

SCHEME FOR OBTAINING PERMISSION OF
PHARMACY COUNCIL OF INDIA TO START PHARM.D. OR PHARM.D. AND PHARM.D.
(POST BACCALUERATE) PROGRAMME

All applications under this scheme be submitted to the Secretary, Pharmacy Council of India, before the prescribed date mentioned in the schedule

1. Eligibility Criteria:

The following organizations shall be eligible to apply in the SIF for permission to start the Pharm.D., programme/s namely:

- a. A State Government / Union Territory
- b. A University
- c. A Registered Society under the Societies Registration Act

2. Qualifying Criteria:

Conditions to be fulfilled by person, institution, society or University to qualify to apply to PCI for permission to start Pharm.D. programme/s:

- a. The consent of Affiliation for the proposed Pharm.D./ Pharm D (PB) programmes by the applicant from a University (as given in the prescribed format of PCI).
- b. No admission shall be made by the applicant to the proposed Pharm.D. programme/s without prior permission of the PCI.
- c. The applicant shall provide necessary additional infrastructural facilities as prescribed by the PCI under "Appendix – B" of Pharm.D. regulations for the starting of Pharm.D. programme/s. Opening of the Pharm.D. programme/s in a hired or rented building shall not be permitted.
- d. The applicant should have been approved under section 12 of the Pharmacy Act 1948 for the conduct of B.Pharm course.
- e. The applicant shall provide 300 bed hospital facility as prescribed under regulation 2) of "Appendix – B" of Pharm.D. regulations. (Memorandum of Understanding as given in the prescribed format of PCI shall be furnished).

Signature of the Head of the Institution

Signature of the Inspectors

3. Form and Procedure:

- a. The applicant, subject to the fulfillment of above eligibility and qualifying criteria and also the requirements specified under the Pharm.D. regulations shall submit application in prescribed Standard Inspection Format (SIF) only, in triplicate to start the Pharm.D. programme/s to the Pharmacy Council of India.
- b. The SIF shall be submitted by the applicant either by Courier, Registered Post or in person to the Secretary, Pharmacy Council of India, New Delhi, along with a non-refundable application fee of Rs.2.00 lakhs in the form of Demand Draft in favour of 'Pharmacy Council of India' payable at New Delhi. The said fee covers registration of application, technical scrutiny, contingent expenditure and two inspections.

Beyond two inspections, the normal inspection fee prescribed by council will apply as prescribed under para 4 of this scheme.

- c. The schedule for receipt of applications for the starting of Pharm.D programme and processing of applications by the Pharmacy Council of India is given in the para 6 of this scheme.
- d. The applications received by the Pharmacy Council of India will be registered in the council office for scrutiny. Registration of application will only signify the acceptance of the application for scrutiny. Incomplete applications will be rejected summarily without refund of application fee. The applicant may apply a fresh within the stipulated time alongwith the non-refundable application fee.
- e. The Council will scrutinize the application in the first instance in terms of the feasibility of starting the proposed programme/s at the said institution. While evaluating the application, the council may seek clarification or additional information from the applicant as deemed necessary and carry out physical inspection to verify the information supplied by the applicant.
- f. After examining the application and after conducting necessary physical inspections, the Council office shall submit to the Central Council factual report stating that:
 - i. The applicant fulfils the eligibility and qualifying criteria.
 - ii. The applicant has the necessary managerial and financial capabilities to establish the Pharm.D. programme.
 - iii. The applicant has a feasible and time bound programme for recruitment of faculty and staff as prescribed in the Pharm.D. regulations and that the necessary posts stand created.

Signature of the Head of the Institution

Signature of the Inspectors

- iv. The applicant has appointed staff for 1st year of Pharm.D., & 4th year of Pharm.D. (Post bacculearte) programme.
- v. The applicant has not admitted students without prior permission of PCI.
- vi. Deficiencies of any kind shall be pointed out indicating whether these are remediable or not.
- g. The Central Council may then permit/approve/reject the application for conduct of Pharm.D., Programme/s and accordingly issue letter in a time bound manner specifying annual targets to be achieved by the applicant during the following years, if permission/approval is granted.
- h. The recommendation of the Central Council shall be final.
- i. The permission to establish the Pharm.D., Programme will be given initially for a period of one year and will be renewed on yearly basis subject to verification of the achievements of annual targets. It is the responsibility of the institution to apply to the Pharmacy Council of India for purpose of renewal six month prior to the expiry of the initial permission. This process of renewal of permission will continue till such time the establishment of all infrastructural facilities and staff requirements prescribed in the Pharm.D. regulation are completed and approval under section 12 of the Pharmacy Act 1948 for the conduct of Pharm.D programme is granted to the institution.
- j. The Council may then extend the approval of Pharm.D., Programme under section 12 of Pharmacy Act 1948 conducted by the institution for a period 1/3/5 years as the case may be for which the institution shall apply to the Pharmacy Council of India six months prior to the expiry of approval held.
- k. The Council may obtain any other information from the institution as it deems necessary.

4. Fee Structure:

The fee structure prescribed for Pharm.D programme is as under -

<u>Detail</u>	<u>Amount</u>
1.Starting of Pharm.D programme (including fees for 2 inspections) to be submitted with the application	Rs.2,00,000
2.Yearwise approval and inspection fee	Rs.1,00,000
3.Approval under section 12 (including fees for two inspections)	Rs.2.00,000
4.Verification of compliance if any	Rs.1,00,000
5.Annual affiliation fee after approval under section 12	Rs. 50,000

5. Rec

Signature of the Head of the Institution

Signature of the Inspectors

Wherever the Central Council has rejected the application of the applicant for the conduct of Pharm.D. programme/s the applicant may apply afresh for the conduct of Pharm.D. programme/s in the ensuing year following the dates of submission etc., mentioned in the schedule under para 6 of this scheme.

6. Schedule for submission of application and processing:

Sl. No.	Stage of processing	last date	for 2008-09 only
a.	Receipt of application	30 th September	31 st July
b.	Completion of inspection	31 st December	14 th August
c.	Approval of central council	31 st March	30 th august
d.	Issue of letter of approval by PCI	30 th April	10 th September

Signature of the Head of the Institution

Signature of the Inspectors

PHARMACY COUNCIL OF INDIA

STANDARD INSPECTION FORM

- PHARM.D
- PHARM.D. and PHARM.D (POST BACCALAUREATE)

General Information pertaining to :-

1. College and hospital (Pharmacy Practice site)
2. Courses of Study leading to:-

Pharm D. course

Name of Institution: PATHFINDER INSTITUTE OF PHARMACY EDUCATION & RESEARCH

Place and Address: OPPOSITE TO AIRPORT, BESIDE MAMNOOR CAMP, KHAMMAM ROAD, WARANGAL – 506 166. TELANGANA.

Principal/~~Dean~~

Tel. No. Off. 08702420288.....Res.....Fax

Mobile No. : +919550474330, +918519881136.

email : drannabalaji@gmail.com

Name and address of Affiliating University: Kakatiya University
Controller of Examinations
Warangal – 506009. Telangana

Name and address of the attached hospital: Lotus Hospital
15-2-1, Mulugu 'X' Road,
Rangampet, Warangal.

Date : 15.06.2015

Signature of Dean/Principal

This form shall be precisely filled in, verified and signed by the Head/Principal, of the institution and forwarded in triplicate to the Secretary, Pharmacy Council of India. The entries should be as required under the PCI (Pharm.D.) regulations and norms.

Signature of the Head of the Institution

Signature of the Inspectors

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for

- Pharm. D. Programme

or

- Pharm.D. and Pharm. D. (Post Bacculaureate) Programmes

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

(SIF-D)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No. :AP32-880/2012-PCI

NAME OF THE INSPECTORS: 1. _____
(BLOCK LETTERS)

2. _____

PART – I

A - GENERAL INFORMATION

A – I .1 Applicant is for Pharm.D. <input checked="" type="checkbox"/> Pharm.D. and Pharm.D. (Post Bacculaureate) <input type="checkbox"/> (Tick the relevant Box)	Pharm. D
A – I .2 a)Year of Establishment of the Institution b)Year of starting Pharm D programme	2007 Application for the Academic year 2016
A – I .3 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	Pathfinder Institute of Pharmacy Education & Research Opposite to Warangal Airport, Beside Mamnoor Camp, Khammam Road, Warangal – 506 166. Telangana. Tel: 08702420288, Mo - +919550474330 principalpiper@yahoo.com
A – I .4 Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Private (Society)

Signature of the Head of the Institution

Signature of the Inspectors

<p>A – I.5 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:</p>	<p>Spectrum Educational Society Mr. N. Venkateshwar Rao Secretary – cum – Correspondent 1-7-1146, Advocates Colony, Hanamkonda, Warangal – 506001. Mo. 9908829988. Tel: 08702420288 principalpiper@yahoo.com www.piperedu.org</p>
<p>A – I.6 Name, Designation and Address of person to be contacted Name Designation Address STD Code Telephone No. Office Residence Mobile No. Fax No. E-Mail</p>	<p>Mr. N. Venkateshwar Rao M.Sc. , B.Ed 1-7-1146, Advocates Colony, Hanamkonda, Warangal – 506001. Tel: 08702420288 09908829988 08702420288 principalpiper@yahoo.com</p>
<p>A – I.7 Name and Address of the Head of the Institution</p>	<p>Dr. Anna Balaji Flat No. B-3, 3rd Floor, Siri Enclave, Road No.2, Advocates Colony, Hanamkonda -506 001 Telangana. Mo. +919550474330, +918519881136 Email: drannabalaji@gmail.com</p>
<p>A – I.8 Name of the Examining Authority Complete Postal address: STD code Telephone No. Fax No. E-mail Website</p>	<p>Kakatiya University Controller of Examinations Warangal – 506009. Telangana 08702438866 www.kakatiya.ac.in</p>

Signature of the Head of the Institution

Signature of the Inspectors

A – I.9

APPLICATION FOR INSTITUTION SEEKING APPROVAL FOR PHARM. D. OR PHARM. D. AND PHARM.D. (POST BACCALAUREATE) PROGRAMME (Tick appropriate box)

a. DETAILS OF INSPECTION/AFFILIATION FEE PAID

Name of the Course	Affiliation Fee/Inspection fee for/up to the year	D.D. No	Dated
(a) Pharm. D.	2016 – 2017	770000	13.08.2015
(b) Pharm. D. Post Baccalaureate	200 – 200	NA	NA

b. APPROVAL STATUS OF THE INSTITUTION

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVT	UNIVERSITY	Remarks of the Inspectors
D.Pharm.		Approval Letter No. and Date	-----	-----	-----	
		Approved Intake	-----	-----	-----	
		Actually Admitted	-----	-----	-----	
B.Pharm.		Approval Letter No. and Date	F.No.02.253/2013-PCI-Item No.-196 (2015-2016)	GO.Rt.No 60 dt.04.08.2014 (2014-2015)	22/CDC/KU/2015 Dt. 28/01/2015 (2015-2016)	
		Approved Intake	60	60	60	
		Actually Admitted	36	36	36	
M.Pharm		Approval Letter No. and Date	--		22/CDC/KU/2015 Dt. 28/01/2015 (2015-2016)	
		Approved Intake(department wise)	--		Pharmaceutics – 18 PMRA -18	
		Actually Admitted	--		17 (CEU) & 12 (PMRA)	

Note: Enclose relevant documents

A –I. 10

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. 10 a

Status of the Pharmacy Institution:	
Independent Building	<input checked="" type="checkbox"/>
Wing of another college	<input type="checkbox"/>
Separate Campus	<input type="checkbox"/>
Multi Institutional Campus	<input type="checkbox"/>
Any Other, please specify	<input type="checkbox"/>

Signature of the Head of the Institution

Signature of the Inspectors

A – I. 10 b**STATUS OF APPLICATION / APPROVAL***

Course	Intake		Remarks
	Permissible	Proposed / Approved Intake	
Pharm. D.	30	30	
Pharm. D. (P.B)	10	Nil	

* Enclose relevant PCI / Affiliating University approval documents

Signature of the Head of the Institution

Signature of the Inspectors

B - Details of the Institution

B-I.1 Name of the Principal/Head		Dr. Anna Balaji			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	1992	15 years in teaching or Research out of which 5 years should be as Professor.	19 years	
	PhD	2010			

* Documentary evidence should be provided

B-I.2

For institution seeking extension of approval

Course	Date of last Inspection	Remarks of the last Inspection Report	Deficiencies rectified / Not rectified	Intake reduced/Stopped in the last 03 years*
(a) Pharm. D.	New application	NA	NA	NA
(b) Pharm.D. Post Baccalaureate	NA	NA	NA	NA

* Enclose Documents (write NA if not applicable)

B-I.3

Type of Institution	Government/Trust/Society/Individual/University
Details of the Governing Body	Enclosed / Not Enclosed
Minutes of the last Governing council Meeting	Enclosed / Not 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	Yes / No	Yes / No	Yes / No	
Non-Teaching Staff	AICTE /UGC/State Government Yes / No	Yes / No	Yes / No	Yes / No	

B-I.5 Co – Curricular Activities / Sports Activities

Whether college has NSS Unit?	Yes/No
NSS Programme Officer's Name	
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes/No
Physical Instructor	Available / Not available
Sports Ground	Individual / Shared

Signature of the Head of the Institution

Signature of the Inspectors

C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

C –1.1 Resources and funding agencies (give complete list)

C –1.2 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	78,89,812.00	1.	Building	42,249.00	
3.	Library Fee	--	2.	Equipment	2,23,818.00	
4.	Sports Fee	--	3.	Others	35,23,799.00	
5.	Union Fee	--	REVENUE EXPENDITURE			
6.	Intrest on SB A/c	4,175.00	1	Salary	30,61,050.00	
7.	Intrest on FDR	1,42,500.00	2.	MAINTENANCE EXPENDITURE		
				i	College	--
8.	Others			ii	Others	--
			3.	University Fee (If any)	4,44,782.00	
			4.	Apex Bodies Fee	3,34,558.00	
			5.	Government Fee	--	
			6.	Misc.Expenditure	4,06,231.00	
	Total	80,36,487.00	Total		80,36,487.00	

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land for the Pharmacy College : 2.5 acres
 b. Building : Own/Rented/Leased
 c. Land Details to be in the name of Trust and Society
 i) Own – Records to be enclosed : Enclosed/Not available
 Sale deed/relevant document
 d. Building:
 i) Approved Building plan, : Enclosed/Not available
 e. Total Built up Area of the college building in Sq.mts : Built up Area

6671.8 Sq mts

 f. Amenities and Circulation Area in Sq.mts.

1263 Sq mts

 g. Additional Area provided for Pharm.D. Programs:

1090 Sq mts

2. **Class rooms:**

Total Number of Class rooms available and number provided for Pharm. D. or Pharm.D. and Pharm. D. (Post Baccalaureate) Programme

Class	Required	Available Numbers	Required Area for each Class Room	Available area in Sq.mts.	Remarks of the Inspectors
D.Pharm./B.Pharm.					
Pharm. D. *	2	06	90 Sq.mts. each (Desirable) 75 Sq.mts. each (Essential)	450	
Pharm. D. Post Baccalaureate		NA	NA	NA	

(* To accommodate 30 students for Pharm D and 10 for Pharm. D. Post Baccalaureate)

3. Laboratory requirement for both Pharm. D and Pharm.D (Post Baccalaureate) Programme*

Sl. No.	Infrastructure for	Minimum requirement as per Norms						Available No. & Area in Sq.mts.	Remarks of the Inspectors
1	Laboratory Area (8 Labs)	75 Sq.mts. each						640	
2	Subject	I yr	II yr	III yr	IV yr	V yr	Total		
	- Pharmaceutics and Pharmacokinetics Lab	1	1	-	-		2	150	
	- Life Science (Pharmacology, Physiology, Pathophysiology)	1	-	1	-		2	150	
	- Phytochemistry or Pharmaceutical Chemistry	1	-	1	-		2	150	
	- Pharmacy Practice	-	1	-	1		2	150	
	- Total	3	2	2	1		8	600	
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)						40	

* Year wise requirement will be considered.

Signature of the Head of the Institution

Signature of the Inspectors

4	Area of the Machine Room	80-100 Sq.mts	101	
5	Central Instrument Room	80 Sq.mts with AC	100	
6	Store Room – I	1 (Area 100 Sq mts)	30	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	50.31	
8	Hospital with teaching facility – (Please tick)	300 bedded hospital. (Tertiary Care Hospital desirable) Medicine (Compulsory) (Any three of the below)	300 bedded hospital. Medicine 1. Surgery 2. Pediatrics 3. Gynecology & Obstetrics	
a)	Own <input type="checkbox"/>			
b)	Teaching Hospital approved by MCI* or University * <input type="checkbox"/>			
c)	Govt. Hospital * <input type="checkbox"/>			
d)	Corporate type * <input checked="" type="checkbox"/>			
	* Attach a copy of MOU between institution & Hospital.			
9.	Dept. of Pharmacy Practice/Clinical Pharmacy in Hospital	3 Sq.mts. per student	1200 Sq. mts.	

† The Institutions will not be permitted to run the above course in rented/leased building.

1. All the Laboratories should be well lit & ventilated
2. All Laboratories should be provided with basic amenities and services like exhaust fans and fuming chamber to reduce the pollution wherever necessary.
3. All the laboratories should be provided with safety measures like fire safety, chemical exposure safety and bio safety.
4. The workbenches should be smooth and easily cleanable preferably made of non-absorbent material.
5. The water taps should be non-leaking and directly installed on sinks Drainage should be efficient.
6. 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 of the Inspectors
				No.	Area in Sq .mts	
1	Principal's Chamber	01	30 Sq .mts	1	32	
2	Office – I – Establishment	01	60 Sq. mts	3	129.5	
3	Office – II – Academics					
4	Confidential Room					

Signature of the Head of the Institution

Signature of the Inspectors

5. Staff Facilities:

Sl No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks of the Inspectors
				No.	Area in Sq. mts	
1	HODs for Pharm. D. and Post Baccalaureate Programme	Minimum 4	20 Sq mts x 4	4	93.5	
2	Faculty Rooms for Pharm. D. and Pharm.D. Post Baccalaureate Programme		10 Sq mts x n (n=No of teachers)	08	250	

6. Museum, Library, Animal House [should have approval of the Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA)] and other Facilities:

Sl No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks of the Inspectors
				No.	Area in Sq. mts	
1	Animal House	01	80 Sq. mts	1	80	
2	Library	01	150 Sq. mts	1	150	
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		250	
5	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants		YES	

7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks of the Inspectors
				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	01	60	
3	Toilet Blocks for Boys	01	24 Sq. mts	02	50	
4	Toilet Blocks for Girls	01	24 Sq. mts	02	50	
5	Drinking Water facility – Water cooler (Essential).	01	-	01	YES	
6	Boy's Hostel (Desirable)	01	9 Sq. mts/ Room Single occupancy	No	--	
7	Girl's Hostel (Desirable)	01	9 Sq. mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	No	--	
8	Power Backup Provision (Essential)	01		01	Yes 20 KVA	

Signature of the Head of the Institution

Signature of the Inspectors

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Signature of the Inspectors

8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room	100 Sq.mts.	01	100	
Computer (Latest configuration)	1 system for every 10 students	40	--	
Printers	1 printer for every 10 computers	4	--	
Multi Media Projector	01	3	--	
Generator (5KVA)	01	01	20 KVA	

9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks of the Inspectors
		No.	Area in Sq. mts		
Principal's quarter	120 Sq. mts	1	143	--	
Staff quarters	16 x 80 Sq mts	No	No	--	
Canteen	100 Sq. mts	01	100	--	
Parking Area for staff and students		Yes		--	
Bank Extension Counter		No	No	--	
Co operative Stores		No	No	--	
Guest House	80 Sq. mts	No	No	--	
Auditorium				--	
Seminar Hall		01	200	--	
Transport Facilities for students		01	Yes	--	
Medical Facility (First Aid)		Yes	Yes	--	

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	No.	
1	Number of books	150	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	434	4068	
2	Annual addition of books		150 books per year	158	2098	
3	Periodicals Hard copies / online		20 National 10 International periodicals	23 12		

Signature of the Head of the Institution

Signature of the Inspectors

4	CDs		Adequate Nos		05	
5	Internet Browsing Facility		Yes/No (Minimum ten Computers)		Yes	
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01		01 01 01	
7	Library Automation and Computerized System (desirable) --No--					
8	Library Timings 8.00 am to 6.00 pm					

10. B. Subject wise Classification of books available:

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmacy Practice	40	100	
2	Human Anatomy & Physiology	18	265	
3	Pharmaceutics (Dispensing & General Pharmacy)	7	112	
4	Pharmacognosy	13	154	
5	Pharmaceutical Organic Chemistry	25	612	
6	Pharmaceutical Inorganic Chemistry	9	122	
7	Pharmaceutical microbiology	14	152	
8	Pathophysiology	2	12	
9	Applied Biochemistry & Clinical Chemistry	10	118	
10	Pharmacology	16	235	
11	Pharmaceutical Jurisprudence	6	115	
12	Pharmaceutical Dosage Forms	87	826	
13.	Community Pharmacy	1	10	
14.	Clinical Pharmacy	7	38	
15.	Hospital Pharmacy	6	41	
16.	Pharmacotherapeutics	1	72	
17.	Pharmaceutical analysis	19	173	
18.	Medicinal Chemistry	11	208	
19.	Biology	3	60	
20.	Computer Science or Computer Application in pharmacy	7	40	
21	Mathematics/Statistics	3	118	

10.C. Library Staff:

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

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio:

(Required ratio --- Theory → 30/40:1 and Practicals → 20:1) If more than 20 students in a batch 2 staff member to be present provided the lab is spacious.

Class	Theory	Practicals	Remarks of the Inspectors
Pharm. D.	1:30	1:15	
Pharm. D. Post Baccalaureate Programme	NA	NA	

2. Academic Calendar

Proposed date of Commencement of session / sessions for PHARM. D.:

Commencement	Completion
DD/MM/YY	DD/MM/YY
JUNE 2016	APR 2017

3. Vacation for PHARM. D. : No of Days Summer: No of Days Winter:

4. Total No. of working days for PHARM. D.:
(Requirement not less than 200 working days/year)

5. Date of Commencement of session for Pharm.D. Post Baccalaureate:

Commencement	Completion
DD/MM/YY	DD/MM/YY
NA	NA

6. Vacation for Pharm.D. Post Baccalaureate: No of Days Summer: No of Days Winter:

7. Total Number of working days for Pharm.D. Post Baccalaureate
(Requirement not less than 200 working days/year)

8. Time Table copy Enclosed: (Tick ✓)

a. Pharm. D. course Yes No

b. Pharm.D. Post Baccalaureate Course Yes No

Signature of the Head of the Institution

Signature of the Inspectors

10. Whether the prescribed numbers of classes per week are being conducted as per PCI norms.*

First year Pharm D:

Subject 1	No of Theory Classes		Practicals		Tutorials		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Human Anatomy and Physiology	3	NA (NEW APPLICATION)	3	NA (NEW APPLICATION)	1	NA (NEW APPLICATION)	NA (NEW APPLICATION)	
Pharmaceutics	2		3		1			
Medicinal Biochemistry	3		3		1			
Pharmaceutical Organic Chemistry	3		3		1			
Pharmaceutical Inorganic Chemistry	2		3		1			
Remedial Mathematics/ Biology	3		3**		1			
Total hours	16		18		6 = (40)			

* Write NA if not Applicable

** for Biology

Signature of the Head of the Institution

Signature of the Inspectors

Second Year Pharm D:

Subject 1	No of Theory Classes		Practicals		Tutorials		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Pathophysiology	3	NA (NEW APPLICATION)	-	NA (NEW APPLICATION)	1	NA (NEW APPLICATION)	NA (NEW APPLICATION)	
Pharmaceutical Microbiology	3		3		1			
Pharmacognosy & Phytopharmaceuticals	3		3		1			
Pharmacology-I	3		-		1			
Community Pharmacy	2		-		1			
Pharmacotherapeutics-I	3		3		1			
Total Hours	17		9		6 = 32			

Signature of the Head of the Institution

Signature of the Inspectors

Third year Pharm D:

Subject 1	No of Theory Classes		Practicals		Tutorials		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Pharmacology-II	3	NA (NEW APPLICATION)	3	NA (NEW APPLICATION)	1	NA (NEW APPLICATION)	NA (NEW APPLICATION)	
Pharmaceutical Analysis	3		3		1			
Pharmacotherapeutics-II	3		3		1			
Pharmaceutical Jurisprudence	2		-		-			
Medicinal Chemistry	3		3		1			
Pharmaceutical Formulations	2		3		1			
Total hours	16		15		5 = 36			

Signature of the Head of the Institution

Signature of the Inspectors

Fourth year Pharm D:

Subject 1	No of Theory Classes		No. of Hours of Practical/Hospital Posting		Tutorials		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
*Pharmacotherapeutics-III	3	NA (NEW APPLICATION)	3	NA (NEW APPLICATION)	1	NA (NEW APPLICATION)	NA (NEW APPLICATION)	
Hospital Pharmacy	2		3		1			
Clinical Pharmacy	3		3		1			
Biostatistics & Research Methodology	2		-		1			
Biopharmaceutics & Pharmacokinetics	3		3		1			
Clinical Toxicology	2		-		1			
Total hours	15				12			

***Pharm D (PB) students shall undergo Pharmacotherapeutics I and II subject as an additional subject in the FOURTH year of Pharm D programme as per the prescribed syllabus and scheme of examination.**

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Signature of the Inspectors

Fifth year Pharm D:

Subject 1	No of Theory Classes		No. of Hours of Hospital Posting *		Seminars		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Clinical Research	3	NA (NEW APPLICATION)	-	NA (NEW APPLICATION)	1	NA (NEW APPLICATION)	NA (NEW APPLICATION)	
Pharmacoepidemiology and Pharmacoeconomics	3		-		1			
Clinical Pharmacokinetics & Pharmacotherapeutic Drug Monitoring	2		-		1			
Clerkship *	-		-		1			
Project work (Six Months)	-		20		-			
Total hours	8		20		4 = 32			

* Attending ward rounds on daily basis.

11. Work load of Faculty members for Pharm. D. and Pharm.D. Post Baccalaureate

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

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Signature of the Inspectors

12. Work load of Faculty members per week for Pharm.D.

Sl. No	Name of the Faculty	Subjects taught	Pharm. D.										Pharm.D.	Total work load	Remarks of the Inspector
			I		II		III		IV		V				
			Th	Pr	Th	Pr	Th	Pr	Th	Pr	Th	Pr			
01	Mrs. P. Girija	Human Anatomy & Physiology	--	3	--	--	--	--	--	--	--	--		3	
02	Mr. T. Ashwin Kumar	Pharmacuetics	2	3	--	--	--	--	--	--	--	--		5	
03	Mr. Arun Kumar	Human Anatomy & Physiology	3	--	--	--	--	--	--	--	--	--		3	
04	Mrs. P. Swetha	Med Biochem	3	3	--	--	--	--	--	--	--	--		6	
05	Mr.P. Rakesh	POC	3	3	--	--	--	--	--	--	--	--		6	
06	Mr. V. Anil Kumar	PIC	2	3	--	--	--	--	--	--	--	--		5	
07	Mr. Musthafa Ali MD	Rem. Maths	3	--	--	--	--	--	--	--	--	--		3	
08	Mrs. P. Girija	Rem. Bio	3	3	--	--	--	--	--	--	--	--		6	

13. Workload of Faculty members per week for Pharm.D. and Pharm.D. (Post Baccalaureate)

Sl. No	Name of the Faculty	Subjects taught	Pharm.D. and Pharm.D. (Post Baccalaureate)						Total work load	Remarks of the Inspector
			I		II		III			
			Th	Pr	Th	Pr	Th	Pr		
--NA--										

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

Details	Year 2013	Year 2014	Year 2015
No. of Students Appeared	10	5	0 (No students in IV B.Pharm)
No. of Students Qualified	1	0	0
Percentage	10	0	0

15. Whether Professional Society Activities are Conducted (Enclose details)

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF.

1. Details of Teaching Faculty available with the institution for teaching for D.Pharm., B.Pharm. and M.Pharm. Courses 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
01	Dr. Anna Balaji	Professor & Principal	M. Pharm. Ph.D (Pharmaceutics)	14.05.2014	19 yrs	12442 dt. 09.01.1991		
02	Mr. Saikat Das	Asst. Prof	M.Pharm (Pharmaceutics)	02.09.2011	05 yrs	A-928(A)		
03	Mr. J. Manoj Kumar	Asst. Prof	M.Pharm (Pharmaceutics)	26.12.2009	05 yrs	050748/A1		
04	Mr. T. Ashwin Kumar	Asst. Prof	M.Pharm (Pharmaceutics)	05.11.2012	04 yrs	055801/A1		
05	Ms. A. Shilpa	Asst. Prof	M.Pharm (Pharmaceutics)	30.01.2014	03 yrs	A1-72528		
06	Mr. V. Raman Koundinya	Asst. Prof	M.Pharm (Pharmaceutics)	22.01.2014	01 yr	84856/A1		
07	Mr. Kanakachary	Asst. Prof	M.Pharm (Pharmaceutics)	01.06.2015	Fresher	837171/A1		
08	Mr. Ch. Sandeep	Asst. Prof	M.Pharm (Pharmaceutics)	04.03.2015	Fresher	Applied		
09	Mr. Ganesh	Asst. Prof	M.Pharm (Pharmaceutics)	01.07.2015	1.5 yrs	103780/A1		
10	Mr. B. Natraj	Asst. Prof	M.Pharm (Pharmaceutics)	03.07.2015	Fresher	74742/A1		
11	Mr. K. Saikrishna	Asst. Prof	M.Pharm (Pharmaceutics)	05.07.2015	Fresher	Applied		
12	Mr. B. Sunil Kumar	Asst. Prof	M.Pharm (Pharmaceutics)	05.07.2015	Fresher	74758/A1		
13	Dr. G. Yuvaraj	Professor	M.Pharm. Ph.D (Ph. Chemistry)	27.08.2014	08 yrs	10914A1		
14	Mr. Md. Ghouse Pasha	Asst. Prof	M.Pharm (Ph. Analysis)	20.01.2014	01 yr	Applied		
15	Mr. V. Anil Kumar	Asst. Prof	M.Pharm (Ph. Analysis)	01.07.2014	06 yrs	039419/A1		
16	Mr. P. Rakesh	Asst. Prof	M.Pharm (Ph. Chemistry)	18.07.2014	02 yrs	91579/A1		
17	Mr. V. Sandeep	Asst. Prof	M.Pharm (Ph. Chemistry)	12.08.2014	02 yrs	90455/A1		
18	Ms. M. Bhavani	Asst. Prof	M.Pharm (Ph. Analysis)	03.07.2015	1.5 yrs	83701/A1		
19	Mr. P. Maheshwar Reddy	Asst. Prof	M.Pharm (Ph. Analysis)	01.07.2015	Fresher	90499/A1		
20	Ms. S. Swathi	Asst. Prof	M.Pharm (Ph. Analysis & QA)	05.07.2015	Fresher	76393/A1		
21	Ms. D. Bhargavi	Asst. Prof	M.Pharm (Ph. Analysis)	18.07.2014	01 yr	applied		
22	Mrs. P. Swetha	Asst. Prof	M.Pharm (Pharmacognosy)	02.03.2015	03 yrs	048609/A2		
23	Mrs. T. Pravalika	Asst. Prof	M.Pharm (Pharmacology)	02.09.2013	01 yr	Applied		

Signature of the Head of the Institution

Signature of the Inspectors

24	Mrs. P. Girija	Asst. Prof	M.Pharm (Pharmacology)	07.03.2014	01 yr	55723/A2		
25	Ms. S. Hima Bindu	Asst. Prof	M.Pharm (Pharmacology)	21.07.2014	01 yr	Applied		
26	Mr. Arun Kumar	Asst. Prof	M.Pharm (Pharmacy Practice)	04.08.2014	01 yr	85187/A1		
27	Mr. M. Jeevan Kumar	Asst. Prof	M.Pharm (Ph. Mgmt & RA)	01.01.2014	01 yr	89065/A1		
28	Mr. Ch. Avinash	Asst. Prof	M.Pharm (Ph. Mgmt & RA)	20.01.2014	01 yr	83721/A1		
29	Mr. V. Nishant	Asst. Prof	M.Pharm (Ph. Mgmt & RA)	05.07.2014	01 yr	84866/A1		
30	Mr. R. Sridhar	Assoc. Prof	MCA	12.10.2007	12 yrs	-		
31	Ms. B. Sravanthi	Asst. Prof	MA (English), B.Ed.	28.08.2013	02 yrs	-		
32	Mr. Musthafa Ali MD	Asst. Prof	MSc Maths	01.06.2015	04 yrs			

2. Details of Teaching Faculty exclusively available teaching for Pharm. D. Course to be enclosed in the format mentioned below:

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Exp	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
01	Dr. Anna Balaji	Prof. & Principal	M.Pharm., Ph.D (Pharmaceutics)	14.05.2014	19 yrs	12442 dt. 09.01.1991		
02	Mr. V. Anil Kumar	Asst. Prof	M.Pharm (Ph. Analysis)	01.07.2014	07 yrs	039419/A1		
03	Mr. P. Rakesh	Asst. Prof	M.Pharm (Ph. Chemistry)	04.02.2012	07 yrs	037807/A1		
04	Mr. T. Ashwin Kumar	Asst. Prof	M.Pharm (Pharmaceutics)	05.11.2012	05 yrs	055801/A1		
05	Mrs. P. Swetha	Asst. Prof	M.Pharm (Pharmacognosy)	23.03.2012	02 yrs	048609/A2		
06	Mrs. P. Girija	Asst. Prof	M.Pharm (Pharmacology)	23.03.2014	02 yrs	55723/A1		
07	Mr. Arun Kumar	Asst. Prof	M.Pharm (Pharmacy Practice)	04.08.2014	01 yr	85187/A1		

3. Details of Teaching Faculty available for teaching for Pharm. D. and Pharm.D. (Post Baccalaureate) Course to be enclosed in the format mentioned below:

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

Signature of the Head of the Institution

Signature of the Inspectors

4. Qualification and number of Staff Members

Qualification							
B. Pharm		M. Pharm		PhD		Others	
NIL	NIL	Pharmaceutics	11	Pharmaceutics	01		Part Time
NIL	NIL	Ph. Chemistry	08		01	English	01
NIL	NIL	Ph. Cognosy	01			Maths	01
NIL	NIL	Ph. Cology	03			Computers	01
NIL	NIL	Regulatory Affairs	03	Regulatory Affairs		Biostats	
NIL	NIL	Pharmacy Practice	01				

5. Staff Pattern for Pharm. D. or Pharm.D and Pharm. D. (Post Baccalaureate) courses department wise for full duration of course/courses*:

Professor: Asst. Professor: Lecturer

Department/Division	Name of the post	No. Required	Provided by the institution	Remarks of the Inspectors
Department of Pharmaceutics	Professor	1	1	
	Asst. Professor	1	1	
	Lecturer	2		
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1		
	Asst. Professor	1	2	
	Lecturer	3		
Department of Pharmacology	Professor	1		
	Asst. Professor	1	1	
	Lecturer	2		
Department of Pharmacognosy	Professor	1		
	Asst. Professor	1	1	
	Lecturer	1		
Department of Pharmacy Practice	Professor	1		
	Asst. Professor	2	1	
	Lecturer	3		

* Year wise availability will be assessed.

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Signature of the Inspectors

Department / Division	Name of the post	Numbers Required						Provided by the institution						Remarks of the Inspectors
		I yr	II yr	III yr	IV yr	V yr	Total	I yr	II yr	III yr	IV yr	V yr	Total	
Department of Pharmaceutics	Professor		1				1	1	--	--	--	--		
	Asst. Professor	1					1	1	--	--	--	--		
	Lecturer				1	1	2		--	--	--	--		
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1					1		--	--	--	--		
	Asst. Professor			1			1	2	--	--	--	--		
	Lecturer	1		2			3		--	--	--	--		
Department of Pharmacology	Professor		1				1		--	--	--	--		
	Asst. Professor	1					1	1	--	--	--	--		
	Lecturer			1	1		2		--	--	--	--		
Department of Pharmacognosy	Professor		1				1		--	--	--	--		
	Asst. Professor	1					1	1	--	--	--	--		
	Lecturer		1				1		--	--	--	--		
Department of Pharmacy Practice	Professor			1			1		--	--	--	--		
	Asst. Professor		1		1		2		--	--	--	--		
	Lecturer	1	1	1	-	-	3	1	--	--	--	--		
Total		6	6	6	3	1	22	7	--	--	--	--		

* For teaching Mathematics Part Time lecturer may be employed.

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Signature of the Inspectors

6. Selection criteria and Recruitment Procedure for Faculty:

a.	Whether Recruitment Committee has been formed	Yes / No
b.	Whether Advertisement for vacancy is notified in the Newspapers	Yes / No
c.	Whether Demonstration Lecture has been conducted	Yes / No
d.	Whether opinion of Recruitment Committee Recorded	Yes / No

7. Details of Faculty Retention for:

Name of Faculty Member	Period	Percentage
--	Duration of 15 yrs. And above	--
--	Duration of 10 yrs. And above	--
Mr. Manoj Kumar, Mr. R. Sridhar,	Duration of 5 yrs. And above	4
Dr. Anna Balaji, Dr. G. Yuvaraj, Mr. Saikat Das, Mr. T. Ashwin Kumar, Ms. A. Shilpa, Mrs. T. Pravalika, Mr. V. Raman Koundinya, Mr. M. Jeevan Kumar, Mr. Ch. Avinash, Mr. Md. Ghouse Pasha Mr. V. Nishant, Mr. Kanakachary, Mr. Ch. Sandeep, Mr. Ganesh, Mr. B. Natraj, Mr. K. Saikrishna, Mr. B. Sunil Kumar, Mr. V. Anil Kumar, Mr. P. Rakesh Mr. V. Sandeep, Ms. M. Bhavani, Mr. P. Maheshwar Reddy, Ms. S. Swathi Ms. D. Bhargavi, Mrs. P. Girija, Ms. S. Hima Bindu, Mrs. P. Swetha, Mr. Arun Kumar, Ms. B. Sravanthi	Less than 5 yrs.	96

8. Details of Faculty Turnover

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

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Signature of the Inspectors

9. Number of Non-teaching staff available for Pharm. D. or Pharm.D. and Pharm.D (Post Baccalaureate course) for full duration of course/courses*.

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspectors
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	06	D. Pharm	
2	Laboratory Assistants or Laboratory Attenders	1 for each Lab (minimum)	SSLC	12		
3	Office Superintendent	1	Degree	01		
4	Accountant	1	Degree	01		
5	Store keeper	1	D.Pharm or a Bachelor degree recognized by a University or institution.	01		
6	Computer Data Operator	1	BCA or Graduate with Computer Course	01		
7	Office Staff I	1	Degree	01		
8	Office Staff II	2	Degree	02		
9.	Peon	2	SSLC	02		
10	Cleaning personnel	Adequate	---	02		
11	Gardener	Adequate	---	01		

- Inspectors to verify whether the Non teaching staff requirements for D.Pharm., B.Pharm. and M.Pharm. courses conducted by the institution are complied with or not.

* Year wise availability will be assessed.

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Signature of the Inspectors

10.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					
01	Dr. Anna Balaji	Professor & Principal	M. Pharm. Ph.D (Pharmaceutics)	35000	12000	3000	--	--	200	--	--	30914652300	AHJPA4905G	--	49800	
02	Dr. G. Yuvaraj	Professor	M.Pharm (Ph. Chemistry)	19600	6720	1680	--	--	200	--	--	--	ACOPY4520D	--	27800	
03	Mr. Saikat Das	Asst. Prof	M.Pharm (Pharmaceutics)	14000	4800	1200	--	--	200	--	--	20109788771	DJWPS0083P	--	20000	
04	Mr. J. Manoj Kumar	Asst. Prof	M.Pharm (Pharmaceutics)	12600	4320	1080	--	--	150	--	--	--	AWFPJ4076L	--	18000	
05	Ms. A. Shilpa	Asst. Prof	M.Pharm (Pharmaceutics)	12600	4320	1080	--	--	150	--	--	33824014333	BDZPA6160Q	--	18000	
06	Mrs. T. Pravalika	Asst. Prof	M.Pharm (Pharmacology)	12600	4320	1080	--	--	150	--	--	--	Applied	--	18000	
07	Mr. M. Jeevan Kumar	Asst. Prof	M.Pharm (Ph. Mgmt & RA)	12000	3000	1000	--	--	150	--	--	--	BDKPM6461P	--	16000	
08	Mr. Ch. Avinash	Asst. Prof	M.Pharm (Ph. Mgmt & RA)	12000	3000	1000	--	--	150	--	--	--	BAMPC2604K	--	16000	
09	Mr. Md. Ghouse Pasha	Asst. Prof	M.Pharm (Ph. Analysis)	12000	3000	1000	--	--	150	--	--	--	CEGPP0898P	--	16000	
10	Mr. V. Raman Koundinya	Asst. Prof	M.Pharm (Pharmaceutics)	12000	3000	1000	--	--	150	--	--	--	CECPK944L	--	16000	
11	Mr. V. Nishant	Asst. Prof	M.Pharm (Ph. Mgmt & RA)	12000	3000	1000	--	--	150	--	--	--	Applied	--	16000	
12	Ms. D. Bhargavi	Asst. Prof	M.Pharm (Ph. Analysis)	12000	3000	1000	--	--	150	--	--	--	BZKPD1439C	--	16000	
13	Mr. P. Rakesh	Asst. Prof	M.Pharm (Ph. Chemistry)	12000	3000	1000	--	--	150	--	--	--	BSSPP9674E	--	16000	
14	Mr. V.Sandee p	Asst. Prof	M.Pharm (Ph. Chemistry)	12000	3000	1000	--	--	150	--	--	--	ANGPV5414J	--	16000	

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15	Mr. V. Anil Kumar	Asst. Prof	M.Pharm (Ph. Analysis)	12600	4320	1080	--	--	150	--	--	--	AJTPV 4667J	--	18000	
16	Mrs. P. Girija	Asst. Prof	M.Pharm (Pharmacology)	12000	3000	1000	--	--	150	--	--	20222 29993 9	BMFP G9913 G	--	16000	
17	Mr. T. Ashwin Kumar	Asst. Prof	M.Pharm (Pharmaceutics)	12600	4320	1080	--	--	150	--	--	20149 42481 8	APDP T0263J	--	18000	
18	Mr. Arun Kumar	Asst. Prof	M.Pharm (Pharmacy Practice)	12000	3000	1000	--	--	150	--	--	--	DLZPS 0878B	--	15850	
19	Mr. Ch. Sandeep	Asst. Prof	M.Pharm (Pharmaceutics)	12000	3000	1000	--	--	150	--	--	--	ARNP C5636 N	--	15850	
20	Mr. Kanakachary	Asst. Prof	M.Pharm (Pharmaceutics)	12000	3000	1000	--	--	150	--	--	--	AWAP N6009 N	--	15850	
21	Mr. Ganesh	Asst. Prof	M.Pharm (Pharmaceutics)	12000	3000	1000	--	--	150	--	--	--	CBLP K2752 F	--	15850	
22	Mrs. P. Swetha	Asst. Prof	M.Pharm (Pharmacognosy)	12000	3000	1000	--	--	150	--	--	--	CUOP P6463 N	--	15850	
23	Mr. P. Maheshwar Reddy	Asst. Prof	M.Pharm (Ph. Analysis)	12000	3000	1000	--	--	150	--	--	--	BKYP P4002J	--	15850	
24	Mr. B. Natraj	Asst. Prof	M.Pharm (Pharmaceutics)	12000	3000	1000	--	--	150	--	--	--	BCWP B8846 G	--	15850	
25	Ms. S. Himabindu	Asst. Prof	M.Pharm (Pharmacology)	12000	3000	1000	--	--	150	--	--	--	Applied	--	15850	
26	Ms. M. Bhavani	Asst. Prof	M.Pharm (Ph. Analysis)	12000	3000	1000	--	--	150	--	--	--	Applied	--	15850	
27	Ms. S. Swathi	Asst. Prof	M.Pharm (Ph. Analysis & QA)	12000	3000	1000	--	--	150	--	--	--	Applied	--	15850	
28	Mr. K. Saikrishna	Asst. Prof	M.Pharm (Pharmaceutics)	12000	3000	1000	--	--	150	--	--	--	CXQP K6433 E	--	15850	
29	Mr. B. Sunil Kr	Asst. Prof	M.Pharm (Pharmaceutics)	12000	3000	1000	--	--	150	--	--	--	BQJPB 5305D	--	15850	
30	Mr. R. Sridhar	Assoc. Prof	MCA	11000	3000	1000	--	--	150	--	--	--	--	--	14850	
31	Ms. B. Sravanthi	Asst. Prof	MA (Eng), Bed	11000	3000	1000	--	--	150	--	--	--	--	--	14850	
32	Mr. Musthafa	Asst. Prof	MSc (Maths)	11000	3000	1000	--	--	150	--	--	--	--	--	14850	

Signature of the Head of the Institution

Signature of the Inspectors

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

(Inspectors to verify documents pertaining to the above)

YES

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

(Inspectors to verify documents pertaining to the above)

YES

13. Scope for the promotion for faculty: Promotions

Yes

No

14. Gratuity Provided

Yes

No

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

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors
01	Mr. N. Ramchander Rao	Office Superintendent	B.A	01.09.2007	41 yrs		
02	Mrs. A. R. Yamuna Devi	Administrative Officer	B.Com MBA	02.05.2014	06 yrs		
03	Mr. K. Kamalakar	Accountant	B.Sc.	16.08.2011	08 yrs		
04	Mr. P. Suman	Office Staff 1	PG	01.10.2014	08 yrs		
05	B. Sandhya Rani	Office Staff 2	MA. BEd	01.12.2011	04 yrs		
06	Ch. Ravi	Librarian	MLiSc	01.10.2014	08 yrs		
07	Mrs. Rajyam	Asst. Librarian	BLiSc	01.10.2014	05 yrs		
08	K. Bhaskar	Lab Technician	D.Pharm	02.06.2013	02 yr		
09	V. Rajesh	Lab Technician	D. Pharm	04.03.2013	02 yr		
10	D. Srikanth	Lab Technician	D. Pharm	06.02.2012	03 yr		
11	D. Swetha	Lab Technician	D.Pharm	15.04.2013	02 yr		
12	T. Kalpana	Lab Technician	B.Pharm	28.08.2012	03 yrs		
13	T. Venkatesh	Lab Technician	B.Pharm	01.09.2013	02 yrs		
14	E. Ramu	Lab Asst.	DMIT	05.10.2009	06 yrs		
15	B. Rama Devi	Lab Asst.	DMLT	05.10.2009	06 yrs		
16	Ch. Manjula	Lab Asst.	B.Sc.	05.07.2011	04 yrs		
17	M. Naveen	Lab Asst.	MSc.	01.02.2013	02 yr		

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18	M. Venkatesh	Lab Asst.	B.Pharm	15.07.2014	1 yr		
19	M. Srilatha	Lab Asst.	B.Pharm	15.07.2014	1 yr		
20	M. Surendar	Lab Asst.	B.Pharm	15.07.2014	1 yr		
21	D. Mahesh	Lab Asst.	B.Pharm	15.07.2014	1 yr		
22	Y. Agaiah	Lab Asst.	B.Pharm	15.07.2014	1 yr		
23	V. Ravi	Lab Attender	BCom	03.10.2009	06 yrs		
24	V. Vinesh	Lab Attender	SSC	01.02.2012	03 yrs		
25	B. Savitha	Lab Attender	SSC	08.07.2007	08 yrs		
26	K. Ravi	Lab Attender	BSc	01.09.2008	10 yrs		
27	Bhaskar	Peon	SSC	08.08.2008	07 yrs		
28	Ch. Sravanthi	Peon	SSC	01.07.2013	02 yrs		
29	Priyadarshani	Cleaning	SSC	04.08.2013	02 yrs		
30	Renuka	Cleaning	SSC	12.02.2015	04 yrs		
31	B. Sambaiah	Gardner	SSC	08.07.2007	08 yrs		✓

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

Yes/ No

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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		
17	Institutional ethical Committee		No	
18	Internship log book & rotation certificates issued by Preceptors	Yes		

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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)**

Sl	Expenditure in Rs. 2014-2015			Expenditure in Rs. 2013-2014			Expenditure in Rs. 2012-2013			Remarks of the Inspectors*
No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	Non Returning	
	65,00,000.00	47,02,300.00	13,21,269.00	15,00,000.00	--	14,88,208	10,00,000	45,03,700	42,49,000	

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

Sl	Expenditure in Rs. 2014-2015			Expenditure in Rs. 2013-2014			Expenditure in Rs. 2012-2013			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals	3,00,000	90,818	Chemicals	3,00,000	2,74,177	Chemicals	3,00,000	2,79,000	
	Glassware	3,00,000	1,33,000	Glassware	3,00,000	2,72,610	Glassware	2,00,000	1,99,000	

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

Sl	Expenditure in Rs. 2014-2015			Expenditure in Rs. 2013-2014			Expenditure in Rs. 2012-2013			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment	7,00,000	6,55,000	Equipment	3,00,000	1,86,000	Equipment	15,00,000	12,85,000	

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

Sl No.	Expenditure in Rs. 2014-2015			Expenditure in Rs. 2013-2014			Expenditure in Rs 2012-2013			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	2,00,000	1,32,635	Books	2,00,000	1,78,900	Books	5,00,000	4,85,000	
2	Journals	1,00,000	63,582	Journals	1,00,000	58,000	Journals	20,000	14,500	

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

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PART VII – EQUIPMENT AND APPARATUS

Department wise List of Minimum equipments required for Pharm.D. and Pharm.D. Post Baccalaureate

A. DEPARTMENT OF PHARMACOLOGY:

I. Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	15	21	YES	
2	Haemocytometer with Micropipettes	20	26	YES	
3	Sahli's haemometer	20	20	YES	
4	Hutchinson's spirometer	01	01	YES	
5	Spygmomanometer	05 (desirable 10)	05	YES	
6	Stethoscope	05 (desirable 10)	06	YES	
7	Permanent slides for various tissues/organs -(Epithelial, Connective, Muscular,& Nervous tissues/ skin, kidney, pancreas, smooth muscle, liver etc.)	One pair of each tissue Organs and endocrine glands One slide of each organ system	16	YES	
8	Models for various organs	One model of each organ system	YES	YES	
9	Specimen for various organs and systems	One model for each organ system	03	YES	
10	Skeleton and bones	One set of skeleton and one spare bone	One set of skeleton and one spare bone Available	YES	

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11	Different Contraceptive Devices and Models	One set of each device	YES	YES	
12	Muscle electrodes	01	01	YES	
13	Lucas moist chamber	01	01	YES	
14	Myographic lever	01	01	YES	
15	Stimulator	01	01	YES	
16	Centrifuge	01	01	YES	
17	Digital Balance	01	01	YES	
18	Physical /Chemical Balance	01	01	YES	
19	Sherrington's Kymograph Machine or Polyrite	10	10	YES	
20	Sherrington Drum	10	11	YES	
21	Perspex bath assembly (single unit)	10	12	YES	
22	Aerators	10	12	YES	
23	Computer with LCD	01	04	YES	
24	Software packages for experiment	01	01	YES	
25	Standard graphs of various drugs	Adequate number	YES	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	

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II. Apparatus:

S.No	Name	Minimum required Nos.	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	10	YES	
4	Hypodermic syringes and needles of size 15,24,26G	10	10	YES	
5	Levers, cannulae	20	20+20	YES	

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

B. DEPARTMENT OF PHARMACOGNOSY:

I. Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	15	17	YES	
2	Digital Balance	02	02	YES	
3	Autoclave	02	02	YES	
4	Hot air oven	02	02	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	01	YES	
12	Camera Lucida	15	20	YES	
13	Eye piece micrometer	15	15	YES	
14	Incinerator	01	01	YES	
15	Moisture balance	01	01	YES	

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16	Heating mantle	15	15	YES	
17	Flourimeter	01	01	YES	
18	Vacuum pump	02	02	YES	
19	Micropipettes (Single and multi channeled)	02	02	YES	
20	Micro Centrifuge	01	01	YES	
21	Projection Microscope	01	01	YES	

II. Apparatus:

S.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.

C. DEPARTMENT OF PHARMACEUTICAL CHEMISTRY :

I. Equipment:

S.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	
4	Analytical Balances for demonstration	05	05	YES	

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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	

II. Apparatus:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02	02	YES	
2	Reflux flask and condenser single necked	20	74	YES	
3	Reflux flask and condenser double/ triple necked	20	20	YES	
4	Burettes	40	57	YES	
5	Arsenic Limit Test Apparatus	20	20	YES	
6	Nessler's Cylinders	40	103	YES	

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

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D. DEPARTMENT OF PHARMACEUTICS:

I. Equipment:

S.No	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Mechanical stirrers	10	10	YES	
2	Homogenizer	05	05	YES	
3	Digital balance	05	05	YES	
4	Microscopes	05	05	YES	
5	Stage and eye piece micrometers	05	05	YES	
6	Brookfield's viscometer	01	01	YES	
7	Tray dryer	01	01	YES	
8	Ball mill	01	01	YES	
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	10 sets	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	01	01	YES	
21	Tablet dissolution test apparatus IP	01	01	YES	
22	Monsanto's hardness tester	01	01	YES	
23	Pfizer type hardness tester	01	01	YES	

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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	12	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	02	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	12	YES		
38	Capsule Counter	02	02	YES		
39	Energy meter	02	02	YES		
40	Hot Plate	02	02	YES		
41	Humidity Control Oven	01	01	YES		
42	Liquid Filling Machine	01	01	YES		
43	Mechanical stirrer with speed regulator	02	02	YES		
44	Precision Melting point Apparatus	01	01	YES		
45	Distillation Unit	01	01	YES		

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II. Apparatus:

S.No	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	15	15	YES	
2	Stalagmometer	15	38	YES	
3	Desiccator*	05	05	YES	
4	Suppository moulds	20	48	YES	
5	Buchner Funnels (Small, medium, large)	05 each	18	YES	
6	Filtration assembly	01	01	YES	
7	Permeability Cups	05	05	YES	
8	Andreason's Pipette	03	03	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.

E. DEPARTMENT OF PHARMACEUTICAL BIOTECHNOLOGY:

S.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	01	YES	
5	Refrigerated Centrifuge	01	01	YES	
6	Fermenters of different capacity (Desirable)	01	--		
7	Tissue culture station	01	01	YES	
8	Laminar airflow unit	01	01	YES	
9	Diagnostic kits to identify infectious agents	01	01	YES	

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10	Rheometer	01	01	YES	
11	Viscometer	01	01	YES	
12	Micropipettes (single and multi channeled)	01 each	07	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.

F. DEPARTMENT OF PHARMACY PRACTICE :

a. Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	2	2	YES	
2	Microscope	Adequate	15	YES	
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.)	Adequate	Adequate no. Available	YES	
4	Watch glass	Adequate	Adequate no. Available	YES	
5	Centrifuge	1	1	YES	
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	Adequate no. Available	YES	
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	15 sets	YES	
13	Small disposable membrane filter for IV admixture filtration	Adequate	15 sets	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 no. Available	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:

- 1. Computers and Internet connection (Broadband), six computers for students with internet and staff computers as required.**

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b. Equipments/facilities required at the practice site in the hospital:

S.No	Name	Minimum required numbers	Available numbers	Working Yes/No	Remarks of the Inspectors
1.	Sphygmomanometer	05	07	YES	
2.	Glucometer	05	06	YES	
3.	Peak Flow Meter	05	06	YES	
4.	Different inhalers and nebulisers	10	16	YES	
5.	Insulin Pens	10	10	YES	
6	Weighing Machine	05	06	YES	
7	Spirometer	01	01	YES	
8	Drug Information Softwares	Adequate	Adequate no. Available	YES	
9	CDs on various diseases	Adequate	Adequate no. Available	YES	
10	Charts on counseling aids	Adequate	Adequate no. Available	YES	
11	Patient Information Leaflet	Adequate	Adequate no. Available	YES	
12	Computers	Adequate	06	YES	
13	Internet Connection	Adequate	3Mbps Available	YES	
14	Printer	02	02	YES	
15	Scanner	02	02	YES	
16	Copier Machine	01	01	YES	
17	LCD Projector	02	02	YES	

G. CENTRAL INSTRUMENTATION ROOM:

S.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	

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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	--	--	
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	01	01	YES	
18	Lyophilizer (Desirable)	01	--	--	

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H. Hospital Requirements for running Pharm D or Pharm.D and Pharm.D. (Post Baccalaureate) courses: -

Hospital Details

S.No.	Name/ Infrastructure	Minimum required Nos.	Provided	Remarks of the Inspectors
1	Hospital* with teaching facility Minimum 300 bedded Hospital	<u>Nature of Hospital</u> - Own - Teaching hospital recognized by MCI or University - Govt. Hospital not below the level of district Hospital - Corporate Hospital	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
2	Place for Pharmacy Practice Department ⁺	Minimum carpet area of 3 sq.mts. per student along with consent to provide the professional manpower to support the programme. (Minimum area requirement 120 sq.mts)	1200 sq ft	
3	Available specialties ⁺⁺	Medicine (Compulsory-with minimum of 120 beds) (Any three of the following) <ul style="list-style-type: none"> • Surgery • Pediatrics • Gynecology and Obstetrics • Psychiatry • Skin and VD • Orthopedics 	<input type="text" value="150"/> <input type="text" value="25"/> <input type="text" value="25"/> <input type="text" value="50"/> <input type="text" value="--"/> <input type="text" value="--"/> <input type="text" value="50"/>	
4	Location of the Hospital Give details.	Within the same limits of Corporation or Municipality or Campus with Medical Faculty involvement as adjunct faculty	Within Corporation Limits	

* Approval letter of the Hospital Authority to be annexed along with MOU. **–ENCLOSED–**

⁺ Inspectors are required to personally verify the space provided at the hospital and meet the hospital administrators for interaction.

⁺⁺ To be certified by the Dean/Director/Medical Supdt. of the hospital.

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Unit wise Medical Staff:

Unit _____

Bed strength _____

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	UG/PG QUALIFICATION			<u>Experience</u> Date wise teaching/Professional experience with designation & Institution					
				Subject with Year of passing	Institution	University	Designation	Institution	From	To	Period	
				-ENCLOSED-								

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Other Ancillary staff available:

- Epidemiologist
- Statistician
- Physiotherapist

Available Clinical Material:

- Average daily OPD. - 200-300
- Average daily IPD. - 150-180
- Average daily bed occupancy rate: - 120-150
- Average daily operations: Major – 9 - 12 Minor – 15 – 20
- Year-wise available clinical materials (during previous three years).

Intensive Care facilities

I. ICU

- No. of beds
- Equipment
- Average bed occupancy

II. ICCU

- No. of beds
- Equipment
- Average bed occupancy

III. NICU

- No. of Beds
- Equipment
- Average bed occupancy

IV. PICU

- No. of beds
- Equipment
- Average bed occupancy

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V. Dialysis

- No. of beds
- Equipment
- Average bed occupancy

Specialty clinics and services being provided by the department:

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Details for Pharm.D. student and faculty.

A. Accommodation

Facility	Area in Sq.mts. Minimum Requirement	Area in Sq.mts. provided
Pharmacy Practice Area	60	120
Faculty area	30	30
Drug Information Centre	30	30
Computer/Internet facility*	Computer Student intake Ratio 1:4	10

* Internet Facility with a minimum broad band connection

B. Library – Departmental Library standard text and references Indexing and Abstracting services for DI services should be included as separate annexure.

C. Pharmacy Practice staff details at the hospital –

Name	Qualification	Signature of Faculty

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STANDARD INSPECTION FORM (Pharm.D.)**TEACHING PROGRAMME/INTERNSHIP PROGRAMME**

1. Prescribed mode of admission to Scheduled Pharm.D. Course
2. Academic Activities, please mention the frequency with which each activity is held.
 - Case presentation.
 - Journal Club.
 - Seminar
 - Subject Review
 - ADR meeting
 - Lectures (separately held for Pharm.D students)
 - Guest lectures
 - Video film
 - Others.
3. Log book of Pharm.D. students: Maintained/ Not maintained.
4. Whether Pharm.D. students participate in bedside counselling or not ?

Summary of Inspection report – (check list) to be completed by the Inspector.**Date of inspection:-****Name of Inspector:-**

1	Name of the institution	Name and other particulars of Institution (Principal/Head)	
			Qualification detail.
			Experience: Adequate/Inadequate
			Age

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2	Name of the institution	Name and other particulars of Institution (Principal/Head)		
			Qualification detail.	
			Experience: Adequate/Inadequate	
			Age	
3	Date of last inspection of the institution :			
	Number of admission at B.Pharm.			
	Staff position for B.Pharm.	Sufficient/Insufficient		
	Other deficiency, if any	Yes/No		
4	Total Teachers in the Pharmacy Practice Department (with requisite qualifications & Experience)			
	Designation	Number	Name	Total Experience
	Professors			
	Asst. Professors			
	Lecturers			
	<ul style="list-style-type: none"> - All teachers should be physically identified. - Detailed proforma (with photograph affixed) in respect of every teacher must be obtained signed by the concerned teacher, HOD and Head of institution - To ensure that staff is full time, paid and not working in any other institution simultaneously. 			
5	<u>Requisite important information of the Hospital</u>			
	Number of department in the Hospital			
	Teaching complement in each Dept.			Full/Partial
	Total number of beds Dept. wise			
	Instruments and other expected facilities			Adequate/Inadequate
	Bed side teaching			Yes/No
	Laboratory Technician			Number and Names
	Department Research Laboratory			Yes/No
	Departmental Library – Book/Journals			Adequate/Inadequate
	Central Library – Books/Journals pertaining to the department			
6	Space for Pharmacy Practice Department at the Hospital			Adequate/Inadequate
	Indoor wards(Units/Department) & OPD space			Adequate/Inadequate
	Offices for Faculty members			Adequate/Inadequate
	Class Rooms and seminar rooms			Adequate/Inadequate
	Dept. Library in the hospital supporting Drug Information Services			
7	Clinical Material			Adequate/Inadequate
8	No of publications from the department during 3 years			
9	Examination conduct			As per norms of PCI/Not as per norms of PCI
	Standard of Examination			Satisfactory/Not satisfactory

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10	Year-wise number of Pharm.D students admitted and available staff during the last 5 years	Year	No. of Pharm.D students admitted	No. of staff available
	2008			
	2009			
	2010			
	2011			
	2012			
11	Other relevant facilities in the Institution			

12. **Specific remarks if any by the Inspector:** (No recommendations regarding permission/recognition be made) Give factual position only).

Signature of the Inspector

Note : Specific mention of required facilities as per PCI norms and commensurate with the degree under consideration must be made specifying whether these are Available/Not available.

Signature of the Head of the Institution

Signature of the Inspectors

Compliance of deficiencies reflected in last Inspection Report
Specific observations if not rectified

Observation of the Inspectors:

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

Name of the College : _____

Date of Inspection : _____

STAFF DECLARATION FORM – 2008 – 2009.

1.(a) Name.....

1.(b) Date of Birth & Age Photograph

1.(c) Recent Passport size photo of the Employee
Signed by Dean / Principal of the college.

1.(d) Submit Photo ID proof issued by Govt. Authorities :

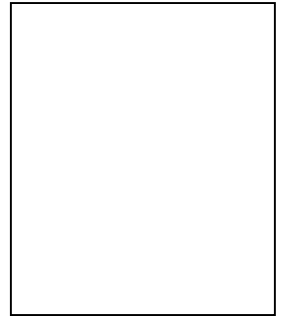


Photo ID submitted :Passport copy / Driving Licence / PAN Card / Voter ID/MCI Smart ID Card/State Pharmacy Council ID.

Number Issued by Photograph

Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.

1.(e) i. Present Designation:_____

1.(e)(i)a Certified copies of present appointment order at present institute attached.

1.(e)ii. Department_____

1.(e) iii. College: _____

1.(e) iv. City: _____

1.(e) v. Nature of appointment: Permanent / Temporary / Adhoc / Honorary / Part-time

1.(e) vi. Whether belongs to : SC / ST / OBC / Ex-service / Others.

1.(f) Residential Address of employee :

1.(g) **Copy of Passport /Voter Card / Ration Card / Electricity Bill / Driving License Attached as a proof of residence.**

1.(h) Phone & Fax Number With Code: Office: _____

Residence: _____

E-mail address: _____

Mobile Number : _____

1.(i) Date of joining present institution : _____ as _____

1.(i)a Joining report at the present institute attached.

2. Qualifications :

Qualification	College & Univ.	Year	Registration No. with SPC	Name of the State Pharmacy Council
B.Pharm				
M.Pharm				
Ph.D.				

2.(a) **Copies of Degree certificates of UG and PG/and Ph.D. degree attached.**

2.(b) **Copies of valid State Pharmacy Council Registration Certificate to be attached.**

3. Details of the previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Lecturer					
Assistant Professor					
Associate Professor					
Professor					

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

4.(b) I am not working anywhere else in the State or outside the State in any capacity full-time / part-time.

Signature of the Head of the Institution

Signature of the Inspectors

5. Number of Research publications in Journals during the last 3 (Three) academic years :
- 5 .(a) International Journals: _____
- 5 .(b) National Journals: _____
- 5 .(c) State/Other Journals: _____
6. Number of Research Projects on hand: _____
- 7 .(a) I am having PAN Card and my PAN No. is _____ / I am not having PAN Card.
- 7 .(b) I have drawn total emoluments from this college as under:-

	Amount Received	TDS
July, 2008		
August, 2008		
September, 2008		
October, 2008		
November, 2008		
December, 2008		
January, 2009		
February, 2009		
March, 2009		
April, 2009		
May, 2009		
June, 2009		

7 .(c) (Copy of my PAN & Form 16 (TDS certificate) for financial year _____ are attached)

Declaration

1. I have not worked at any other Pharmacy college/Industry or presented myself at any inspection from October 2007 onwards till date.
2. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted alongwith the declaration form, by the undersigned are absolutely true, correct and authentic. 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 Pharmacy Register).

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.

Signature of the Head of the Institution

Signature of the Inspectors

I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents as submitted by the teacher to the institute and with the concerned institute and have found them to be correct and authentic.

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.

Date:

Place:

Countersigned by the
Director/Dean/Principal

Remarks

S.No	Documents	Submitted
1.(c)	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	Yes / No
1.(d)	Photo ID proof issued by Govt. Authorities : Passport / Driving Licence / PAN Card / Voter ID/PCI Smart ID Card/State Pharmacy Council ID	Yes / No
1.(e)(i)a	Certified copies of present appointment order at present institute.	Yes/No
1.(g)	Copy of Passport /Voter Card / Ration Card / Electricity Bill / Driving License Attached as a proof of residence.	Yes / No
1.(i)a	Joining report at the present institute.	Yes/No
2.	Copies of Degree certificates B.Pharm./M.Pharm./Ph.D.	Yes / No
3.	Copy of experience certificate for all teaching appointments held before joining present institute.	Yes / No
4.(a)	Relieving order from the previous institution.	Yes / No
7.(a)	PAN Card	Yes / No
7.(c)	Form 16 (TDS certificate) for financial year 2006-2007	Yes / No

Signed by the Teacher :**Countersigned by Dean / Principal.****Date :****Date :****Signed by the Inspector :****Date :****NOTE :**

1. The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed / attached with the Declaration Form.
2. The person will not be counted as a teachers if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card are not produced for verification at the time of inspection.

Signature of the Head of the Institution

Signature of the Inspectors

Checklist for PCI Inspectors

S. No	Particulars	Enclosed / Verified	Remarks of the Inspectors
1.	Document showing registration of the Society / Trust/ Management.		
2.	Approval and NOC / Affiliation orders from PCI / University showing academic year with intake for B.Pharm & Pharm.D programs.		
3.	Signed copy of MOU with a 300 bedded (minimum) hospital and its details.		
4.	Details of the Inspection/ Affiliation fee paid to PCI.		
5.	a. Building area details of the Institution for conducting existing courses.		
	b. Additional area provided for Pharm.D programs.		
6.	Pharmacy Practice department layout and location map in the hospital.		
7.	Constitution of GC/GB of the institution and minutes of the meetings held in the past 3 years.		
8.	Latest audited financial statement of the institute, Budget allocation and utilization.		
9.	Details of Academic calendar.		
10.	Pharm.D & Pharm.D Post Baccalaureate staff list and declaration forms with required documents.		

Signature of the Head of the Institution

Signature of the Inspectors

11.	List of books and journals specific for Pharm.D course and the numbers added in last three academic years.		
12.	Student hospital activity details like ward round participation, drug information service, patient counseling, and case presentation records, etc. Time table of theory /practical and hospital postings.		
13.	List of Preceptors at Hospital.		
14.	Statistics details showing hospital Bed occupancy rate.		
15.	Verification of essential records (as per SIF Part V documentation)		
16.	Examination results of the institution for the previous academic year.		
17.	Details of the CPE / Workshop / seminar programs conducted in the institution (For previous two years).		

Signature of the Inspectors

Signature of the Head of the Institution

Signature of the Inspectors