

PHARMACY COUNCIL OF INDIA

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

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

(SIF-A)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No. :

NAME OF THE INSPECTORS: 1.
(BLOCK LETTERS)

2.

PART — I

A - GENERAL INFORMATION

A — I.1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	Department of Pharmacy Alpine College of Management & Technology Nanda ki Chowki, Prem Nagar, Dehradun 0135-2773869 0135-2774430 alpinedun@gmail.com
Year of Establishment	2010
Status of the course conducting body: Government I University /Autonomous / Aided /Private (Enclose copy of Registration documents of Society/Trust)	Private Society (Annexure -1)
A — I. 2 Name, address of the Society/Trust/Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	NIAE Educational Society Nanda ki Chowki, Prem Nagar, Dehradun 0135-2773869 0135-2774430 alpinedun@gmail.com www.alpineddn.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. S.K.Chauhan Director Alpine College of Management & Technology 0135-2773869 0135-2771628 09412057628 0135-2774430 alpinedun@gmail.com
A — I. 4 Name and Address of the Head of the Institution	Dr.Kapil Kalra, Mob: 09897616161

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

(Annexure - 2)

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated
D. Pharm	2016-17	29252	22/07/2016
D. Pharm	2017-18	Draft Number: 472126	Draft Date : 13/06/2017

b. APPROVAL STATUS:

(Annexure - 3)

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVERNMENT	Remarks of the Inspectors
D. Pharm	2017-18	Approval Letter No and Date	File No: 17-951/2010-PCI	7450-7504/UBTER/P.I/Aff/2016-2017 dated 25/05/2016	
		Approved Intake	60	60	
		Actually Admitted	60	60	

c. STATUS OF APPLICATION

Course	Extension of Approval		Increase in Intake of Seats		Remarks	
	Yes	No	Yes	No	Current Intake	Proposed increase in Intake
D. Pharm	✓			✓	60	--

Note: Enclose relevant documents

A — I. 6 Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same Building / campus? If yes, give status

Yes No

A — I. 6 a

Status of the Pharmacy Course:	
Independent Building	<input 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 :

Uttarakhand Board of Technical Education

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

**137/3 Civil Lines. Opp Shiv Mandir, Roorkee, (Distt. Haridwar)
01332-276370, 276371**

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B —I .1 Name of the Principal		Dr.Kapil Kalra			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	M.Pharm	05 years	08 Years	
	PhD (Desirable)	PhD	02 years		

* Documentary evidence should be provided (Annexure - 4)

B —I .2

For institution seeking continuation of approval

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake Reduced/Stopped in the last 03 years*
D. Pharm	03/02/2015	Report Enclosed	Complied	

* Enclose Documents (Annexure - 5)

B —I .3

Pay Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
Teaching Staff	State Govt Yes	No	No	No	
Non-Teaching Staff	State Government Yes	As Applicable	No	No	

B —I .4

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

ACADEMIC YEAR	2015	2016	2017
Sanctioned	60	60	60
No. of Admissions	56	60	60
Unfilled Seats	04	00	00
No. of Excess Admissions	00	00	00

B —I .5

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

ACADEMIC YEAR	Year 2015	Year 2016	Year 2017
D. Pharm	95.83%	96.29%	94.35%

Signature of the Head of the Institution

Signature of the Inspectors

B — II**Co — Curricular Activities/Sports Activities (Annexure - 6)**

Whether college has NSS Unit (Yes/No)? If no give reasons	Yes
NSS Programme Officer's Name	Ms. Vinita Chauhan
Programme conducted (mention details)	International Womens Day, Yoga Day, RRC Activities, National Pharmacy Week 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)

(Annexure - 7)

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	NA	CAPITAL EXPENDITURE			
2.	Tuition Fee	54,00,000	1.	Building	60,00,000	
3.	Library Fee	NIL	2.	Equipment	20,00,000	
4.	Sports Fee	NA	3.	Deposit held by the College	-----	
5.	Union Fee	NA	4.	Others	35,00,000	
6.	Others	3,00,000	REVENUE EXPENDITURE			
			1	Salary	29,65,946	
			2.	MAINTENANCE EXPENDITURE		
				i	College	1,42,633
				ii	Others	1,41,605
			3.	Board Fee (If any)	10,000	
			4.	Apex Bodies Fee	50,000	
			5.	Government Fee	--	
			6.	Others	----	
			7.	Misc.Expenditure	35,000	
			Total			
					Rs 33,45,184	
	Total	57,00,000				

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Building : **Owned**
- b. Land:
- i) Leased or own | **Own** |
- Sale /Agreement deed (records to be enclosed) : **Enclosed**
- c. Building: Leased Rented
- i) Leased/Rented ^t (Record to be enclosed) : **Not Applicable**
- ii) If Own (Approved Building plan & sale deed to : -----
be enclosed)
- d. Total Area of the college building in Sq.mts : Built up Area
Amenities and Circulation Area

2. Class rooms:

Total Number of Class rooms provided

Class	Required	Available	Required Area * for each class room	Available Area in Sq. mts	Remarks of the Inspectors
D. Pharm	02	02	90 Sq. mts	91 Sq. mts	

(* To accommodate 60 students)

3. Laboratory requirement

Sl. No.	Name of Infrastructure	Requirement as per Norms	Available		Remarks/Deficiency
			No.	Area in Sq. mts	
1	Laboratory Area for D.Pharm Course	50 Sq mts x n (n=05)	05	302	
2	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy Total no. of Labs for D. Pharm Course *Animal House	01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 05 Laboratories 01 (10 sq.mts)	01 01 01 01 01	62 61 69 50 60	
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)	02	20	
4	Area of the Machine Room	100 Sq mts	01	100 Sq mts	
5	Aseptic Room	25 Sq mts	01	25 Sq mts	
6	Store Room – I	1 (Area 20 Sq mts)	01	22 Sq.mts	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01	23Sq.mts	

* Not required if computer simulated software are available

Signature of the Head of the Institution

Signature of the Inspectors

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

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

4. Administration Area:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Principal's Chamber	0	20 Sq mts	01	35	
2	Office – /Including Confidential Room	0 1	40 Sq mts	01	30	
3	Staff /Faculty Rooms for D. Pharm course	0 1	30 Sq mts	02	45	
4	Library with computer and reprographic facilities	0 1	100 Sq mts	01	100	
5	Museum	0 1	30 Sq mts (May be attached to the Pharmacogno sy Lab)	01	35	
6	Auditorium / Multi Purpose Hall (Desirable)	0 1	250 – 300 seating capacity			
7	Herbal Garden (Desirable)	0 1	Adequate Number of Medicinal Plants	Adequate		

Signature of the Head of the Institution

Signature of the Inspectors

5. Student Facilities:

Sl. No.	Name of infrastructure	Requirement in number	Requirement in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Girl's Common Room (Essential)	01	40 Sq mts	01	40	
2	Boy's Common Room (Essential)	01	40 Sq mts	01	40	
3	Toilet Blocks for Boys	01	25 Sq mts	01	26	
4	Toilet Blocks for Girls	01	25 Sq mts	01	26	
5	Canteen (Desirable)	01	100 Sq mts	01	102	
6	Drinking Water facility Water Cooler (Essential)	01	Available	Available	Available	
7	Boy's Hostel (Desirable)	01	9 Sq mts /Room Single occupancy			
8	Girl's Hostel (Desirable)	01	9 Sq mts /Room (single occupancy) 20 Sq mts/room (triple occupancy)			
9	Power Backup Provision (Desirable)	01	Available	Available		

6. Computer and other Facilities:

Name	Required	Available	Available		Remarks of the Inspectors
			No.	Area in Sq. mts	
Computer (latest Configuration)	1 system for every 10 students	30	30	100	
Printers	1 printer for every 10 computers	03	03	10	
Xerox Machine	01	01	01	---	
Multi Media Projector	02	02	02	10	

7. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts			Not Available	
Staff quarters	6 x 80 Sq. mts			NA	
Parking Area for staff and students		Adequate	Adequate		
Bank Extension Counter		Applied For			
Co operative Stores				NA	
Guest House	80 Sq. mts	01	80		
Transport Facilities for students		02 Buses			
Medical Facility (First Aid)		Available	Available		

Signature of the Head of the Institution

Signature of the Inspectors

8. A. Library books and periodicals

The minimum norms for the initial stock of books, yearly addition of the books and the number of journals to be subscribed are as given below: (Annexure -8)

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Titles	Numbers	
1	Number of books	75	750 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	138	2309	
2	Annual addition of books		75 books per year	15	102	
3	Periodicals Hard copies I online		06 National Journals Indian Journal of Pharmaceutical Sciences Indian Journal of Pharmaceutical Education and Research Journal of Hospital Pharmacy Indian Journal of Pharmacology CIMS, MIMS Indian Journal of Experimental Biology.	01 01 01 01 01 01	01 01 01 01 01	
4	Library Timings : 9:00 am -5:00 pm					

8.B. Subject wise Classification:

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I	08	199	
2	Pharmaceutical Chemistry – I	11	221	
3	Pharmacognosy	12	200	
4	Biochemistry and Clinical Pathology	11	244	
5	Human Anatomy and Physiology	16	212	
6	Health Education and Community Pharmacy	04	135	
7	Pharmaceutics – II	06	166	
8	Pharmaceutical Chemistry – II	08	211	
9	Pharmacology and Toxicology	32	227	
10	Pharmaceutical Jurisprudence	05	140	
11	Drug Store and Business Management	04	98	
12	Hospital and Clinical Pharmacy	11	182	

8.C. Library Staff:

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

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

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio:

Theory 60:1

Practicals

20:1

(Required ratio --- Theory → 60:1 and Practical → 20:1)

If more than 20 students in a batch 2 staff members to be present provided the lab is spacious

2. Date of Commencement of session:

Commencement	Completion
15/07/2016	15/04/2017

3. Vacation:

No of Days
Summer:

30

No of Days
Winter: 15

4. Total Number of working days:

182

5. Time Table:

Time Table for I and II Year D. Pharm Enclosed (**Annexure - 9**)

Yes

√

No

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6. Whether the prescribed numbers of classes are being conducted as per PCI norms

Class i Subject	Theory		Practicals				Remarks of the Inspectors
	Prescribed No of Hours	No of Hours Conducted	Prescribed No. of Hours	No of Hours Conducted	Prescribed Number of Classes	No of Classes conducted	
I D. Pharm							
Pharmaceutics – I	75	82	100	112	25	28	
Pharmaceutical Chemistry – I	75	76	75	75	25	25	
Pharmacognosy	75	76	75	78	25	26	
Biochemistry and Clinical Pathology	50	52	75	87	25	29	
Human Anatomy and Physiology	75	77	50	50	25	25	
Health Education and Community Pharmacy	50	52	----		----		
II D. Pharm							
Pharmaceutics – II	75	88	100	120	25	30	
Pharmaceutical Chemistry – II	100	100	75	75	25	25	
Pharmacology and Toxicology	75	92	50	60	25	30	
Pharmaceutical Jurisprudence	50	62	----	---	----	---	
Drug Store and Business Management	75	75	----	---	----	---	
Hospital and Clinical Pharmacy	75	75	50	52	25	26	

Signature of the Head of the Institution

Signature of the Inspectors

7. Whether Internal Assessments are conducted periodically as per PCI norms

Yes No

8. 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 D. Pharm	-	02	04	57	20	-	35	-	
II D. Pharm	-	14	11	39	26	-	16	-	

9. Workload of Faculty members for D. Pharm

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

Note : Work Load Chart Attached (Annexure -10)

Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF.

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

S. 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			
1.	Dr. Kapil Kalra	Principal	M.Pharma, Phd	01/07/2014	8 Years		3805		
2.	Pooja Negi	Lecturer	M.Pharma	01/10/2014	3 Years		7430		
3	Abhishek Chauhan	Lecturer	B.Pharma	24/08/2011	7 Years		3729		
4	Vinita Chauhan	Lecturer	B.Pharma	10/07/2014	3 Years		7274		
5	Subodh Singh	Lecturer	B.Pharma	01/02/2014	3 Years & 6 Months		5422		
6	Urvashi Negi	Lecturer	M.Pharma	01/10/2016	1 year		11690		
7	Pragati Baiwal	Lecturer	M.Pharma	15/07/2017	3 Years		9758		
8	Gulbahar	Lecturer	B.Pharma	15/07/2017	Fresher		A/F		

2. Qualification and number of Staff Members

Number of staff members required: 07

Qualification			
B. Pharm	M. Pharm	PhD	Others - Full Time
04	03	01	Nil

3. Details of Faculty Retention for:

Name of Faculty Member	Period	Percentage
Dr. Kapil Kalra	Less than 5 yrs	Joined on 01/07/2014
Mr. Abhishek Chauhan	Less than 5 yrs	Joined on 24/08/2011
Ms. Vinita Chauhan	Less than 5 yrs	Joined on 10/07/2014
Mr. Subodh Singh	Less than 5 yrs	Joined on 01/02/2014

4. Details of Faculty Turnover

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

Signature of the Head of the Institution

Signature of the Inspectors

5. No. of Non-teaching staff available for D. 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	02	D. Pharm	02	D.Pharm	
2	Laboratory Assistants/ Attenders	04	SSLC	4	SSLC	
3	Office Superintendent	01	Degree	1	Degree	
4	Accountant cum Clark	01	Degree	1	Degree	
5	Store keeper	01	D. Pharm	1	D. Pharm	
6	Computer Data Operator	01	10+2 with computer training	1	10+2 with computer training	
7	Peon	02	SSLC	2	SSLC	
8	Cleaning personnel	04	---	4	---	
9.	Gardener	01	---	2	---	

Signature of the Head of the Institution

Signature of the Inspectors

7. Scale of pay for Teaching faculty (to be enclosed): (Annexure -11)

S N	Name	Qualification	Designation	Basic pay Rs.	DA Rs.	HRA Rs.	CCA Rs.	Other allowan ce Rs.	Deductions			Bank A/C No	PAN No	EPF A/c no.	Total	Signature
									P T	TDS	EP F					
SALARY SHEET ENCLOSED																

8. Whether facilities for Research/ Higher studies are provided to the faculty? NO
(inspectors to verify documents pertaining to the above)

9. Whether faculty members are allowed to attend workshops and seminars? NO
(inspectors to verify documents pertaining to the above)

10. Scope for the promotion for faculty: Promotions Yes **YES** No

11. Gratuity Provided Yes No **NO**

12. Whether Supporting Staff (Technical and Administrative) are encouraged for Skill Upgradation 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	NO		

Signature of the Head of the Institution

Signature of the Inspectors

PART - VI

1. Financial Resource allocation and utilization for the past three years:

(Audited Accounts for the previous year to be enclosed) (Annexure -12)

SI No.	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs 2016-17			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total Budget Sanctioned	Recurring	Non Recurring	Total Budget Sanctioned	Recurring	Non Recurring	
1	3110982	2985982	87360	3050012	3000273	49739	3097946	2977946	82590	

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

SI No.	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs 2016-17			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Chemicals	50,000	47,048	Chemicals	50,000	30,089	Chemicals	80,000	70,500	
2	Glassware	20,000	10,500	Glassware	20,000	12,100	Glassware	20,000	12,090	

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

(Enclose purchase invoice)

SI No.	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs. 2016-17			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Equipment	20,000	---	Equipment	10,000	--	Equipment	10,000	--	

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

SI No.	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs. 2016-17			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	30,000	26762	Books	----	-----	Books	5000	-----	
2	Journals	5,000	3050	Journals	10,000	7550	Journals	5000	-----	

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

Signature of the Head of the Institution

Signature of the Inspectors

PART VII - EQUIPMENT AND APPARATUS
Department wise List of Minimum equipments required for D. Pharm

PHARMACEUTICS

Equipment:

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

Signature of the Head of the Institution

Signature of the Inspectors

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

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

PHARMACEUTICAL CHEMISTRY

Equipment:

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

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

Signature of the Head of the Institution

Signature of the Inspectors

PHYSIOLOGY & PHARMACOLOGY LABORATORY**Equipment:**

SI No.	Name	Minimum required Nos.	Available Nos.	Working Yes /No	Remarks of the Inspectors
1	Haemoglobinometer	20	29	Yes	
2	Haemocytometer	10	10	Yes	
3	Student's organ bath	1	1	Yes	
4	Sherington's rotating drum	1	1	Yes	
5	Frog board	Adequate	Adequate	Yes	
6	Tray (dissecting)	Adequate	Adequate	Yes	
7	Frontal writing lever	Adequate	Adequate	Yes	
8	Aeration tube	Adequate	Adequate	Yes	
9	Telethermometer	1	1	Yes	
10	Pole climbing apparatus	1	1	Yes	
11	Histamine chamber	1	1	Yes	
12	Simple lever	Adequate	Adequate	Yes	
13	Staring heart lever	Adequate	Adequate	Yes	
14	Aerator	Adequate	Adequate	Yes	
15	Histological Slides	Adequate	Adequate	Yes	
16	Sphygmomanometer (B.P. apparatus)	5	5	Yes	
17	Stethoscope	5	5	Yes	
18	First aid equipment	Adequate	Adequate	Yes	
19	Contraceptive device	Adequate	Adequate	Yes	
20	Dissecting (surgical) instruments	Adequate	Adequate	Yes	
21	Balance for weighing small Animals	1	1	Yes	
22	Kymograph paper	Adequate	Adequate	Yes	
23	Actophotometer	1	1	Yes	
24	Analgesiometer	1	1	Yes	
25	Thermometer	Adequate	Adequate	Yes	
26	Plastic animal cage	Adequate	Adequate	Yes	
27	Double unit organ bath with thermostat	1	1	Yes	
28	Refrigerator	1	1	Yes	
29	Single pan balance	1	1	Yes	
30	Charts	Adequate	Adequate	Yes	

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

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

PHARMCOGNOSY LABORATORY

Equipment:

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

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

PHARMACY PRACTICE LABORATORY

Equipment:

SI No.	Name	Minimum required Nos.	Available Nos.	Working Yes /No	Remarks of the Inspectors
1	Colorimeter	2	2	Yes	
2	Microscope	Adequate	Adequate	Yes	
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)	Adequate	Adequate		
4	Watch glass	Adequate	Adequate		
5	Centrifuge	1	1	Yes	
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	Adequate		
7	Filtration equipment	2	2	Yes	

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

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

Museum: Every Institution shall maintain a museum of crude drugs, herbarium sheets, botanical specimens of the drugs, and plants, mentioned in the course in addition the following are recommended.

- 1. Colored slides of medicine plants.**
- 2. Display of popular patent medicines, and**
- 3. Containers of common usage in medicines.**

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Observation of the Inspectors:

Compliance of the last recommendations by Inspectors

Specific observations if not complied

	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