**PHARMACY COUNCIL OF INDIA**

**Standard Inspection Fo**

**Standard inspection rmat (S.I.F) for institutions conducting B. Pharm for 100 admns.**

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

***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)**

**(SIF-B-1)**

**2. PART – I**

**A - GENERAL INFORMATION**

|  |  |
| --- | --- |
| **A – I .1**  Name of the Institution: Complete Postal address: STD code  Telephone No.  Fax No. E-mail | **Crescent College of Pharmaceutical Sciences, Madayipara , Payangadi R S**  **670358**  **0497 2877510**  **0497 2875510**  [**Crescentccops@yahoo.in**](mailto:Crescentccops@yahoo.in) |
| Year of Establishment | 2003 |
| Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of  Society/Trust) | Private  **Enclosure 1** |
| **A – I .2**  Name, address of the Society/Trust/ Management  (attach documentary evidence) STD Code:  Telephone No: Fax No:  E-mail  Web Site: | NORTH MALABAR DEVELOPMENT SOCIETY (NMDS)  0497 **( Enclosure 2)**  2872310  0497 2877510  crescentccops@yahoo.com  www.crescentbpharm.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 | Mr. T. V Gangadharan  Administrative Officer  Crescent Group of Institutions  Ramapuram (P.O)  Payangadi  Kannur.  0497  2872310  09446424068  0497 2877510  gangadharan45@gmail.com |
| **A – I. 4**  Name and Address of the Head of the Institution | Dr. Suja C  Sakthi Prasadam, Near Podikundu Ration Shop  Pallickunnu (P,O)  Kannur  Kerala. |

**A –I . 5**

**FOR INSTITUTION SEEKING CONTINUATION OF APPROVALa. Details of Affiliation Fee Paid**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Course** | **Affiliation Fee paid up to** | **Receipt No** | **Dated** | **Remarks of the**  **Inspectors** |
| B. Pharm | **2014-15** | **D.D No.744606** | 23/08/14 |  |

**Enclosure: 3**

**b. APPROVAL STATUS: Enclosure 4**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of the Course** | **Approved up to** | **In take Approved and Admitted** | **PCI** | **STATE GOVERNMENT** | **UNIVERSITY** | **Remarks of the**  **Inspectors** |
| B. Pharm |  | **Approval Letter**  **No and Date** | **17 – 1/2013PCI/3568-3880**  **1305/2013** |  |  |  |
| **Approved Intake** | **60** | **60** | **60** |  |
| **Actually**  **Admitted** | **60** | **60** | **60** |  |

**c. STATUS OF APPLICATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **COURSES INSPECTED FOR** | | | | | | |
| **Faculty /Subject** | **Extension of Approval** | | **Increase in Intake of Seats** | | **Remarks** | |
| **Current Intake** | **Proposed increase in Intake** |
| B. Pharm | Yes | √N0 | √Yes | No | 60 | 100 |

**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**

√

**A – I. 6 a**

Yes No

**Status of the Pharmacy Course:**

**Independent Building √ Wing of another college Separate Campus**

**Multi Institutional Campus**

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

Kerala University of Health Sciences

Medical College P.O, Thrissur

680596

0487 – 2207664, 2207642

04872207616

keralahealthuniversity@gmail.com

www.kuhs.ac.in

**B - DETAILS OF THE INSTITUTION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **B –I .1**  **Name of the Principal** | | | Dr.Suja.C | | | |
| **Qualification/ Experience** | **Qualification\*** | | | **Teaching Experience**  **Required** | **Actual experience** | **Remarks of the**  **Inspectors** |
| M. Pharm | M. Pharm | | 15 years, out of which 5 years as Prof. / HOD | 19 Yrs |  |
| PhD | PhD | | 10 years, out of which at least  05 years as Asst. Prof |

**\* Documentary evidence should be provided (Enclosure 5)**

**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** | 03/03/2014 | AICTE pay scale not paid.  CPCSEA approval not obtained.  Professor:Asst: professor: Lecturer ratio not maintained. | Complied |  |

\* Enclose Documents

**B –I .3**

|  |  |
| --- | --- |
| **Status of Governing Council:** | **Government/Trust/Society/Individual / University** |
| **Details of the Governing Body** | **Enclosure 6** |
| **Minutes of the last Governing council Meeting** | **Enclosure 7** |

**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  **(Consolidated)** | No | No | No |  |
| **Non- Teaching Staff** | **State Government** Yes / No  **(Consolidated)** | No | No | No |  |

**B –I .5**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **ACADEMIC YEAR** | **Year 2011-12** | **Year 2012-13** | **Year 2013-14** |
| **Sanctioned** | **60** | **60** | **60** |
| **No. of Admissions** | **59** | **60** | **59** |
| **Unfilled Seats** | **1** | **------** | **1** |
| **No. of Excess**  **Admissions** | ------ | ----- | ----- |

**B –I .6**

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

**Calendar**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACADEMIC YEAR** | **Year 2011-12** | **Year 2012-13** | **Year 2013-14** |
| **1st year** | **40%** | **42%** | **25%** |
| **2nd year** | **35%** | **34.6%** | **42%** |
| **3rd year** | **73%** | **67%** | **59%** |
| **Final year** | **61%** | **69%** | **80%** |
| **Pass % (Final Year)** | **61%** | **69%** | **80%** |

**B – II**

**Co – Curricular Activities / Sports Activities**

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

**C - FINANCIAL STATUS OF THE INSTITUTION Audited financial Statement of Institute should be furnished**

**C .1 Resources and funding agencies (give complete list) : Enclosure 8**

**C .2 Please provide following Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Receipts** | | |  | **Expenditure** | | | | **Remarks of the Inspectors** |
| **Sl. No.** | **Particulars** | **Amount** | **Sl. No.** | **Particulars** | | **Amount** |
| **1.** | **Grants**  **a. Government b. Others** |  |  | **CAPITAL EXPENDITURE** | | | |  |
| **2.** | **Tuition Fee** | 16688000.00 |  | **1.** | **Building** | | 350268.00 |  |
| **3.** | **Library Fee** |  |  | **2.** | **Equipment** | |  |  |
| **4.** | **Sports Fee** |  |  | **3.** | **Others** | |  |  |
| **5.** | **Union Fee** |  |  | **REVENUE EXPENDIUTRE** | | | | |
| **6.** | **Others** | 2097395.00 |  | **1** | **Salary** | | 6240828.00 |  |
|  |  |  |  | **2.** | **MAINTENANCE EXPENDITURE** | | |  |
|  | **i** | **College** |  |
|  |  |  |  |  | **ii** | **Others** |  |  |
| **3.** | **University Fee**  **(If any)** | |  |  |
|  |  |  |  | **4.** | **Apex Bodies Fee** | |  |  |
| **5.** | **Government Fee** | |  |  |
| **6.** | **Deposit held by the College** | |  |  |
| **Total** | | 18785395.00 |  | **7.** | **Others** | |  |  |
| **8.** | **Misc.Expenditure** | | 4105482.23 |  |
| **Total** | | |  |  |
| 10696578.23 |  |

**Note: Enclose relevant documents**

**PART- II PHYSICAL INFRASTRUCTURE**

**1**. a. Availability of Land (B. Pharm courses) : 7.8acres **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 (Enclosure 9)**

d. Building**†**:

i) Approved Building plan, to be Enclosed : **Enclosed (Enclosure 10)**

e. Total Built Area of the college building in Sq.mts : Built up Area: 5554.10

**2. Class rooms:**

Amenities and Circulation Area: 1110.92

**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 | 06 | 6 of 90 Sq. mts  Or  4 of 150 sq.mts. with Public address System. | 568.8 Sq. mts |  |

**(\*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 | Available |  |
| 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 **\*** | 03(293.88)  02(195.92)  01(97.96)  02(195.92)  01(97.96)  01(117.8)  10 |  |
| 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) | 4(60) |  |
| 4 | Area of the Machine Room | 80-100 Sq.mts | (117.8) |  |
| 5 | Central Instrumentation Room | 80 Sq.mts with A/ C | 80 |  |
| 6 | Store Room – I | 1 (Area 100 Sq mts) | 1. 100 |  |
| 7 | Store Room – II  (For Inflammable chemicals) | 1 (Area 20 Sq mts) | 1 -20 |  |

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

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

**31.12.2008**

1. All the Laboratories should be well lit & ventilated

2. All Laboratories should be provided with basic amenities and services like exhaust fans and fume chamber to reduce the pollution wherever necessary.

3. The work benches should be smooth and easily cleanable preferably made of non-absorbent material.

4. The water taps should be non-leaking and directly installed on sinks. Drainage should be efficient.

5. Balance room should be attached to the concerned laboratories.

**4. Administration Area:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **Name of infrastructure** | **Requirement as per Norms in number** | **Requirement as per Norms, in area** | **Available** | | **Remarks/ Deficiency** |
| **No.** | **Area in**  **Sq .mts** |
| 1 | Principal’s Chamber | 01 | 30 Sq .mts | 01 | 37.2 |  |
| 2 | Office – I - Establishment | 01 | 60 Sq. mts | 01 | 75.6 |  |
| 3 | Office – II - Academics |
| 4 | Confidential Room |

**5. Staff Facilities:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of infrastructure** | **Requirement as per Norms in number** | **Requirement as per Norms, in area** | **Available** | | **Remarks/ Deficiency** |
| **No.** | **Area in**  **Sq mts** |
| 1 | HODs for B.Pharm Course | Minimum 4 | 20 Sq mts x 4 | 4 | 80 |  |
| 2 | Faculty Rooms for  B.Pharm course |  | 10 Sq mts x n (n=No of teachers) | 01 | 100 |  |

**6. Museum, Library, Animal House and other Facilities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **Name of infrastructure** | **Requireme nt as per Norms in number** | **Requirement as per**  **Norms, in area** | **Available** | | **Remarks/ Deficiency** |
| **No.** | **Area in**  **Sq. mts** |
| 1 | Animal House | 01 | 80 Sq mts | 01 | 80.4 |  |
| 2 | Library | 01 | 150 Sq mts | 01 | 153.72 |  |
| 3 | Museum | 01 | 50 Sq mts  (May be attached to the  Pharmacognosy lab) | 01 | 50 |  |
| 4 | Auditorium / Multi Purpose Hall (Desirable) | 01 | 250 – 300 seating capacity | 01 | 267.6 |  |
| 5 | Seminar Hall | 01 |  | 01 | 75.6 |  |
| 6 | Herbal Garden  (Desirable) | 01 | Adequate Number of  Medicinal Plants | Available | Available |  |

**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 | 01 | 60 |  |
| 2 | Boy’s Common Room  (Essential) | 01 | 60 Sq.mts | 1 | 60 |  |
| 3 | Toilet Blocks for Boys | 01 | 24 Sq.mts | 01 | 24 |  |
| 4 | Toilet Blocks for Girls | 01 | 24 Sq.mts | 01 | 24 |  |
| 5 | Drinking Water facility – Water Cooler (Essential). | 01 |  | Available |  |  |
| 6 | Boy’s Hostel (Desirable) | 01 | 9 Sq .mts / Room  Single occupancy | N A |  |  |
| 7 | Girl’s Hostel (Desirable) | 01 | 9 Sq .mts / Room (single occupancy)  20 Sq mts /  Room  (triple occupancy) | Available | 20/room |  |
| 8 | Power Backup Provision  (Desirable) | 01 |  | Available |  |  |

**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) | 01 | 100 |  |
| Computer  (Latest Configuration) | 1 system for every 10 students | 10 | - |  |
| Printers | 1 printer for every 10 computers | 01 | - |  |
| Multi Media Projector | 01 | 01 | - |  |
| Generator (5KVA) | 01 | 01 | - |  |

**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 | 1 | 80 | Available |  |
| Staff quarters | 16 x 80 Sq. mts | 1 | 100 | Available |  |
| Canteen | 100 Sq. mts | 1 | 150 | Available |  |
| Parking Area for staff and students |  | 1 | 80 | Available |  |
| Bank Extension Counter |  | 0 |  | Not Available |  |
| Co operative Stores |  | 1 | 20 | Available |  |
| Guest House | 80 Sq. mts | 0 |  | Not Available |  |
| Transport Facilities for students |  | 1 | 1 | Available |  |
| Medical Facility (First Aid) |  | 1 | 1 | Available |  |

**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 | 1384 | 10026 |  |
| 2 | Annual addition of books |  | 150 to 200 books per year | 12 | 87 |  |
| 3 | Periodicals  Hard copies / online |  | 10 National  05 International periodicals |  | 23 National  11International |  |
| 4 | CDS |  | Adequate Nos |  | Adequate |  |
| 5 | Internet Browsing  Facility |  | Yes  (Minimum ten computers) |  | Yes |  |
| 6 | Reprographic Facilities: Photo Copier  Fax  Scanner |  | 01  01  01 | 01  01  01 | 01  01  01 |  |
| 7 | Library Automation and Computerized System | | | | | |
| 8 | **Library Timings 8.45 AM – 4.15PM** | | | | | |

[

**10.B. Library Staff:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Staff** | **Qualification** | **Required** | **Available** | **Remarks of the**  **Inspectors** |
| 1 | Librarian | M. Lib | 1 | 01 |  |
| 2 | Assistant Librarian | D. Lib | 1 | 01 |  |
| 3 | Library Attenders | 10 +2 / PUC | 2 | 02 |  |

**PART III ACADEMIC REQUIREMENTS**

**Course Curriculum:**

**1. Student Staff Ratio: Theory Practicals Remarks of the Inspectors**

**60:1 30:1**

(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: Annual √**

**3. Date of Commencement of session / sessions:**

|  |  |
| --- | --- |
| **Commencement** | **Completion** |
| **18/08/2014** | **31/07/2015** |

**No of Days No of Days**

**4. Vacation: Summer: 10 Winter: 10**

**5. Total No. of working days:**

200

**6. Time Table:**

Time Table for B. Pharm course Enclosed Yes √ No

(**Enclosure 11**)

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

**I 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** |  |
| PCI | 75 | 76 | **75** | 75 | 25X 3 |  |
| PCII | 75 | 75 | **75** | 78 | 26X3 |  |
| Pharmaceutics | 75 | 77 | **100** | 102 | 34X3 |  |
| HAP | 75 | 79 | **75** | 78 | 26X3 |  |
| Pharmacognosy | 75 | 78 | **75** | 78 | 26X3 |  |

**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** |  |
| PCIII | 75 | 76 | **75** | 78 | 26X3 |  |
| P.Analysis | 75 | 78 | **75** | 78 | 26X3 |  |
| Pharmaceutics II | 75 | 79 | **75** | 78 | 26X3 |  |
| Patho Physiology | 50 | 58 | **--** | -- |  |  |
| Mathematics & Computer | 75 | 79 | **--** | -- |  |  |
| P.Ceutics III | 75 | 80 | 75 | 78 | 26X3 |  |
| Biochemistry | 75 | 80 | 75 | 78 | 26X3 |  |

**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** |  |
| P.Ceutics IV | 50 | 51 | **75** | 78 | 26X3 |  |
| PC IV | 75 | 89 | **75** | 102 | 34X3 |  |
| Pharma. Cology | 75 | 78 | **75** | 102 | 34X3 |  |
| Pharmaceutics V | 50 | 57 | **75** | 78 | 26X3 |  |
| Jurisprudence | 50 | 51 |  |  |  |  |
| Cognosy II | 50 | 57 | **75** | 78 | 26X3 |  |
| Pharma. Management | 50 | 53 | -- | -- | -- |  |

**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** |  |
| PharmaceuticalChemistry V | 75 | 79 | 75 | 78 | 26X3 |  |
| P,Analysis II | 50 | 54 | 75 | 78 | 26X3 |  |
| Pharma cognosy I | 50 | 56 | 75 | 78 | 26X3 |  |
| Pharmaceutics IV | 75 | 80 | 100 | 102 | 34X3 |  |
| Pharmacology II | 75 | 80 | 75 | 78 | 26X3 |  |
| Pharmacy Prractice | 50 | 54 | 50 | 50 | 25X2 |  |
| Project Work | 25 | 28 | -- | -- | -- |  |

**8 . Whether Tutorials are being conducted yes**

Yes

No

**(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 2011-12** | **Year 2012-13** | **Year 2013-14** |
| Guest Lectures | - | 1 | 1 |
| Seminars | 2 | - | - |
| Workshops | 1 | - | - |
| Symposia | - | - | - |

**B. Papers Presented / Published during last three years**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Year 2011-12** | | **Year 2012-13** | | **Year 2013-14** | |
| **National** | **International** | **National** | **International** | **National** | **International** |
| **Published** | 04 | 04 | 10 | 07 | 05 | 03 |
| **Presented** | 04 | 04 | 05 | 05 | 06 | 01 |

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

**Yes √ No**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Class** | **I Sessional Dates**  **DD/MM/YY** | | **II Sessional Dates**  **DD/MM/YY** | | **III Sessional Dates**  **DD/MM/YY** | | **Remarks of the**  **Inspectors** |
| **Theory** | **Practicals** | **Theory** | **Practicals** | **Theory** | **Practicals** |  |
| I B. Pharm | 02/12/2013 | 09/12/2013 | 17/02/2014 | 24/02/2014 | 09/06/2014 | 16/06/2014 |  |
| II B. Pharm | 20/01/2014 | 29/01/2013 | 01/04/2014 | 10/04/2014 | 04/07/2014 | 14/07/2014 |  |
| III B. Pharm | 23/01/2014 | 31/01/2014 | 24/03/2014 | 01/04/2014 | 01/08/2014 | 18/08/2014 |  |
| IV B. Pharm | 31/01/2014 | 10/02/2014 | 24/03/2014 | 02/04/2014 | 05/07/2014 | 15/07/2014 |  |

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Class** | No. of Candidates scored more than  80% | | No. of Candidates scored between  60 - 80% | | No. of Candidates scored between  50 - 60% | | No. of Candidates Less than 50% | | **Remarks of the Inspectors** |
| **Th** | **Pr** | **Th** | **Pr** | **Th** | **Pr** | **Th** | **Pr** |
| I B.Pharm | 04 | 16 | 27 | 39 | 23 | 0 | 1 | 0 |  |
| II B.Pharm | 08 | 11 | 24 | 27 | 07 | 07 | 9 | 3 |  |
| III B.Pharm | 02 | 09 | 42 | 46 | 10 | 01 | 02 | 0 |  |
| IV B.Pharm | 07 | 09 | 29 | 30 | 09 | 0 | 03 | 0 |  |

**12. Work load of Faculty members for B. Pharm (Enclosure 12)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Name of the**  **Faculty** | **Subjects taught** | **B. Pharm** | | **Total work load** | **Specific Remarks of the**  **Inspector** |
| **Th** | **Pr** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Details** | **Year 2013-14** | **Year 2012-13** | **Year 2011-12** |
| No. of Students Appeared | 03 | 05 | 05 |
| No. of Students Qualified | 02 | 02 | 01 |
| Percentage | 40 | 67 | 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** |  |
| **Industrial Tour** | 01 |
| **Industrial Training** | YES |
| **No. of Resource Persons from the Industry for Guest Lectures** | - |
| **No. of Collaboration projects with Industry** | - |

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

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

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

**No**

**PART IV - PERSONNEL**

***TEACHING STAFF*: (Enclosure 13)**

**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** |
|  |  |  |  |  |  |  |  |  |

**2. Qualification and number of Staff Members**

|  |  |  |
| --- | --- | --- |
| **Qualification** | | |
| **M. Pharm** | **PhD** | **Others - Full Time** |
| 20 | 04 | 03 |

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

|  |  |
| --- | --- |
|  | **No. of staff required** |
| **1. Pharmaceutical Chemistry**  **2. Pharmaceutical Analysis**  **3. Pharmacology**  **4. Pharmacognosy**  **5. Pharmaceutics**  **6. Pharmacy Practice**  **7. Principal** | **7**  **2**  **4**  **4**  **6**  **1**  **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.**

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 | 1 |
| Lecturer | 3 | 4 |
| Department of Pharmaceutical  Chemistry | Professor | 1 | 1 |  |
| Asst. Professor | 3 | 1 |
| Lecturer | 3 | 4 |
| Department of Pharmacology | Professor | 1 | 1 |  |
| Asst. Professor | 2 | 1 |
| Lecturer | 1 | 2 |
| Department of Pharmacognosy | Professor | 1 | 1 |  |
| Asst. Professor | 1 | -- |
| Lecturer | 2 | 1 |
| Department of Pharmac y  Practice | Asst. Professor | 1 | 1 |  |
| Lecturer | 1 | 3 |
| 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** | **%** |
| Nil | **Duration of 15 yrs. and above** | 0 |
| Dr. Sujith S Nair | **Duration of 10 yrs. and above** | Less than 25% |
| Dr. Suja C, Dr. Sreena K, Dr. Subash Philip, Ansa Philip,  Saritha m, Sunith D K, Sai Sabari, Prasanth S. Sreekala Pola | **Duration of 5 yrs. and above** | 25% |
| Radhika , Rajina, Soumya, Rashid, Yuvraj, Sameer, Vyshnavi, Kripa, Resmi, Praseetha, Remya, Dhanya, Chinnumol, Dileep, Shuhaib, Roopitha | **Less than 5 yrs.** | 50% |

**7. Details of Faculty Turnover:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Faculty**  **Member** | **Period** | **More than 50%** | **50%** | **25%** | **Less than 25%** |
| Dr. Suja C, Dr. Sujith S Nair, Dr. Sreena K, Dr. Subash Philip, Ansa Philip,  Saritha m, Sunith D K, Sai Sabari, Prasanth S. Sreekala Pola, Radhika. | **% of faculty retained in last 3 yrs** |  | √ |  |  |

**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 | 03 | BSc Degree |  |
| 2 | Laboratory Assistants / Attenders | 1 for each Lab  (minimum) | SSLC | 05 | Pre Degree |  |
| 3 | Office Superintendent | 1 | Degree | 01 | BSc Degree |  |
| 4 | Accountant | 1 | Degree | 01 | Degree |  |
| 5 | Store keeper | 1 | D. Pharm/ Degree | 01 | Degree |  |
| 6 | Computer Data Operator | 1 | BCA / Graduate with Computer Course | 01 | Degree |  |
| 7 | Office Staff I | 1 | Degree | 1 | Degree |  |
| 8 | Office Staff II | 2 | Degree | 1 | Degree |  |
| 9 | Peon | 2 | SSLC | 2 | SSLC |  |
| 10 | Cleaning personnel | Adequate | --- | Adequate | - |  |
| 11 | Gardener | Adequate | --- | Adequate | - |  |

**9. Scale of pay for Teaching faculty (to be enclosed): (Enclosure 14)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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): (Enclosure 15)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl**  **No** | **Name** | **Designation** | **Qualifi**  **cation** | **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**

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**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**

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**PART - VI**

**1. Financial Resource allocation and utilization for the past three years: (Enclosure 16) (Audited Accounts for previous year to be enclosed)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl** | **Expenditure in Rs.**  **2010-11** | | | **Expenditure in Rs.**  **2011-12** | | | **Expenditure in Rs**  **2012-13** | | | **Remarks of the**  **Inspectors\*** |
| **No.** | **Total**  **budget sanctioned** | **Recurring** | **Non**  **Recurring** | **Total**  **budget sanctioned** | **Recurring** | **Non**  **Returning** | **Total**  **budget sanctioned** | **Recurring** | **Non**  **Returning** |  |
|  | 10000000 | 7649091.35 | 2153675.31 | 10020000 | 6493317 | 3785028 | 15000000 | 6943554 | 6447576.92 |  |

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl** | **Expenditure in Rs.**  **2010-11** | | | **Expenditure in Rs.**  **2011-12** | | | **Expenditure in Rs**  **2012-13** | | | **Remarks**  **of the**  **Inspectors\*** |
| **No.** | **Total budget**  **allocated** | **Sanctioned** | **Incurred** | **Total budget**  **allocated** | **Sanctioned** | **Incurred** | **Total budget**  **allocated** | **Sanctioned** | **Incurred** |  |
|  | **Chemicals** | 500000 | 447855.31 | **Chemicals** | 200000 | 157715 | **Chemicals** | 750000 | 642357 |  |
|  | **Glassware** | 200000 | 165328 | **Glassware** | 100000 | 92348 | **Glassware** | 400000 | 488002 |  |

**3. Total amount spent on equipments for the past three years:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl** | **Expenditure in Rs.**  **2010-11** | | | **Expenditure in Rs.**  **2011-12** | | | **Expenditure in Rs**  **2012-13** | | | **Remarks of the**  **Inspectors\*** |
| **No.** | **Total budget**  **allocated** | **Sanctioned** | **Incurred** | **Total budget**  **allocated** | **Sanctioned** | **Incurred** | **Total budget**  **allocated** | **Sanctioned** | **Incurred** |  |
|  | **Equipment** | 3000000 | 2498743 | **Equipment** | Nil | nil | **Equipment** | 50000 | 17500 |  |

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl**  **No.** | **Expenditure in Rs.**  **2010-11** | | | **Expenditure in Rs.**  **2011-12** | | | **Expenditure in Rs**  **2012-13** | | | **Remarks of the**  **Inspectors\*** |
|  | **Total**  **budget allocated** | **Sanctioned** | **Incurred** | **Total**  **budget allocated** | **Sanctioned** | **Incurred** | **Total**  **budget allocated** | **Sanctioned** | **Incurred** |  |
| **1** | **Books** | 1300000 | 1295553 | **Books** | 600000 | 569450 | **Books** | 650000 | 612980 |  |
| **2** | **Journals** | 61000 | 60320 | **Journals** | 63000 | 62320 | **Journals** | 65000 | 64300 |  |

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

**`**

**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 | 30 | Yes |  |
| 2 | Haemocytometer with Micropipettes | 20 | 25 | Yes |  |
| 3 | Sahli’s haemocytometer | 20 | 20 | Yes |  |
| 4 | Hutchinson’s spirometer | 01 | ------ |  |  |
| 5 | Spygmomanometer | 10 | 2 | Yes |  |
| 6 | Stethoscope | 10 | 8 | Yes |  |
| 7 | Permanent Slides for various tissues | One pair of each tissue  Organs and endocrine  glands  One slide of each organ  system | 9 | Yes |  |
| 8 | Models for various organs | One model of each organ  system | Available |  |  |
| 9 | Specimen for various organs and systems | One model for each organ  system | Available |  |  |
| 10 | Skeleton and bones | One set of skeleton and one  spare bone | Available |  |  |
| 11 | Different Contraceptive Devices and Models | One set of each device | Available |  |  |
| 12 | Muscle electrodes | 01 | 01 | Yes |  |
| 13 | Lucas moist chamber | 01 | 01 | Yes |  |
| 14 | Myographic lever | 01 |  | - |  |
| 15 | Stimulator | 01 |  | - |  |
| 16 | Centrifuge | 01 | 2 | Yes |  |
| 17 | Digital Balance | 01 | 01 | Yes |  |
| 18 | Physical /Chemical Balance | 01 | 01 | Yes |  |
| 19 | Sherrington’s Kymograph Machine /  Polyrite | 10 | 19 | Yes |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 20 | Sherrington Drum | 10 | 19 | Yes |  |
| 21 | Perspex bath assembly (single unit) | 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 | Available | Yes |  |
| 26 | Actophotometer | 01 | 01 | Yes |  |
| 27 | Rotarod | 01 | 01 | Yes |  |
| 28 | Pole climbing apparatus | 01 | 01 | Yes |  |
| 29 | Analgesiometer (Eddy’s hot plate and  radiant heat methods) | 01 | 01 | Yes |  |
| 30 | Convulsiometer | 01 | 01 | Yes |  |
| 31 | Plethysmograph | 01 | 01 | Yes |  |
| 32 | Digital pH meter | 01 | 01 | Yes |  |

**Apparatus:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name** | **Minimum required No.s** | **Available**  **Nos.** | **Working**  **Yes / No** | **Remarks of the**  **Inspectors** |
| 1 | Folin-Wu tubes | 60 | 60 | Yes |  |
| 2 | Dissection Tray and Boards | 10 | 10 | Yes |  |
| 3 | Haemostatic artery forceps | 10 | 01 | Yes |  |
| 4 | Hypodermic syringes and needles of size  15,24,26G | 10 | 05 | Yes |  |
| 5 | Levers, cannulae | 20 | 20 | Yes |  |

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

**DEPARTMENT OF PHARMACOGNOSY Equipment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name** | **Minimum required Nos.** | **Available**  **Nos.** | **Working**  **Yes / No** | **Remarks of the Inspectors** |
| 1 | Microscope with stage micrometer | 20 | 10 | Yes |  |
| 2 | Digital Balance | 02 | 01 | Yes |  |
| 3 | Autoclave | 02 | 01 | Yes |  |
| 4 | Hot air oven | 02 | 01 | Yes |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | - | - |  |
| 12 | Camera Lucida | 20 | 20 | Yes |  |
| 13 | Eye piece micrometer | 20 | 20 | Yes |  |
| 14 | Incinerator | 01 | - | - |  |
| 15 | Moisture balance | 01 | 01 | Yes |  |
| 16 | Heating mantle | 20 | 15 | Yes |  |
| 17 | Flourimeter | 01 | 01 | Yes |  |
| 18 | Vacuum pump | 02 | 02 | Yes |  |
| 19 | Micropipettes (Single and multi channeled) | 05 | 5 | Yes |  |
| 20 | Micro Centrifuge | 01 | - | - |  |
| 21 | Projection Microscope | 01 | 1 | 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 | 40 | Yes |  |
| 3 | Clavengers apparatus | 10 | 2 | Yes |  |
| 4 | Soxhlet apparatus | 10 | 15 | Yes |  |
| 6 | TLC chamber and sprayer | 10 | 10,2 | 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 | 02 | Yes |  |
| 3 | Refrigerator | 01 | 01 | Yes |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4 | Analytical Balances for demonstration | 05 | 17 | Yes |  |
| 5 | Digital balance 10mg sensitivity | 10 | 2 | Yes |  |
| 6 | Digital Balance (1mg sensitivity) | 01 | - |  |  |
| 7 | Suction pumps | 06 | 02 | Yes |  |
| 8 | Muffle Furnace | 01 | - | - |  |
| 9 | Mechanical Stirrers | 10 | 01 | Yes |  |
| 10 | Magnetic Stirrers with Thermostat | 10 | 3 | Yes |  |
| 11 | Vacuum Pump | 01 | 1 | Yes |  |
| 12 | Digital pH meter | 01 | 1 | Yes |  |
| 13 | Microwave Oven | 02 | 1 | Yes |  |

**Apparatus:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name** | **Minimum required Nos.** | **Available**  **Nos.** | **Working**  **Yes / No** | **Remarks of the Inspectors** |
| 1 | Distillation Unit | 02 | 2 | Yes |  |
| 2 | Reflux flask and condenser single necked | 20 | 20 | Yes |  |
| 3 | Reflux flask and condenser double / triple  necked | 20 |  |  |  |
| 4 | Burettes | 100 | 50 | Yes |  |
| 5 | Arsenic Limit Test Apparatus | 25 | 10 | Yes |  |
| 6 | Nesslers Cylinders | 50 | 60 | 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 | 01 | Yes |  |
| 2 | Homogenizer | 10 | - |  |  |
| 3 | Digital balance | 05 | 01 |  |  |
| 4 | Microscopes | 10 | 10 | Yes |  |
| 5 | Stage and eye piece micrometers | 15 | 15 | Yes |  |
| 6 | Brookfield’s viscometer | 01 | --- |  |  |
| 7 | Tray dryer | 01 | ----- |  |  |
| 8 | Ball mill | 01 | 02 | Yes |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 9 | Sieve shaker with sieve set | 01 | 1 set | Yes |  |
| 10 | Double cone blender | 01 | - |  |  |
| 11 | Propeller type mechanical agitator | 05 | - |  |  |
| 12 | Autoclave | 01 | 01 | Yes |  |
| 13 | Steam distillation still | 01 | - |  |  |
| 14 | Vacuum Pump | 01 | 01 | Yes |  |
| 15 | Standard sieves, sieve no. 8, 10, 12,22,24, 44,  66, 80 | 10 sets | 10 Set | Yes |  |
| 16 | Tablet punching machine | 01 | 2 | 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 | 2 | Yes |  |
| 23 | Pfizer type hardness tester | 01 | 2 | Yes |  |
| 24 | Friability test apparatus | 01 | 2 | Yes |  |
| 25 | Clarity test apparatus | 01 | 2 | 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 | 7 | Yes |  |
| 30 | Digital pH meter | 01 | 01 | Yes |  |
| 31 | All purpose equipment with all accessories | 01 |  |  |  |
| 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 | - | - |  |
| 39 | Energy meter | 02 | 01 | Yes |  |
| 40 | Hot Plate | 02 | 02 | Yes |  |

**Signature of the Head of the Institution Signature of the Inspectors**

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 41 | Humidity Control Oven | 01 | - |  |  |
| 42 | Liquid Filling Machine | 01 | - |  |  |
| 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 | 14 | Yes |  |
| 6 | Filtration assembly | 01 | - | - |  |
| 7 | Permeability Cups | 05 | 02 | Yes |  |
| 8 | Andreason’s Pipette | 05 | 02 | Yes |  |
| 9 | Lipstick moulds | 10 | 5 | 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 |  |  |  |
| 3 | Gel Electrophoresis  (Vertical and Horizontal) | 01 | 01 | Yes |  |
| 4 | Phase contrast/Trinocular Microscope | 01 | - |  |  |
| 5 | Refrigerated Centrifuge | 01 | 01 | Yes |  |
| 6 | Fermenters of different capacity  (Desirable) | 01 | 01 | Yes |  |
| 7 | Tissue culture station | 01 | --- |  |  |
| 8 | Laminar airflow unit | 01 | 01 | Yes |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 9 | Diagnostic kits to identify infectious  agents | 01 | - |  |  |
| 10 | Rheometer | 01 |  | Yes |  |
| 11 | Viscometer | 01 | 20 | Yes |  |
| 12 | Micropipettes (single and multi channeled) | 01 each | 5 | Yes |  |
| 13 | Sonicator | 01 | 01 | Yes |  |
| 14 | Respinometer | 01 | 01 | Yes |  |
| 15 | BOD Incubator | 01 | 01 | Yes |  |
| 16 | Paper Electrophoresis Unit | 01 | --- |  |  |
| 17 | Micro Centrifuge | 01 | --- |  |  |
| 18 | Incubator water bath | 01 | 01 | Yes |  |
| 19 | Autoclave | 01 | 01 | Yes |  |
| 20 | Refrigerator | 01 | 01 | Yes |  |
| 21 | Filtration Assembly | 01 | ---- |  |  |
| 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 | 3 | Yes |  |
| 2 | Digital pH meter | 01 | 1 | Yes |  |
| 3 | UV- Visible Spectrophotometer | 01 | 2 | Yes |  |
| 4 | Flourimeter | 01 | 1 | Yes |  |
| 5 | Digital Balance (1mg sensitivity) | 01 | ------ |  |  |
| 6 | Nephelo Turbidity meter | 01 | ---- |  |  |
| 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 | ------ |  |  |
| 11 | HPLC | 01 | 01 | Yes |  |
| 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  (Desirable) | 01 | ------- |  |  |
| 18 | Lyophilizer (Desirable) | 01 |  |  |  |

**Signature of the Head of the Institution Signature of the Inspectors**

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**Observation of the Inspectors:**

**Compliance of the last recommendations by Inspectors**

**Specific observations if not complied**

**1.**

**Signature of Inspectors: 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**

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