

PHARMACY COUNCIL OF INDIA

**Standard Inspection Format (S.I.F) for institutions conducting B. Pharm for 100 adms.
(To be filled and submitted to PCI by an organization seeking approval of the
course / continuation of the approval)
(SIF-B-1)**

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	VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES BOLLIKUNTA (V), WARANGAL 506 005 0870 2865146 2865185 vaagdeviinstpharm@gmail.com
Year of Establishment	2006
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Society
A – I.2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	VISWAMBHARA EDUCATIONAL SOCIETY #2-2—457/3, RAMNAGAR, HANAMKONDA 506 001 0870 2455144 2865185 vaagdevi@yahoo.com, www.vaagdeviips.com
A – I.3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	Sri Ch. Devender Reddy Secretary & Correspondent # 1-7-282/A/1, Advocates Colony, Balasamudram, Hanamkonda- 506001 0870 2455144 2455323 9493873284 2865185 devendarreddy_69@yahoo.com
A – I.4 Name and Address of the Head of the Institution	PROF : Y. MADHUSUDAN RAO #5-11-509, Opp : Air K.U.C. Road, Vidyaranyapuri, Hanamkonda – 506 009.

A – I.5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

Signature of the Head of the Institution

Signature of the Inspectors

a. Details of Affiliation Fee Paid

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B. Pharm	2017-2018	543197	23/08/2016	

b. APPROVAL STATUS:

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspectors
B. Pharm	2016-2017	Approval Letter No and Date	32-469/2013PCI/30221-27&04/08/2014		No.132/CDC/KU/2016&08/07/2016	
		Approved Intake	100		60	
		Actually Admitted	36		36	

c. STATUS OF APPLICATION

COURSES INSPECTED FOR						
Faculty / Subject	Extension of Approval		Increase in Intake of Seats		Remarks	
	Yes	No	Yes	No	Current Intake	Proposed increase in Intake
B. Pharm	Yes	Yes	No	No	100	0

Note: Enclose relevant documents

A –I. 6

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

Building / campus? If Yes, Give Details

Yes

No

A – I. 6 a

Status of the Pharmacy Course:	
Independent Building	<input type="checkbox"/> Yes
Wing of another college	<input type="checkbox"/> No
Separate Campus	<input type="checkbox"/> No
Multi Institutional Campus	<input type="checkbox"/> Yes

Examining Authority: Degree course

With complete postal Address, Telephone No. and STD Code. : The Registrar, Kakatiya University, Vidyanayapuri, Warangal – 506009.

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B -I .1					
Name of the Principal					
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm		15 years, out of which 5 years as Prof. / HOD	39	
	PhD		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

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
B. Pharm	07/04/2014		Yes	

* Enclose Documents

B -I .3

Status of Governing Council:	Society
Details of the Governing Body	Enclosed
Minutes of the last Governing council Meeting	Enclosed

B -I .4

Pay Scales:

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

B -I .5

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

ACADEMIC YEAR	Year 2014-2015	Year 2015- 2016	Year 2016-2017
Sanctioned	100	100	100
No. of Admissions	68	38	36
Unfilled Seats	32	62	64
No. of Excess Admissions	0	0	0

Signature of the Head of the Institution

Signature of the Inspectors

B – I .6

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

ACADEMIC YEAR	Year 2014-15	Year 2015-016	Year 2016-2017
1st year	80		
2nd year	70		
3rd year	79		
Final year	75	55	
Pass % (Final Year)			

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

Whether college has NSS Unit (Yes/No)? If no give reasons	Yes
NSS Programme Officer's Name	Mrs. V. Padmaja
Programme conducted (mention details)	Nss camp conducted in Bollikunta village, Warangal, Blood donation camp, plantation, campus cleaning etc..
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes
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)

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	300000.00	CAPITAL EXPENDITURE			
2.	Tuition Fee	15000000.00	1.	Building	1500000.00	
3.	Library Fee	2000000.00	2.	Equipment	300000.00	
4.	Sports Fee	15000.00	3.	Others	325171.00	
5.	Union Fee	0.00	REVENUE EXPENDITURE			
6.	Others	2123841.00	1.	Salary	10178832.00	
			2.	MAINTENANCE EXPENDITURE		
				i	College	700000.00
				ii	Others	200000.00
			3.	University Fee (If any)	500000.00	
			4.	Apex Bodies Fee	500000.00	
			5.	Government Fee	20000.00	
			6.	Deposit held by the College	5000000.00	
			7.	Others	2320009.00	
			8.	Misc. Expenditure	20000.00	
	Total	19438841.00	Total		19438841.00	

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (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 name of Trust and Society
 Records to be enclosed
 Sale deed : **Enclosed**
- d. Building[†]:
 i) Approved Building plan, to be Enclosed : **Enclosed**
- e. Total Built Area of the college building in Sq.mts : Built up Area

5546

 Amenities and Circulation Area

5546

2. Class rooms:**Total Number of Class rooms provided at the end of 4 Year Course**

Class	Required Nos	Available Nos	Required Area * for each class room	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	06	07	6 of 90 Sq. mts Or 4 of 150 sq.mts. with Public address System.	525	

(*To accommodate 100 students).

3. Laboratory requirement at the end of 4 Years

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq mts	Remarks/ Deficiency
1	Laboratory Area for B.Pharm Course (12 Labs)	90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts - Essential	12	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm course	03 Laboratories 02 Laboratories 01 Laboratory 02 Laboratories 01 Laboratories 01 Laboratory 10 Laboratories *	3 3 1 2 1 1 12	
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 sq mts (mi nimum)		
4	Area of the Machine Room	80-100 Sq.mts	1	
5	Central Instrumentation Room	80 Sq.mts with A/ C	1	
6	Store Room – I	1 (Area 100 Sq mts)	1	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	1	

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

Signature of the Head of the Institution

Signature of the Inspectors

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

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

4. Administration Area:

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Principal's Chamber	01	30 Sq .mts	1	30	
2	Office – I - Establishment	01	60 Sq. mts	1	64	
3	Office – II - Academics			1	98	
4	Confidential Room			1	13	

5. Staff Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4	1	15	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	4	200	

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	88	
2	Library	01	150 Sq mts	1	116	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	1	50	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	1	150	
5	Seminar Hall	01		1	144	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	1	100	

Signature of the Head of the Institution

Signature of the Inspectors

7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Girl's Common Room (Essential)	01	60 Sq.mts	1	79	
2	Boy's Common Room (Essential)	01	60 Sq.mts	1	87	
3	Toilet Blocks for Boys	01	24 Sq.mts	2	70	
4	Toilet Blocks for Girls	01	24 Sq.mts	2	70	
5	Drinking Water facility – Water Cooler (Essential).	01		1	28	
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy	0	0	
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	0	0	
8	Power Backup Provision (Desirable)	01		1	10	

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 Sq mts)	1	88	
Computer (Latest Configuration)	1 system for every 10 students	30	40	
Printers	1 printer for every 10 computers	3	6	
Multi Media Projector	01	2	5	
Generator (5KVA)	01	1	10	

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	0	0		
Staff quarters	16 x 80 Sq. mts	0	0		
Canteen	100 Sq. mts	1	400		
Parking Area for staff and students		1	300		
Bank Extension Counter		1	70		
Co operative Stores		0	0		
Guest House	80 Sq. mts	1	100		
Transport Facilities for students		8	400		
Medical Facility (First Aid)		1	30		

10. A. Library books and periodicals

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	Numbers	
1	Number of books	150	2000 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	635	6593	
2	Annual addition of Books		150 to 200 books per year	80	500	
3	Periodicals Hard copies / online		10 National 05 International periodicals	17	500	
4	CDS		Adequate Nos	3	3	
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	Yes		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	Available Available Available	01 01 01	
7	Library Automation and Computerized System			Available		
8	Library Timings			9:00 Am to 05:00pm		

10.B. 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: Theory Practicals Remarks of the Inspectors

(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. Scheme of B. Pharm Course:

Semester

3. Date of Commencement of session / sessions:

Commencement	Completion
20/06/2016	12/07/2017

No of Days

No of Days

4. Vacation:

Summer:

30

Winter:

7

5. Total No. of working days:

230

6. Time Table:

Time Table for B. Pharm course Enclosed

Yes

✓

No

**7. Whether the prescribed numbers of classes are being conducted as per university norms
I B. Pharm:**

Subject	No of Theory Classes		Practical's			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		
DGP	96	96	96	96	32X3	
PIAC	96	96	96	96	32X3	
POC-I	128	128	96	96	32X3	
RM/RB	62	62	96	96	32X3	
BC	62	62	96	96	32X3	
CE	62	62	0	0	0	
DGP	96	96	96	96	32X3	
PIAC	96	96	96	96	32X3	
POC-I	128	128	96	96	32X3	
RM/RB	62	62	96	96	32X3	
BC	62	62	96	96	32X3	
CE	62	58	0	0	0	

II B. Pharm:

Subject 1	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
CE	62	58	0	0	0	
BSCA-I sem	72	72	108	108	36X3	
PE-I sem	72	72	108	108	36X3	
POC-II-I sem	54	54	0	0	0	
HAP-I sem	54	54	0	0	0	
PM&I-I - I sem	54	54	108	108	36X3	
POC-III - II sem	64	64	96	96	32X3	
HAP-II - II sem	64	64	96	96	32X3	
PM&I-II - II sem	64	64	0	0	0	
EVS - II sem	64	60	0	0	0	
PM - II sem	64	64	0	0	0	
BSCA-I sem	72	70	108	108	36X3	
PE-I sem	72	72	108	108	36X3	
PM&I-I - I sem	54	54	108	108	36X3	
POC-III - II sem	64	64	96	96	32X3	
HAP-II - II sem	64	64	96	96	32X3	

Signature of the Head of the Institution

Signature of the Inspectors

III B. Pharm

Subject 1	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
CT - I sem	68	68	102	102	34X3	
PIA- I sem	102	102	102	102	34X3	
PP- I sem	102	102	102	102	34X3	
PCG-I - II sem	80	80	96	96	32X3	
PCL-I - II sem	64	64	96	96	32X3	
MC-I - II sem	80	80	96	96	32X3	
PJ- II sem	64	64	0	0	0	
CT - I sem	68	68	102	102	34X3	
PIA- I sem	102	102	102	102	34X3	
PP- I sem	102	102	102	102	34X3	
PCG-I - II sem	80	80	96	96	32X3	
PCL-I - II sem	64	60	96	96	32X3	
MC-I - II sem	80	80	96	96	32X3	

IV B. Pharm:

Subject 1	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
PT	108	108	108	108	36X3	
PBT	108	102	108	108	36X3	
BP&PK	72	72	120	120	40X3	
MC-II	108	108	108	108	36X3	
PCG-II	108	106	108	108	36X3	
PCL-II&TC	108	110	108	108	36X3	
HCP	72	70	0	0	0	
PT	108	104	108	108	36X3	
PBT	108	102	108	108	36X3	
BP&PK	72	68	120	120	36X3	
MC-II	108	108	108	108	36X3	
PCG-II	108	106	108	108	36X3	
PCL-II&TC	108	110	108	108	36X3	

8. Whether Tutorials are being conducted

Yes

(if any, as per university norms)

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

Three years.

A.

Name of the Event	Year 2014-15	Year 2015-16	Year 2016-17
Guest Lectures	6	8	
Seminars	1	1	
Workshops	0	0	
Symposia	0	0	

B. Papers Presented / Published during last three years

	Year 2014-2015		Year 2015-2016		Year 2016-2017	
	National	International	National	International	National	International
Published	10	0	20	0		
Presented	0	0	12	0		

Signature of the Head of the Institution

Signature of the Inspectors

10	Mr. D. Nagarjuna	EVS			4							4
11	Mrs. J. Shirisha	P'cology					4					4
12	Ms. V. Mouna Reddy	Biochem	4									4
13	Mr. B. Chandar	P,cology						1				12
14	Ms. B. Priyanka	PIOC		6								6
15	Ms. A. Jyothi	Remedial biology	4									4
16	Mr. G. Sandeep	POC				6						6
17	Ms. N. Bhagyalaxmi	Biochem		6								6
18	Mr. D. Vijaypal	P,micorob iology			4							4
19	Mrs. B. Tejaswini	M.c						1				12
20	Mr. P. Srikanth	DGP	3					2				3
21	Ms. G. Shirisha	R. Maths	3									3
22	Mrs. G. Sumalatha	HAP				1						12
						2						

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

Details	Year 2014-15	Year 2015-16-	Year 2016-17
No. of Students Appeared	8	10	
No. of Students Qualified	1	2	
Percentage	12	20	

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

Events	Details for the Previous Year
No. of Industrial visits	1
Industrial Tour	0
Industrial Training	0
No. of Resource Persons from the Industry for Guest Lectures	10
No. of Collaboration projects with Industry	3

Signature of the Head of the Institution

Signature of the Inspectors

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

Year	Year 2014-2015	Year 2015-2016	Year 2016-2017
No. of students appeared for campus interview	15	20	
% Placed	5	8	

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

Yes	No
------------	-----------

Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF:

1. Details of Teaching Faculty for B.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 PG			
1	Mrs. V. Padmaja	Asso.Professor	M.Pharm	01-08-2007	9 yrs	033016/A2		
2	Mr. D. Krishna Prasad	Asso. Professr	M.Pharm	01-09-2012	8 yrs	044272/A1		
3	Mr.A. Ramesh	Asso.Professor	M.Pharm	03-02-2010	6.7 yrs	053545/A1		
4	Mrs. K. Ragini	Asst. Professor	M.Pharm	06-06-2011	5 yrs	048720/A1		
5	Mrs. Nelofer Begum	Asst. Professor	M.Pharm	01-02-2014	2 yrs	83553/A1		
6	Mrs. M. Spandana	Asst. Professor	M.Pharm	11-04-2016	3 yrs	-		
7	Mr. N. Naresh	Asst. Professor	M.Pharm	02-03-2015	1 yr	75886/A1		
8	Mrs. S. Divya	Asst. Professor	M.Pharm	28-12-2014	2.5 yrs	72475/A1		
9	Mr. P. Sandeep	Asst. Professor	M.Pharm	01-03-2016	6 months	86139/A1		
10	Mr. D. Nagarjuna	Asst. Professor	M.Pharm	28-02-2015	1 yr	89775/A1		
11	Mrs. J. Shirisha	Asst. Professor	M.Pharm	17-06-2016	2 months	73499/A1		
12	Ms. V. Mouna Reddy	Asst. Professor	Pharm.D (PB)	20-06-2016	2 months	92940/A1		
13	Mr. B. Chandar	Asst. Professor	M.Pharm	04-07-2016	2 months	-		
14	Ms. B. Priyanka	Asst. Professor	M.Pharm	01-07-2016	2 months	-		
15	Ms. A. Jyothi	Asst. Professor	M.Pharm	04-07-2016	2 months	73749/A1		
16	Mr. G. Sandeep	Asst. Professor	M.Pharm	04-07-2016	2 months	82018/A1		
17	Ms. N. Bhagyalaxmi	Asst. Professor	M.Pharm	01-07-2016	2 months	87508/A1		
18	Mr. D. Vijaypal	Asst. Professor	M.Pharm	01-07-2016	2 months	-		
19	Mrs. B. Tejaswini	Asst. Professor	M.Pharm	04-07-2016	2 months	-		
20	Mr. P. Srikanth	Asst. Professor	M.Pharm	01-12-2014	2 yrs	094934/A1		
21	Ms. G. Shirisha	Asst. Professor	M.Sc (maths)		1.5 yrs			
22	Mrs. G. Sumalatha	Asst. Professor	M.Pharm	22-02-2016	6 months	82225/A1		

2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others - Full Time
40	3	3

3. Teaching Staff required year wise exclusively for B.Pharm for intake of 100 Students.

	No. of staff required
1. Pharmaceutical Chemistry	7
2. Pharmaceutical Analysis	2
3. Pharmacology	4
4. Pharmacognosy	4
5. Pharmaceutics	6
6. Pharmacy Practice	1
7. Principal	1
Total	25
*Part time teaching Staff	3
Remarks of the Inspection Team	

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

Signature of the Head of the Institution

Signature of the Inspectors

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

Professor: Asst. Professor: Lecturer

Department / Division	Name of the post	For strength of 100 students	Provided by the institution	Remarks of inspection team
Department of Pharmaceutics	Professor	1	1	
	Asst. Professor	2	2	
	Lecturer	3	3	
Department of Pharmaceutical Chemistry	Professor	1		
	Asst. Professor	3	3	
	Lecturer	3	3	
Department of Pharmacology	Professor	1	1	
	Asst. Professor	2	2	
	Lecturer	1	1	
Department of Pharmacognosy	Professor	1		
	Asst. Professor	1	1	
	Lecturer	2		
Department of Pharmacy Practice	Asst. Professor	1	1	
	Lecturer	1	1	
Department of Pharmaceutical Analysis	Asst. Professor	1	1	
	Lecturer	1	1	

5. **Selection criteria and Recruitment Procedure for Faculty:**

a.	Whether Recruitment Committee has been formed	Yes
b.	Whether Advertisement for vacancy is notified in the Newspapers	Yes
c.	Whether Demonstration Lecture has been conducted	Yes
d.	Whether opinion of Recruitment Committee Recorded	Yes

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

Name of Faculty Member	Period	%
Prof. Y. Madhusudan Rao	Duration of 15 yrs. and above	2.32
Prof. Y. Madhusudan Rao	Duration of 10 yrs. and above	2.32
Prof. Y. Madhusudan Rao Mr. S. Gurunath Mr. D. Narender Ms. V. Padmaja Mr. Kiran Kumar Mr. D. Krishna Prasad Mr. A. Ramesh	Duration of 5 yrs. and above	18.60
Mrs. K. Ragini Mrs. B. Suvarna Mrs. D. Laxmi Mrs. S. Shirisha Mrs. S. Sabitha Mrs. M. Shravani Mrs. Y. Radhika Ms. Nelofar Bagum Mr. P. Srikanth Dr. A. Jyoshna Devi Mr. N. Naresh Mr. Ch. Prem Kumar Mr. J. Karunakar Mrs. S. Divya Dr. Nishitha Amara Mr. D. Nagarjuna Mr.	Less than 5 yrs.	81.40

7. Details of Faculty Turnover:

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
Prof. Y. Madhusudhan Rao Dr. M. Sreedhar Dr. Amulyaratna Behera Mr. S. Gurunath Mrs. V. Padmaja Mr. Kiran Kumar Mr. D. Krishna Prasad Mr. A. Ramesh Mrs. K. Ragini Mrs. B. Suvarna Mrs. D. Laxmi Mrs. S. Shirisha Mrs. S. Sabitha Mrs. M. Shravani Mrs. Y. Radhika Ms. Nelofar Bagum Mr. P. Srikanth Dr. A. Jyoshna Devi Mr. N. Naresh	% of faculty retained in last 3 yrs	No	No	Yes	No

Signature of the Head of the Institution

Signature of the Inspectors

8.Number of Non-teaching staff available for B. Pharm course for intake of 100 Students:

Sl. No.	Designation	Required (Minimum)	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	8	B.Sc	
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC	05	SSLC	
3	Office Superintendent	1	Degree	1	Degree	
4	Accountant	1	Degree	1	Degree	
5	Store keeper	1	D. Pharm/ Degree	1	Degree	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	1	B.com with Diploma in computer applications	
7	Office Staff I	1	Degree	1	B.Sc	
8	Office Staff II	2	Degree	1	B.Sc	
9	Peon	2	SSLC	2	10 th	
10	Cleaning personnel	Adequate	---	2	5 th	
11	Gardener	Adequate	---	2	5 th	

Signature of the Head of the Institution

Signature of the Inspectors

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

Sl. No	Name	Qualification	Designation	Basic pay Rs.	DA Rs.	HRA Rs.	CCA Rs.	Other allowance Rs.	Deductions			Bank A/C No	PAN No	EPF A/c no.	Total	Signature
									P T	TDS	EPF					

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

(Inspectors to verify documents pertaining to the above)

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

Yes

(Inspectors to verify documents pertaining to the above)

12. Scope for the promotion for faculty: Promotions

Yes

No

13. Gratuity Provided

Yes

No

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

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

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

Yes

Signature of the Head of the Institution

Signature of the Inspectors

PART V - DOCUMENTATION**Records Maintained: Essential**

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

Signature of the Head of the Institution

Signature of the Inspectors

PART - VI

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

SI	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs. 2016-17			Remarks of the Inspectors*	
	No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring		Non Returning
	2000000	400000		1500000	2000000	400000		1500000			

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

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	250000		240000	Chemicals	250000		240000			
	Glassware	250000		200000	Glassware	250000		200000			

**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	300000		300000	Equipment	300000		300000			

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	400000	350000	Books	400000	350000	Books			
2	Journals	15000	13000	Journals	15000	13000	Journals			

*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 B. Pharm (for a batch of 20 students)

DEPARTMENT OF PHARMACOLOGY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	20	20	Yes	
2	Haemocytometer with Micropipettes	20	20	Yes	
3	Sahli's haemocytometer	20	20	Yes	
4	Hutchinson's spirometer	01	01	Yes	
5	Spygmomanometer	10	10	Yes	
6	Stethoscope	10	10	Yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	25	Yes	
8	Models for various organs	One model of each organ system	2	Yes	
9	Specimen for various organs and systems	One model for each organ system	5	Yes	
10	Skeleton and bones	One set of skeleton and one spare bone	1	Yes	
11	Different Contraceptive Devices and Models	One set of each device	2	Yes	
12	Muscle electrodes	01	1	Yes	
13	Lucas moist chamber	01	1	Yes	
14	Myographic lever	01	1	Yes	
15	Stimulator	01	1	Yes	
16	Centrifuge	01	1	Yes	
17	Digital Balance	01	1	Yes	
18	Physical /Chemical Balance	01	1	Yes	
19	Sherrington's Kymograph Machine / Polyrite	10	10	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

20	Sherrington Drum	10	10	Yes	
21	Perspex bath assembly (single unit)	10	10	Yes	
22	Aerators	10	10	Yes	
23	Computer with LCD	01	01	Yes	
24	Software packages for experiment	01	01	Yes	
25	Standard graphs of various drugs	Adequate number	2	Yes	
26	Actophotometer	01	1	Yes	
27	Rotarod	01	1	Yes	
28	Pole climbing apparatus	01	1	Yes	
29	Analgesiometer (Eddy's hot plate and radiant heat methods)	01		Yes	
30	Convulsiometer	01	1	Yes	
31	Plethysmograph	01	1	Yes	
32	Digital pH meter	01	2	Yes	

Apparatus:

Sl. No.	Name	Minimum required No.s	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Folin-Wu tubes	60	60	Yes	
2	Dissection Tray and Boards	10	15	Yes	
3	Haemostatic artery forceps	10	10	Yes	
4	Hypodermic syringes and needles of size 15,24,26G	10	10	Yes	
5	Livers, cannulae	20	25	Yes	

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

DEPARTMENT OF PHARMACOGNOSY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	20	20	Yes	
2	Digital Balance	02	02	Yes	
3	Autoclave	02	02	Yes	
4	Hot air oven	02	02	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

5	B.O.D.incubator	01	01	Yes	
6	Refrigerator	01	01	Yes	
7	Laminar air flow	01	01	Yes	
8	Colony counter	02	02	Yes	
9	Zone reader	01	01	Yes	
10	Digital pH meter	01	01	Yes	
11	Sterility testing unit	01	01	Yes	
12	Camera Lucida	20	20	Yes	
13	Eye piece micrometer	20	20	Yes	
14	Incinerator	01	01	Yes	
15	Moisture balance	01	01	Yes	
16	Heating mantle	20	20	Yes	
17	Flourimeter	01	01	Yes	
18	Vacuum pump	02	02	Yes	
19	Micropipettes (Single and multi channeled)	05	05	Yes	
20	Micro Centrifuge	01	01	Yes	
21	Projection Microscope	01	01	Yes	

Apparatus:

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

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

DEPARTMENT OF PHARMACEUTICAL CHEMISTRY Equipment:

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

Signature of the Head of the Institution

Signature of the Inspectors

4	Analytical Balances for demonstration	05	05	Yes	
5	Digital balance 10mg sensitivity	10	10	Yes	
6	Digital Balance (1mg sensitivity)	01	01	Yes	
7	Suction pumps	06	06	Yes	
8	Muffle Furnace	01	01	Yes	
9	Mechanical Stirrers	10	10	Yes	
10	Magnetic Stirrers with Thermostat	10	10	Yes	
11	Vacuum Pump	01	01	Yes	
12	Digital pH meter	01	01	Yes	
13	Microwave Oven	02	02	Yes	

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02	01	Yes	
2	Reflux flask and condenser single necked	20	20	Yes	
3	Reflux flask and condenser double / triple necked	20	20	Yes	
4	Burettes	100	100	Yes	
5	Arsenic Limit Test Apparatus	25	25	Yes	
6	Nessler's Cylinders	50	50	Yes	

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

DEPARTMENT OF PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Mechanical stirrers	20	20	Yes	
2	Homogenizer	10	10	Yes	
3	Digital balance	05	05	Yes	
4	Microscopes	10	10	Yes	
5	Stage and eye piece micrometers	15	15	Yes	
6	Brookfield's viscometer	01	01	Yes	
7	Tray dryer	01	01	Yes	
8	Ball mill	01	01	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

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

Signature of the Head of the Institution

Signature of the Inspectors

41	Humidity Control Oven	01	0		
42	Liquid Filling Machine	01	0	Yes	
43	Mechanical stirrer with speed regulator	02	02	Yes	
44	Precision Melting point Apparatus	01	01	Yes	
45	Distillation Unit	01	01	Yes	

Apparatus:

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

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

PHARMACEUTICAL BIOTECHNOLOGY

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Orbital shaker incubator	01	01	Yes	
2	Lyophilizer (Desirable)	01	0		
3	Gel Electrophoresis (Vertical and Horizontal)	01	01	Yes	
4	Phase contrast/Trinocular Microscope	01	01	Yes	
5	Refrigerated Centrifuge	01	01	Yes	
6	Fermenters of different capacity (Desirable)	01	01	Yes	
7	Tissue culture station	01	01	Yes	
8	Laminar airflow unit	01	01	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

9	Diagnostic kits to identify infectious agents	01	01	Yes	
10	Rheometer	01	01	Yes	
11	Viscometer	01	01	Yes	
12	Micropipettes (single and multi channeled)	01 each	Available	Yes	
13	Sonicator	01	01	Yes	
14	Respinometer	01	01	Yes	
15	BOD Incubator	01	01	Yes	
16	Paper Electrophoresis Unit	01	01	Yes	
17	Micro Centrifuge	01	01	Yes	
18	Incubator water bath	01	01	Yes	
19	Autoclave	01	01	Yes	
20	Refrigerator	01	01	Yes	
21	Filtration Assembly	01	01	Yes	
22	Digital pH meter	01	01	Yes	

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

CENTRAL INSTRUMENTATION ROOM:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01	01	Yes	
2	Digital pH meter	01	01	Yes	
3	UV- Visible Spectrophotometer	01	01	Yes	
4	Flourimeter	01	01	Yes	
5	Digital Balance (1mg sensitivity)	01	01	Yes	
6	Nephelo Turbidity meter	01	01	Yes	
7	Flame Photometer	01	01	Yes	
8	Potentiometer	01	01	Yes	
9	Conductivity meter	01	01	Yes	
10	Fourier Transform Infra Red Spectrometer (Desirable)	01	0	Yes	
11	HPLC	01	01	Yes	
12	HPTLC (Desirable)	01	01	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

13	Atomic Absorption and Emission spectrophotometer (Desirable)	01	01	Yes	
14	Biochemistry Analyzer (Desirable)	01	01	Yes	
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01	01	Yes	
16	Deep Freezer (Desirable)	01	01	Yes	
17	Ion- Exchanger	01	01	Yes	
18	Lyophilizer (Desirable)	01	01	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

Observation of the Inspectors:

Compliance of the last recommendations by Inspectors

Specific observations if not complied

Signature of Inspectors:

1.

2.

Note:

1. The Inspection Team is instructed to physically verify the details and records filled up by the

college in the application form submitted by the college, which is with you now and record the observations, opinions and recommendations in clear and explicit terms.

2. The team is requested to record their comments only after physical verification of records and details.

Signature of the Head of the Institution

Signature of the Inspectors

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name
(as on University Degree certificate)

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

Photograph

Date of Birth & Age

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

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

Present Designation : _____

Department : _____

College : _____

City : _____

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

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

Contd. on page 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 with Code Office : _____

Residence : _____

E-mail address : _____

Date of joining present institution : _____ as _____
 (Designation)

Details of the previous appointments/teaching experience

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

1) Before joining present institution I was working at _____ as _____ and relieved on _____ after resigning/retiring (**relieving order is enclosed from the previous institution**).

2) I, 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.

3) I have drawn total emoluments from this college as under (Please fill the data of last academic session) :-

	Amount Received	TDS
April, 20__		
May, 20__		
June, 20__		
July, 20__		
August, 20__		
September, 20__		
October, 20__		
November, 20__		
December, 20__		
January, 20__		
February, 20__		
March, 20__		

(Copy of my form 16 (TDS certificate) for the last financial year is attached)

P.A.N. : _____ Circle : _____

Declaration

- I have not worked at any other pharmacy college/institution or presented myself at any inspection during my employment in this college.
- 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 :

