in the Campus

**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	Seven	-	
Printers	1 printer for every 10 computers	YES	Six	-	
Xerox Machine	01	YES	One	-	
Multi Media Projector	02	YES	Two	-	

**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	Yes	#		
Staff quarters	6 x 80 Sq. mts	Yes	#		
Parking Area for staff and students		Yes	#		
Bank Extension Counter		Yes	#		
Co operative Stores		No	#		
Guest House	80 Sq. mts	Yes	#		
Transport Facilities for students		Yes	#		
Medical Facility (First Aid)		Yes	#		

# All these amenities are available in the Campus ( common with other institutions ).

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	75	753	
2	Annual addition of books		75 books per year	New	New	
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.	Six	Available	
4	<b>Library Timings</b>	<b>9.00 AM to 5.00 PM</b>				

### 8.B. Subject wise Classification:

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I	8	65	
2	Pharmaceutical Chemistry – I	5	35	
3	Pharmacognosy	5	45	
4	Biochemistry and Clinical Pathology	6	95	
5	Human Anatomy and Physiology	8	97	
6	Health Education & Community Pharmacy	5	55	
7	Pharmaceutics – II	7	45	
8	Pharmaceutical Chemistry – II	7	55	
9	Pharmacology and Toxicology	8	95	
10	Pharmaceutical Jurisprudence	5	41	
11	Drug Store and Business Management	6	80	
12	Hospital and Clinical Pharmacy	5	45	

### 8.C. Library Staff:

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

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:** New Proposal

**1. Student Staff Ratio:** N/A                      **Theory**                       **Practical's**

(Required ratio --- Theory → 60:1 and Practical's → 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 :** New

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

**3. Vacation:** NEW                      **No. of Days Summer:**                      **No of Days Winter:**

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

**5. Time Table:** New Proposal

Time Table for I and II D. Pharm Enclosed                      Not Applicable                      Yes                      No

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

Class / Subject	Theory		Practical's				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	N / A	100	N / A	25	N / A	
Pharmaceutical Chemistry – I	75	N/ A	75	N / A	25	N / A	
Pharmacognosy	75	N / A	75	N / A	25	N / A	
Biochemistry and Clinical Pathology	50	N / A	75	N / A	25	N / A	
Human Anatomy and Physiology	75	N / A	50	N / A	25	N / A	
Health Education and Community Pharmacy	50	N / A	----	N / A	----	N / A	
<b>II D. Pharm</b>							
Pharmaceutics – II	75	New	100	N / A	25		
Pharmaceutical Chemistry – II	100	N / A	75	N / A	25	N / A	
Pharmacology and Toxicology	75	N / A	50	N / A	25	N / A	
Pharmaceutical Jurisprudence	50	N / A	----	N / A	-----	N / A	
Drug Store and Business Management	75	N / A	----	N / A	----	N / A	
Hospital and Clinical Pharmacy	75	N / A	50	N / A	25	N / A	

**Signature of the Head of the Institution**

**Signature of the Inspectors**

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

Yes  No.

**8. Whether Evaluation of the internal assessments is Fair** Yes  No

New Proposal

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	New	New	New	New	New	New	New	
<b>II D. Pharm</b>	N/A	New	New	New	New	New	New	New	

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

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		
	New	New	New	New	New	New		

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:** New Proposal

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			
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Six Faculties for D Pharm have been Identified and consented for joining once the approval is granted.

2. **Qualification and number of Staff Members New ( Identified)**  
**Number of staff members required: 07**

Qualification			
B. Pharm	M. Pharm	PhD	Others - Full Time
-	7	-	-

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

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

4. **Details of Faculty Turnover :** New Proposal

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

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

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

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

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					
	-	-	-	-	-	-	-	-					--	-	-	

**8. Whether facilities for Research / Higher studies are provided to the faculty?** New Proposal  
(Inspectors to verify documents pertaining to the above)

**9. Whether faculty members are allowed to attend workshops and seminars?** New Proposal  
(Inspectors to verify documents pertaining to the above)

**10. Scope for the promotion for faculty:** N/A Yes  No

**11. Gratuity Provided** N/A Yes  No

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

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

**13. Whether Supporting Staff (Technical and Administrative) are encouraged for Skill Upgradation Programs** Yes/ No  
New Proposal

Signature of the Head of the

Signature of the Inspectors

## PART V - DOCUMENTATION

### Records Maintained: (Essential) NEW

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

Signature of the Head of the Institution

Signature of the Inspectors

**PART - VI**

**1. Financial Resource allocation and utilization for the past three years:**      New Proposal  
**(Audited Accounts for the previous year to be enclosed)**                                      N/A

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

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

SlNo	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	<b>Chemicals</b>	N/A	N/A	<b>Chemicals</b>	N/A	N/A	<b>Chemicals</b>	N/A	N/A	
	<b>Glassware</b>	N/A	N/A	<b>Glassware</b>	N/A	N/A	<b>Glassware</b>	N/A	N/A	

**3. Total amount spent on equipments for the past three years:**      New  
**(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	
	<b>Equipment</b>	N/A	N/A	<b>Equipment</b>	N/A	N/A	<b>Equipment</b>	N/A	N/A	

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

SlNo	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
<b>1</b>	<b>Books</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
<b>2</b>	<b>Journals</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	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 equipment's required for D. Pharm****PHARMACEUTICS Lab 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	Continuous Hot Extraction Equipment	05	05		
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	01		
10	Monsanto's hardness tester	01	01		
11	Pfizer type hardness tester	01	01		
12	Tablet disintegration test apparatus IP	01	01		
13	Tablet dissolution test apparatus IP	01	01		
14	Granulating sieve set	10	10		
15	Tablet counter – small size	05	05		
16	Friability tester	01	01		
17	Collapsible tube – Filling and sealing equipment	01	01		
18	Capsule filling machine – Lab size	01	01		
19	Digital balance	01	01		
20	Distillation unit for distilled water	02	02		
21	Deionisation unit	01	01		
22	Glass distillation unit for water for injection	01	01		
23	Ampoule washing machine	01	01		
24	Ampoule filling and sealing machine	01	05		
25	Sintered glass filters for bacterial proof filtration (four different grades)	Adequate	<b>Available</b>		
26	Millipore filter (3 grades)	Adequate	<b>Available</b>		

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

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

**PHARMACEUTICAL CHEMISTRY Lab Equipment:**

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

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

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**PHYSIOLOGY & PHARMACOLOGY LABORATORY Equipment:**

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

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

**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	1		
2	Charts (different types)	Adequate	Available		
3	Models (different types)	Adequate	Available		
4	Permanent Slides	Adequate	Available		
5	Slides and Cover Slips	Adequate	Available		

**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	2		
2	Microscope	Adequate	Available		
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)	Adequate	Available		
4	Watch glass	Adequate	Available		
5	Centrifuge	1	1		

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6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	Available		
7	Filtration equipment	2	2		
8	Filling Machine	1	1		
9	Sealing Machine	1	1		
10	Autoclave sterilizer	1	1		
11	Membrane filter	1 Unit	1 Unit		
12	Sintered glass funnel with complete filtering assemble	Adequate	Available		
13	Small disposable membrane filter for IV admixture filtration	Adequate	Available		
14	Laminar air flow bench	1	1		
15	Vacuum pump	1	1		
16	Oven	1	1		
17	Surgical dressing	Adequate	Available		
18	Incubator	1	1		
19	PH meter	1	1		
20	Disintegration test apparatus	1	1		
21	Hardness tester	1	1		
22	Centrifuge	1	1		
23	Magnetic stirrer	1	1		
24	Thermostatic bath	1	1		

**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.

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**Observation of the Inspectors:**

<b>Compliance of the last recommendations by Inspectors</b>
<b>Specific observations if not complied</b>

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

**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**