

# PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting B. Pharm for 100 admsns.

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

(SIF-B-1)

*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> Name of the Institution: Complete Postal address:  STD code Telephone No. Fax No. E-mail	<i>Department of Pharmacy School of Medical &amp; Allied Sciences Galgotias University UttarPradesh , Yamuna Expressway, Greater Noida, Gautam Budh Nagar( UP) 0120 0120-4806873 0120 – 4806888 <a href="mailto:dean.sma@galgotiasuniversity.edu.in">dean.sma@galgotiasuniversity.edu.in</a></i>
Year of starting of the course	<i>2012-2013</i>
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of √Society/Trust)	<i>Private University</i>
<b>A – I .2</b> Name, address of the Society/Trust/ Management (attach documentary evidence)  STD Code: Telephone No: Fax No: E-mail Web Site:	<i>Smt Shakuntala Educational and Welfare Society 4405 / 6, Prakash Apartment, Part II, 5 Ansari Road, Darya Ganj, New Delhi  0120 0120-4806806 0120-4806888 <a href="mailto:registrar@galgotiasuniversity.edu.in">registrar@galgotiasuniversity.edu.in</a> <a href="http://www.galgotiasuniversity.edu.in">http://www.galgotiasuniversity.edu.in</a></i>

Signature of the Head of the Institution

Signature of the Inspectors

<b>A – I.3</b> Name, Designation and Address of person to be contacted by phone  STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	<p style="text-align: center;"><b>Prof. Pramod Kumar Sharma</b>  Dean,  School of Medical &amp; Allied Sciences  Galgotias University, Uttar Pradesh  Plot No. 2, Sector – 17A, Yamuna Expressway,  Greater Noida, Gautam Budh Nagar, UP</p> 0120 0120-4806873 0120-4806873 09899526752 09415187002 0120-4806888 <a href="mailto:dean.sma@galgotiasuniversity.edu.in">dean.sma@galgotiasuniversity.edu.in</a>
<b>A – I.4</b> Name and Address of the Head of the Institution	<p style="text-align: center;"><b>Prof. Pramod Kumar Sharma</b>  Dean,  School of Medical &amp; Allied Sciences  Galgotias University, Uttar Pradesh  Plot No. 2, Sector – 17A, Yamuna Expressway,  Greater Noida, Gautam Budh Nagar(UP)  0120-4806873  <a href="mailto:dean.sma@galgotiasuniversity.edu.in">dean.sma@galgotiasuniversity.edu.in</a> </p>

A –I. 5

**FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL**

**a. Details of Affiliation Fee Paid**

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B.Pharm	2016-17	DD No. 561407	15/06/2016	
	Increase Intake Fee	DD No 561917	29/08/2016	

**b. APPROVAL STATUS:**

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspectors
B.Pharm		Approval Letter No and Date	02.272/2016-PCI Item no. 70 32-1121/2016-PCI	U.P.	Galgotias University	
		Approved Intake In 2016-17	60	60	60	
		Actually Admitted	60	60	60	

Signature of the Head of the Institution

Signature of the Inspectors

**c. STATUS OF APPLICATION**

COURSES INSPECTED FOR						
Faculty / Subject	Extension of Approval		Increase in Intake of Seats		Remarks	
	Yes	No	Yes	No	Current Intake	Proposed increase in Intake
B. Pharm	Yes	No	Yes <sup>√</sup>	No	60	100

Note: Enclose relevant documents

A –I. 6

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same Building / campus? If Yes, Give Details

Yes  No

A – I. 6 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"/>

Examining authority  
With complete postal  
address, telephone number  
and STD code:

**Controller of examination**  
Galgotias University, Uttar Pradesh  
Plot No. 2, Sector – 17A, Yamuna Expressway, Greater Noida,  
Gautam Budh Nagar, Uttar Pradesh  
0120-4808812

Signature of the Head of the Institution

Signature of the Inspectors

## B - DETAILS OF THE INSTITUTION

B –I .1 Name of the Principal/Dean		Prof. P.K. Sharma			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	M. Pharm	<i>15 years out of which 5 years as Prof./H.O.D.</i>	<i>23years</i>	
	PhD	PhD	<i>10 years, out of which at least 05 years as Asst. Prof.</i>		

\* Documentary evidence should be provided

### B –I .2

For institution seeking continuation of affiliation

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
B. Pharm	22 and 23/06/2016	Nil	Complied	No

\* Enclose Documents

### B –I .3

Status of Governing Council:	Government/Trust/ <input type="checkbox"/> Society/Individual/University
Details of the Governing Body	<input checked="" type="checkbox"/> Enclosed/ Not Enclosed
Minutes of the last Governing council Meeting	<input checked="" type="checkbox"/> Enclosed/ Not Enclosed

### B –I .4 Pay Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
Teaching Staff	AICTE/UGC/State Govt. <input checked="" type="checkbox"/> Yes/No	<input checked="" type="checkbox"/> Yes/No	<input checked="" type="checkbox"/> Yes/No	Yes/ <input type="checkbox"/> No	
Non- Teaching Staff	State Government <input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes/No	<input checked="" type="checkbox"/> Yes/No	Yes/ <input type="checkbox"/> No	

### B –I .5

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

ACADEMIC YEAR	Year 2014-15	Year 2015-16	Year 2016-17
Sanctioned	60	60	60
No. of Admissions	60	60	60
Unfilled Seats	0	0	0
No. of Excess Admissions	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>

Signature of the Head of the Institution

Signature of the Inspectors

**B –I .6****Academic information: Percentage of UG results for the past three years based on University Calendar**

<b>ACADEMIC YEAR</b>	<b>Year 2014-15</b>	<b>Year 2015-16</b>	<b>Year 2016-17</b>
1 <sup>st</sup> year	62	81	00
2 <sup>nd</sup> year	58	89	00
3 <sup>rd</sup> year	69	80	00
Final year	00	95	00
Pass % (Final Year)	00	95	00

**B – II****Co – Curricular Activities / Sports Activities:**

Whether college has NSS Unit (Yes/No)? If no give reasons	<i>In process</i>
NSS Programme Officer's Name	
Programme conducted (mention details)	--
Whether students participating in University level cultural activities / Co- curricular/sports activities	<i>Yes</i>
Physical Instructor	<i>Available</i>
Sports Ground	<i>Shared</i>

Signature of the Head of the Institution

Signature of the Inspectors

## C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

C .1 Resources and funding agencies (give complete list)

C .2 Please provide following Information

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount (Lakh)	Sl. No.	Particulars	Amount (Lakh)	
1.	Grants a. Government b. Others	00 206.16	CAPITAL EXPENDITURE			
2.	Tuition Fee	10877.87	1.	Building	Rs. 18859.63	
3.	Library Fee	00	2.	Equipment	Rs. 140.57	
4.	Sports Fee	00	3.	Others	Rs. 143.42	
5.	Union Fee	00	REVENUE EXPENDITURE			
6.	Others (Seminar Grant)	00	1	Salary	Rs. 4005.8	
			2.	MAINTENANCE EXPENDITURE		
				i	College	40.81
				ii	Others	0.00
			3.	University Fee (If any)	0.00	
			4.	Apex Bodies Fee	0.00	
			5.	Government Fee	0.00	
			6.	Deposit held by the College	0.00	
			7.	Others	Rs.10309.60	
			8.	Misc.Expenditure	Rs. 0.00	
				Total	Rs. 14315.40	
	<b>Total</b>	<b>Rs. 11084.03</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 (B. Pharm courses) :  Available/Not Available  
 a) 2.5 acres District HQ/Corporation/Municipality limit  
 b) 0.5 acre for City / Metros
- b. Building :  Own /Rented /Leased
- c. Land Details to be in name of Trust and Society  
 i) Own- Records to be enclosed  
 Sale deed :  Enclosed/ Not available
- d. Building†:  
 i) Approved Building plan, to be enclosed :  Enclosed/ Not available
- e. Total Built Area of the college building in Sq.mts : Built up Area 3160 sq mts

Amenities and Circulation Area

1320 sq mts

### 2. Class rooms:

**Total Number of Class rooms provided at the end of 4 Year Course**

Class	Required Nos	Available Nos	Required Area * for each class room	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	06	06	6 of 90 Sq. mts each or 4 of 150 sq.mts. with Public address system	600 sq. m.	

(\* To accommodate 100 students)

### 3. Laboratory requirement at the end of 4 Years

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq mts	Remarks/ Deficiency
1	Laboratory Area for B.Pharm Course (12 Labs)	90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts – Essential	1200sq. m.	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm Course	03 Laboratories 02 Laboratories 01 Laboratory 02 Laboratories 01 Laboratories 01 Laboratory  10 Laboratories*	(03) 300 sq.mts (02) 200 sq.mts (01) 100 sq.mts (02) 200 sq.mts (01) 100 sq.mts (01) 100 sq.mts  10 Laboratories	
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)	(08) 80 sq. mtr	
4	Area of the Machine Room	80-100 Sq.mts	80 sq mtr	
5	Central Instrumentation Room	80 Sq.mts with A/ C	80 sq mtr	
6	Store Room – I	1 (Area 100 Sq mts)	100 sq mtr	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	40 sq mtr	

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\*Number of laboratories required for entire course of 4 years.

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

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

**4. Administration Area:-**

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

**5. Staff Facilities:**

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4	04	160	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	08	210	

**6. Museum, Library, Animal House and other Facilities**

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Animal House	01	80 Sq mts	<i>Not available as for UGC guideline</i>		
2	Library	01	150 Sq mts	<i>Available</i>	<i>230 sq mts</i>	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	<i>Available</i>	<i>50 sq.mts</i>	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	<i>1</i>	<i>200</i>	
5.	Seminar Hall	01		<i>1</i>	<i>100</i>	

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5	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	1000 sq.mts	
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### 7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Girl's Common Room (Essential)	01	60 sq.m.	01	60	
2	Boy's Common Room (Essential)	01	60 sq.m.	01	60	
3	Toilet Blocks for Boys	01	24 sq.m.	01	60	
4	Toilet Blocks for Girls	01	24 sq.m.	01	60	
5	Drinking Water facility – Water Cooler (Essential).	01		01	5	
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy	01	2000	
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	01	1000	
8	Power Backup Provision (Desirable)	01		01	40	

### 8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	01	100	
Computer (Latest Configuration)	1 system for every 10 students	60		
Printers	1 printer for every 10 computers	06		
Multi Media Projector	01	05		
Generator (5KVA)	01	01		

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### 9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	0	0	Not available	
Staff quarters	16 x 80 Sq. mts	0	0	Not available	
Canteen	100 Sq. mts	1	500	Available	
Parking Area for staff and students		1	1000	Available	
Bank Extension Counter		0	0	2 ATM Available	
Co operative Stores		2	60	Available	
Guest House	80 Sq. mts	0	0	Not Available	
Transport Facilities for students			Available	Available	
Medical Facility (First Aid)			Available	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	Numbers	
1	Number of books	150	2000 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	298	2550	
2	Annual addition of books		150 to 200 books per year	20	204	
3	Periodicals Hard copies / online		10 National  05 International periodicals	10  05	10 National  05 International	
4	CDS		Adequate Nos	Adequate	Adequate	
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			Available		
8	Library Timings			9:00 a.m. to 7:00 p.m.		

### 10. B. Library Staff:

	Staff	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	M. Lib	01	01	
2	Assistant Librarian	D. Lib	01	01	

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3	Library Attenders	10 +2 / PUC	02	02	
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Signature of the Inspectors

## PART III ACADEMIC REQUIREMENTS

### Course Curriculum:-

1. Student Staff Ratio: Theory Practicals Remarks of The Inspector

(Required ratio --- Theory → 60:1 and Practical → 20:1) If more than 20 students in a batch 2 staff members to be present provided the lab is spacious.

2. Scheme of B. Pharm Course: Annual  Semester

3. Date of Commencement of session / sessions:

Commencement	Completion
<i>DD/MM/YY</i> 26/07/2016	<i>DD/MM/YY</i> 15/06/2017

4. Vacation: Summer:  Winter:

5. Total No. of working days:

6. Time Table: copy  
Time table for B.Pharm course Enclosed Yes  No

7. Whether the prescribed numbers of classes are being conducted as per university norms

**B. Pharm I Semester: -**

(To start from 1 st September 2016)

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
Remedial Math /Biology	40	0	NA	NA	NA	
Pharmaceutical Analysis-I	40	0	40	0/0	0	
Pharmaceutical Chemistry-I	40	0	40	0/0	0	
Pharmaceutics-I	40	0	40	0/0	0	
APHE-I	40	0	40	0/0	0	
Communicative English-I	26	0	20	0	0	

Signature of the Head of the Institution

Signature of the Inspectors

**B. Pharm II Semester:**

(To Start from January 2017)

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
Pharmaceutical Chemistry-II	40	0	40	0	0	
APHE-II	40	0	NA	NA	NA	
Pharmaceutics-II	40	0	40	0	0	
Computer Fundamental and Programming	40	0	40	0	0	
Universal human Value and Ethics	40	0	NA	NA	NA	
Communicative English-II	26	0	NA	NA	NA	

**B. Pharm III Semester:**

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
Pharmaceutics – III	40	15	40	12/12	3x4=12/3x4=12	
Pharmacognosy – I	40	16	40	12/12	3x4=12/3x4=12	
Pharmaceutical Chemistry – III	40	14	40	12/12	3x4=12/3x4=12	
Pharmaceutical Analysis-II	40	14	40	12/12	3x4=12/3x4=12	
Environment and Ecology	40	13	NA	NA	NA	

Signature of the Head of the Institution

Signature of the Inspectors

**B. Pharm IV Semester:**

(To Start from January 2017)

Subject 1	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
Pharmaceutics-IV	40	00	40	00	00	
Pharmaceutics-V	40	00	40	00	00	
Pharmacognosy-II	40	00	40	00	00	
Pharmacology-I	40	00	NA	NA	NA	
Pathophysiology	40	00	NA	NA	NA	

**B. Pharm V Semester:**

Subject 1	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
Pharmaceutics-VI	40	14	40	12/12	3x4=12/3x4=12	
Pharmaceutical Chemistry-IV	40	15	40	12/12	3x4=12/3x4=12	
Pharmaceutics-VII	40	13	40	12/12	3x4=12/3x4=12	
Pharmacology-II	40	15	40	12/12	3x4=12/3x4=12	

**B. Pharm VI Semester:**

(To Start from January 2017)

Subject 1	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
Pharmaceutical Chemistry-V	40	00	40	00	00	
Pharmaceutics-VIII	40	00	40	00	00	
Biochemistry	40	00	40	00	00	
Chemistry of Natural Product	40	00	40	00	00	
Pharmaceutical Industrial Management	40	00	NA	NA	NA	

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Signature of the Inspectors

**B. Pharm VII Semester:**

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1						
Biopharmaceutics and Pharmacokinetics	40	15	40	12	3x4=12/3x4=12	
Pharmaceutical Analysis –III	40	13	40	12	3x4=12/3x4=12	
Hospital Pharmacy	40	15	NA	NA	NA	
Medicinal Chemistry-III	40	12	NA	NA	NA	
Pharmacognosy-III	40	15	NA	12	3x4=12/3x4=12	
Report on Pharmaceutical Industrial Visit	Yes	Yes	NA	NA	NA	

**B. Pharm VIII Semester:**

(To Start from January 2017)

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1						
Pharmacology – III	40	00	40	00	00	
Drug Regulatory Affairs	40	00	NA	NA	NA	
Community and Clinical Pharmacy	40	00	40	00	00	
Quality Assurance and Validation	40	00	NA	NA	NA	
Standardization of Herbal Drugs	40	00	NA	NA	NA	
Pharmaceutical Marketing	40	00	NA	NA	NA	
Pharmaceutical Packaging	40	NA	NA	NA	NA	
Novel Drug Delivery Systems	40	00	NA	NA	NA	

Signature of the Head of the Institution

Signature of the Inspectors

8. Whether Tutorials are being conducted (if any, as per university norms) Yes  No

9. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last Three years.

A.

Name of the Event	Year 2014-15	Year 2015-16	Year 2016-17
Guest Lectures	2	2	0
Seminars	1	0	0
Workshops	0	0	0
Symposia	0	0	0

B. Papers Presented / Published during last three years:

	Year 2014-15		Year 2015-16		Year 2016-17	
	National	International	National	International	National	International
Published	10	2	3	5	1	3
Presented	0	0	0	0	0	0

10. Whether Internal Assessments are conducted periodically as per university norms

Yes  No

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	
B.Pharm I <sup>st</sup> Year- I SEM	03/10/2016	10/10/2016	21/11/2016	28/11/2016	
B.Pharm II <sup>nd</sup> Year- III SEM	22/08/2016	31/08/2016	03/10/2016	21/11/2016	
B. Pharm III <sup>rd</sup> Year- V <sup>th</sup> SEM	22/08/2016	31/08/2016	03/10/2016	21/11/2016	
B. Pharm IV <sup>th</sup> Year- VII <sup>th</sup> SEM	22/08/2016	31/08/2016	03/10/2016	21/11/2016	

11. Whether Evaluation of the internal assessments is Fair Yes  No

Class	No. of Candidates scored more than 80%		No. of Candidates scored between 60 - 80%		No. of Candidates scored between 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I B.Pharm	9	9	25	25	3	3	17	17	
II B.Pharm	14	14	16	16	6	6	9	9	
III B.Pharm	17	17	19	19	3	3	7	7	
IV B.Pharm	17	17	27	27	00	00	00	00	

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Signature of the Inspectors

12. Work load of Faculty members for B. Pharm

Sl.No.	Name of the Faculty	Subject taught	B.Pharm		Total work load	Specific Remarks of the Inspector
			Th	Pr		

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

Details	Year 2015	Year 2016	Year 2017
No. of Students Appeared	NA	07	00
No. of Students Qualified	NA	01	00
Percentage	NA	14	00

14. Whether the Institution has an Industry – Institution Interaction cell Yes



If applicable please give the details for the previous Year

Events	Details for the Previous Year
No. of Industrial visits	4
Industrial Tour	1
Industrial Training	5
No. of Resource Persons from the Industry for Guest Lectures	
No. of Collaboration projects with Industry	

15. Percentage of students Placed through the College Placement Cell in the Last Three Years

Year	Year 2015	Year 2016	Year 2017
No. of students appeared for campus interview	00	30	00
% Placed	00	70	00

16. Whether Professional Society Activities are Conducted (Enclose Details)  
(√ISTE, IPA, APTI, ICTA and Related Societies)

 Yes  No

Signature of the Head of the Institution

Signature of the Inspectors

**PART IV – PERSONNEL**

**TEACHING STAFF:**

1. Details of Teaching Faculty for B.Pharm 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 PG			

2. Qualification and number of Staff Members

Qualification		
M. Pharm	Ph.D.	Others – Full Time
11	10	3 Visiting Faculty

3. Teaching Staff Staff required year wise exclusively for B.Pharm for intake of 100 students.

	No. of staff required
1. Pharmaceutical Chemistry	7
2. Pharmaceutical Analysis	2
3. Pharmacology	4
4. Pharmacognosy	4
5. Pharmaceutics	6
6. Pharmacy Practice	1
7. Principal	1
<b>Total</b>	<b>25</b>
<b>*Part time teaching Staff</b>	<b>3</b>
Remarks of the Inspection Team	

\*Part time teaching staff for Mathematics, Biology and Computer Science can be appointed.

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4. Staff Pattern for B. Pharm courses Department wise / Division wise:

Professor: Asst. Professor: Lecturer

Department / Division	Name of the post	For strength of 100 students	Provided by the institution	Remarks of inspection team
Department of Pharmaceutics	Professor	1	2	
	Asst Professor	2	7	
	Lecturer	3	0	
Department of Pharmaceutical Chemistry	Professor	1	0	
	Asst Professor	3	6	
	Lecturer	3	0	
Department of Pharmacology	Professor	1	0	
	Asst Professor	2	3	
	Lecturer	1	0	
Department of Pharmacognosy	Professor	1	0	
	Asst Professor	1	1	
	Lecturer	2	0	
Department of Pharmacy Practice	Asst Professor	1	1	
	Lecturer	1	0	
Department of Pharmaceutical Analysis	Asst Professor	1	1	
	Lecturer	1	0	

5. Selection criteria and Recruitment Procedure for Faculty:

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

Signature of the Head of the Institution

Signature of the Inspectors

6. Details of Faculty Retention for:

Name of Faculty Member	Period	%
	Duration of 15 yrs. and above	00
	Duration of 10 yrs. and above	00
	Duration of 5 yrs. and above	00
Prof. Pramod Kumar Sharma Prof. Nayyar Parvez Dr. Rupesh Dudhe Dr. Dinesh Kumar Mr. Prashant Kumar Dhakad Mr. Rishabha Malviya Mr. Raghav Mishra Mr. Aditya Dixit Mr. Niranjan Kaushik Mrs. Garima Mathur Dr. Musarrat Husain Warsi Dr. Vikram Sharma Dr. Md. Aftab Alam Mr. Rahul Gupta Dr. Sushil Mishra Mr. Amrish Kumar Dr. Ankur Jindal Mr. Narendra Kumar Goyal Dr. Suman Rohilly Mr. Vipin Kumar Mr. Madhukant Singh	Less than 5 yrs.	100

7. Details of Faculty Turnover:

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
Prof. Pramod Kumar Sharma Prof. Nayyar Parvez Dr. Rupesh Dudhe Dr. Dinesh Kumar Mr. Prashant Kumar Dhakad Mr. Rishabha Malviya Mr. Raghav Mishra	% of faculty retained in last 3 yrs	√			

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8. Number of Non-teaching staff available for B. Pharm course for intake of 100 Students:

Sl. No.	Designation	Required (Minimum)	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	05	D.Pharm	
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC	02	SSLC	
3	Office Superintendent	1	Degree	01	Degree	
4	Accountant	1	Degree	01	Degree	
5	Store keeper	1	D. Pharm/ Degree	01	D.Pharm	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	01	Graduate with Computer Course	
7	Office Staff I	1	Degree	01	Degree	
8	Office Staff II	2	Degree	02	Degree	
9	Peon	2	SSLC	02	SSLC	
10	Cleaning personnel	Adequate	---	Adequate		
11	Gardener	Adequate	---	Adequate		

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Signature of the Inspectors

9. 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					

10. Whether facilities for Research / Higher studies are provided to the faculty? *YES*

(Inspectors to verify documents pertaining to the above)

11. Whether faculty members are allowed to attend workshops and seminars? *YES*

(Inspectors to verify documents pertaining to the above)

12. Scope for the promotion for faculty: Promotions Yes  No

13. Gratuity Provided Yes  No

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

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

15. Whether Supporting Staff (Technical and Administrative) are encouraged for skill up gradation programs.  Yes/ No

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 Register	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.	Acquaintance Registers	Yes		
10.	Accession Register for books and Journals in Library	Yes		
11.	Log book for chemicals and Equipment costing more than Rupees one lakh	Yes		
12.	Job Cards for laboratories	Yes		
13.	Standard Operating Procedures (SOP's) for Equipment	Yes		
14.	Laboratory Manuals	Yes		
15.	Stock Register for Equipment	Yes		
16.	Animal House Records as per CPCSEA	No		

Signature of the Head of the Institution

Signature of the Inspectors

**PART - VI**

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

Sl	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs 2016-17			Remarks of the Inspectors*
No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	Non Returning	
	1500000	900000	600000	1000000	500000	500000	1000000	300000	700000	

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

Sl	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs. 2016-17			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals	300000	266338	Chemicals	200000	150000	Chemicals	200000	00	
	Glassware	300000	433022	Glassware	200000	100000	Glassware	200000	00	

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

Sl	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs. 2016-17			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment	3500000	2974007	Equipment	500000	136000	Equipment	400000	00	

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Signature of the Inspectors

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

Sl. No.	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs. 2016-17			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	300000	110500	Books	300000	70000	Books	200000		
2	Journals	100000	51000	Journals	100000	50000	Journals	100000		

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

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Signature of the Inspectors

**PART VII – EQUIPMENT AND APPARATUS**

**II. Department wise list of minimum equipments required for B. Pharm (for a batch of 20 students)**

**DEPARTMENT OF PHARMACOLOGY**

**Equipment:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	20	20	Yes	
2	Haemocytometer with Micropipettes	20	20	Yes	
3	Sahli's haemocytometer	20	20	Yes	
4	Hutchinson's spirometer	01	01	Yes	
5	Spygmomanometer	10	10	Yes	
6	Stethoscope	10	10	Yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	Adequate	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	Available	Yes	
12	Muscle electrodes	01	02	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	01	Yes	
18	Physical /Chemical Balance	01	01	Yes	

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**Signature of the Inspectors**

19	Sherrington's Kymograph Machine / Polyrite	10	10	Yes	
20	Sherrington Drum	10	10	Yes	
21	Perspex bath assembly (single unit)	10	10	Yes	
22	Aerators	10	12	Yes	
23	Computer with LCD	01	02	Yes	
24	Software packages for experiment	01	01	Yes	
25	Standard graphs of various drugs	Adequate number	Adequate	Yes	
26	Actophotometer	01	01	Yes	
27	Rotarod	01	01	Yes	
28	Pole climbing apparatus	01	01	Yes	
29	Analgesiometer (Eddy's hot plate and radiant heat methods)	01	01	Yes	
30	Convulsiometer	01	01	Yes	
31	Plethysmograph	01	01	Yes	
32	Digital pH meter	01	01	Yes	

**Apparatus:**

Sl. No.	Name	Minimum required No.s	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	Livers, cannulae	20	25	Yes	

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

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**DEPARTMENT OF PHARMACOGNOSY**

**Equipment:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	20	20	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	20	25	Yes	
13	Eye piece micrometer	20	20	Yes	
14	Incinerator	01	01	Yes	
15	Moisture balance	01	01	Yes	
16	Heating mantle	20	20	Yes	
17	Flourimeter	01	01	Yes	
18	Vacuum pump	02	02	Yes	
19	Micropipettes (Single and multi channeled)	05	05	Yes	
20	Micro Centrifuge	01	01	Yes	
21	Projection Microscope	01	01	Yes	

**Apparatus:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Reflux flask with condenser	20	25	Yes	
2	Water bath	20	20	Yes	
3	Clavengers apparatus	10	10	Yes	
4	Soxhlet apparatus	10	10	Yes	
5	TLC chamber and sprayer	10	10	Yes	
6	Distillation unit	01	01	Yes	

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

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**DEPARTMENT OF PHARMACEUTICAL CHEMISTRY****Equipment:**

Sl. 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	
5	Digital balance 10mg sensitivity	10	10	Yes	
6	Digital balance 10mg sensitivity	01	01	Yes	
7	Suction pumps	06	06	Yes	
8	Muffle Furnace	01	01	Yes	
19	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	

**Apparatus:**

Sl. 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	100	100	Yes	
5	Arsenic Limit Test Apparatus	25	25	Yes	
6	Nessler's Cylinders	50	59	Yes	

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

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DEPARTMENT OF PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1.	Mechanical stirrer	20	20	Yes	
2.	Homogenizer	10	10	Yes	
3.	Digital balance (10 mg sensitivity)	05	05	Yes	
4.	Microscopes	10	10	Yes	
5.	Stage and eye piece micrometers	15	15	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	03	Yes	
22.	Monsanto's hardness tester	01	01	Yes	
23.	Pfizer type hardness tester	01	01	Yes	
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	

Signature of the Head of the Institution

Signature of the Inspectors

29.	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 each 10	5 each 10	Yes	
30.	Digital pH meter	02	02	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	05	Yes	
44.	Precision Melting point Apparatus	01	01	Yes	
45.	Distillation Unit	01	01	Yes	

**Apparatus:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	20	30	Yes	
2	Stalagmometer	20	30	Yes	
3	Desiccator	10	10	Yes	
4	Suppository moulds	20	25	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	05	05	Yes	
9	Lipstick moulds	10	19	Yes	

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

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**PHARMACEUTICAL BIOTECHNOLOGY**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Orbital shaker incubator	01			<b>Not Applicable</b>
2	Lyophilizer (Desirable)	01			
3	Gel Electrophoresis (Vertical and Horizontal)	01			
4	Phase contrast/Trinocular Microscope	01			
5	Refrigerated Centrifuge	01			
6	Fermenters of different capacity (Desirable)	01			
7	Tissue culture station	01			
8	Laminar airflow unit	01			
9	Diagnostic kits to identify infectious agents	01			
10	Rheometer	01			
11	Viscometer	01			
12	Micropipettes (single and multi channeled)	01 each			
13	Sonicator	01			
14	Respinometer	01			
15	BOD Incubator	01			
16	Paper Electrophoresis Unit	01			
17	Micro Centrifuge	01			
18	Incubator water bath	01			
19	Autoclave	01			
20	Refrigerator	01			
21	Filtration Assembly	01			
22	Digital pH meter	01			

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

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Signature of the Inspectors

**CENTRAL INSTRUMENTATION ROOM:**

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

Signature of the Head of the Institution

Signature of the Inspectors

**Observation of the Inspectors:**

**Compliance of the last recommendations by Inspectors**

**Specific observations if not complied**

**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**