

PHARMACY COUNCIL OF INDIA

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

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

(SIF-C)

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	Shree Venkateshwara College of Paramedical Sciences Erode - Gobi Main Road, Othakuthirai, K.Mettupalayam Post, Gobichettipalayam- 638455 Erode District, Tamilnadu State. 04285 266188, 266199 04285 266133 svcpsgobi@gmail.com
Year of starting of the course	2018-2019
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	PRIVATE
A – I .2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail	Shree Venkateshwara Educational & Charitable Trust Erode-Gobi Main Road, Othakuthirai, K.Mettupalayam Post, Gobichettipalayam-638455 Erode District, Tamilnadu State. 04285 266188, 266199 04285 266133 svcpogobi@gmail.com Enclosed - ANNEXURE - I
A – I .3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. E-Mail	Thiru. K.C. Karuppanan Secretary Shree Venkateshwara Educational & Charitable Trust, Erode-Gobi Main Road, Othakuthirai, K.Mettupalayam Post, Gobichettipalayam-638455 Erode District, Tamilnadu State. 04285 266188, 266199 & Fax no: :04285266133 9715997777,8667475353 svhecgobi@gmail.com
A – I .4 Name and Address of the Head of the Institution	Prof. Dr. K.B. ILANGO, M Pharm, PhD Principal, Shree Venkateshwara College of Paramedical Sciences Erode-Gobi Main Road, Othakuthirai, K.Mettupalayam Post, Gobichettipalayam-638455 Erode District, Tamilnadu State.

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 - NOT APPLICABLE

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
D. Pharm				
B. Pharm				

b. APPROVAL STATUS - NOT APPLICABLE

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVT	UNIVERSITY	Remarks of the Inspectors
B. Pharm		Approval Letter No and Date		APPLIED UNDER PROCESS	APPLIED UNDER PROCESS	
		Approved Intake				
		Actually Admitted				
D. Pharm		Approval Letter No and Date		APPLIED UNDER PROCESS	APPLIED UNDER PROCESS	
		Approved Intake				
		Actually Admitted				

c. STATUS OF APPLICATION - NOT APPLICABLE

Course	Extension of Approval	Increase in Intake of Seats	Remarks	
			Current Intake	Proposed increase in Intake
D. Pharm				
B. Pharm				

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 type="checkbox"/>
Wing of another college	<input type="checkbox"/>
Separate Campus	<input type="checkbox"/>
Multi Institutional Campus	<input type="checkbox"/>

Examining Authority : For Diploma course

For Degree course

For Diploma Course
Joint Director of Medical Education
(Pharmacy)
Directorate of Medical Education
Killapakkam, Chennai

For Degree Course
The Registrar,
The Tamilnadu Dr.MGR Medical
University
69,Gunndy , Chennai

Signature of the Head of the Institution

Signature of the Inspectors

B- Details of the Institution**Enclosed - ANNEXURE - II**

B –I .1 Name of the Principal		Prof. Dr. K.ILLANGO, M Pharm, Ph D,			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	Yes	15 years, out of which 5 years as Prof. / HOD	25 yrs	
	PhD	Yes	10 years, out of which at least 05 years as Asst. Prof		

* Documentary evidence should be provided

B –I .2

For institution seeking continuation of affiliation – 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. Pharm				

* Enclose Documents

B –I .3

Status of Governing Council:	Trust
Details of the Governing Body	Enclosed – ANNEXURE – III
Minutes of the last Governing council Meeting	Enclosed – ANNEXURE IV

B –I.4Pay

Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
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**D. Pharm Course: Admission statement for the past three years - NOT APPLICABLE**

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

B –I .6

Academic information: Percentage of D. Pharm results for the past three years : NOT APPLICABLE

ACADEMIC YEAR	Year 200	Year 200	Year 200
D. Pharm			

Signature of the Head of the Institution

Signature of the Inspectors

B –I .7**B. Pharm Course: Admission statement for the past three years - NOT APPLICABLE**

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

B –I .8**Academic information: Percentage of UG results for the past three years based on University Calendar
NOT APPLICABLE**

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
1 st year			
2 nd year			
3 rd year			
Final year			
Pass % (Final Year)			

B– II**Co – Curricular Activities / Sports Activities NOT APPLICABLE**

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

Signature of the Head of the Institution

Signature of the Inspectors

C- FINANCIAL STATUS OF THE INSTITUTION

List Enclosed – ANNEXURE – V

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		CAPI TAL EXPENDITURE			
2.	Tuition Fee		1.	Building		
3.	Library Fee		2.	Equipment		
4.	Sports Fee		3.	Others		
5.	Union Fee		REV ENUE EXPENDIUTRE			
6.	Others		1	Salary		
			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			
Total						

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (D.Pharm / B.Pharm courses) : **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 the name of Trust and Society
 i) Own – Records to be enclosed
 Sale deed : **Enclosed – Annexure VI**
 d. Building:
 i) Approved Building plan, sale deed to : **Enclosed – Annexure VII**
 e. Total Built Area of the college building in Sq.mts :
 Built up Area 6482.89sq.mts

Amenities and Circulation area

2414.91sq.mts

2. Class rooms:

Total Number of Class rooms provided for both D. Pharm and B. Pharm

Class	Required	Available Numbers	Required Area * for eachClass Room	Available Area in Sq. mts	Remarks of theInspectors
D. Pharm	02	2	90 Sq. mts each	180 Sq. mts	
B. Pharm	04	4	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	330 Sq. mts	

(* To accommodate 60 students)

3. Laboratory requirement for both D. Pharm and B. Pharm

Sl. No.	Infrastructure for	Requirement as perNorms	Available No. & Area in Sq. mts	Remarks/ Deficiency
1	Laboratory Area for B. Pharm Course (10 Labs) Laboratory area for D. Pharm Course (03 Labs)	90 Sq .mts x n (n=10) - Including Preparation room – Desirable 75 Sq. mts - Essential	922 Sq. mts 250 Sq. mts	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm and D.Pharm Course	03 Laboratories 03 Laboratories 01 Laboratory 03 Laboratories 02 Laboratories 01 Laboratory 13 Laboratories *	270sq.mts 270sq.mts 82 sq.mts 270sq.mts 190 sq.mts 90 Sq. mts 1172 sq.mts	
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 sqmts (Minimum)	130 sq.mts	
4	Area of the Machine Room	80-100 Sq.mts	82 sq.mts	
5	Central Instrument Room	80 Sq.mts with A/ C	82 sq.mts	
6	Store Room – I	1 (Area 100 Sqmts)	120 sq.mts	
7	Store Room – II (inflammable chemical)	1 (Area 20 Sqmts)	27 sq.mts	

***No. of laboratories required for for both D. Pharm and B. Pharm**

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 fuming 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	30 Sq. mts	1	42	
2	Office – I – Establishment	01	60 Sq. mts	1	82.8	
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 Sqmts x 4	4	110	
2	Faculty Rooms for D.Pharm & B.Pharm course		10 Sqmts x n (n=No of teachers)	1	82	

6. 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	1	82.2	
2	Library	01	150 Sq. mts	1	170	
3	Museum	01	50 Sq. mts (May be attached to the Pharmacognosy lab)	1	55	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	1	Available - 300 seating capacity	
5	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	1	Available	

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 Sqmts	01	82.8	
2	Boy's Common Room (Essential)	01	60 Sq.mts	01	82.8	
3	Toilet Blocks for Boys	01	24 Sq.mts	01	46	
4	Toilet Blocks for Girls	01	24 Sq.mts	01	46	
5	Drinking Water facility – Water cooler (Essential).	01	-	02	-	
-6	Boy's Hostel (Desirable)	01	9 Sqmts/ Room Single occupancy	01	1824	
7	Girl's Hostel (Desirable)	01	9 Sqmts / Room (single occupancy) 20 Sqmts / Room (triple occupancy)	01	1326	
8	Power Backup Provision (Desirable)	01		01	1	

8. 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 Sqmts)	1	166	
Computer (Latest configuration)	1 system for every 10 students (UG & PG)	30	-	
Printers	1 printer for every 10 computers	3	-	
Multi Media Projector	01	1	-	
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 Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts			NA	
Staff quarters	16 x 80 Sqmts			NA	
Canteen	100 Sq. mts	1	301	Available	
Parking Area for staff and students		1	185	Available	
Bank Extension Counter				NA	
Co operative Stores				Available	
Guest House	80 Sq. mts	1	80	Available	
Auditorium		1	429	Available	
Seminar Hall		1	429	Available	
Transport Facilities for students				Available	
Medical Facility (First Aid)				Available	

10. A. Library books and periodicals - ANNEXURE - VIII

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

Sl. No.	Item	Titles(No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	No.	
1	Number of books	150	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	150	1500	
2	Annual addition of books		150 books per year	NA	NA	
3	Periodicals Hard copies / online		10 National 05 International periodicals		10 5	
4	CDS		Adequate Nos		Available	
5	Internet Browsing Facility		Yes/No (Minimum ten Computers)	Yes	Available	
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01		1 1 1	
7	Library Automation and Computerized System – Available					
8	Library Timings – 9 am to 7 pm					

Signature of the Head of the Institution

Signature of the Inspectors

10. B Subject wise Classification

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I	20	200	
2	Pharmaceutical Chemistry – I	16	160	
3	Pharmacognosy	22	220	
4	Biochemistry and Clinical Pathology	15	150	
5	Human Anatomy and Physiology	10	100	
6	Health Education and Community Pharmacy	10	100	
7	Pharmaceutics – II	15	150	
8	Pharmaceutical Chemistry – II	18	180	
9	Pharmacology and Toxicology	10	100	
10	Pharmaceutical Jurisprudence	6	60	
11	Drug Store and Business Management	6	60	
12	Hospital and Clinical Pharmacy	5	50	

a. Library Staff:

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

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1.Student Staff Ratio:

(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.

Class	Theory	Practicals	Remarks of the Inspectors
B.Pharm			
D.Pharm			

• **Scheme of B. Pharm Course:** Annual Semester

• **Date of Commencement of session / sessions for B.PHARM:**

Commencement	Completion
2018-2019	DD/MM/YY

4. **Vacation for B.PHARM:** Summer: No of Days Winter: No of Days

5. **Total No. of working days for B.PHARM:**

6. **Date of Commencement of session for D.PHARM:**

Commencement	Completion
2018-2019	DD/MM/YY

7. **Vacation for D.PHARM:** Summer: No of Days Winter: No of Days

8. **Total Number of working days for D.PHARM**

9. **Time Table : Enclosed - ANNEXURE - IX** (Tick ✓)

a. B. Pharm course Yes

b. D.Pharm Course Yes

10. **Whether the prescribed numbers of classes are being conducted as per university norms for B. PHARM : YES WORK LOAD ENCLOSED – ANNEXURE - X**

I B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		

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	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours perclass	
1	2	3	4	5		
NOT APPLICABLE						

III B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
NOT APPLICABLE						

IV B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
NOT APPLICABLE						

Signature of the Head of the Institution

Signature of the Inspectors

11. Whether the prescribed numbers of classes are being conducted as per PCI norms for D.PHARM

Class/Subject	Theory		Practicals				Remark 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 with duration per class	
I D. Pharm : NOT APPLICABLE							
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: NOT APPLICABLE							
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		

12. Whether Tutorials are being conducted as per university norms)

Yes No (if any,

13. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last yearA.NOT APPLICABLE

Name of the Event	Year 200-	Year 200-	Year 200-
Guest Lectures			
Seminars			
Workshops			
Symposia			

Signature of the Head of the Institution

Signature of the Inspectors

B. Papers Presented / Published during last three years: NOT APPLICABLE

	Year 200-		Year 200-		Year 200-	
	National	International	National	International	National	International
Published						
Presented						

14. Whether Internal Assessments are conducted periodically as per university / Board 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	
B.PHARM							
I B. Pharm							
II B. Pharm							
III B. Pharm							
IV B. Pharm							
D.PHARM							
I D. Pharm							
II D. Pharm							

15. Whether Evaluation of the internal assessments is Fair

Yes No

Class	No. of Candidates scored more than 80%		No. of Candidates scored more than 60 - 80%		No. of Candidates scored more than 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I B. Pharm									
II B. Pharm									
III B. Pharm									
IV B. Pharm									

16. Whether Evaluation of the internal assessments is Fair

Yes No

Class	No. of Candidates scored more than 80%		No. of Candidates scored more than 60 - 80%		No. of Candidates scored more than 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I D. Pharm									
II D. Pharm									

17. Work load of Faculty members for D. Pharm and B. Pharm

Sl. No	Name of the Faculty	Subjects taught	D. Pharm		B. Pharm		Total work load		Remarks of the Inspector
			Th	Pr	Th	Pr			

Signature of the Head of the Institution

Signature of the Inspectors

18. Work load of Faculty members for B. Pharm: NOT APPLICABLE

Sl. No	Name of the Faculty	Subjects taught	B. Pharm								Total work load	Remarks of the Inspector
			I		II		III		IV			
			Th	Pr	Th	Pr	Th	Pr	Th	Pr		

19. Workload of Faculty members for D. Pharm : NOT APPLICABLE

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		

20. Percentage of students qualified in GATE in the last Three Years: NOT APPLICABLE

Details	Year 200-	Year 200-	Year 200-
No. of Students Appeared			
No. of Students Qualified			
Percentage			

21. Whether the Institution has an Industry – Institution Interaction cell For B. Pharm Yes No

If applicable please give the details for the previous Year

Events	Details for the Previous Year
No. of Industrial visits	
Industrial Tour	
Industrial Training	
No. of Resource Persons from the Industry for Guest Lectures	
No. of Collaboration projects with Industry	

22. Percentage of students Placed through the College Placement Cell in the Last Three Years NOT APPLICABLE

Year	Year 200-	Year 200-	Year 200-
No. of students appeared for campus interview			
% Placed			

23. 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 for D. Pharm and B.Pharm Course to be enclosed in the format mentioned below:LIST ENCLOSED - ANNEXURE -XI

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors

2. Details of Teaching Faculty for B.Pharm Course to be enclosed in the format mentioned below:

SIN o	Name	Designation	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors

3. 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			

4. Qualification and number of Staff Members

Qualification							
B. Pharm		M. Pharm		PhD		Others	
							Part Time

5. Staff Pattern for B. Pharm courses department wise: : Professor: Asst. Professor: Lecturer

Department / Division	Name of the post	For strength of 60 students	Provided by the institution	Remarks of the Inspectors of inspection team
Department of Pharmaceutics	Professor	1	1	
	Asst. Professor	1	1	
	Lecturer	4		
Department of Pharmaceutical Chemistry (including Pharmaceutical Analysis)	Professor	1	1	
	Asst. Professor	1	1	
	Lecturer	4		
Department of Pharmacology	Professor	1	1	
	Asst. Professor	1		
	Lecturer	3		
Department of Pharmacognosy	Professor	1	1	
	Asst. Professor	1		
	Lecturer	2		

Signature of the Head of the Institution

Signature of the Inspectors

6. 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	
Pharmaceutical Chemistry	1		2		3		4	
Pharmaceutical Analysis	1		..		-		1	
Pharmacology	1		2		3		4	
Pharmacognosy	1		2		3		3	
Pharmaceutics	1		2		3		4	
Total	6		9		13		17	
Part time teaching Staff	3		-		-		-	
Remarks of the Inspection Team								

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

6. 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

8.Details of Faculty Retention for:NOT APPLICABLE

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

9. Details of Faculty Turnover: NOT APPLICABLE

Name of FacultyMember	Period	More than50%	50%	25%	Less than 25%
	% of faculty retained in last 3 yrs				

Signature of the Head of the Institution

Signature of the Inspectors

10. Number of Non-teaching staff available for D. Pharm and B. Pharm course for intake of 60 students:

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	4	D.Pharm	
2	Laboratory Assistants/ Attenders	1 for each Lab (minimum)	SSLC	1	SSLC	
3	Office Superintendent	1	Degree	1	BE	
4	Accountant	1	Degree	1	BE	
5	Store keeper	1	D. Pharm/ Degree	1	BSc	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	1	MCA	
7	First Division Assistant	1	Degree	1	B.COM	
8	Second Division Assistant	2	Degree	2	B.COM	
9.	Peon	2	SSLC	2	SSLC	
10	Cleaning personnel	Adequate	---	Available	-	
11	Gardener	Adequate	---	Available	-	

Signature of the Head of the Institution

Signature of the Inspectors

11. Scale of pay for Teaching faculty (to be enclosed): ENCLOSED ANNEXURE -XII

Sl.No	Name	Qualification	Designation	BasicpayRs.	DARs.	HRARs.	CCARs.	OtherallowanceRs.	Deductions			Bank A/C No	PAN No	EPF A/c no.	Total	Signature
									P	TDS	EPF					

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

14. Scope for the promotion for faculty: Pro motions

Yes No

15. Gratuity Provided

Yes No

16. Details of Non-teaching staff members (list to be enclosed) :LIST ENCLOSED – ANNEXURE -XIII

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

17. 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	-		

Signature of the Head of the Institution

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Signature of the Inspectors

PART - VI

**1. Financial Resource allocation and utilization fro the past three years:
(Audited Accounts for previous year to be enclosed)**

SI	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
No.	Total budget sanctioned	Recurring	NonRecurring	Total budget sanctioned	Recurring	NonReturning	Total budget sanctioned	Recurring	NonReturning	
NOT APPLICABLE										

2. Total amount spent on chemicals and glassware for the past three years:NOT APPLICABLE

SI	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals			Chemicals			Chemicals			
	Glassware			Glassware			Glassware			
NOT APPLICABLE										

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

SI	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment			Equipment			Equipment			
NOT APPLICABLE										

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Signature of the Inspectors

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	
1	Books			Books			Books			
2	Journals			Journals			Journals			
NOT APPLICABLE										

***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 LIST**ENCLOSED – ANNEXURE - XIV**

Note: Inspectors are requested to note that items which are marked with an asterisk (*) are common for both B.Pharm and D. Pharm.

I --Department wise List of Minimum equipments required for D. Pharm**PHARMACEUTICS Equipment:**

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

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Signature of the Inspectors

26	Millipore filter (3 grades)	Adequate			
27	Autoclave*	01			
28	Hot air sterilizer	01			
29	Incubator	01			
30	Aseptic cabinet	01			
31	Ampoule clarity test equipment*	01			
32	Blender	01			
33	Sieves set (Pharmacopoeial standard)*	02			
34	Lab Centrifuge	01			
35	Ointment slab	Adequate			
36	Ointment spatula	Adequate			
37	Pestle and mortar porcelain	Adequate			
38	Pestle and mortar glass	Adequate			
39	Suppository moulds of three sizes	Adequate			
40	Refrigerator	01			

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

PHARMACEUTICAL CHEMISTRY

Equipment:

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

NOTE: Adequate number of glass ware commonly used in the laboratory should be provided i n each laboratory and department.

Signature of the Head of the Institution

Signature of the Inspectors

PHYSIOLOGY & PHARMACOLOGY LABORATORY**Equipment:**

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

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29	Digital balance	01			
30	Charts	Adequate			
31	Human skeleton*	01			

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

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

PHARMCOGNOSY LABORATORY

Equipment:

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

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

PHARMACY PRACTICE LABORATORY

Equipment:

SI No.	Name	Minimum required Nos.	Available Nos.	WorkingYes / No	Remarks of theInspectors
1	Colorimeter	2			
2	Microscope	Adequate			
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)	Adequate			

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4	Watch glass	Adequate			
5	Centrifuge	1			
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate			
7	Filtration equipment	2			
8	Filling Machine	1			
9	Sealing Machine	1			

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

NOTE: Adequate number of glass ware 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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Signature of the Inspectors

II Department wise List of Minimum equipments required for B. Pharm (for a batch of 20 students)
DEPARTMENT OF PHARMACOLOGY

Equipment:

Sl. No.	Name	Minimum requiredNos.	Available Nos.	WorkingYes / No	Remarks of the Inspectors
1	Microscopes*	15			
2	Haemocytometer with Micropipettes*	20			
3	Sahli'shaemocytometer	20			
4	Hutchinson's spirometer	01			
5	Spygmomanometer*	5			
6	Stethoscope*	5			
	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system			
8	Models for various organs	One model of each organ system			
9	Specimen for various organs and systems*	One model for each organ system			
10	Skeleton and bones*	One set of skeleton and one spare bone			
11	Different Contraceptive Devices and Models*	One set of each device			
12	Muscle electrodes	01			
13	Lucas moist chamber	01			
14	Myographic lever	01			
15	Stimulator	01			
16	Centrifuge	01			
17	Electronic Balance	01			
18	Physical /Chemical Balance	01			

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19	Sherrington's Kymograph Machine / Polyrite	10			
20	Sherrington Drum*	10			
21	Perspex bath assembly (single unit)	10			
22	Aerators*	10			
23	Computer with LCD	01			
24	Software packages for experiment	01			
25	Standard graphs of various drugs	Adequate number			
26	Actophotometer*	01			
27	Rotarod	01			
28	Pole climbing apparatus*	01			
29	Analgesiometer (Eddy's hot plate and radiant heat methods)*	01			
30	Convulsimeter*	01			
31	Plethysmograph	01			
32	Digital pH meter	01			

Apparatus:

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

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			
2	Digital Balance	02			

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3	Autoclave	02			
4	Hot air oven	02			
5	B.O.D.incubator	01			
6	Refrigerator	01			
7	Laminar air flow	01			
8	Colony counter	02			
9	Zone reader	01			
10	Digital pH meter	01			
11	Microscope with stage and oil immersion objective	20			
12	Sterility testing unit	01			
13	Camera Lucida	15			
14	Eye piece micrometer	15			
15	Stage micrometer	20			
16	Incinerator	01			
17	Moisture balance	01			
18	Heating mantle	15			
19	Flourimeter	01			
20	Vacuum pump	02			
21	Micropipettes (Single and multi channeled)	02			
22	Micro Centrifuge	01			
23	Projection Microscope	01			

Apparatus:

Sl. No.	Name	Minimum requiredNos.	Available Nos.	WorkingYes / No	Remarks of the Inspectors
1	Reflux flask with condenser	20			
2	Water bath	20			
3	Clavengers apparatus	10			
4	Soxhlet apparatus	10			
5	TLC chamber and sprayer	10			
6	Distillation unit	01			

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

Signature of the Head of the Institution

Signature of the Inspectors

DEPARTMENT OF PHARMACEUTICAL CHEMISTRY**Equipment:**

Sl. No.	Name	Minimum requiredNos.	Available Nos.	WorkingYes / No	Remarks of the Inspectors
1	Hot plates	05			
2	Oven	03			
3	Refrigerator	01			
4	Analytical Balances for demonstration	05			
5	Digital balance 10mg sensitivity	10			
6	Suction pumps	06			
7	Muffle Furnace	01			
8	Mechanical Stirrers	10			
9	Magnetic Stirrers with Thermostat	10			
10	Vacuum Pump	01			
11	Digital pH meter	01			
12	Microwave Oven	01			

Apparatus:

Sl. No.	Name	Minimum requiredNos.	Available Nos.	WorkingYes / No	Remarks of the Inspectors
1	Distillation Unit	02			
2	Reflux flask and condenser single necked	20			
3	Reflux flask and condenser double / triple necked	20			
4	Burettes	40			
5	Arsenic Limit Test Apparatus	20			
6	Nessler's Cylinders	40			

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

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Signature of the Inspectors

DEPARTMENT OF PHARMACEUTICS**Equipment:**

Sl. No.	Name	Minimum Required Nos.	AvailableNos.	WorkingYes / No	Remarks of the Inspectors
1	Homogenizer	05			
2	Digital balance (10 mg sensitivity)	05			
3	Microscopes	05			
4	Stage and eye piece micrometers	05			
5	Brookfield's viscometer	01			
6	Ball mill*	01			
7	Sieve shaker with sieve set*	01			
8	Double cone blender	01			
9	Propeller type mechanical agitator	05			
10	Autoclave*	01			
11	Steam distillation still	01			

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Signature of the Inspectors

12	Vacuum Pump*	01			
13	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets			
14	Tablet punching machine	01			
15	Capsule filling machine*	01			
16	Ampoule washing machine*	01			
17	Ampoule filling and sealing machine*	01			
18	Tablet disintegration test apparatus IP	01			
19	Tablet dissolution test apparatus IP	01			
20	Monsanto's hardness tester	01			
21	Pfizer type hardness tester	01			
22	Friability test apparatus*	01			
23	Clarity test apparatus	01			
24	Ointment filling machine*	01			
25	Collapsible Tube Crimping Machine*	01			
26	Tablet coating pan*	01			
27	Magnetic stirrer, 500ml and 1 liter capacity*, with variable speed control.	10			
28	Digital pH meter	02			
29	All purpose equipment with all accessories	01			
30	Aseptic Cabinet	01			
31	BOD Incubator	02			
32	Bottle washing Machine	01			
33	Bottle Sealing Machine	01			
34	Bulk Density Apparatus	02			
35	Conical Percolator (glass/ copper/ stainless steel)	10			
36	Capsule Counter	02			
37	Energy meter	02			
38	Hot Plate	02			
39	Humidity Control Oven	01			
40	Liquid Filling Machine	01			
41	Mechanical stirrer with speed regulator	02			
42	Precision Melting point Apparatus	01			
43	Tray Drier	01			
44	Distillation Unit	01			

Signature of the Head of the institution

Signature of the Inspectors

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	15			
2	Stalagmometer	15			
3	Desiccator*	05			
4	Suppository moulds	20			
5	Buchner Funnels Small, medium, large	05 each			
6	Filtration assembly	01			
7	Permeability Cups	05			
8	Andreason's Pipette	03			
9	Lipstick moulds	10			

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			
2	Lyophilizer (Desirable)	01			
3	Gel Electrophoresis (Vertical and Horizontal)	01			
4	Phase contrast/Trinocular Microscope	01			
5	Refrigerated Centrifuge	01			
6	Fermenters of different capacity (Desirable)	01			
7	Tissue culture station	01			
8	Laminar airflow unit	01			
9	Diagnostic kits to identify infectious agents	01			
10	Rheometer	01			
11	Viscometer	01			
12	Micropipettes (single and multi channeled)	01 each			
13	Sonicator	01			
14	Respinometer	01			
15	BOD Incubator	01			

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Signature of the Inspectors

16	Paper Electrophoresis Unit	01			
17	Micro Centrifuge	01			
18	Incubator water bath	01			
19	Autoclave	01			
20	Refrigerator	01			
21	Filtration Assembly	01			
22	Digital pH meter	01			

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.	AvailableNos.	WorkingYes / No	Remarks of theInspectors
1	Colorimeter	01			
2	Digital pH meter	01			
3	UV- Visible Spectrophotometer	01			
4	Flourimeter	01			
5	Digital Balance (1mg sensitivity)	01			
6	Nephelo Turbidity meter	01			
7	Flame Photometer	01			
8	Potentiometer	01			
9	Conductivity meter	01			
10	Fourier Transform Infra Red Spectrometer (Desirable)	01			
11	HPLC	01			
12	HPTLC (Desirable)	01			
13	Atomic Absorption and Emission spectrophotometer (Desirable)	01			
14	Biochemistry Analyzer (Desirable)	01			
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01			
16	Deep Freezer (Desirable)	01			
17	Ion- Exchanger	01			
18	Lyophilizer (Desirable)	01			

*** Items marked with asterisk are common for B.Pharm and D. Pharm**

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.

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

Contd. on page 2

::2::

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, hereby undertake that I have not given my name as teaching faculty in any other Pharmacy institution for teaching any Pharmacy course and not working in any where other than this institution 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.

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::3::

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

	Amount Received	TDS
April, 2013		
May, 2013		
June, 2013		
July, 2013		
August, 2013		
September, 2013		
October, 2013		
November, 2013		
December, 2013		
January, 2014		
February, 2014		
March, 2014		

(Copy of my form 16 (TDS certificate) for financial year 2013-2014 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 2012-2013.
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 :