

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.

Inspection No. :

FILE No. :

To be filled up by inspectors

Date of Inspection:

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 Year of starting of the course	SHRI RAWATPURA SARKAR INSTITUTE OF PHARMACY SHRANGARVAN, CHITRAKOOT DISTT-SATNA (M.P.) PIN -485334 07670 265550 07670-265550 srichitrakoot1008@gmail.com 2018-19
Status of the course conducting body: Government /University/ Autonomous / Aided / Private(Enclosecopy of Registration documents of Society/Trust) A – I. 2 Name, address of the Society/Trust/ Management(attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	PRIVATE REG. & TRUST DEED ATTACHED AS ANNEXURE-I SHRI RAWATPURA SARKAR LOK KALYAN TRUST, VILL-DHANALI, POST-MANA, DISTT-RAIPUR (C.G.) PIN 492015 TRUST ADDRESS PROOF ATTACHED AS ANNEXURE-I A 07670 265550 07670-265550 srichitrakoot1008@gmail.com www.srickt.org/pharmacy
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	F/LAMITA SAXENA CEO SHRI RAWATPURA SARKAR GROUP OF INSTITUTIONS CHITRAKOOT DISTT-SATNA M.P. 07670 265550 7869801880 9893346626 07670-265550 sri.amiaf@gmail.com
A – I. 4 Name and Address of the Head of the Institution	SHRI ATUL KUMAR, SECRETARY, SHRI RAWATPURA SARKAR LOK KALYAN TRUST, VILL-DHANALI, POST-MANA, DISTT-RAIPUR (C.G.)
A – I. 4 a) Whether the Jan Aushadhi Medical Store has been opened by your institution	Yes / No (Please tick (<input type="checkbox"/>) the relevant portion)

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	2018-19	Affiliation-D.D. No. _255570 Inspection D.D. No- 255571	26/08/2017 26/08/2017

DD ATTACHED AS ANNEXURE-II

b. APPROVAL STATUS:

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVERNMENT	Remarks of the Inspectors
D. Pharm	NEW INSTITUTIONS	Approval Letter No and Date Approved Intake Actually Admitted	NEW INSTITUTIONS		NOC STATE GOVT. & AFFILIATING BODY ATTACHED AS ANNEXURE-III

c. STATUS OF APPLICATION

Course	Extension of Approval	Increase in Intake of Seats	Remarks	
			Current Intake	Proposed increase in Intake
D. Pharm	NEW INSTITUTE APPLIED FOR 60 SEATS	NA	NO	NEW INSTITUTE 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 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 type="checkbox"/>
Multi Institutional Campus	<input checked="" type="checkbox"/>

**Examining Authority :
With complete postal Address, -**

Rajiv Gandhi Proudयोगिकी विश्वविद्यालय
(Polytechnic Division)
A4-Office Complex, Gautam Nagar,
Near Chetak Bridge,
Bhopal Pin-462023 462023
2734913
0755

**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	Mr. Alok Kumar Pandey Attached as Annexure-IV
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Qualification/ Experience	Qualification*	Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	07 years	07	

* 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	NEW INSTITUTE			

* Enclose Documents

B -I .3 Pay

Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
Teaching Staff	AICTE /UGC/State Govt.	As per Rules	No	No	
Non- Teaching Staff	State Government Yes / No	NEW INSTITUTE	Yes NO AFFIDAVIT FOR PAY SCALE ATTACHED AS PER ANNEXURE-V	NO	

B -I .4

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

ACADEMIC YEAR	2014-15	2015-16	2016-17
Sanctioned	NEW INSTITUTE		
No. of Admissions			
Unfilled Seats			
No. of Excess Admissions			

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	NEW INSTITUTE		

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		NEW INSTITUTE
NSS Programme Officer's Name		
Programme conducted (mention details)		
Whether students participating in University level cultural activities / Co- curricular/sports activities		
Physical Instructor		Available
Sports Ground		Individual

Signature of the Head of the Institution

Signature of the Inspectors

C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

C .1 Resources and funding agencies (give complete list)

NEW INSTITUTE PROPOSED

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. Other (From Trust)	125 Lacks	CAPITAL EXPENDITURE			
2.	Tuition Fee	NA	1.	Building	100 Lakhs	
3.	Library Fee	NA	2.	Equipment	20 Lakhs	
4.	Sports Fee	NA	3.	Others	05 Lakhs	
5.	Union Fee	NA	REVENUE EXPENDITURE			
6.	Others	NA	1	Salary	NA	
			2.	MAINTENANCE EXPENDITURE		
				i	College	NA
				ii	Others	
			3.	University Fee (If any)	NA	
			4.	Apex Bodies Fee	NA	
			5.	Government Fee		
			6.	Deposit held by the College	NA	
			7.	Others	NA	
			8.	Misc.Expenditure		
			Total		125 Lacks	
Total		125 Lacks				

Note: Enclose relevant documents

BALANCE SHEET ATTACHED AS ANNEXURE-VI

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1.a. Building : **OWNED**

b. Land:

i) Leased or own

Own

Sale / Agreement deed (records to be enclosed)

**ENCLOSED AS
ANNEXURE-VII**

c. Building:

Leased

Rented

OWNED

i) Leased/Rented[†] (Record to be enclosed)

: **NOT AVAILABLE
ENCLOSED BUILDING
PLAN AS ANNEXURE-
VIII**

ii) If Own (Approved Building plan & sale deed to be enclosed)

d. Total Area of the college building in Sq.mts

: Built up Area

3768.90 Sq.Mt.

Amenities and Circulation Area

942.22 Sq.mt.

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	102.20 Sq.Mt. 98.62 Sq.Mt.	

(* 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)	05	468.24	
2	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy Total no. of Labs for D. Pharm Course *Animal House	01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 05 Laboratories 01 (10 sq.mts)	01 01 01 01 01 01 01	78.04 78.04 78.04 78.04 78.04 78.04 10.00	
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	10.00	
4	Area of the Machine Room	100 Sq mts	01	102.70	
5	Aseptic Room	25 Sq mts	01	25.00	
6	Store Room – I	1 (Area 20 Sq mts)	01	66.89	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01	66.89	

* 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	20.00	
2	Office – I Including Confidential Room	01	40 Sq mts	01	49.06	
3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq mts	02	24.53*2=49.06	
4	Library with computer and reprographic facilities	01	100 Sq mts	01	154.82	
5	Museum	01	30 Sq mts (May be attached to the Pharmacognosy Lab)	01	39.02	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	139.35	
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	50	

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	76.65	
2	Boy's Common Room (Essential)	01	40 Sq mts	01	76.65	
3	Toilet Blocks for Boys	01	25 Sq mts	01	50.00	
4	Toilet Blocks for Girls	01	25 Sq mts	01	50.00	
5	Canteen (Desirable)	01	100 Sq mts	01	150.00	
6	Drinking Water facility Water Cooler (Essential)	01		01	10.00	
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single occupancy	01	-	
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy)	01	-	
9	Power Backup Provision (Desirable)	01		01	-	

6. Computer and other Facilities:

ENCLOSED COMPUTER LISTAS ANNEXURE-IX

Name	Required	Available	Available		Remarks of the Inspectors
			No.	Area in Sq. mts	
Computer (latest Configuration)	1 system for every 10 students	10	10 No.	76.65 Sq. Mt.	
Printers	1 printer for every 10 computers	01	1 No.		
Xerox Machine	01	01	1 No.		
Multi Media Projector	02	02	02 No.		

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	NA	NA		
Staff quarters	6 x 80 Sq. mts	NA	NA		
Parking Area for staff and students		YES	50		
Bank Extension Counter		NA	NA		
Co operative Stores		NA	NA		
Guest House	80 Sq. mts	NA	NA		
Transport Facilities for students		YES	NA		
Medical Facility (First Aid)		YES	10		

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	100	800	
2	Annual addition of books		75 books per year	NEW INSTITUTE		
3	Periodicals Hard copies / online		06 National Journals 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	06	
4	Library Timings	10 AM TO 4 PM				
						BOOK LIST ATTACHED AS ANNEXURE-X

8.B. Subject wise Classification:

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I	10	100	
2	Pharmaceutical Chemistry – I	10	100	
3	Pharmacognosy	10	100	
4	Biochemistry and Clinical Pathology	10	50	
5	Human Anatomy and Physiology	10	50	
6	Health Education and Community Pharmacy	05	50	
7	Pharmaceutics – II	10	50	
8	Pharmaceutical Chemistry – II	10	100	
9	Pharmacology and Toxicology	10	50	
10	Pharmaceutical Jurisprudence	05	50	
11	Drug Store and Business Management	05	50	
12	Hospital and Clinical Pharmacy	05	50	

8.C. Library Staff:

	Staff:	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	D. Lib	1	01	
2	Library Attenders	10+ 2 /PUC	1	01	

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

**LIST OF LIBRARY STAFF IDENTIFIED
ATTACHED AS ANNEXURE-XI**

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:

Commencement	Completion
AS PER AFFILIATION BODY NORMS	AS PER AFFILIATION BODY NORMS

No of Days

No of Days

3. Vacation:

Summer:

As per Affiliation Body Norms

Winter:

As per Affiliation Body Norms

4. Total Number of working days:

As per Affiliation Body Norms

5. Time Table:

Time Table for I and II D. Pharm Enclosed

Yes

No

ATTACHED AS ANNEXURE-XII

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	
I D. Pharm							
Pharmaceutics – I	75		100		25		
Pharmaceutical Chemistry – I	75		75		25		
Pharmacognosy	75		75		25		
Biochemistry and Clinical Pathology	50		75		25		
Human Anatomy and Physiology	75		50		25		
Health Education and Community Pharmacy	50		----		----		
II D. Pharm							
Pharmaceutics – II	75		100		25		
Pharmaceutical Chemistry – II	100		75		25		
Pharmacology and Toxicology	75		50		25		
Pharmaceutical Jurisprudence	50		----		----		
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

New Institutions

Yes

No

8. Whether Evaluation of the internal assessments is Fair Yes

No

New Institutions

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 D. Pharm	New Institutions								
II D. Pharm									

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		
New Institutions								

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			
IDENTIFIED									
TEACHING STAFF ATTACHED AS PER ANNEXURE-XIII									

2. Qualification and number of Staff Members

Number of staff members required: 07

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

3. Details of Faculty Retention for:

Name of Faculty Member	Period	Percentage
AS PER AFFILIATION BODY NORMS	Duration of 15 yrs. And above	NA
	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%
New Institutions	% of faculty retained in last 3 yrs	NA			

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

ATTACHED AS ANNEXURE-XIV

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	SLC PG	
3	Office Superintendent	01	Degree	01	PG	
4	Accountant cum Clark	01	Degree	01	D.PHARMA	
5	Store keeper	01	D. Pharm	01	DEGREE PGDCA	
6	Computer Data Operator	01	10+2 with computer training	01	DEGREE, DCA	
7	Peon	02	SSLC	02	10th	
8	Cleaning personnel	04	---	04	8th	
9.	Gardener	01	---	01	8th	

Signature of the Head of the Institution

Signature of the Inspectors

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

ATTACHED AS ANNEXURE- XV

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? **Yes**
(Inspectors to verify documents pertaining to the above)

9. Whether faculty members are allowed to attend workshops and seminars? **Yes**
(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) :

ATTACHED AS ANNEXURE- XVI

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**

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	√		
2.	Individual Service Register	√		
3.	Staff Attendance Registers	√		
4.	Sessional Marks Register	√		
5.	Final Marks Register	√		
6.	Student Attendance Registers	√		
7.	Minutes of meetings- Teaching Staff	√		
8.	Fee paid Registers	√		
9.	Acquittance Registers	√		
10.	Accession Register for books and Journals in Library	√		
11.	Log book for chemicals and Equipment costing more than Rupees one lakh	√ √		
12.	Job Cards for laboratories	√		
13.	Standard Operating Procedures (SOP's) for Equipment	√		
14.	Laboratory Manuals	√		
15.	Stock Register for Equipment	√		
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)

NEW INSTITUTE

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	
NEW INSTITUTE			NEW INSTITUTE			NEW INSTITUTE				

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

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	
	Chemicals		NA	Chemicals		NA	Chemicals		NA	
	Glassware			Glassware			Glassware			NA

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	
	Equipment		NA	Equipment		NA	Equipment		NA	

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									
2	Journals		NA			NA			NA	

*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

PHARM ACEUTICS

Equipment:

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

Signature of the Head of the Institution

Signature of the Inspectors

27	Autoclave	01	01	YES	
28	Hot air sterilizer	01	01	YES	
29	Incubator	01	01	YES	
30	Aseptic cabinet	01	01	YES	
31	Ampoule clarity test equipment	01	01	YES	
32	Blender	01	01	YES	
33	Sieves set (Pharmacopoeial standard)	02	02	YES	
34	Lab Centrifuge	01	01	YES	
35	Ointment slab	Adequate	20	YES	
36	Ointment spatula	Adequate	20	YES	
37	Pestle and mortar porcelain	Adequate	10	YES	
38	Pestle and mortar glass	Adequate	10	YES	
39	Suppository moulds of three sizes	Adequate	10	YES	
40	Refrigerator	01	01	YES	

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

PHARMACEUTICAL CHEMISTRY

Equipment:

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

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	20	YES	
2	Haemocytometer	10	10	YES	
3	Student's organ bath	1	1	YES	
4	Sherington's rotating drum	1	1	YES	
5	Frog board	Adequate	10	YES	
6	Tray (dissecting)	Adequate	10	YES	
7	Frontal writing lever	Adequate	10	YES	
8	Aeration tube	Adequate	10	YES	
9	Telethermometer	1	1	YES	
10	Pole climbing apparatus	1	1	YES	
11	Histamine chamber	1	1	YES	
12	Simple lever	Adequate	10	YES	
13	Staring heart lever	Adequate	10	YES	
14	Aerator	Adequate	10	YES	
15	Histological Slides	Adequate	10	YES	
16	Sphygmomanometer (B.P. apparatus)	5	5	YES	
17	Stethoscope	5	5	YES	
18	First aid equipment	Adequate	5	YES	
19	Contraceptive device	Adequate	5	YES	
20	Dissecting (surgical) instruments	Adequate	10	YES	
21	Balance for weighing small Animals	1	1	YES	
22	Kymograph paper	Adequate	20	YES	
23	Actophotometer	1	1	YES	
24	Analgesiometer	1	1	YES	
25	Thermometer	Adequate	20	YES	
26	Plastic animal cage	Adequate	10	YES	
27	Double unit organ bath with thermostat	1	1	YES	
28	Refrigerator	1	1	YES	
29	Single pan balance	1	1	YES	
30	Charts	Adequate	10	YES	

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31	Human skeleton	1	1	YES	
32	Anatomical specimen (Heart, brain, eye, ear, reproductive system etc.)	1 set	1 set	YES YES	
33	Electro-convulsimeter	1	1	YES	
34	Stop watch	Adequate	05	YES	
35	Clamp, boss heads, screw clips	Adequate	10	YES	
36	Syme's Cannula	Adequate	10	YES	

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	YES	
2	Charts (different types)	Adequate	20	YES	
3	Models (different types)	Adequate	20	YES	
4	Permanent Slides	Adequate	30	YES	
5	Slides and Cover Slips	Adequate	30	YES	

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	YES	
2	Microscope	Adequate	04	YES	
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.)	Adequate	20	YES YES	
4	Watch glass	Adequate	20	YES	
5	Centrifuge	1	01	YES	
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	AVAILABLE	YES	
7	Filtration equipment	2	02	YES	

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8	Filling Machine	1	1	YES	
9	Sealing Machine	1	1	YES	
10	Autoclave sterilizer	1	1	YES	
11	Membrane filter	1 Unit	1 Unit	YES	
12	Sintered glass funnel with complete filtering assemble	Adequate	10	YES	
13	Small disposable membrane filter for IV admixture filtration	Adequate	20	YES	
14	Laminar air flow bench	1	1	YES	
15	Vacuum pump	1	1	YES	
16	Oven	1	1	YES	
17	Surgical dressing	Adequate	30	YES	
18	Incubator	1	1	YES	
19	PH meter	1	1	YES	
20	Disintegration test apparatus	1	1	YES	
21	Hardness tester	1	1	YES	
22	Centrifuge	1	1	YES	
23	Magnetic stirrer	1	1	YES	
24	Thermostatic bath	1	1	YES	

NOTE: 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:

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

