Top of Form





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| **Tracking Number: SIF/2016/100088**  |
| **PHARMACY COUNCIL OF INDIA**  |
| **Standard Inspection Format (S.I.F) for institutions conductingD Pharm(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.(IN BLOCK LETTERS)**  |
|  | **2.**  |
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| **PART-1**  |
| **A-GENERAL INFORMATION**  |
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| **A - I.1**  |
| **Name of the institution**  | Nandurbar Taluka Vidhayak Samitiâ€™s, Institute of Pharmacy  |
| **Complete postal address:**  | Khodai Mata Road, Nandurbar - 425 412 Distt. Dhule  |
| **Telephone number with STD Code**  | 02564  225216  |
| **Fax No**  | 02564222293  |
| **Email**  | 0202principal@msbte.com  |
| **Year of establishment**  | 1993  |
| **Status of the course conducting body**  | Society  |
|  |
| **A - I.2**  |
| **Name of the Society/Trust/Management**  | Nandurbar Taluka Vidhayak Samitiâ€™s  |
| **Address**  | Khodai Mata Road, Nandurbar - 425 412 Distt. Dhule  |
| **Telephone Number with STD Code**  | 02564  223186  |
| **Fax No**  | 222293  |
| **Email**  | ntvsph@gmail.com  |
| **Website**  |  |
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| **A - I.3**  |
| **Name of the person to be contacted by phone**  | Smt V B Raghuwanshi  |
| **Designation**  | Chairman  |
| **Address**  | Khodai Mata Road, Nandurbar - 425 412 Distt. Dhule  |
| **STD Code**  | 02564  |
| **Telephone Number**  |  |
| **Office**  | 223186  |
| **Residence**  | 223186  |
| **Mobile**  | 9423942750  |
| **Fax No**  | 02564222293  |
| **Email**  | ntvsph@gmail.com  |
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| **A - I.4**  |
| **Name of the Head of the Institution**  | Smt Shewale Vaishali Dadaji  |
| **Address**  | Khodai Mata Road, Nandurbar - 425 412 Distt. Dhule  |
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| **Signature of the Head of the Institution**  | **Signature of the Inspectors**  |
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| **A - I.5**  |
| **FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL**  |
| **a. DETAILS OF AFFLIATION FEE PAID**  |
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| **Name of the Course**  | **Affiliation Fee Paid Upto**  | **Receipt No.**  | **Dated**  | **Remarks of the Inspectors**  |
| **D Pharm**  | 2015-16  | 26361  | 19/06/2015  |  |

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| **b. APPROVAL STATUS**  |
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| **Name of the Course**  | **Approved Upto**  | **Intake Approved and Admitted**  | **PCI**  | **State Govt**  | **University**  | **Remarks of the Inspectors**  |
| **D Pharm**  | 2016-17  | **Approved Letter No & Date**  | 17-1-2014/PCI/19558/727 09/07/2014  | 3398(565/98)/TE-1,28/01/99  | MSBT/D-53/AC/0015,05/08/2015  |    |
| **Approved Intake**  | 60  | 60  | 60  |    |
| **Actually Admitted**  | 60  | 60  | 60  |    |

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| **c. STATUS OF APPLICATION**  |
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| **Course**  | **Extension ofApproval**  | **Increase inIntake of Seates**  |

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| **Remarks**  |
| **Current Intake**  | **Proposed increase in Intake**  |

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| **D Pharm**  | Yes  | No  | 60  | 60  |
| **Note: Enclose relevant documents**  |

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| **A - I.6**  |
| **Whether other educational institutions/courses are also being run by the trust/instiutuion in the same building/campus?**  |
| **If yes, give status**  | No  |
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| **A - I.6 a**  |
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| **Status of the Pharmacy Course:**  |
| **Independent Building**  | Yes  |
| **Wing of Another College**  | No  |
| **Separate Campus**  | Yes  |
| **Multi Institutional Campus**  | Yes  |

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| **Examining Authority:**  | **Diploma Course**  |
| **Name with Complete Postal address, telephone No.and STD Code.**  | The Secretary,Maharashtra State,Board of Technical Education Govt. Polytechnic Building,III Floor, 49, Kherwadi,Ali Yawar Jung Marg, Bandra (E),MUMBAI â€“ 400 051 (Maharashtra)  |

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

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| **B - DETAILS OF THE INSTITUTION**  |
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| **B - I.1**  |
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| **Name of the Principal**  | Smt Shewale vaishali Dadaji  |

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| **Qualification/ Experience**  | **Qualification\***  | **Teaching ExperienceRequired**  | **Actual experience**  | **Remarks of the Inspectors**  |
| **M. Pharm**  | Yes  | 05 Years  | 10  |  |
| **PhD(Desirable)**  | No  | 02 Years  |  |

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| **\* Documentary evidence should be provided**  |
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| **B - I.2**  |  |  |  |
| **For institution seeking continuation of affliation**  |  |  |  |
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| **Course**  | **Date of lastInspection**  | **Remarks of the Previous InspectionReport**  | **Complied/Not Complied**  | **Intakereduced/Stopped in the last 03 years\***  |
| **D Pharm**  | 27/02/2014  | yes  | Yes  | No  |

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| **\* Enclose Documents**  |
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| **B - I.3**  |  |  |  |
| **Pay Scales**  |  |  |  |
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| **Staff**  | **Scale of pay**  | **PF**  | **Gratuity**  | **Pension benefit**  | **Remarks of the Inspectors**  |
| **Teaching Staff**  | **AICTE/UGC/State Govt.**  | Yes  | Yes  | No  | No  |  |
| **Non-Teaching Staff**  | **State Government**  | No  | No  | No  | No  |  |

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| **B - I.4**  |  |  |  |
| **D Pharm Course: Admission statement for the past three years**  |  |  |  |
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| **ACADEMIC YEAR**  | **2014-2015**  | **2015-2016**  | **2016-2017**  |
| **Sanctioned**  | 60  | 60  | 60  |
| **No. of Admissions**  | 60  | 60  | 60  |
| **Unfilled Seats**  | 0  | 0  | 0  |
| **No of Excess Admission**  | 0  | 0  | 0  |

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| **B - I.5**  |  |  |  |
| **Academic information: Percentage of D Pharm results for the past three years:**  |  |  |  |
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| **ACADEMIC YEAR**  | **2014-2015**  | **2015-2016**  | **2016-2017**  |
| **D Pharm**  | 78  | 60  |  |

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| **Signature of the Head of the Institution**  | **Signature of the Inspectors**  |  |  |  |
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| **B - II**  |  |  |  |  |
| **Co-Curricular Activities / Sports Activities**  |  |  |  |
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| **Whether college has NSS Unit(Yes/No)?**  | No  |
| **If no give reasons**  | NA  |
| **NSS Program Officer's Name**  |  |
| **Programme Conducted Details**  |  |
| **Whether students participating in University level culturalactivities/Co-curricular/Sports activities**  | Yes  |
| **Physical Instructor**  | Not Available  |
| **Sports Ground**  | Shared  |

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| **Are you Associated with other Organization/Institution/Trust/Society Running Pharmacy Course**  | Yes  |
| **Organization/Institution/Trust/Society Name**  |  |
| **Complete Postal Address.**  |  |
| **Telephone No.**  |  |
| **Nature of Association**  |  |

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| **Signature of the Head of the Institution**  | **Signature of the Inspectors**  |  |  |  |
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| **C - FINANCIAL STATUS OF THE INSTITUTION**  |
|    |  |  |  |  |  |  |
| **Audited financial Statement of Institute should be furnished**  |
|    |  |  |  |  |  |  |
| **C .1 Resources and funding agencies (give complete list)**  |
|    |  |  |  |  |  |  |
| **C .2 Please provide following Information**  |
| **Receipts**  | **Expenditure**  | **Remarks of the Inspector**  |
| **Sl. No.**  | **Particulars**  | **Amount**  | **Sl. No.**  | **Particulars**  | **Amount**  |
| 1.  | Grants  |  | CAPITAL EXPENDITURE  |
| a. Government  | 0.00  |
| b. Others  | 0.00  |
| 2.  | Tuition Fee  | 2631681.00  | 1.  | Building  | 8215000.00  |  |
| 3.  | Library Fee  | 800.00  | 2.  | Equipment  | 2665490.00  |  |
| 4.  | Sports Fee  | 800.00  | 3.  | Others  | 0.00  |  |
| 5.  | Union Fee  | 0.00  | REVENUE EXPENDITURE  |
| 6.  | Others  | 299954.00  | 1.  | Salary  | 1668344.00  |  |
|    | 2.  | Maintenance Expenditure  |
| i. College  | 91734.00  |  |
| ii. Others  | 0.00  |  |
| 3.  | University Fee  | 65000.00  |  |
| 4.  | Apex Bodies Fee  | 0.00  |  |
| 5.  | Government Fee  | 0.00  |  |
| 6.  | Deposit held by the College  | 0.00  |  |
| 7.  | Others  | 238204.00  |  |
| 8.  | Misc. Expenditure  | 32417.00  |  |
|  | **Total**  | **2933235.00**  |  | **Total**  | **2095699.00**  |  |
| **Note: Enclose relevant documents**  |
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| **Signature of the Head of the Institution**  | **Signature of the Inspectors**  |
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| **PART- II PHYSICAL INFRASTRUCTURE**  |
|  |
| **a. Building**  | **Own**  |  |
| **b Land:**  |  |
| **c. Building**  | **Own**  |  |
| **i) Leased or own**  | **Own**  |  |
| **Sale / Agreement deed (records to be enclosed)**  | **--**  |  |
| **i) Leased/Rented â€  (Record to be enclosed)**  | **Enclosed**  |  |
| **ii) If Own (Approved Building plan & sale deed to be enclosed)**  | **Enclosed**  |  |
| **d. Total Area of the college building in Sq.mts**  | **Built up Area**  | **2000**  |  |
| **Amenities and Circulation Area**  | **642**  |  |
|  |
| **2. Class Rooms**  |
| **Total Number of Class rooms provided**  |
| **Class**  | **Required**  | **Available Numbers**  | **Required Area \* for each class room**  | **Available Area in Sq. mts**  | **Remarks of the Inspectors**  |
| **D.Pharm**  | 02  | 2  | 90 sq. mts each  | 156  |    |
| **[\* To accomodate 60 students]**  |
|  |
| **3. Laboratory requirement**  |
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| **Sl.No.** | **Infrastructure for** | **Available No.** | **Area in Sq. mts**  | **Remarks** |
| 1  | Laboratory Area for D.Pharm Course | 5 | 325 |  |
| 2  | Pharmaceutics | 1 | 65 |  |
| 3  | Pharmaceutical Chemistry | 1 | 65 |  |
| 4  | Physiology and Pharmacology | 1 | 65 |  |
| 5  | Pharmacy Practice | 1 | 65 |  |
| 6  | Pharmacognosy | 1 | 65 |  |
| 7  | Animal House | 0 | 0 |  |
| 8  | Preparation Room for each lab | 0 | 0 |  |
| 9  | Area of the Machine Room | 1 | 100 |  |
| 10  | Aseptic Room | 1 | 20 |  |
| 11  | Store Room I | 1 | 30 |  |
| 12  | Store Room II Inflammable chemicals | 1 | 20 |  |

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| **Signature of the Head of the Institution**  | **Signature of the Inspectors**  |
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| **The Institutes will not be permitted to run the courses in the rented building on or after 31.12.2008**  |
| 1.  | All the Laboratories should be well lit & ventilated.  |
| 2.  | All Laboratories should be provided with basic amenities and services like exhaust fans and fuming chamber to reduce the pollution whenever necessary.  |
| 3.  | The workbenches should be smooth and easily cleanable prefebly made of non-absorbant material.  |
| 4.  | The water taps should be non-leaking and directly installed on skins Drainage should be efficient.  |
| 5.  | Balance room should be attached to the cocerned laboratories.  |
|  |
| **4. Administration Area**  |
| **Sl. No.**  | **Name of Infrastructure**  | **Requirements as per Norms (in Number)**  | **Requirements as per Norms (in Area)**  | **Available**  | **Remarks/Deficiency**  |
| **No.**  | **Area in Sq.mts**  |
| **1**  | Principal's Chamber  | 01  | 20 Sq. mts  | 1  | 20  |    |
| **2**  | Office - I (including confidential room)  | 01  | 40 Sq. mts  | 1  | 20  |    |
| **3**  | Staff / Faculty Rooms for D. Pharm course  | 01  | 30 Sq. mts  | 0  | 0  |    |
| **4**  | Library with computer and reprographic facilities  | 01  | 100 Sq. mts  | 1  | 100  |    |
| **5**  | Museum  | 01  | 30 Sq. mts (Maybe attached to the Pharmacognosy lab)  | 1  | 30  |    |
| **6**  | Auditorium/ Multi Purpose Hall (Desirable)  | 01  | 250 - 300 seating capacity  | 1  | 250  |    |
| **7**  | Herbal Garden (Desirable)  | 01  | Adequate Number of Medical Plants  | 1  | 0  |    |
|  |
| **5. Student Facilities**  |
| **Sl. No.**  | **Name of Infrastructure**  | **Requirements (in Number)**  | **Requirements (in Area)**  | **Available**  | **Remarks/Deficiency**  |
| **No.**  | **Area in Sq.mts**  |
| 1  | Girls's Common Room (Essential)  | 01  | 40 Sq. mts  | 1  | 44  |    |
| 2  | Boy's Common Room (Essential)  | 01  | 40 Sq. mts  | 1  | 44  |    |
| 3  | Toilet Blocks for Girls  | 01  | 25 Sq. mts  | 1  | 25  |    |
| 4  | Toilet Blocks for Boys  | 01  | 25 Sq. mts  | 1  | 25  |    |
| 5  | Drinking Water facility - Water cooler (Essential)  | 01  | --  | 1  | 2  |    |
| 6  | Boy's Hostel (Desirable)  | 01  | 9 Sq. mts/Room Single occupancy  | 1  | 200  |    |
| 7  | Girls's Hostel (Desirable)  | 01  | 9 Sq.mts/Room (Single occupancy) or 20 Sq.mts/Room (Triple occupancy)  | 1  | 200  |    |
| 8  | Power Backup Provision (Desirable)  | 01  | --  | 1  | 1  |    |
| 9  | Canteen  | 01  | 100 sq mts.  | 0  | 0  |  |
|  |
| **6. Computer and other Facilities**  |
| **Name**  | **Required**  | **Available**  | **Remarks of the Inspectors**  |
| **No.**  | **Area in Sq.mts**  |
| Computer (Latest Configuration)  | 1 syste, for every 10 students (UG & PG)  | 10  | 40  |    |
| Printers  | 1 Printer for every 10 computers  | 1  | 1  |    |
| Xerox Machine  | 01  | --  | --  |    |
| Multi Media Projector  | 02  | 1  | 5  |    |
|  |
| **7. Amenities(Desirable)**  |
| **Name**  | **Requirment as per Norms in area**  | **Available**  | **Not Available**  | **Remarks/Deficiency**  |
| **No.**  | **Area in Sq.mts**  |
| Principal Quarters   | 80 Sq. Mtr.   | 0  | 0  |    |  |
| Staff Quarters  | 6 x 80 Sq. mts  | 0  | 0  |    |  |
| Parking Area fro staff and students  |  | 0  | 150  |    |  |
| Bank Extension Counter  |  | 0  | 0  | NA  |  |
| Cooperative Stores  |  | 0  | 0  | NA  |  |
| Guest House  | 80 Sq. mts  | 1  | 80  |  |  |
| Transport Facility for students  |  | 0  | 0  |  |  |
| Medical Fecilities(First Aid)  |  | 0  | 0  |  |  |
|  |
| **8.A. Library Books and PeriodicalsThe 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 Volums(No)**  | **Available**  | **Remarks of the Inspectors**  |
| **Title**  | **No.**  |
| 1  | Number Of Books  | 75  | 750 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy  | 165  | 2294  |  |
| 2  | Annual Addition of Books  |  | 75 books per year  | 7  | 140  |  |
| 3  | Periodicals Hard Copies/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.  | 9  | 9  |  |
| 4  | Library timings  | 08.00 am TO 06.00 pm  |
|  |
| **8.B.Subject wise Classification**  |
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| **Sl. No.** | **Subject** | **Available Titles** | **Available Numbers** | **Remarks of the Inspectors** |
| 1  | Pharmaceutics 1 | 16 | 177 |  |
| 2  | Pharmaceutical Chemistry 1 | 12 | 180 |  |
| 3  | Pharmacognosy | 16 | 190 |  |
| 4  | Biochemistry and Clinical Pathology | 18 | 210 |  |
| 5  | Human Anatomy and Physiology | 17 | 213 |  |
| 6  | Health Education and Community Pharmacy | 7 | 155 |  |
| 7  | Pharmaceutics II | 17 | 194 |  |
| 8  | Pharmaceutical Chemistry II | 20 | 252 |  |
| 9  | Pharmacology and Toxicology | 14 | 238 |  |
| 10  | Pharmaceutical Jurisprudence | 10 | 155 |  |
| 11  | Drug Store and Business Management | 8 | 169 |  |
| 12  | Hospital and Clinical Pharmacy | 9 | 160 |  |

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| **8.C.Library Staff**  |
|  | **Staff**  | **Qualification**  | **Required**  | **Available**  | **Remarks of the Inspectors**  |
| 1  | Librarian  | D.Lib.  | 1  | Available   |    |
| 2  | Library Attenders  | 10+2 / PUC  | 2  | Not Available   |    |
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| **Note: The information provided will be assessed in giving the period of approval**  |

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| **Signature of the Head of the Institution**  | **Signature of the Inspectors**  |
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| **PART III ACADEMIC REQUIREMENTS**  |
| **Course Curriculum**  |
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| **1. Student Staff Ratio:**  |
| (Required ratio --- Theory -> 60:1 and Practicals -> 20:1)If more than 20 students in a batch 2 staff members to be present provided the lab is spacious.  |
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| **Class**  | **Theory**  | **Practicles**  | **Remarks of the Inspectors**  |
| **D. Pharm**  | 60:1  | 20:1  |  |

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| **2. Date of Commencement of session**  | **Commencement**  | **Completion**  |
| 11/08/2016  | 24/03/2017  |

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| **3. Vacation**  |  | **No of Days**  |  | **No of Days**  |
| **Summer :**  | 40  | **Winter :**  | 10  |

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| **4. Total No. of working days**  | 210  |

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| **5. Time Table copy Enclosed**  | Yes  |

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| **6. Whether the prescribed numbers of classes are being conductud as per PCI norms**  |
| **I D.Pharm**  |
| **Class/Subject**  | **Theory**  | **Practicals**  | **Remark of the Inspector**  |
| **Prescribed No of Hours**  | **No of Hours Conducted**  | **Prescribed No of Hours**  | **No of Hours Conducted**  | **Prescribed No of Classes**  | **No of Classes Conducted**  |
| Pharmaceutics -I  | 75  | 75  | 100  | 100  | 25  | 25  |  |
| Pharmaceutics Chemistry -I  | 75  | 75  | 75  | 75  | 25  | 25  |  |
| Pharmacognosy  | 75  | 75  | 75  | 75  | 25  | 25  |  |
| Biochemistry and Clinical Pathology  | 50  | 50  | 75  | 75  | 25  | 25  |  |
| Human Anatomy and Physiology  | 75  | 75  | 50  | 50  | 25  | 25  |  |
| Health Education and Community Pharmacy  | 50  | 50  | --  | 0  | --  | 0  |  |
|  |  |  |  |  |  |  |  |
| **II D.Pharm**  |
| **Class/Subject**  | **Theory**  | **Practicals**  | **Remark of the Inspector**  |
| **Prescribed No of Hours**  | **No of Hours Conducted**  | **Prescribed No of Hours**  | **No of Hours Conducted**  | **Prescribed No of Classes**  | **No of Classes Conducted**  |
| Pharmaceutics -II  | 75  | 75  | 100  | 100  | 25  | 25  |  |
| Pharmaceutics Chemistry -II  | 100  | 100  | 75  | 75  | 25  | 25  |  |
| Pharmacology and Toxicology  | 75  | 75  | 50  | 50  | 25  | 25  |  |
| Pharmaceutical Jurisprudence  | 50  | 50  | --  | 0  | --  | 0  |  |
| Drug Store and Business Management  | 75  | 78  | --  | 0  | --  | 0  |  |
| Hospital and Clinical Pharmacy  | 75  | 75  | 50  | 50  | 25  | 25  |  |

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

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| **8. Whether Evaluation of the internal assessments is Fair**  | **--**  |
| **Class**  | **No of Candidates scored more than 80%**  | **No of Candidates scored 60% - 80%**  | **No of Candidates scored 50% - 60%**  | **No of Candidates scored less than 50%**  | **Remarks of the Inspectors**  |
| **Theory**  | **Practicals**  | **Theory**  | **Practicals**  | **Theory**  | **Practicals**  | **Theory**  | **Practicals**  |  |
| I D.Pharm  | 7.00  | 12.00  | 17.00  | 29.00  | 32.00  | 9.00  | 0.00  | 10.00  |    |
| II D.Pharm  | 1.00  | 10.00  | 19.00  | 42.00  | 21.00  | 14.00  | 4.00  | 7.00  |    |

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|  |  |
| **9. Work load of Faculty members for D. Pharm**  |  |
|

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| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name of Faculty** | **Subjects Taught** | **D. Pharm** | **Total Work Load** | **Remarks of the Inspectors** |
|  |  |  | **I D. Ph** | **II D. Ph** |  |  |
|  |  |  | **Th** | **Pr** | **Th** | **Pr** |  |  |
| 1  | Dr. HARESH VALLECHA | PH2 | 0 | 0 | 3 | 12 | 15 |  |
| 2  | Dr. MAKRANI SHAHARUKH ISMAIL | HECPPC IIPT | 200 | 000 | 040 | 094 | 2134 |  |
| 3  | Dr. SHEWALE VAISHALI | PH1 | 0 | 12 | 0 | 0 | 12 |  |
| 4  | Miss. NAYANA SURESHBHAI CHAUDHARI | BCPHCPPT | 200 | 900 | 030 | 002 | 1132 |  |
| 5  | Miss. SMITA RAJARAM PATIL | HCPPC IPGY | 033 | 009 | 000 | 200 | 2312 |  |
| 6  | Mr. KEDARI CHETAN | DSBMHAPPCOLOGY | 030 | 060 | 303 | 000 | 393 |  |
| 7  | Mr. MAYUR PATEL | HCPPC1PH1PJ | 0030 | 0900 | 0002 | 4000 | 4932 |  |

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| **Signature of the Head of the Institution**  | **Signature of the Inspectors**  |
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| **IV - PERSONNEL TEACHING STAFF**  |
| **1. Details of Teaching Faculty for D. Pharm Course to be enclosed in the format mentioned below:**  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 In Years** | **After PG In Years** |  |  |  |
| 1  | VAISHALI SHEWALE | Principal | M.Pharm | 01/08/2010 | 6.1 | 0.0 | 72504 |  |  |
| 2  | HARESH VALLECHA | Reader/Senior Lecturer  | B Pharm,  | 06/08/1995 | 21.1  | 9.6 | 15014 |  |  |
| 3 | MAYUR PATEL | Lecturer | B Pharm,  | 01/01/2012 | 4.6  | 0.0 | 138330 |  |  |
| 4 | CHETAN KEDARI | Lecturer | B Pharm,  | 01/08/2010 | 6.1 | 0.0 | 120877 |  |  |
| 5 | MAKRANI SHAHRUKH | Lecturer | B Pharm,  | 01/08/2016 | 0.0 | 0.0 | 12821 |  |  |
| 6 | NAYANA CHAUDHARI | Lecturer | B Pharm,  | 01/08/2016 | 0.0 | 0.0 |  |  |  |
| 7 | SMITA PATIL | Lecturer | B Pharm,  | 01/08/2016 | 0.0 | 0.0 |  |  |  |

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|  |
| **2. Qualification and Number of Staff MembersNumber of staff members required: 07**  |
|

|  |
| --- |
| **Qualification**  |
| **B Pharm**  | **M Pharm**  | **PhD**  | **Others**  |
| 17  |  | 2  |  | 0  |  | 0  | Part Time  |

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|  |
| **3. Details of Faculty Retention for:**  |
|

|  |  |  |
| --- | --- | --- |
| **Name of Faculty Member**  | **Period**  | **Percentage**  |
| **Shri. H.S.Vallecha**  | **Duration of 15 year and above**  | **14%**  |
| **Ms.V.D.Shewale**  | **Duration of 10 year and above**  | **14%**  |
| **Mr.C.C.Kedari**  | **Duration of 5 year and above**  | **14%**  |
| **Mr.M.S.Patel Miss.N.S.Chaudhri Mr.S.I. Makarani Ms.S.R.Patil**  | **Less than 5 years**  | **50%**  |

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| **4. Details of Faculty Turnover**  |
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| --- | --- | --- | --- | --- | --- |
| **Name of Faculty Member**  | **Period**  | **More than 50%**  | **50%**  | **25%**  | **Less than 25%**  |
|  | **% of faculty retained in last 3 yrs**  | **No**  | **Yes**  | **No**  | **No**  |

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|  |
| **5. Number of Non-teaching staff available for D. Pharm course for intake of 60 students:**  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl No.**  | **Designation**  | **Required Number**  | **Required Qualification**  |

|  |
| --- |
| Available  |
| Number  | Qualification  |

 | **Remarks of the Inspectors**  |
| **1**  | **Laboratory technician**  | **02**  | **D. Pharm**  |

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| --- | --- |
| 2  | D PHARMACY  |

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| **2**  | **Labortory Assistants/ Attenders**  | **04**  | **SSLC**  |

|  |  |
| --- | --- |
| 0  |  |

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| **3**  | **Office Superintendent**  | **1**  | **Degree**  |

|  |  |
| --- | --- |
| 0  |  |

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| **4**  | **Accountant cum Clark**  | **1**  | **Degree**  |

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| --- | --- |
| 2  | B A MSCIT  |

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| **5**  | **Store keeper**  | **1**  | **D. Pharm**  |

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| --- | --- |
| 1  | HSC  |

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| **6**  | **Computer Data Operator**  | **1**  | **10+2 with computer training**  |

|  |  |
| --- | --- |
| 0  |  |

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| **7**  | **Peon**  | **2**  | **SSLC**  |

|  |  |
| --- | --- |
| 5  | HSC Ded  |

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| **8**  | **Cleaning personnel**  | **04**  | **---**  |

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| --- | --- |
| 0  |  |

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| **9**  | **Gardener**  | **01**  | **---**  |

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| --- | --- |
| 1  | SSC  |

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| **6. Scale of pay for Teaching faculty (to be enclosed):**  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name** | **Qualification** | **Designation** | **Basic Pay** | **D.P.** | **DA** | **HRA** | **CCA & Additional Pay** | **Other Allowances** | **Deductions** | **Bank A/C No** | **PAN No** | **EPF A/C No** | **Total** | **Signature** |
|  |  |  |  |  |  |  |  |  |  | **PT** | **TDS** | **EPF** |  |  |  |  |  |
| 1  | HARESH VALLECHA | B Pharm,  | Reader/Senior Lecturer  | 16170 | 0 | 5330 | 900 | 0 | 600 | 0 | 0 | 780 | 13069 | ACXPV1809M | MH50824/21 | 23000 |  |
| 2  | KEDARI CHETAN | B Pharm,  | Lecturer | 10600 | 0 | 0 | 0 | 0 | 600 | 0 | 0 | 0 | 16087 |   |   | 11200 |  |
| 3  | SHEWALE VAISHALI | B Pharm, M Pharm,  | Principal/Director | 14744 | 0 | 4756 | 900 | 0 | 600 | 0 | 0 | 0 | 13062 | BIRPS8090Q | MH/53882/38 | 21000 |  |
| 4  | MAYUR PATEL | B Pharm,  | Lecturer | 8600 | 0 | 0 | 900 | 0 | 600 | 0 | 0 | 0 | 16944 | BYZPP8442D |   | 9200 |  |
| 5  | NAYANA SURESHBHAI CHAUDHARI | B Pharm,  | Lecturer | 8000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | BMSPP4555S | 0 | 8000 |  |
| 6  | MAKRANI SHAHARUKH ISMAIL | B Pharm,  | Lecturer | 8000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | BHFHH4773S | 0 | 8000 |  |
| 7  | SMITA RAJARAM PATIL | B Pharm,  | Lecturer | 8000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | BHTPJ2546S | 0 | 8000 |  |

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| **7. Whether facilities for Research / Higher studies are provided to the faculty?**  |

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| --- | --- |
| Yes | No |

 |
| **(Inspectors to verify documents pertaining to the above)**  |
| **8. Whether faculty members are allowed to attend workshops and seminars?**  |

|  |  |
| --- | --- |
| Yes | No |

 |
| **(Inspectors to verify documents pertaining to the above)**  |
| **9. Scope for the promotion for faculty: Promotions**  |

|  |  |
| --- | --- |
| Yes | No |

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| **10. Gratuity Provided**  |

|  |  |
| --- | --- |
| Yes | No |

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| **11. Details of Non-teaching staff members (list to be enclosed)**  |  |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Designation** | **Qualification** | **DOJ** | **Experience** |
| Mr.M.N.Patil  | Accountant  | B A MSCIT  | 23/04/2009  | 06  |
| Mr.K.R.Gawali  | Store keeper  | HSC  | 01/07/2001  | 15  |
| Mr.G.I.Koli  | Gardener  | SSC  | 07/06/2008  | 07  |
| Mr.P.N.Kakade  | Peon  | HSC Ded  | 01/04/2013  | 03  |
| Mr.S.M.Shivade  | Peon  | DTed  | 05/11/2014  | 02  |
| Mr.G.B.Patil  | Peon  | HSC  | 07/11/2014  | 02  |
| Mr.S.B.Pimpale  | Peon  | HSC  | 07/11/2004  | 02  |
| Mr.S.N.Patil  | Peon  | HSC  | 11/11/2014  | 02  |
| Mr.A.S.Kayasth  | Librarian  | M Lib  | 01/07/2001  | 15  |
| Mr.J.S.Thorat  | Accountant  | BA  | 01/07/2001  | 15  |
| MS.RENUKA MORE  | Laboratory Technician  | D PHARMACY  | 01/08/2016  | 0  |
| MS PALLAVI PATIL  | Laboratory Technician  | D PHARMACY  | 01/08/2016  | 0  |
|   |   |   |   |   |

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| **12. Whether Supporting Staff (Technical and Administrative) are encouraged for skill up gradation programs.**  |

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| --- | --- |
| Yes | No |

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| **Signature of the Head of the Institution**  | **Signature of the Inspectors**  |
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| **PART V - DOCUMENTATION**  |  |
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| **Records Maintained (Essential)**  |
| **Sl. No.**  | **Records**  | **Yes/No**  | **Remarks of the Inspectors**  |
| 1  | Admission 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 thanRupees one lakh  | No  |    |
| 12  | Job Cards for laboratories  | Yes  |    |
| 13  | Standrad 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  |    |

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| **PART - VI**  |  |
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| **Financial Resource Allocation and Utilization for the past Three years(Audited Accounts for the previous year to be enclosed)**  |
| **Expenditure in Rs.2014-2015**  | **Expenditure in Rs.2015-2016**  | **Expenditure in Rs.2016-2017**  | **Remarks of the Inspectors\***  |
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|  |  |  |
| --- | --- | --- |
| **Total budget sanctioned**  | **Recurring**  | **Non Recurring**  |

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|  |  |  |
| --- | --- | --- |
| **Total budget sanctioned**  | **Recurring**  | **Non Recurring**  |

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|  |  |  |
| --- | --- | --- |
| **Total budget sanctioned**  | **Recurring**  | **Non Recurring**  |

 |  |
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|  |  |  |
| --- | --- | --- |
| 4100000  | 3780905  | 200000  |

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|  |  |  |
| --- | --- | --- |
| 3600000  | 2105443  | 138234  |

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|  |  |  |
| --- | --- | --- |
| 400000  | 2500000  | 1500000  |

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| **Total amount spent on Chemical, Glassware, Equipments, Books and Journals for the past Three Years(Enclose purchase invoice)**  |
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| --- | --- | --- |
| **Total budget allocated**  | **Sanctioned**  | **Incurred**  |

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|  |  |  |
| --- | --- | --- |
| **Total budget allocated**  | **Sanctioned**  | **Incurred**  |

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|  |  |  |
| --- | --- | --- |
| **Total budget allocated**  | **Sanctioned**  | **Incurred**  |

 | **Remarks of the Inspectors\***  |
|

|  |  |  |
| --- | --- | --- |
| **Chemicals**  | 32000  | 28000  |

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|  |  |  |
| --- | --- | --- |
| **Chemicals**  | 40000  | 33034  |

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| --- | --- | --- |
| **Chemicals**  | 40000  | 28920  |

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| --- | --- | --- |
| **Glassware**  | 20000  | 17000  |

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| --- | --- | --- |
| **Glassware**  | 20000  | 15000  |

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|  |  |  |
| --- | --- | --- |
| **Glassware**  | 30000  | 28173  |

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|  |  |  |
| --- | --- | --- |
| **Equipment**  | 0  | 10000  |

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|  |  |  |
| --- | --- | --- |
| **Equipment**  | 46500  | 50000  |

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|  |  |  |
| --- | --- | --- |
| **Equipment**  | 0  | 50000  |

 |    |
|

|  |  |  |
| --- | --- | --- |
| **Books**  | 50000  | 43121  |

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|  |  |  |
| --- | --- | --- |
| **Books**  | 50000  | 29080  |

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|  |  |  |
| --- | --- | --- |
| **Books**  | 50000  | 0  |

 |    |
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|  |  |  |
| --- | --- | --- |
| **Journals**  | 10000  | 9650  |

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|  |  |  |
| --- | --- | --- |
| **Journals**  | 15000  | 10000  |

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|  |  |  |
| --- | --- | --- |
| **Journals**  | 10000  | 10000  |

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

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|  | **Signature of the Head of the Institution**  | **Signature of the Inspectors**  |
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| **PART VII â€“ EQUIPMENT AND APPARATUS**  |  |
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| **1 . Department wise List of Minimum equipments required for D Pharm**  |
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| **Pharmaceutics**  |
| **Equipments:**  |
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| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name** | **Minimum required Nos.** | **Available Nos.** | **Working** | **Remarks of the Inspectors** |
| 1  | Continuous Hot Extraction Equipment | 5 | 5 | Yes |   |
| 2  | Conical Percolator | 5 | 10 | Yes |   |
| 3  | Tincture Press | 1 | 1 | Yes |   |
| 4  | Hand Grinding Mill | 1 | 1 | Yes |   |
| 5  | Disintegrator | 1 | 2 | Yes |   |
| 6  | Ball mill | 1 | 1 | Yes |   |
| 7  | Hand operated Tablet machine | 1 | 2 | Yes |   |
| 8  | Tablet Coating Pan unit with hot air blower laboratory size | 1 | 1 | Yes |   |
| 9  | Polishing pan laboratory size | 1 | 1 | Yes |   |
| 10  | Monsantoâ€™s hardness tester | 1 | 1 | Yes |   |
| 11  | Pfizer type hardness tester | 1 | 1 | Yes |   |
| 12  | Tablet disintegration test apparatus IP | 1 | 1 | Yes |   |
| 13  | Tablet dissolution test apparatus IP | 1 | 1 | Yes |   |
| 14  | Granulating sieve set | 10 | 10 | Yes |   |
| 15  | Tablet counter â€“ small size | 5 | 5 | Yes |   |
| 16  | Friability tester | 1 | 1 | Yes |   |
| 17  | Collapsible tube â€“ Filling and sealing equipment | 1 | 2 | Yes |   |
| 18  | Capsule filling machine â€“ Lab size | 1 | 1 | Yes |   |
| 19  | Digital balance | 1 | 1 | Yes |   |
| 20  | Distillation unit for distilled water | 2 | 2 | Yes |   |
| 21  | Deionisation unit | 1 | 1 | Yes |   |
| 22  | Glass distillation unit for water for injection | 1 | 1 | Yes |   |
| 23  | Ampoule washing machine | 1 | 1 | Yes |   |
| 24  | Ampoule filling and sealing machine | 1 | 1 | Yes |   |
| 25  | Sintered glass filters for bacteria proof filtration (four different grades) | 0 | 0 | No |   |
| 26  | Millipore filter ( 3 grades) | 0 | 0 | No |   |
| 27  | Autoclave | 1 | 2 | Yes |   |
| 28  | Hot air sterilizer | 1 | 1 | Yes |   |
| 29  | Incubator | 1 | 1 | Yes |   |
| 30  | Aseptic cabinet | 1 | 1 | Yes |   |
| 31  | Ampoule clarity test equipment | 1 | 1 | Yes |   |
| 32  | Blender | 1 | 1 | Yes |   |
| 33  | Sieves set (Pharmacopoeial standard) | 2 | 2 | Yes |   |
| 34  | Lab Centrifuge | 1 | 1 | Yes |   |
| 35  | Ointment slab | 0 | 0 | No |   |
| 36  | Ointment spatula | 0 | 0 | No |   |
| 37  | Pestle and mortar porcelain | 0 | 0 | No |   |
| 38  | Pestle and mortar glass | 0 | 0 | No |   |
| 39  | Suppository moulds of three sizes | 0 | 0 | No |   |
| 40  | Refrigerator | 1 | 1 | Yes |   |

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| NOTE: Adequate numbers of glassware commonly used in the laboratory should be provided in each laboratory and the department.  |
|  |
| **Pharmaceutical Chemistry**  |
| **Equipments:**  |
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| **Sl. No.** | **Name** | **Minimum required Nos.** | **Available Nos.** | **Working** | **Remarks of the Inspectors** |
| 1  | Refractometer | 1 | 1 | Yes |   |
| 2  | Polarimeter | 1 | 1 | Yes |   |
| 3  | Photoelectric colorimeter | 1 | 1 | Yes |   |
| 4  | Ph meter | 1 | 1 | Yes |   |
| 5  | Atomic model set | 2 | 2 | Yes |   |
| 6  | Electronic balance | 1 | 1 | Yes |   |
| 7  | Periodic table chart | 0 | 0 | No |   |

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| NOTE: Adequate numbers of glassware commonly used in the laboratory should be provided in each laboratory and the department.  |
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| **Physiology & Pharmacology Laboratory**  |
| **Equipments:**  |
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| **Sl. No.** | **Name** | **Minimum required Nos.** | **Available Nos.** | **Working** | **Remarks of the Inspectors** |
| 1  | Haemoglobinometer | 20 | 20 | Yes |   |
| 2  | Haemocytometer | 10 | 10 | Yes |   |
| 3  | Studentâ€™s organ bath | 1 | 1 | Yes |   |
| 4  | Sheringtonâ€™s rotating drum | 1 | 1 | Yes |   |
| 5  | Frog board | 0 | 0 | No |   |
| 6  | Tray (dissecting) | 0 | 0 | No |   |
| 7  | Frontal writing lever | 0 | 0 | No |   |
| 8  | Aeration tube | 0 | 0 | No |   |
| 9  | Telethermometer | 1 | 1 | Yes |   |
| 10  | Pole climbing apparatus | 1 | 1 | Yes |   |
| 11  | Histamine chamber | 1 | 1 | Yes |   |
| 12  | Simple lever | 0 | 0 | No |   |
| 13  | Sterling heart lever | 0 | 0 | No |   |
| 14  | Aerator | 0 | 0 | No |   |
| 15  | Histological Slides | 0 | 0 | No |   |
| 16  | Sphygmomanometer (B.P. apparatus) | 5 | 5 | Yes |   |
| 17  | Stethoscope | 5 | 5 | Yes |   |
| 18  | First aid equipment | 0 | 0 | No |   |
| 19  | Contraceptive device | 0 | 0 | No |   |
| 20  | Dissecting (surgical) instruments | 0 | 0 | No |   |
| 21  | Balance for weighing small Animals | 1 | 1 | Yes |   |
| 22  | Kymograph paper | 0 | 0 | No |   |
| 23  | Actophotometer | 1 | 1 | Yes |   |
| 24  | Analgesiometer | 1 | 1 | Yes |   |
| 25  | Thermometer | 0 | 0 | No |   |
| 26  | Plastic animal cage | 0 | 0 | No |   |
| 27  | Double unit organ bath with thermostat | 1 | 1 | Yes |   |
| 28  | Refrigerator | 1 | 1 | Yes |   |
| 29  | Digital balance | 1 | 1 | Yes |   |
| 30  | Charts | 0 | 0 | No |   |
| 31  | Human skeleton | 1 | 1 | Yes |   |
| 32  | Anatomical specimen (Heart, brain, eye,,ear,,reproductive system etc.,) | 0 | 0 | No |   |
| 33  | Electro-convulsiometer | 1 | 1 | Yes |   |
| 34  | Stop watch | 0 | 0 | No |   |
| 35  | Clamp, boss heads, screw clips | 0 | 0 | No |   |
| 36  | Symeâ€™s Cannula | 0 | 0 | No |   |

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| NOTE: Adequate numbers of glassware commonly used in the laboratory should be provided in each laboratory and the department.  |
|  |
| **Pharmacognosy Laboratory**  |
| **Equipments:**  |
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| **Sl. No.** | **Name** | **Minimum required Nos.** | **Available Nos.** | **Working** | **Remarks of the Inspectors** |
| 1  | Projection Microscope | 1 | 1 | Yes |   |
| 2  | Charts (different types) | 0 | 0 | Yes |   |
| 3  | Models (different types) | 0 | 0 | No |   |
| 4  | Permanent Slides | 0 | 0 | No |   |
| 5  | Slides and Cover Slips | 0 | 0 | No |   |

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| NOTE: Adequate numbers of glassware commonly used in the laboratory should be provided in each laboratory and the department.  |
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| **Pharmacy Practice Laboratory**  |
| **Equipments:**  |
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| **Sl. No.** | **Name** | **Minimum required Nos.** | **Available Nos.** | **Working** | **Remarks of the Inspectors** |
| 1  | Colorimeter | 2 | 2 | Yes |   |
| 2  | Microscope | 0 | 0 | No |   |
| 3  | Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,) | 0 | 0 | No |   |
| 4  | Watch glass | 0 | 0 | No |   |
| 5  | Centrifuge | 1 | 1 | Yes |   |
| 6  | Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities | 0 | 0 | No |   |
| 7  | Filtration equipment | 2 | 2 | Yes |   |
| 8  | Filling Machine | 1 | 1 | Yes |   |
| 9  | Sealing Machine | 1 | 1 | Yes |   |
| 10  | Autoclave sterilizer | 1 | 1 | Yes |   |
| 11  | Membrane filter | 0 | 0 | No |   |
| 12  | Sintered glass funnel with complete filtering assemble | 0 | 0 | No |   |
| 13  | Small disposable membrane filter for IV admixture filtration | 0 | 0 | No |   |
| 14  | Laminar air flow bench | 1 | 1 | Yes |   |
| 15  | Vacuum pump | 1 | 1 | Yes |   |
| 16  | Oven | 1 | 1 | Yes |   |
| 17  | Surgical dressing | 0 | 0 | No |   |
| 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 |   |

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| NOTE: Adequate numbers of glassware commonly used in the laboratory should be provided in each laboratory and the department.  |
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| **Signature of the Head of the Institution**  | **Signature of the Inspectors**  |
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| **Observations of the Inspectors:** |
| Compliance of the last recommendations by Inspectors  |
| Specific obserations if not compiled  |
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| 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.** |
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| **Signature of the Head of the Institution**  | **Signature of the Inspectors**  |
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