

**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. programme/s by the applicant from a University.
- 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.

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.
- 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

]. (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

Signature of the Head of the Institution

Signature of the Inspectors

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. Re-Application

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

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PHARMACY COUNCIL OF INDIA

STANDARD INSPECTION FORM

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

General Information pertaining to :-

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

Pharm D. course

Name of Institution : R.R. College of Pharmacy

Place and Address : No.67, Near Chikkabanavara Railway Station, Bangalore-560090

Principal/Dean: Dr. B. Gopalakrishna

Tel. No. Off. 080 28391555/155 **Res.** 080- 28379862 **Fax** 080- 28396210

Mobile No. : 09448484388

email : pharmacy@rrinstitutions.com

Name and address of Affiliating University : Rajiv Gandhi University of Health
Sciences, Karnataka 4th "T" Block,
Jayanagar, Bangalore-560 041.

Date :

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. :

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

2. _____

PART – I
A - GENERAL INFORMATION

<p>A – I. 1 Applicant is for</p> <p>Pharm.D. <input type="checkbox"/></p> <p>Pharm.D. and Pharm.D. (Post Bacculaureate) <input checked="" type="checkbox"/> (Tick the relevant Box)</p>	
<p>A – I. 2 Year of Establishment</p>	<p>2011-12</p>
<p>A – I. 3 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail</p>	<p>R.R.College of Pharmacy No.67, R.R.Layout, Near Chikkabanavara Railway Station, Chikkabanavara, Bangalore-560090</p> <p>080</p> <p>080- 28391555/28391155/8050202020/8880001111</p> <p>080-28396210</p> <p>Pharmacy@rrinstitutions.com</p>
<p>A – I. 4 Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)</p>	<p>Private</p> <p style="text-align: right;">Enclosed</p>
<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>P.K.M. Educational Trust @ No.67, R.R. Layout, Near Chikkabanavara Railway Station, Chikkabanavara, Bangalore-560090</p> <p>080 28391555/28391155/8050202020/8880001111 28396210 contact@ rrinstitutionsl.com www.rrinstitutions.com</p>

Signature of the Head of the Institution

Signature of the Inspectors

<p>A – I.6 Name, Designation and Address of person to be contacted</p> <p>Name</p> <p>Designation</p> <p>Address</p> <p>STD Code</p> <p>Telephone No.</p> <p>Office</p> <p>Residence Mobile No.</p> <p>Fax No.</p> <p>E-Mail</p>	<p>Mr. Kiran H. R.</p> <p>Secretary, P.K.M.Educaion Trust (R)</p> <p>No,67 Raja Reddy Layout Near Chikkabanavara Bangalore-560090.</p> <p>080</p> <p>28391555/28391155/8050202020/8880001111</p> <p>--</p> <p>9845172776</p> <p>28396210.</p> <p>contactct@rrinstitutions. com</p>
<p>A – I.7 Name and Address of the Head of the Institution</p>	<p>Dr.B.Gopalakrishna Professor & Principal R.R.College of Pharmacy No.67, R.R.Layout, Near Chikkabanavara Railway Station, Chikkabanavara, Bangalore-560090</p>
<p>A – I.8 Name of the Examining Authority</p> <p>Complete Postal address: STD code</p> <p>Telephone No.</p> <p>Fax No.</p> <p>E-mail</p> <p>Website</p>	<p>Rajiv Gandhi University of Health Sciences, Karnataka</p> <p>4th “T” Block, Jayanagar, Bangalore-560041 080</p> <p>26961928</p> <p>26961929</p> <p>registrar@rguhs.ac.in</p> <p>www.rguhs.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.	2017-2018	049551	31.05.2016
(b) Pharm. D. Post Baccalaureate	200 – 200		

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
Pharm D.	2016-17	Approval Letter No. and Date	grant approval for 2016-2017 academic session for 30 admission for the conduct of Vth year Pharm. D course allow 30 admission for 2016-2017 academic session in 1 st year Pharm D. course.	390 PTD, Bangalore, dated; 29/07/2013	ACA/PH-61/2014-15 dated 04/12/2014	
		Approved Intake	30	30	30	
		Actually Admitted	30	30	30	
B.Pharm.	2014-15	Approval Letter No. and Date	32.323/-2011-PCI /38461-64 dated: 12.09.2014	G.O.No.AKU KA 264 PTD 2003 dated 17.01.2004	ACA/PH-61/2014-15 dated: 04/12/2014	
		Approved Intake	60	60	60	
		Actually Admitted	60	60	60	

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

A – I. 10 b

STATUS OF APPLICATION

Course	Intake	Remarks
	Permissible	Proposed Intake
Pharm. D.	30	30
Pharm. D. (P.B)	-	10

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.B.Gopalakrishna			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	YES	15 years in teaching or Research out of which 5 years should be as Professor.	31 Yrs	
	PhD	YES			

* Documentary evidence should be provided

B -I .2

For institution seeking extension of approval

Not applicable

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.	4 th ,5 th &6 th Feb 2016	enclosed	Rectified	NIL
(b) Pharm.D. Post Baccalaureate	N/A	N/A	N/A	N/A

* Enclose Documents (write NA if not applicable)

B -I .3

Type of Institution	√ Government/Trust/Society/Individual/University
Details of the Governing Body	Enclosed
Minutes of the last Governing council Meeting	Enclosed

B -I .4 Pay Scales:

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

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

Whether college has NSS Unit (Yes/No)?	Yes
NSS Programme Officer's Name	Mr. R.Raveendra
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes
Physical Instructor	Available
Sports Ground	Individual

Signature of the Head of the Institution

Signature of the Inspectors

C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

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

C.2 Please Provide following information

Receipts			Rs. In lakhs				
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	Remarks Of Inspectors	
1.	Grants a. Government b. Others	— ---	CAPITAL EXPENDITURE				
2.	Tuition Fee	138.60	1.	Building	223.20		
3.	Library Fee	2.50	2.	Equipment	36.00		
4.	Sports Fee	0.50	3.	Others Library books	8.00		
5.	Union Fee		REVENUE EXPENDITURE				
6.	Others NSS Unit	0.50	1.	Salary	54.45		
7.	Int on FD	11.76	2.	MAINTENCE EXPENDITURE			
			i	College	15.00		
			ii	Others Electricity	3.00		
			3.	University Fee (if any)	1.10		
			4.	Apex Bodies Fee	1.90		
			5.	Government Fee			
			6.	Deposit held by The College	124.00*		
			7.	Others / NSS	0.50		
			8.	Misc. Expenditure Repayment of loan	42.00		
	Total	153.86	Total		117.95		

Note: Enclose relevant documents

*Invested in previous years Rs. 1,23,78,980.00

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PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land for the Pharmacy College : **2.5** acres
- b. Building : **Own**
- c. Land Details to be in the name of Trust and Society
 i) Own – Records to be enclosed
 Sale deed/relevant document : **Enclosed**
- d. Building:
 i) Approved Building plan, : **Enclosed**
- e. Total Built up Area of the college building in Sq.mts : Built up Area
- f. Amenities and Circulation Area in Sq.mts. : 3942

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. *	02	02	90 Sq.mts. each (Desirable) 75 Sq.mts. each (Essential)	85 Sq. Mts.	
Pharm. D. Post Baccalaureate		01		57 Sqm.	

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

3. Laboratory requirement for both Pharm. D. or 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	11 85 Sq. Mts. each	
2	- Pharmaceutics and Pharmacokinetics Lab - Life Science (Pharmacology, Physiology, Pathophysiology) - Phytochemistry or Pharmaceutical Chemistry - Pharmacy Practice	2 2 2 2	2 2 4 2	
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)	5 10 Sq. Mts.	

- Year wise requirement will be considered.

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4	Area of the Machine Room		80-100 Sq.mts	87	
5	Central Instrument Room		80 Sq.mts with AC	87	
6	Store Room – I		1 (Area 100 Sq mts)	87	
7	Store Room – II (For Inflammable chemicals)		1 (Area 20 Sq mts)	20	
8	Hospital with teaching facility – (Please tick)		300 bedded hospital. Tertiary Care Hospital desirable Medicine (Compulsory) (Any three of the below)	500bedded	
a)	Own	<input type="checkbox"/>	• Surgery Nil		
b)	Teaching Hospital approved by MCI* or University *	<input checked="" type="checkbox"/>	• Pediatrics ✓		
c)	Govt. Hospital	<input type="checkbox"/>	• Gynecology and Obstetrics ✓		
d)	Corporate type *	<input type="checkbox"/>	• Psychiatry • Skin and VD • Orthopedics ✓		
	* Attach a copy of MOU between institution & Hospital.				
9.	Deptt. of Pharmacy Practice/Clinical Pharmacy in Hospital		3 Sq.mts. per student	90Sq mts.	

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

- All the Laboratories should be well lit & ventilated
- All Laboratories should be provided with basic amenities and services like exhaust fans and fuming chamber to reduce the pollution wherever necessary.
- All the laboratories should be provided with safety measures like fire safety, chemical exposure safety and bio safety.
- The workbenches should be smooth and easily cleanable preferably made of non-absorbent material.
- The water taps should be non-leaking and directly installed on sinks Drainage should be efficient.
- 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	01	30 Sq. Mts	
2	Office – I – Establishment	01	60 Sq. mts	01	60 Sq. Mts	
3	Office – II – Academics					
4	Confidential Room					

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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	80	
2	Faculty Rooms for Pharm. D. and Pharm.D. Post Baccalaureate Programme		10 Sq mts x n (n=No of teachers)	2 Nos	129	

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	01	80	
2	Library	01	150 Sq. mts	01	170	
3	Museum	01	50 Sq. mts (May be attached to the Pharmacognosy lab)	01	50	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 514 seating capacity	01	250 Seating capacity	
5	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	Adequate No.	

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	58 Sq. mts	01	58	
2	Boy's Common Room (Essential)	01	58 Sq. mts		58	
3	Toilet Blocks for Boys	01	26 Sq. mts		26	
4	Toilet Blocks for Girls	01	26Sq. mts		26	
5	Drinking Water facility – Water cooler (Essential).	01	-	√	Available	
6	Boy's Hostel (Desirable)	01	9 Sq. mts/ Room Single occupancy	√	Available	
7	Girl's Hostel (Desirable)	01	9 Sq. mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	√	Available	
8	Power Backup Provision (Essential)	01		√	1	

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8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room	80 Sq.mts.	30	80 Sq.mts	
Computer (Latest configuration)	1 system for every 10 students	24	--	
Printers	1 printer for every 10 computers	6	----	
Multi Media Projector	01	01	---	
Generator (5KVA)	01	02	10Sq,mt	

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	-	Not Available	
Staff quarters	16 x 80 Sq mts	16	-	Not Available	
Canteen	100 Sq. mts	01	100		
Parking Area for staff and students					
Bank Extension Counter					
Co operative Stores		01	85		
Guest House	80 Sq. mts		11		
Auditorium			514		
Seminar Hall			140		
Transport Facilities for students					
Medical Facility (First Aid)					

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	821	3695	
2	Annual addition of books		100 to 150 books per year	29	50	
3	Periodicals Hard copies / online		10 National 05 International periodicals		26 06	
4	CDS		Adequate Nos	Available	49	
5	Internet Browsing Facility		Yes (Minimum ten Computers)	Available		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	Available Available Available		
7	Library Automation and Computerized System (desirable)		Available			
8	Library Timings		9.00 am to 8.00pm			

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10.B. Subject wise Classification of books available :

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmacy Practice	7	32	
2	Human Anatomy & Physiology	36	200	
3	Pharmaceutics	83	641	
4	Pharmacognosy	111	463	
5	Pharmaceutical Organic Chemistry	77	469	
6	Pharmaceutical Inorganic Chemistry	20	118	
7	Pharmaceutical microbiology	51	181	
8	Pathophysiology	17	90	
9	Applied Biochemistry	32	174	
10	Pharmacology	57	227	
11	Pharmaceutical Jurisprudence	9	74	
12	Pharmaceutical Dosage Forms	34	94	
13.	Community Pharmacy	26	107	
14.	Clinical Pharmacy	11	60	
15.	Hospital Pharmacy	8	55	
16.	Pharmacotherapeutics	16	71	
17.	Pharmaceutical analysis	55	214	
18.	Medicinal Chemistry	39	150	
19.	Biology	4	13	
20.	Computer Science or Computer Application in pharmacy	8	29	
21	Mathematics/Statistics	14	47	
22	General Pharmacy	126	241	

10.C. Library Staff:

	Staff	Qualification	Required	Available	Remarks of the Inspectors
1	Mrs Basamma R Hadarageri Librarian	M.LISc., M.Com.,	1	1	
2	Surekha Library Attender Mohan Library Attender	SSLC SSLC	2	2	

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PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1.Student Staff Ratio:

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

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

2. Academic Calender

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

Commencement	Completion
DD/MM/YY	DD/MM/YY
01/08/2016	

Days No of Days No of

3. Vacation for PHARM. D. : Fresh Affiliation Summer: Winter:

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

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

Commencement	Completion
	DD/MM/YY

No of Days No of Days

6. Vacation for Pharm.D. Post Baccalaureate :N/A Summer: Winter:

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

8. Time Table copy Enclosed: (Tick ✓) Fresh Affiliation

a. Pharm. D. course Yes No

b. Pharm.D. Post Baccalaureate Course Yes No

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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		cla N h
	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	3	3	3	1	1	75+
Pharmaceutics	2	2	3	3	1	1	50+
Medicinal Biochemistry	3	3	3	3	1	1	75+
Pharmaceutical Organic Chemistry	3	3	3	3	1	1	75+
Pharmaceutical Inorganic Chemistry	2	2	3	3	1	1	50+
Remedial Mathematics/ Biology	3	3	3**	3	1	1	75+
Total hours	16	16	18				

* 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	3	-	1	1	1	75	
Pharmaceutical Microbiology	3	3	3	1	1	1	75+75	
Pharmacognosy & Phytopharmaceuticals	3	3	3	1	1	1	75+75	
Pharmacology-I	3	3	-		1		75	
Community Pharmacy	2	2	-		1		50	
Pharmacotherapeutics-I	3	3	3	1	1	1	75+75	
Total Hours	17	17	9		6 = 32			

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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	3	3	3	1	1	75+75	
Pharmaceutical Analysis	3	3	3	3	1	1	75+75	
Pharmacotherapeutics-II	3	3	3	3	1	1	75+75	
Pharmaceutical Jurisprudence	2	2	-	-	-	-	50	
Medicinal Chemistry	3	3	3	3	1	1	75+75	
Pharmaceutical Formulations	2	2	3	3	1	1	50+75	
Total hours	16		15		5 = 36			

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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	3	3	3	1	1	75+75	
Hospital Pharmacy	2	2	3	3	1	1	75+75	
Clinical Pharmacy	3	3	3	3	1	1	75+75	
Biostatistics & Research Methodology	2	2	-	-	1	1	50	
Biopharmaceutics & Pharmacokinetics	3	3	3	3	1	1	75+75	
Clinical Toxicology	2	2	-	-	1	1	50	
Total hours	15	15	12	12	6 = 33	6		

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Fifth year Pharm D: NA

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		-		1			
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

-NA-

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

Sl. No	NAME OF THE FACULTY	SUBJECTS TAUGHT	B. Pharm , Pharm.D and M.Pharm		Total work load	Specific Remarks of the Inspector
			Th	Pr		
01	DR. B.GOPALAKRISHNA	Pharmacognosy & Phytochem (IIPharm D)	03	03	06	
02	DR. GEETHA JAYAPRAKASH	Pharmacotherapeutics I(IIPharm D)	03	03	06	
		Pathophysiology (II Pharm D)	03	--	03	
		Pharmacotherapeutics III (IVPharm D)	03	03	06	
03	MR. R. RAVEENDRA	Pharmaceutical Organic Chemistry (I Pharm D)	03	06	09	
04	DR. GNANA RUBA PRIYA	Pharmac. Analysis (IIIPharm D)	03	03	06	
05	MR. G PARTHASARATHY	Pharmaceutics (IPharm D)	02	--	02	
06	MRS. SRILATHA K. S	Pharmaceutical Microbiology (II Pharm D)	03	03	06	
07	MRS.GEETHAPRIYA C	Pharmaceutical Jurispru.ce (III Pharm.D)	02	--	02	
08	MR. HEMANTH S	Pharmaceutical Inorganic Chemistry (I Pharm D)	02	06	08	
09	MR. NAGARAJ N DURGADASHEEMI	Medicinal Chemistry (III PharmD)	03	03	06	
10	MS. POORNIMA N. B	Pharmaceutics Practicals (IPharm D)	--	06	06	
		Pharmaceutical Formulation (IIIPharmD)	02	03	05	
11	MR. SUBHASH P. G	& Pharmacokinetics (IV Pharm D)	03	03	06	
12	DR. SHAILESH YADAV	Pharmacotherapeutics –II (III Pharm D)	03	03	06	
		Hospital Pharmacy (IV Pharm D)	02	03	05	
		Clinical research (V Pharm D)	03	--	03	

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13	DR. G. SPANDANA EVANGELINE	Community Pharmacy (II Pharm D)	02	--	02	
		Clinical Pharmacy (IV Pharm D)	03	03	06	
		Pharmacoepidemiology & Pharmacoeconomic (V Pharm D)	03	--	03	
14	MS.VINDYA N S	Human Anatomy and Physiology (I Pharm.D)	03	06	09	
15	MR. PRASAD	Pharmacology-I (II Pharm D)	03	--	03	
		Pharmacology-II (III Pharm.D)	03	06	09	
16	MEENAKSHI GANTA	Clinical Toxicology (IV Pharm D)	03	--	03	
		Medicinal Biochemistry (I Pharm D)	03	06	09	

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

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		

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

Details	Year 200-	Year 200-	Year 200-
No. of Students Appeared			
No. of Students Qualified			
Percentage			

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

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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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. B. Gopalakrihna	Professor & Principal	M.Pharm Ph.D	01/09/2005	29 years	5595		
02	Mr. Raveendra	Assoicate Professor	M.Pharm	06/04/2006	26 years	16075		
03	Mrs.Sujaths P Muchalambe	Assoicate Professor	M.Pharm	08/11/2005	10 years	40170		
04	Dr. Geetha Jayaprakash	Assoicate Professor	M.Pharm Ph. D	22/08/2007	8 years	46285		
05	Mr.Parthasarathy	Assoicate Professor	M.Pharm	20/12/210	15 years	3628 A1		
06	Ms. Monika Shringi	Asst. Professor	M.Pharm	20/01/2014	2 years	47564		
07	Mr. Hemanth. S.	Asst. Professor	M.Pharm	26/03/2011	4.5 years	37890		
08	Ms. Poornima N. B	Asst. Professor	M.Pharm	21/11/2012	1 years	36475		
09	Mrs. Aparna A Shahapurkar	Asst. Professor	M.Pharm	21/11/2012	7 years	46673		
10	Mr Syed nizamuddin	Associate Professor	M.Pharm	11/11/2012	12 years	30452		
11	Mrs. K. S. Srilatha	Assoicate Professor	M.Pharm	07/04/2014	7 years	31538		
12	Mrs. C. Geetha priya	Asst. Professor	M.Pharm	27/08/2014	7 years	45664		
13	Mr. Nagaraj. N Drugadheemi	Asst. Professor	M.Pharm	21/11/2012	4 years	33598		
14	Ms. Monika Shringi	Asst. Professor	M.Pharm	20/01/2014	2 years	47564		
15	Mr. Honnesh H	Asst. Professor	M.Pharm	02/09/2015	5 years	39659		
16	Dr.Shailesh Yadav	Asst. Professor	Pharm D	01.02.2016	7Months	Applied		
17	Dr.Spandana E	Asst.	Pharm D	03.02.2016	7Months	Applied		

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		Professor						
18	Ms.J Hima Varshini	Asst. Professor	M.Pharm	26.07.2016	Fresher	A194327		
19	Dr.Gnanarubapriya	Professor	Ph.D.	01.08.2016	12 Years	7525A1		
20	Mr.Prasad V Kalahal	Asst. Professor	M.Pharm	01.08.2016	Fresher	Applied		
21	Ms.Vindhya N S	Asst. Professor	M.Pharm	01.08.2016	Fresher	48778		
22	Ms.Meenakshi Ganta	Asst. Professor	M.Pharm	02.08.2016	6 months	85254A1		

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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: N/A

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			

4. Qualification and number of Staff Members

Qualification							
B. Pharm		M. Pharm		PhD		Others	
		20		03			Part Time
							01

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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	-	
	Asst. Professor	1	4	
	Lecturer	2	2	
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1	1	
	Asst. Professor	1	2	
	Lecturer	3	4	
Department of Pharmacology	Professor	1	-	
	Asst. Professor	1	-	
	Lecturer	2	4	
Department of Pharmacognosy	Professor	1	1	
	Asst. Professor	1	-	
	Lecturer	1	1	
Department of Pharmacy Practice	Professor	1	1	
	Asst. Professor	2	-	
	Lecturer	3	3	

* Yearwise availability will be assessed

6. Selection criteria and Recruitment Procedure for Faculty:

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

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7. Details of Faculty Retention for:

Name of Faculty Member	Period	Percentage
	Duration of 15 yrs. And above	
	Duration of 10 yrs. And above	
Dr. Gopalakrishna R. Raveendra	Duration of 5 yrs. And above	
Dr GeetaJayaprakash, Sujatha P M	Duration of 5 yrs. And above	
	.	

8. Details of Faculty Turnover

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
Dr.Gopalakrishna, R Raveendra,Dr Geetha Jayaprakash, Sujatha	% of faculty retained in last 3 yrs 2010-11 to 2012-13	09			

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	D.Pharm	04	
2	Laboratory Assistants or Laboratory Attenders	1 for each Lab (minimum)	SSLC	SSLC	08	
3	Office Superintendent	1	Degree	Degree	01	
4	Accountant	1	Degree	Degree	01	
5	Store keeper	1	D.Pharm or a Bachelor degree recognized by a University or institution.	D.Pharm/ Degree	01	
6	Computer Data Operator	1	BCA or Graduate with Computer Course	BCA / Graduate With Computer Course	01	
7	Office Staff I	1	Degree	B. Com	01	
8	Office Staff II	2	Degree	B. A	02	
9.	Peon	2	SSLC		08	
10	Cleaning personnel	Adequate	---		04	
11	Gardener	Adequate	---	-2		

- 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.

* Yearwise availability will be assessed.

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10.Scale of pay for Teaching faculty:

Sl. No	Name	Qualification	Designation	Basic pay Rs.	DA Rs.	HRA Rs.	CCA Rs.	Deductions			Bank A/C No	PAN No	EPF A/c no.	Total	Signature
								P T	TDS	EPF					
01	Dr. B Gopalakrishna	M. Pharm Ph. D	Professor Principal	56650	22660	8498	300	200	8000	1800	36773	AF1PG6561P	KN/3018388108/1		
02	Mr.RRaveendra	M. Pharm	Associate Professor	30140	12056	4521	300	200		--	0131	ADLPR3966L		47017	
03	Mr. G.Parthasarathy	M. Pharm	Associate Professor	27010	10804	4052	300	200			1222	AWWPP5456B		42166	
04	Mrs. SujathaP.M	M. Pharm	Associate Professor	24670	9868	3701	300	200	-	0140	A2SP43194N		38339	
05	Mr. Syed Nizamuddin	M. Pharm	Associate Professor	24670	9868	3701	300	200	1800	1800	0135	BLYP505791		38539	
06	Dr. Geetha Jayaprakash	M. Pharm	Associate Professor	30920	12368	4638	300	200	-----	1800	0128	AFOPJ4415P		48226	
07	Mrs.K.S. Srilatha	M. Pharm	Associate Professor	20420	8168	3063	300	200	---	--	0124	BLUPS4130		31951	
08	Mrs. Geetha Priya	M. Pharm	Asst. Professor	16366	6546	2455	290	200	---	--	0162	AMZPL5868J		25657	
09	Mr. Hemanth. S	M. Pharm	Asst. Professor	16420	6568	2463	300	200	1800	1800	0134	DSOPS2588K		25751	
10	Mrs Aparna A Shahapurkar	M. Pharm	Asst. Professor	16930	6772	2540	300	200	--	--	0152	BRAPS9573A		26542	
11	Mr. Nagaraj N Durgadashemi	M. Pharm	Asst. Professor	15910	6364	2387	300	200	--	--	0136	AHTPD47978		24961	
12	Ms.Poorima N. B	M. Pharm	Asst. Professor	15600	6240	2340	300	200	--	--	0156	CPOPP6774D		24480	
13	Mrs. Monika Shringi	M. Pharm	Asst. Professor	15600	6240	2340	300	200	--	---	0160	CDCPM1704Q		24480	
14	Dr.Shailesh Yadav	PharmD	Asst. Professor	14520	5808	2178	300	200	--	--		ANTPY0795N		22806	
15	Dr.Spandana G	PharmD	Asst. Professor	14520	5808	2178	300	200	--	--		BFUPG8396H		22806	
16	Honnesh H	M.Pharm	Asst. Professor	9375	11906	1219	200	200	--	--		AFKPH7784K		22700	
17	Subhash P G	M.Pharma	Associate Professor	11300	14351	1469	200	200	--	--		BISPS2401Q		27320	
18	Ms.J Hima Varshini	M.Pharm	Asst. Professor	8000	10160	1040	200	200	--	--				19400	

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19	Dr.Gnanarubapriya	Ph.D	Professor	17750	22542	2308	200	200	--	--				42800	
20	Mr.Prasad V Kalahal	M.Pharm	Asst. Professor	8000	10160	1040	200	200	--	--		-----		19400	
21	Ms.Vindhya N S	M.Pharm	Asst. Professor	8000	10160	1040	200	200	--	--				19400	
22	Ms.Meenakshi Ganta	M.Pharm	Asst. Professor	8000	10160	1040	200	200	--	--				19400	

11. Whether facilities for Research / Higher studies are provided to the faculty?
 (Inspectors to verify documents pertaining to the above)

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

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) :

SI No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors
						<input checked="" type="checkbox"/>	

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

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PART V - DOCUMENTATION**Records Maintained: Essential****Maintained for B.Pharm**

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

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PART – VI

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

Sl	(2012-2013) Expenditure in Rs.			(2013-2014) Expenditure in Rs.			(2014-2015) Expenditure in Rs			Remarks of the Inspectors*
No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	Non Returning	
	5.00	-	1.20	5.00	-	1.32	5.00	-	2.50	

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

Sl	Expenditure in Rs. 2012-2013			Expenditure in Rs 2013-2014			Expenditure in Rs 2014-2015			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals	5.00.000	1.59.000	Chemicals	500000	4.21.000	Chemicals	500000	2.07.000	
	Glassware	5.00.000	5.70.000	Glassware	500000	5.15.000	Glassware	500000	1.27.000	

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

Sl	Expenditure in Rs. 2012-2013			Expenditure in Rs. 2013-2014			Expenditure in Rs. 2014-2015			Remarks of the Inspectors*	
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned		Incurred
	Equipment	500000		1.20.000	Equipment	400000	--	Equipment	5,00,000	7.66.000	

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

Sl No.	Expenditure in Rs. 2012-2013			Expenditure in Rs. 2013-2014			Expenditure in Rs. 2014-2015			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	Nil	99.686	Books	NIL	1.40.459	Books	NIL	1.68.576	
2	Journals	Nil	50.360	Journals	NIL	58960	Journals	NIL	59.740	

*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:

Fresh College proposed to start Pharm.D

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	15	15	Yes	
2	Haemocytometer with Micropipettes	20	20	Yes	
3	Sahli's haemocytometer	20	20	Yes	
4	Hutchinson's spirometer	01	01	Yes	
5	Spygmomanometer	05	05	Yes	
6	Stethoscope	05	05	Yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	Available	Yes	
8	Models for various organs	One model of each organ system	Available	Yes	
9	Specimen for various organs and systems	One model for each organ system	Available	Yes	
10	Skeleton and bones	One set of skeleton and one spare bone	Available	Yes	

11	Different Contraceptive Devices and Models	One set of each device			
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	10	Yes	
21	Perspex bath assembly (single unit)	10	10	Yes	
22	Aerators	10	10	Yes	
23	Computer with LCD	01	01	Yes	
24	Software packages for experiment	01	01	Yes	
25	Standard graphs of various drugs	Adequate number		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	Convulsimeter	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	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	15	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	15	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	20	Yes	
3	Reflux flask and condenser double/triple necked	20	20	Yes	
4	Burettes	40	40	Yes	
5	Arsenic Limit Test Apparatus	20	20	Yes	
6	Nessler's Cylinders	40	40	Yes	

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

Signature of the Head of the Institution

Signature of the Inspectors

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	

Signature of the Head of the Institution

Signature of the Inspectors

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	05 EACH 10	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	10	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	

Signature of the Head of the Institution

Signature of the Inspectors

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	15	Yes	
3	Desiccator*	05	05	Yes	
4	Suppository moulds	20	20	Yes	
5	Buchner Funnels (Small, medium, large)	05 each	05 each	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	01	Yes	
3	Gel Electrophoresis (Vertical and Horizontal)	01	01	Yes	
4	Phase contrast/Trinocular Microscope	01	01	Yes	
5	Refrigerated Centrifuge	01	01	Yes	
6	Fermenters of different capacity (Desirable)	01	01	Yes	
7	Tissue culture station	01	01	Yes	
8	Laminar airflow unit	01	01	Yes	
9	Diagnostic kits to identify infectious agents	01	01	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

10	Rheometer	01	01	Yes		
11	Viscometer	01	01	Yes		
12	Micropipettes (single and multi channeled)	01 each	01 each	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 :

Equipment:

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

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Signature of the Inspectors

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

NOTE:

1. Computers and Internet connection (Broadband), six computers for students with internet and staff computers as required.
2. Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and the department.

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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Signature of the Inspectors

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

Signature of the Head of the Institution

Signature of the Inspectors

H. Hospital Requirements for running Pharm D or Pharm.D. and Pharm.D. (Post Bacalaureate) 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 recognised by MCI or University - Govt. Hospital not below the level of district Hospital - Corporate Hospital	√	
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.	90 Sq Mtrs	
3	Available specialties ⁺⁺	Medicine (Compulsory) (Any three of the following) • Surgery • Pediatrics • Gynecology and Obstetrics • Psychiatry • Skin and VD • Orthopedics	√ <input type="checkbox"/> √ <input type="checkbox"/> √ <input type="checkbox"/> √ <input type="checkbox"/> √ <input type="checkbox"/> √ <input type="checkbox"/> √	
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 the limits of corporation	

* Approval letter of the Hospital Authority to be annexed alongwith 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.

Signature of the Head of the Institution

Signature of the Inspectors

Unit _____

Unit wise Medical Staff:Enclosed
Bed strength _____

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	UG/PG QUALIFICATION			<u>Experience</u>					
				Subject with Year of passing	Institution	University	Designation	Institution	From	To	Period	

Signature of the Head of the Institution

Signature of the Inspectors

Other Ancillary staff available.

- Epidemiologist Available
- Statistician Available
- Physiotherapies Available

Available Clinical Material:

- Average daily OPD. 600-700
- Average daily IPD. 300-400
- Average daily bed occupancy rate:75%
- Average daily operations: Major 20 Minor 30
- Year-wise available clinical materials (during previous three years).

Intensive Care facilities

- I. ICU Available
 - No. of beds 3
 - Equipment Cardiac Monitor, Syringe Pump, Ventilators etc.
 - Average bed occupancy 60%
- II. ICCU Available
 - No. of beds 20
 - Equipment Cardiac Monitor, Syringe Pump, Ventilators etc.
 - Average bed occupancy 70%
- III. NICU Available
 - No. of Beds 12
 - Equipment Cardiac Monitor, Syringe Pump, Ventilators etc
 - Average bed occupancy 60%
- IV. PICU Available
 - No. of beds 12
 - Equipment Cardiac Monitor, Syringe Pump, Ventilators etc
 - Average bed occupancy 60%
 -
 - Average bed occupancy
- V. Dialysis
 - No. of beds 6
 - Equipment Dialysis Monitor, Cardiac Monitor,
 - Oxygen Cylinder etc.
 - Average bed occupancy 70 %

Signature of the Head of the Institution

Signature of the Inspectors

Specialty clinics and services being provided by the department.

..... IT IS A
 NEW HOSPITAL STARTED IN OCTOBER 2010

Details for Pharm.D. student and faculty.

A. Accommodation

Faculty	Area in Sq. mtr.
Pharmacy Practice Area	90 Sq. Mts
Dispensary	60 Sq. Mts
Drug Information Centre	40
Computer/Internet facility	Available

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
Dr. Geetha Jayaprakash	M. Pharm. Ph. D Pharmacy Practice	
Dr. Shailesh Yadav	Pharm D	
Dr. G Spandana	Pharm D	
Ms. Meenakshi Ghata	M. Pharma, Pharmacy Practice	

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 ? YES

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)	
	R R College of Pharmacy	Dr. B. Gopalakrishna M. Pharm., Ph. D.	Qualification detail.
			Experience:31 years Adequate/Inadequate
			Age: 56 years
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 : 4th , 5th & 6th Feb 2016		
	Number of admission at B.Pharm.	60	
	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
	Professors	1	Dr. Geetha Jayaprakash
	Asst. Professors	-	-
	Lecturers	3	Dr.Shailesh Yadav Dr.Spandana Ms.Meenakshi Ghata
			Total Experience 10 years - -

Signature of the Head of the Institution

Signature of the Inspectors

<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	Requisite important information of the Hospital	
	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

Signature of the Head of the Institution

Signature of the Inspectors

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
	2011-2012	NA	NA	NA
	2012-2013	I	30	17
	2013-2014	II	30	17
	2014-2015	III	20	17
	2015-2016	IV	30	19
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 : _____

DECLARATION FORM – 2012 – 2013

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 :

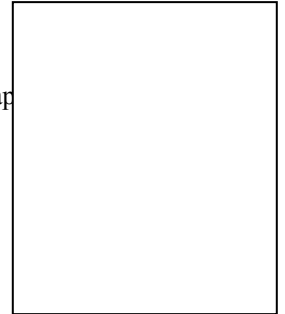


Photo ID submitted :Passport copy / Driving Licence / PAN Card / Voter ID/MCI Smart ID Card/State Pharmacy Council ID.

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 _____

Signature of the Head of the Institution

Signature of the Inspectors

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 Inspector

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, 2012		
August, 2012		
September, 2012		
October, 2012		
November, 2012		
December, 2012		
January, 2013		
February, 2013		
March, 2013		
April, 2013		
May, 2013		
June, 2013		

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

Declaration

- I have not worked at any other Pharmacy college/Industry or presented myself at any inspection from October 2007 onwards till date.
- 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:
Endorsement

Place:

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