

**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 : KLES College of Pharmacy, Belgaum**

**Place and Address : KLES Dr. Prabhakar Kore Hospital & Medical Research chentre,  
Campus, Nehru Nagar, Belgaum.**

**Principal/Dean**

**Tel. No. Off.** 0831-2471399      **Fax** 0831-2472387

**Mobile No. : 9449827648**

**email :** principal@klepharm.edu

**Name and address of Affiliating University :** KLE University, Belgaum.

**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 institutions to start Pharm. D. or Pharm.D. and Pharm. D. (Post Baccalaureate) Programme

(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

<b>A – I .1</b> Applicant is for Pharm.D. <input type="checkbox"/> Pharm.D. and Pharm.D. (Post Baccalaureate) <input type="checkbox"/> (Tick the relevant Box)	
<b>A – I .2</b> Year of Establishment	D.Pharm 1968 B.Pharm 1975 M.Pharm 1988
<b>A – I .3</b> Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	KLE University's College of Pharmacy, Nehru Nagar, Belgaum. 0831 2471399 2472386 <a href="mailto:principal@klepharm.edu">principal@klepharm.edu</a>
<b>A – I .4</b> Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	K.L.E.University, J.N.Medical College Campus, Nehru Nagar, Belgaum.
<b>A – I .5</b> Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail/ Web Site:	K.L.E.University, J.N.Medical College Campus, Nehru Nagar, Belgaum. (0831) -2472777 (0831)-2493777 <a href="mailto:diracademic@klepuni.edu.in">diracademic@klepuni.edu.in</a> <a href="http://www.kleuniversity.edu.in">www.kleuniversity.edu.in</a>

Signature of the Head of the Institution

Signature of the Inspectors

<p><b>A – I .6</b>  Name, Designation and Address of person to be contacted  Name  Designation  Address  STD Code  Telephone No.  Office  Residence  Mobile No.  Fax No.  E-Mail</p>	<p>Dr. A.D.Taranalli  Principal  K.L.E.Society's  College of Pharmacy, JNMC Campus, Nehru Nagar,  Belgaum.  Ph. No. 0831-2471399  Fax No. 0831-2472386  Resi. No. 0831-2477648  Mobile : 09449827648  <a href="mailto:principal@klepharm.edu">principal@klepharm.edu</a></p>
<p><b>A – I .7</b>  Name and Address of the Head of the Institution</p>	<p>Dr. A.D.Taranalli,  Principal  KLE University's  College of Pharmacy, Nehru Nagar, Belgaum.</p>
<p><b>A – I .8</b>  Name of the Examining Authority  Complete Postal address:  STD code  Telephone No.  Fax No.  E-mail  Website</p>	<p>K.L.E.University,  J.N.Medical College Campus, Nehru Nagar,  Belgaum.  (0831) -2472777  (0831)-2493777  <a href="mailto:diracademic@klepuniwersity.edu.in">diracademic@klepuniwersity.edu.in</a>  <a href="http://www.kleuniversity.edu.in">www.kleuniversity.edu.in</a></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.	100000	194820	27/08/2014
(b) Pharm. D. Post Baccalaureate	200000	892326	14/08/2013

**b. APPROVAL STATUS OF THE INSTITUTION**

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVT	UNIVERSITY	Remarks of the Inspectors
D.Pharm.	2017-18	Approval Letter No. and Date	*			
		Approved Intake	120	120		
		Actually Admitted	Nil	Nil		
B.Pharm.	2017-18	Approval Letter No. and Date	**			
		Approved Intake	100	90	90	
		Actually Admitted	60	60	60	

**Note: Enclose relevant documents**

\* Approval Letter No. 32-31/2013-PCI/15265-67 DT. 03-07-2013

\*\* Approval Letter No. No. 32-31/2013-PCI/15265-67 DT. 03-07-2013

**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 type="checkbox"/>
Wing of another college	<input type="checkbox"/>
Separate Campus	<input type="checkbox"/>
Multi Institutional Campus	<input checked="" 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	10

Signature of the Head of the Institution

Signature of the Inspectors

## B - Details of the Institution

<b>B –I .1</b>					
<b>Name of the Principal/Head</b>		<b>Dr. A.D.Taranalli,</b>			
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm	M.Pharm	15 years in teaching or Research out of which 5 years should be as Professor.	32 Years	
	PhD	Ph.D			

\* Documentary evidence should be provided

### B –I .2

**For institution seeking extension of approval**

<b>Course</b>	<b>Date of last Inspection</b>	<b>Remarks of the last Inspection Report</b>	<b>Deficiencies rectified / Not rectified</b>	<b>Intake reduced/Stopped in the last 03 years*</b>
(a) Pharm. D.				
(b) Pharm.D. Post Baccalaureate	14/03/2014	6 <sup>th</sup> Pay Commission Pay Scale should be implemented the Institution has full flexed well Equipped Hospital for the conduct of Pharm D Programmed required No of staff has should be appointed	Yes	N.A.

\* Enclose Documents (write NA if not applicable)

### B –I .3

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

### B –I .4 Pay Scales:

<b>Staff</b>	<b>Scale of pay</b>	<b>PF</b>	<b>Gratuity</b>	<b>Pension benefit</b>	<b>Remarks of the Inspectors</b>
<b>Teaching Staff</b>	<b>AICTE /UGC/State Govt.</b> Yes / No	Yes	Yes	Yes	
<b>Non- Teaching Staff</b>	<b>AICTE /UGC/State Government</b> Yes / No	Yes	Yes	Yes	

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

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

Signature of the Head of the Institution

Signature of the Inspectors

## C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

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

C –1.2 Please provide following Information

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others		<b>CAPITAL EXPENDITURE</b>			
2.	Tuition Fee	30015740.00	1.	Building	7331006.00	
3.	Library Fee		2.	Equipment	265000.00	
4.	Sports Fee		3.	Others	2097241.00	
5.	Union Fee		<b>REVENUE EXPENDITURE</b>			
6.	Others	2070400.00	1	Salary	22283532.00	
			2.	<b>MAINTENANCE EXPENDITURE</b>		
				i	College	43400.00
				ii	Others	1922789.00
			3.	University Fee (If any)	1146505.00	
			4.	Apex Bodies Fee		
			5.	Government Fee		
			6.	Misc.Expenditure	114359.00	
	<b>Total</b>	<b>32086140.00</b>	<b>Total</b>		<b>25510995.00</b>	

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

## PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land for the Pharmacy College : 100 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 5856 Sq.mts.
- f. Amenities and Circulation Area in Sq.mts. : 3829 Sq.mts.

### 2. Class rooms:

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

Class	Required	Available Numbers	Required Area for each Class Room	Available Area in Sq.mts.	Remarks of the Inspectors
D.Pharm./B.Pharm.	4	6	75 Sq.mts.	318	
Pharm. D. * Pharm. D. Post Baccalaureate	2	2	90 Sq.mts. each (Desirable) 75 Sq.mts. each (Essential)	76 sq.mts. 30 Sq.mts	

(\* 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		
2	- Pharmaceutics and Pharmacokinetics Lab - Life Science (Pharmacology, Physiology, Pathophysiology) - Phytochemistry or Pharmaceutical Chemistry - Pharmacy Practice	2 2 2 2	1 (94 ) 1 (94) 1(95) 1	
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)	30 Sq.mts.	

\* Yearwise requirement will be considered.

Signature of the Head of the Institution

Signature of the Inspectors

4	Area of the Machine Room	80-100 Sq.mts	72	
5	Central Instrument Room	80 Sq.mts with AC	121.19	
6	Store Room – I	1 (Area 100 Sq mts)	56	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	100	
8	Hospital with teaching facility – (Please tick)	300 bedded hospital. Tertiary Care Hospital desirable Medicine (Compulsory) (Any three of the below)	1820 Multi disciplinaty tertiary care hospital	
a)	Own <input type="checkbox"/>			
b)	Teaching Hospital approved by MCI* or University * <input type="checkbox"/>			
c)	Govt. Hospital * <input type="checkbox"/>	• Surgery		
d)	Corporate type * <input type="checkbox"/>	• Pediatrics		
		• Gynecology and Obstetrics		
		• 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	120 sq.mts.	

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

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

#### 4. Administration Area:

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks of the Inspectors
				No.	Area in Sq .mts	
1	Principal's Chamber	01	30 Sq .mts	01	50	
2	Office – I – Establishment	01	60 Sq. mts	01	92	
3	Office – II – Academics					
4	Confidential Room					

Signature of the Head of the Institution

Signature of the Inspectors

### 5. Staff Facilities:

Sl No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks of the Inspectors
				No.	Area in Sq. mts	
1	HODs for Pharm. D. and Post Baccalaureate Programme	Minimum 4	20 Sq mts x 4	4	60	
2	Faculty Rooms for Pharm. D. and Pharm.D. Post Baccalaureate Programme		10 Sq mts x n (n=No of teachers)	01	140	

### 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		88	
2	Library	01	150 Sq. mts		277.4 Sq.m	
3	Museum	01	50 Sq. mts (May be attached to the Pharmacognosy lab)		30	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity		320 Seating capacity	
5	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants		200	

### 7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks of the Inspectors
				No.	Area in Sq. mts	
1	Girl's Common Room (Essential)	01	60 Sq. mts		620	
2	Boy's Common Room (Essential)	01	60 Sq. mts		600	
3	Toilet Blocks for Boys	01	24 Sq. mts		05	
4	Toilet Blocks for Girls	01	24 Sq. mts		05	
5	Drinking Water facility – Water cooler (Essential).	01	-		03 Cooler	
6	Boy's Hostel (Desirable)	01	9 Sq. mts/ Room Single occupancy		600 Students	
7	Girl's Hostel (Desirable)	01	9 Sq. mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	01	620 students	
8	Power Backup Provision (Essential)	01		01	01	

Signature of the Head of the Institution

Signature of the Inspectors

Signature of the Head of the Institution

Signature of the Inspectors

### 8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room	100 Sq.mts.	84		
Computer (Latest configuration)	1 system for every 10 students	55		
Printers	1 printer for every 10 computers	12		
Multi Media Projector	01	10		
Generator (5KVA)	01	01		

### 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	01	210	Available	
Staff quarters	16 x 80 Sq mts	15	1000	Available	
Canteen	100 Sq. mts	01	167	Available	
Parking Area for staff and students				Available	
Bank Extension Counter		01	40	Available	
Co operative Stores		01	60	Available	
Guest House	80 Sq. mts	02	830	Available	
Auditorium		01	2600	Available	
Seminar Hall		01	180	Available	
Transport Facilities for students		02	Bus	Available	
Medical Facility (First Aid)		01		Available	

### 10. A. Library books and periodicals

The minimum norms for the initial stock of books yearly addition of the books and the number of journals to be subscribed are as given below:

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	No.	
1	Number of books	150	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	3265	8313	
2	Annual addition of books		150 books per year	71	104	
3	Periodicals Hard copies / online		20 National 10 International periodicals E-Journals online	20 01 93	20 01 93	

Signature of the Head of the Institution

Signature of the Inspectors

4	CDS		Adequate Nos	Aequates		
5	Internet Browsing Facility		Yes/No (Minimum ten Computers)	Yes		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	01 01 01		
7	Library Automation and Computerized System (desirable) EASYLIB Software					
8	Library Timings : 9.00 a.m. to 10.00 p.m. on all working days 10.30 a.m. to 05.30 p.m. on Sunday's and Holidays					

#### 10.B. Subject wise Classification of books available :

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmacy Practice	13	18	
2	Human Anatomy & Physiology	98	332	
3	Pharmaceutics (Dispensing & General Pharmacy)	789	1925	
4	Pharmacognosy	274	669	
5	Pharmaceutical Organic Chemistry	243	555	
6	Pharmaceutical Inorganic Chemistry	162	306	
7	Pharmaceutical microbiology	101	219	
8	Pathophysiology	34	73	
9	Applied Biochemistry & Clinical Chemistry	124	199	
10	Pharmacology	209	609	
11	Pharmaceutical Jurisprudence	53	222	
12	Pharmaceutical Dosage Forms	48	163	
13.	Community Pharmacy	15	60	
14.	Clinical Pharmacy	38	163	
15.	Hospital Pharmacy	37	110	
16.	Pharmacotherapeutics	08	13	
17.	Pharmaceutical analysis	212	485	
18.	Medicinal Chemistry	360	862	
19.	Biology	133	275	
20.	Computer Science or Computer Application in pharmacy	37	76	
21	Mathematics/Statistics	69	128	
22	Biotechnology	42	133	
23	Miscellaneous	166	421	
	Total	3265	8016	

#### 10.C. Library Staff:

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

Signature of the Head of the Institution

Signature of the Inspectors



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

**First year Pharm D:**

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

\* 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		-		1			
Pharmaceutical Microbiology	3		3		1			
Pharmacognosy & Phytopharmaceuticals	3		3		1			
Pharmacology-I	3		-		1			
Community Pharmacy	2		-		1			
Pharmacotherapeutics-I	3		3		1			
<b>Total Hours</b>	<b>17</b>		<b>9</b>		<b>6 = 32</b>			

Signature of the Head of the Institution

Signature of the Inspectors

**Third year Pharm D:**

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

Signature of the Head of the Institution

Signature of the Inspectors

**Fourth year Pharm D:**

Subject 1	No of Theory Classes		No. of Hours of Practical/Hospital Posting		Tutorials		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Pharmacotherapeutics-III	3		3		1			
Hospital Pharmacy	2		3		1			
Clinical Pharmacy	3		3		1			
Biostatistics & Research Methodology	2		-		1			
Biopharmaceutics & Pharmacokinetics	3		3		1			
Clinical Toxicology	2		-		1			
<b>Total hours</b>	<b>15</b>		<b>12</b>		<b>6 = 33</b>			

Signature of the Head of the Institution

Signature of the Inspectors

**Fifth year Pharm D:**

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

\* Attending ward rounds on daily basis.

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

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

Signature of the Head of the Institution

Signature of the Inspectors

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

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

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

Sl. No	Name of the Faculty	Subjects taught	Pharm.D. and Pharm.D. (Post Bacallaureate)						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**

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	No
-----	----

Signature of the Head of the Institution

Signature of the Inspectors

## PART IV - PERSONNEL

### TEACHING STAFF.

1. Details of Teaching Faculty available with the institution for teaching for D.Pharm., B.Pharm. and M.Pharm. Courses to be enclosed in the format mentioned below:

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

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

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

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

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

Signature of the Head of the Institution

Signature of the Inspectors

#### 4. Qualification and number of Staff Members

Qualification							
B. Pharm		M. Pharm		PhD		Others	
							<b>Part Time</b>
		<b>14</b>		<b>20</b>		<b>02</b>	

#### 5. Staff Pattern for Pharm. D. or Pharm.D. and Pharm. D. (Post Bacallaureate) 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	01	
	Lecturer	4	--	
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1	--	
	Asst. Professor	1	01	
	Lecturer	4	--	
Department of Pharmacology	Professor	1	--	
	Asst. Professor	1	01	
	Lecturer	4	--	
Department of Pharmacognosy	Professor	1	--	
	Asst. Professor	1	--	
	Lecturer	2	--	
Department of Pharmacy Practice	Professor	1	01	
	Asst. Professor	2	01	
	Lecturer	2		

\* Yearwise availability will be assessed.

Signature of the Head of the Institution

Signature of the Inspectors

**6. Selection criteria and Recruitment Procedure for Faculty:**

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

**7. Details of Faculty Retention for:**

<b>Name of Faculty Member</b>	<b>Period</b>	<b>Percentage</b>
	<b>Duration of 15 yrs. And above</b>	
	<b>Duration of 10 yrs. And above</b>	
	<b>Duration of 5 yrs. And above</b>	
	<b>Less than 5 yrs.</b>	

**8. Details of Faculty Turnover**

<b>Name of Faculty Member</b>	<b>Period</b>	<b>More than 50%</b>	<b>50%</b>	<b>25%</b>	<b>Less than 25%</b>
	<b>% of faculty retained in last 3 yrs</b>	<b>95 %</b>			

**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\*.**

<b>Sl. No.</b>	<b>Designation</b>	<b>Required Number</b>	<b>Required Qualification</b>	<b>Available</b>		<b>Remarks of the Inspectors</b>
				<b>Number</b>	<b>Qualification</b>	
1	Laboratory Technician	1 for each Dept	D. Pharm	01 04	D.Pharm B.Sc.	
2	Laboratory Assistants or Laboratory Attenders	1 for each Lab (minimum)	SSLC	13	SSLC	
3	Office Superintendent	1	Degree	01	B.Com.	
4	Accountant	1	Degree	01	B.Com.	
5	Store keeper	1	D.Pharm or a Bachelor degree recognized by a University or institution.	01	D.Pharm	
6	Computer Data Operator	1	BCA or Graduate with Computer Course	02	DCA	

Signature of the Head of the Institution

Signature of the Inspectors

7	Office Staff I	1	Degree		Degree	
8	Office Staff II	2	Degree		Degree	
9.	Peon	2	SSLC		SSLC	
10	Cleaning personnel	Adequate	---			
11	Gardener	Adequate	---			

- 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.

Signature of the Head of the Institution

Signature of the Inspectors

**10. Scale of pay for Teaching faculty (to be enclosed):**

Sl. No	Name	Qualification	Designation	Basic pay Rs.	DA Rs.	HRA Rs.	CCA Rs.	Other allowance Rs.	Deductions			Bank A/C No	PAN No	EPF A/c no.	Total	Signature
									P T	TDS	EPF					

**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) :**

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors

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

Signature of the Head of the Institution

Signature of the Inspectors

## PART V - DOCUMENTATION

### Records Maintained: Essential

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

Signature of the Head of the Institution

Signature of the Inspectors

**PART – VI**

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

Sl No.	Expenditure in Rs. 2011-12			Expenditure in Rs. 2012-13			Expenditure in Rs. 2013-14			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Recurring	
	56243000.00	44643000.00	11600000.00							

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

Sl No.	Expenditure in Rs. 2011-12			Expenditure in Rs. 2012-13			Expenditure in Rs 2013-14			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals			Chemicals			Chemicals			
	Glassware	2000000.00	1122879.00	Glassware			Glassware			

Signature of the Head of the Institution

Signature of the Inspectors

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

Sl No.	Expenditure in Rs. 2011-12			Expenditure in Rs. 2012-13			Expenditure in Rs. 2013-14			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment	2050000.00	2946200.00	Equipment			Equipment			

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

Sl No.	Expenditure in Rs. 2011-12			Expenditure in Rs. 2012-13			Expenditure in Rs. 2013-14			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books			Books			Books			
2	Journals	1200000.00	1084463.00	Journals			Journals			

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

Signature of the Head of the Institution

Signature of the Inspectors

## PART VII – EQUIPMENT AND APPARATUS

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

#### A. DEPARTMENT OF PHARMACOLOGY :

##### I. Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	15	25	Yes	
2	Haemocytometer with Micropipettes	20	30	Yes	
3	Sahli's haemocytometer	20	30	Yes	
4	Hutchinson's spirometer	01	01	Yes	
5	Spygmomanometer	05	15	Yes	
6	Stethoscope	05	25	Yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	One Pair of each tissue Organs and endocrine glands One slide of each organ system	Yes	
8	Models for various organs	One model of each organ system	One model of each organ system	Yes	
9	Specimen for various organs and systems	One model for each organ system	One model of each organ system	Yes	
10	Skeleton and bones	One set of skeleton and one spare bone	One model of each organ system	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

11	Different Contraceptive Devices and Models	One set of each device	One set of each device	Yes	
12	Muscle electrodes	01	01	Yes	
13	Lucas moist chamber	01	01	Yes	
14	Myographic lever	01	01	Yes	
15	Stimulator	01	01	Yes	
16	Centrifuge	01	02	Yes	
17	Digital Balance	01	04	Yes	
18	Physical /Chemical Balance	01	06	Yes	
19	Sherrington's Kymograph Machine or Polyrite	10	15	Yes	
20	Sherrington Drum	10	25	Yes	
21	Perspex bath assembly (single unit)	10	10	Yes	
22	Aerators	10	20	Yes	
23	Computer with LCD	01	05	Yes	
24	Software packages for experiment	01	03	Yes	
25	Standard graphs of various drugs	Adequate number	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	Convulsiometer	01	01	Yes	
31	Plethysmograph	01	01	Yes	
32	Digital pH meter	01	04	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	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	04	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	

Signature of the Head of the Institution

Signature of the Inspectors

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	

Signature of the Head of the Institution

Signature of the Inspectors

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	20	Yes	
2	Homogenizer	05	05	Yes	
3	Digital balance	05	15	Yes	
4	Microscopes	05	05	Yes	
5	Stage and eye piece micrometers	05	05	Yes	
6	Brookfield's viscometer	01	02	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	02	Yes	
13	Steam distillation still	01	01	Yes	
14	Vacuum Pump	01	10	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		
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	

Signature of the Head of the Institution

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	

Signature of the Head of the Institution

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	--	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 Baccalaureate) courses : -

### Hospital Details

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

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

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

<sup>++</sup> to be certified by the Dean/Director/Medical Supdt. of the hospital.

Signature of the Head of the Institution

Signature of the Inspectors

Signature of the Head of the Institution

Signature of the Inspectors

## Unit wise Medical Staff:

Unit \_\_\_\_\_

Bed strength \_\_\_\_\_

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

Signature of the Head of the Institution

Signature of the Inspectors

**Other Ancillary staff available.**

- Epidemiologist 4
- Statistician 4
- Physiotherapies 15

**Available Clinical Material:**

- Average daily OPD. 2100
- Average daily IPD. 1000
- Average daily bed occupancy rate: 80 %
- Average daily operations: Major 100 Minor 190
- Year-wise available clinical materials (during previous three years). 43793, 44123, 48250

**Intensive Care facilities**

## I. ICU

- No. of beds 50
- Equipment 60
- Average bed occupancy 100 %

## II. ICCU

- No. of beds 40
- Equipment 50
- Average bed occupancy 100%

## III. NICU

- No. of Beds 37
- Equipment 40
- Average bed occupancy 100 %

## IV. PICU

- No. of beds 15
- Equipment 20
- Average bed occupancy 100 %

Signature of the Head of the Institution

Signature of the Inspectors



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

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

.....

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

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

Signature of the Head of the Institution

Signature of the Inspectors

2	<b>Name of the institution</b>	Name and other particulars of Institution (Principal/Head)		
		<b>Dr. A.D.Taranalli.</b>	Qualification detail. M.Pharm. Ph.D.,	
			Experience:Adequate	
			Age	
3	<b>Date of last inspection of the institution : 01<sup>st</sup> August 2008</b>			
	<b>Number of admission at B.Pharm.</b>	<b>100</b>		
	<b>Staff position for B.Pharm.</b>	<b>Sufficient</b>		
	<b>Other deficiency, if any</b>	<b>No</b>		
4	<b>Total Teachers in the Pharmacy Practice Department (with requisite qualifications &amp; Experience</b>			
	Designation	Number	Name	Total Experience
	Professors	01	M.S.Ganacari.	21
	Assistant Professor	01	Miss. Shashikala Wali	05
	<ul style="list-style-type: none"> <li>- All teachers should be physically identified.</li> <li>- Detailed proforma (with photograph affixed) in respect of every teacher must be obtained signed by the concerned teacher, HOD and Head of institution</li> <li>- To ensure that staff is full time, paid and not working in any other institution simultaneously.</li> </ul>			
5	<b><u>Requisite important information of the Hospital</u></b>			
	Number of department in the Hospital			
	Teaching complement in each Dept.			Full/Partial
	Total number of beds Dept. wise			List Enclosed
	Instruments and other expected facilities			Adequate
	Bed side teaching			Yes
	Laboratory Technician			Number 01
	Department Research Laboratory			Yes
	Departmental Library – Book/Journals			Adequate
	Central Library – Books/Journals pertaining to the department			List Enclosed
6	<b>Space for Pharmacy Practice Department at the Hospital</b>			<b>Adequate</b>
	Indoor wards(Units/Department) & OPD space			Adequate
	Offices for Faculty members			Adequate
	Class Rooms and seminar rooms			Adequate
	Dept. Library in the hospital supporting Drug Information Services			Adequate
7	Clinical Material			Adequate
8	No of publications from the department during 3 years			07
9	Examination conduct			As per norms of PCI
	Standard of Examination			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
	2008			
	2009			
	2010			
	2011			
	2012			
11	Other relevant facilities in the Institution			

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

**Signature of the Inspector**

Si

**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

<b>Compliance of deficiencies reflected in last Inspection Report</b>
<b>Specific observations if not rectified</b>

**Observation of the Inspectors:**

<b>Signature of Inspectors:</b>	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