

PHARMACY COUNCIL OF INDIA

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

(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

| | |
|---|--|
| A – I.1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail | Anurag Group of Institutions (Formerly Lalitha College of Pharmacy) Venkatapur(V), Ghatkesar (M), R.R.Dist – 500088 08499953666/63666 08415 255312 vasudhapharmacy@cvsr.ac.in |
| Year of Establishment | 2005 |
| Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust) | TRUST |
| A – I.2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site: | Gayathri Educational & Cultural Trust Anurag Group of Institutions Venkatapur(V), Ghatkesar(M), R.R.Dist – 500 088 084999 08499953666/63666 255312 ao@cvsr.ac.in www.anurag.edu.in |
| A – I.3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail | Dr. P. Rajeshwar Reddy, Chairman Plot No – 32, Nandagiri Hills, Jubilee Hills, Hyderabad 040 255311 9866308200 08415 255312 rajeshwar_palla@yahoo.com |
| A – I.4 Name and Address of the Head of the Institution | Dr.Vasudha Bakshi, Flat No: 313, Transon Pragathi Avenue, Perzadiguda, Boduppal, Uppal, |

A – I .

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

Signature of the Head of the Institution

Signature of the Inspectors

a. Details of Affiliation Fee Paid

| Name of the Course | Affiliation Fee paid up to | Receipt No | Dated | Remarks of the Inspectors |
|--------------------|----------------------------|------------|------------|---------------------------|
| B. Pharm | 2018 – 19 | 925790 | 29.08.2017 | |

b. APPROVAL STATUS:

| Name of the Course | Approved up to | In take Approved and | PCI | STATE GOVERNMENT | UNIVERSITY | Remarks of the Inspectors |
|--------------------|----------------|------------------------------------|----------------------------|---------------------------|--|---------------------------|
| B. Pharm | 2017 – 18 | Approval Letter No and Date | 32-508/2015-PCI/36694-701. | G.O.Ms. No.21, 04.07.2016 | AAC:AUTONOMOUS STATUS:ANURAG GI:D1/960/14, 28/7/14 | |
| | | Approved Intake | 100 | 100 | 100 | |
| | | Actually Admitted | 89 | 89 | 89 | |

c. STATUS OF APPLICATION

| COURSES INSPECTED FOR | | | | |
|-----------------------|-----------------------|-----------------------------|----------------|-----------------------------|
| Faculty / Subject | Extension of Approval | Increase in Intake of Seats | Remarks | |
| | | | Current Intake | Proposed increase in Intake |
| B. Pharm | Yes | No | 100 | 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"/> YES |
| Wing of another college | <input type="checkbox"/> NO |
| Separate Campus | <input type="checkbox"/> NO |
| Multi Institutional Campus | <input type="checkbox"/> YES |

Examining Authority : Degree Course

With complete postal Address,

Telephone No. and STD Code.

The Registrar, Jawaharlal Nehru Technology University, Kukutpally, Hyderabad – 500 072

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

| | | | | | |
|--|-----------------------|---------------------------|---|------------------------------|--------------------------------------|
| B –I .1 Name of the Principal | | Dr. Vasudha Bakshi | | | |
| Qualification/ Experience | Qualification* | | Teaching Experience Required | Actual experience | Remarks of the Inspectors |
| | M. Pharm | YES ✓ | 15 years, out of which 5 years as Prof. / HOD | 15 | |
| | PhD | YES ✓ | 10 years, out of which at least 05 years as Asst. Prof | | |

* 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 | 17/08/2015 | | Yes | |

* Enclose Documents

B –I .3

| | |
|--|-----------------|
| Status of Governing Council: | Trust |
| 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 | Yes | No | No | |
| Non- Teaching Staff | State Government | Yes | Yes | No | |

B –I .5

B. Pharm Course: Admission Statement for the Past Three Years

| ACADEMIC YEAR | 2015 – 16 | 2016 – 17 | 2017 – 18 |
|-------------------------------------|------------------|------------------|-------------------------------|
| Sanctioned | 100 | 100 | 100 |
| No. of Admissions | 87 | 72 | Admissions are under progress |
| Unfilled Seats | 13 | 28 | 0 |
| No. of Excess Admissions | 0 | 0 | 0 |

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

| ACADEMIC YEAR | 2015 - 16 | 2016 – 17 | 2017-18 |
|----------------------------|------------------|------------------|----------------|
| 1st year | 40 | 60 | 0 |
| 2nd year | 64 | 75 | 0 |
| 3rd year | 76 | 68 | 0 |
| Final year | 81 | 85 | 0 |
| Pass % (Final Year) | 76 | 80 | 0 |

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

| | |
|---|---|
| Whether college has NSS Unit (Yes/No)? If no give reasons | YES |
| NSS Programme Officer's Name | Mr. P. Naveen |
| Programme conducted (mention details) | 1) Special Camp 2) Thought Transformation Event 3) Integration Camp 4) Orientation & Unit III Inoguaral Programme 5) World Environment Day 6)Blood Donation |
| 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 Resources and funding agencies (give complete list)

C.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 | 0 0 | CAPITAL EXPENDITURE | | | |
| 2. | Tuition Fee | 10283330.00 | 1. | Building | 0 | |
| 3. | Library Fee | 0 | 2. | Equipment | 0 | |
| 4. | Sports Fee | 0 | 3. | Others | 0 | |
| 5. | Union Fee | 0 | REVENUE EXPENDITURE | | | |
| 6. | Others | 4209906.00 | 1 | Salary | 12793902.00 | |
| | | | 2. | MAINTENANCE EXPENDITURE | | |
| | | | | i | College | 0 |
| | | | | ii | Others | 0 |
| | | | 3. | University Fee (If any) | 0 | |
| | | | 4. | Apex Bodies Fee | 0 | |
| | | | 5. | Government Fee | 0 | |
| | | | 6. | Deposit held by the College | 0 | |
| | | | 7. | Others | 1699334.00 | |
| | | | 8. | Misc.Expenditure | 0 | |
| | | | Total | | 14493236.00 | |
| Total | | 14493236.00 | | | | |
| Note: Enclose relevant documents | | | | | | |

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (B. Pharm courses) : Available
 a) 2.5 acres District HQ/Corporation/Municipality limit
 b) 0.5 acre for City / Metros
 b. Building : Own
 c. Land Details to be in name of Trust and Society
 Records to be enclosed
 Sale deed : Last Documents Enclosed (Encl No – 7)
 d. Building[†]:
 i) Approved Building plan, to be enclosed : Building Plan Enclosed (Encl No – 8)
 e. Total Built Area of the college building in Sq.mts : Built up Area 5604
 Amenities and Circulation Area 2290

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 | 07 | 07 | 6 of 90 Sq. mts | 650 | |

(*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 | 12 & 1133 | |
| 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 & 230 02 & 230 01 & 78 02 & 230 01 & 78 01 & 78 10 | |
| 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) | 06 & 60 | |
| 4 | Area of the Machine Room | 80-100 Sq.mts | 01 & 80 | |
| 5 | Central Instrumentation Room | 80 Sq.mts with A/ C | 01 & 83 | |
| 6 | Store Room – I | 1 (Area 100 Sq mts) | 01 & 100 | |
| 7 | Store Room – II (For Inflammable chemicals) | 1 (Area 20 Sq mts) | 01 & 36 | |

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

Signature of the Head of the Institution

Signature of the Inspectors

† **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 .mts | 01 | 36 | |
| 2 | Office – I - Establishment | 01 | 60 Sq. mts | 01 | 20 | |
| 3 | Office – II – Academics | | | 01 | 20 | |
| 4 | Confidential Room | | | 01 | 32 | |

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 | 80 | |
| 2 | Faculty Rooms for B.Pharm course | | 10 Sq mts x n (n=No of teachers) | 06 | 400 | |

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 | 01 | 80 | |
| 2 | Library | 01 | 150 Sq mts | 01 | 150 | |
| 3 | Museum | 01 | 50 Sq mts (May be attached to the Pharmacognosy lab) | 01 | 60 | |
| 4 | Auditorium / Multi Purpose Hall (Desirable) | 01 | 250 – 300 seating capacity | 01 | 270 | |
| 5 | Seminar Hall | 01 | | 01 | 150 | |
| 6 | Herbal Garden (Desirable) | 01 | Adequate Number of Medicinal Plants | 01 | 1000 | |

Signature of the Head of the Institution

Signature of the Inspectors

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.mts | 01 | 80 | |
| 2 | Boy's Common Room (Essential) | 01 | 60 Sq.mts | 01 | 80 | |
| 3 | Toilet Blocks for Boys | 01 | 24 Sq.mts | 03 | 90 | |
| 4 | Toilet Blocks for Girls | 01 | 24 Sq.mts | 03 | 90 | |
| 5 | Drinking Water facility – Water Cooler (Essential). | 01 | | 03 | 03 | |
| 6 | Boy's Hostel (Desirable) | 01 | 9 Sq .mts / Room Single occupancy | 1 | 200 | |
| 7 | Girl's Hostel (Desirable) | 01 | 9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy) | 1 | 300 | |
| 8 | Power Backup Provision (Desirable) | 01 | | 01 | 62 KVA | |

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 | 120 | |
| Computer (Latest Configuration) | 1 system for every 10 students | 70 | 120 | |
| Printers | 1 printer for every 10 computers | 8 | 8 | |
| Multi Media Projector | 01 | 04 | 04 | |
| Generator (5KVA) | 01 | 01 | 62 | |

Signature of the Head of the Institution

Signature of the Inspectors

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 | NA | |
| Staff quarters | 16 x 80 Sq. mts | 0 | 0 | NA | |
| Canteen | 100 Sq. mts | 1 | 185 | Available | |
| Parking Area for staff and students | | 1 | 2000 | Available | |
| Bank Extension Counter | | 0 | 0 | NA | |
| Co operative Stores | | 1 | 75 | Available | |
| Guest House | 80 Sq. mts | 1 | 150 | Available | |
| Transport Facilities for students | | 36 | 0 | Available | |
| Medical Facility (First Aid) | | 1 | 15 | 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 Inspector |
|---------|--|-------------|---|------------------------------|---------|--------------------------|
| | | | | 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 | 1257 | 9190 | |
| 2 | Annual addition of books | | 150 to 200 books per year | 62 | 303 | |
| 3 | Periodicals Hard copies / online | | 10 National 05 International periodicals | 220 | 220 | |
| 4 | CDS | | Adequate Nos | 55 | 235 | |
| 5 | Internet Browsing Facility | | Yes/No (Minimum ten computers) | AVAILABLE | | |
| 6 | Reprographic Facilities: Photo Copier Fax Scanner | | 01 01 01 | Available | | |
| 7 | Library Automation and Computerized System | | | AVAILABLE | | |
| 8 | Library Timings | | | 08. 30 AM – 05. 30 PM | | |

10.B. Library Staff:

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

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio: Theory Practicals Remarks of the Inspectors

(Required ratio --- Theory → 60:1 and Practicals → 20:1) If more than 20 students in a batch 2 staff members

to be present provided the lab is spacious.

2. Scheme of B. Pharm Course: Semester

3. Date of Commencement of session / sessions:

| | |
|---------------------|-------------------|
| Commencement | Completion |
| 12/06/2017 | 23/04/2018 |

No of Days

No of Days

4. Vacation: Summer: **47**

Winter: **0**

5. Total No. of working days:

190

6. Time Table:

Time Table for B. Pharm course Enclosed

Yes

No

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

I B. Pharm: Enclosed (Encl No – 9B)

| 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 | Enclosed (Encl No – 9) | |
| | | | | | | |

II B. Pharm:

| 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 | Enclosed (Encl No – 9B) | |
| | | | | | | |

III B. Pharm:

Signature of the Head of the Institution

Signature of the Inspectors

| 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 | | | | | | |
| | | | | | Enclosed (Encl No – 9B) | |
| | | | | | | |

IV B. Pharm:

| 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 | | | | | | |
| | | | | | Enclosed (Encl No – 9) | |
| | | | | | | |

8. Whether Tutorials are being conducted (if any, as per university norms)

YES

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

A.

| Name of the Event | 2015-2016 | 2016-2017 | 2017-2018 |
|-------------------|-----------|-----------|-----------|
| Guest Lectures | 12 | 18 | 12 |
| Seminars | 1 | 1 | 1 |
| Workshops | 1 | 1 | 1 |
| Symposia | 1 | 1 | 1 |

B. Papers Presented / Published during last three years

| | 2015-2016 | | 2016-2017 | | 2017-2018 | |
|-----------|-----------|---------------|-----------|----------|---------------|----------|
| | National | International | National | National | International | National |
| Published | 11 | 13 | 28 | 9 | 20 | 09 |
| Presented | 10 | 27 | 26 | 21 | 4 | 05 |

Signature of the Head of the Institution

Signature of the Inspectors

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

Yes

YES

No

| Class | I Sessional Dates DD/MM/YY | | II Sessional Dates DD/MM/YY | | III Sessional Dates DD/MM/YY | | Remarks of the |
|--------------|-------------------------------|------------|--------------------------------|------------|---------------------------------|------------|-------------------|
| | Theory | Practicals | Theory | Practicals | Theory | Practicals | |
| I B. Pharm | 23/10/2017 | 02/01/2018 | 26/12/2017 | 02/01/2018 | 26/12/2017 | 02/01/2018 | |
| II B. Pharm | 22/08/2017 | 03/11/2017 | 31/10/2017 | 03/11/2017 | 31/10/2017 | 03/11/2017 | |
| III B. Pharm | 07/08/2017 | 18/10/2017 | 13/10/2017 | 18/10/2017 | 13/10/2017 | 18/10/2017 | |
| IV B. Pharm | 07/08/2017 | 18/10/2017 | 13/10/2017 | 18/10/2017 | 13/10/2017 | 18/10/2017 | |

11. Whether Evaluation of the internal assessments is Fair Yes

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 | 25 | 40 | 35 | 39 | 14 | 10 | 15 | 0 | |
| II B.Pharm | 40 | 20 | 13 | 30 | 17 | 24 | 06 | 02 | |
| III B.Pharm | 12 | 45 | 50 | 39 | 22 | 0 | 0 | 0 | |
| IV B.Pharm | 15 | 20 | 35 | 40 | 14 | 08 | 04 | 0 | |

**12. Work load of Faculty members for B. Pharm
Enclosed (Encl No – 10)**

| Sl. No | Name of the Faculty | Subjects 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 : 2015-2016 | Year : 2016-2017 | Year : 2017-2018 |
|---------------------------|------------------|------------------|------------------|
| No. of Students Appeared | 55 | 53 | 0 |
| No. of Students Qualified | 25 | 22 | 0 |
| Percentage | 46 | 42 | 0 |

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

YES

No

If applicable please give the details for the previous Year

| Events | Details for the Previous Year |
|--|-------------------------------|
| No. of Industrial visits | 03 |
| Industrial Tour | 01 |
| Industrial Training | 10 |
| No. of Resource Persons from the Industry for Guest Lectures | 22 |
| No. of Collaboration projects with Industry | 03 |

Signature of the Head of the Institution

Signature of the Inspectors

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

| Year | 2015-2016 | 2016-2017 | 2017-2018 |
|--|------------------|------------------|------------------|
| No. of students appeared for campus interview | 60 | 36 | 0 |
| % Placed | 25 | 30 | 0 |

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

| | |
|------------|--------------------------|
| Yes | <input type="checkbox"/> |
|------------|--------------------------|

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:
Enclosed (Encl No – 11)

| SI 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 | PhD | Others - Full Time |
| 42 | 05 | 09 |

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

| | No. of staff required |
|---------------------------------------|-----------------------|
| 1. Pharmaceutical Chemistry | 5 |
| 2. Pharmaceutical Analysis | 4 |
| 3. Pharmacology | 5 |
| 4. Pharmacognosy | 3 |
| 5. Pharmaceutics | 6 |
| 6. Pharmacy Practice | 2 |
| 7. Principal | 1 |
| Total | 26 |
| *Part time teaching Staff | 3 |
| Remarks of the Inspection Team | |

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

Signature of the Head of the Institution

Signature of the Inspectors

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 | 01 | |
| | Asst. Professor | 2 | 02 | |
| | Lecturer | 3 | 03 | |
| Department of Pharmaceutical Chemistry | Professor | 1 | 01 | |
| | Asst. Professor | 3 | 03 | |
| | Lecturer | 3 | 03 | |
| Department of Pharmacology | Professor | 1 | 01 | |
| | Asst. Professor | 2 | 02 | |
| | Lecturer | 1 | 02 | |
| Department of Pharmacognosy | Professor | 1 | 01 | |
| | Asst. Professor | 1 | 01 | |
| | Lecturer | 2 | 02 | |
| Department of Pharmacy Practice | Professor | 0 | 00 | |
| | Asst. Professor | 1 | 01 | |
| | Lecturer | 1 | 01 | |
| Department of Pharmaceutical Analysis | Professor | 0 | 00 | |
| | Asst. Professor | 1 | 01 | |
| | Lecturer | 1 | 01 | |

5. **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 |

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

| Name of Faculty Member | Period | % |
|--|-------------------------------|-------|
| NA | Duration of 15 yrs. and above | 0 |
| Dr.Y Ramu V B srinivas S.HARIPRASAD | Duration of 10 yrs. and above | 0.05 |
| Dr. VASUDHA BAKSHIB HEMANTH KUMAR D SIREESHA D MOHANTY K RAMA DEVI B.JAINENDRA KUMAR G BABA SHANKAR RAO | Duration of 5 yrs. and above | 14.5 |
| Dr. G. KiranDr.D.Krishna Prasad Dr.CH.Ananda Kumar N. Lalitha Jyotsna B. Hemanth Kumar S. Swapna S.K.MadhaviHarika AzmathFarhana N. Swetha ReddyV.Rani SamyukthaP. NaveenP. Ramya DeepthiA. Teja Sri V. Vinod KumarG.HariKiritiVarmaYasoDeepikaMohammedSayed MounikaTejaswi K.Sunand Dr .K. VivekKumar Dr.K.H.Usha Devi J.Rajendra Kumar B.Narender AllaKonda Rajamani P.Chandra Shekar E.Ravindar naik Nari UmaraniGujjuka MamathaB.NiroshaE.Jagadish KumarN.Swetha | Less than 5 yrs. | 85.45 |

7. **Details of Faculty Turnover:**

| Name of Faculty Member | Period | More than 50% | 50% | 25% | Less than 25% |
|------------------------|-------------------------------------|---------------|-----|-----|---------------|
| NA | % of faculty retained in last 3 yrs | No | YES | NO | NO |

Signature of the Head of the Institution

Signature of the Inspectors

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 | 03 | D.Pharm | |
| 2 | Laboratory Assistants / Attenders | 1 for each Lab (minimum) | SSLC | 08 | B. Sc | |
| 3 | Office Superintendent | 1 | Degree | 1 | M.Com | |
| 4 | Accountant | 1 | Degree | 02 | M. Com | |
| 5 | Store keeper | 1 | D. Pharm/ Degree | 1 | B.Sc | |
| 6 | Computer Data Operator | 1 | BCA / Graduate with Computer Course | 01 | B. Sc | |
| 7 | Office Staff I | 1 | Degree | 01 | B. A | |
| 8 | Office Staff II | 2 | Degree | 02 | Intermediate | |
| 9 | Peon | 2 | SSLC | 05 | SSC | |
| 10 | Cleaning personnel | Adequate | --- | 2 | | |
| 11 | Gardener | Adequate | --- | 01 | 7 th | |

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Signature of the Inspectors

9. Scale of pay for Teaching faculty (to be enclosed): Enclosed (Encl No – 12)

| Sl. No | Name | Qualification | Designation | Basic pay Rs. | DA Rs. | HRA Rs. | CCA Rs. | Other allowance Rs. | Deductions | | | Bank A / C | PAN No | EPF A/c no. | Total | Signature |
|--------|------|---------------|-------------|---------------|--------|---------|---------|---------------------|-------------------------|-----|-----|------------|--------|-------------|-------|-----------|
| | | | | | | | | | P T | TDS | EPF | | | | | |
| | | | | | | | | | Enclosed (Encl No - 11) | | | | | | | |

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): Enclosed (Encl No – 13)

| Sl No | Name | Designation | Qualification | Date of Joining | Experience | Signature | Remarks of the Inspectors |
|-------|------|-------------|---------------|-----------------|-------------------------|-----------|---------------------------|
| | | | | | Enclosed (Encl No – 11) | | |

15. 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 | | |

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Signature of the Inspectors

PART - VI

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

Enclosed (Encl No – 06)

| SI | Expenditure in Rs. 2015 – 2016 | | | Expenditure in Rs. 2016 – 2017 | | | Expenditure in Rs 2017 – 2018 | | | Remarks of the Inspectors* |
|-----|-----------------------------------|-----------|------------------|-----------------------------------|-----------|------------------|----------------------------------|-----------|------------------|----------------------------------|
| No. | Total budget sanctioned | Recurring | Non Recurring | Total budget sanctioned | Recurring | Non Returning | Total budget sanctioned | Recurring | Non Returning | |
| | 1600000 | 600000 | 1000000 | 1650000 | 650000 | 1000000 | 1700000 | 700000 | 1000000 | |
| | | | | | | | | | | |

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

| SI | Expenditure in Rs. 2015 – 2016 | | | Expenditure in Rs. 2016 - 2017 | | | Expenditure in Rs 2017 – 2018 | | | Remarks of the Inspectors* |
|-----|-----------------------------------|------------|----------|-----------------------------------|------------|----------|----------------------------------|------------|----------|----------------------------------|
| No. | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | |
| | Chemicals | 600000 | 558600 | Chemicals | 650000 | 628780 | Chemicals | 400000 | 0 | |
| | Glassware | 200000 | 190000 | Glassware | 225000 | 215500 | Glassware | 320000 | 0 | |

3. Total amount spent on equipments for the past three years:

(Enclose purchase invoice)

| SI | Expenditure in Rs. 2015 – 2016 | | | Expenditure in Rs. 2016 – 2017 | | | Expenditure in Rs 2017 – 2018 | | | Remarks of the Inspectors* |
|-----|-----------------------------------|------------|----------|-----------------------------------|------------|----------|----------------------------------|------------|----------|----------------------------------|
| No. | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | |
| | Equipment | 250000 | 225800 | Equipment | 500000 | 462514 | Equipment | 500000 | | |

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

| SI No. | Expenditure in Rs. 2015 – 2016 | | | Expenditure in Rs. 2016 - 2017 | | | Expenditure in Rs 2017 – 2018 | | | Remarks of the Inspectors* |
|----------|--------------------------------|------------|----------|--------------------------------|------------|----------|-------------------------------|------------|----------|----------------------------|
| | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | |
| 1 | Books | 400000 | 350000 | Books | 200000 | 186000 | Books | 225000 | 0 | |
| 2 | Journals | 200000 | 191000 | Journals | 400000 | 363800 | Journals | 400000 | 365000 | |

***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

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 | 25 | YES | |
| 2 | Haemocytometer with Micropipettes | 20 | 25 | YES | |
| 3 | Sahli's haemocytometer | 20 | 25 | 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 | 15 | YES | |
| 8 | Models for various organs | One model of each organ system | 15 | YES | |
| 9 | Specimen for various organs and systems | One model for each organ system | 01 | YES | |
| 10 | Skeleton and bones | One set of skeleton and one spare bone | 01 | YES | |
| 11 | Different Contraceptive Devices and Models | One set of each device | 01 | YES | |
| 12 | Muscle electrodes | 01 | 01 | YES | |
| 13 | Lucas moist chamber | 01 | 01 | YES | |
| 14 | Myographic lever | 01 | 01 | YES | |
| 15 | Stimulator | 01 | 20 | YES | |
| 16 | Centrifuge | 01 | 02 | YES | |
| 17 | Digital Balance | 01 | 01 | YES | |
| 18 | Physical /Chemical Balance | 01 | 01 | YES | |
| 19 | Sherrington's Kymograph Machine / Polyrite | 10 | 15 | YES | |

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Signature of the Inspectors

| | | | | | |
|----|--|-----------------|----|-----|--|
| 20 | Sherrington Drum | 10 | 30 | YES | |
| 21 | Perspex bath assembly (single unit) | 10 | 25 | YES | |
| 22 | Aerators | 10 | 15 | YES | |
| 23 | Computer with LCD | 01 | 01 | YES | |
| 24 | Software packages for experiment | 01 | 01 | YES | |
| 25 | Standard graphs of various drugs | Adequate number | 05 | 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 | 25 | 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 | 20 | YES | |

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

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 | |

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Signature of the Inspectors

| | | | | | |
|----|--|----|----|------------|--|
| 5 | B.O.D. incubator | 01 | 01 | YES | |
| 6 | Refrigerator | 01 | 01 | YES | |
| 7 | Laminar air flow | 01 | 01 | YES | |
| 8 | Colony counter | 02 | 01 | 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 | 20 | 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 | 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.

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 | |

Signature of the Head of the Institution

Signature of the Inspectors

| | | | | | |
|----|---------------------------------------|----|----|-----|--|
| 4 | Analytical Balances for demonstration | 05 | 05 | YES | |
| 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 | |

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 | 24 | 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 | 50 | YES | |

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

DEPARTMENT OF PHARMACEUTICS

Equipment:

| Sl. No. | Name | Minimum Required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors |
|---------|---------------------------------|-----------------------|----------------|------------------|---------------------------|
| 1 | Mechanical stirrers | 20 | 20 | YES | |
| 2 | Homogenizer | 10 | 12 | YES | |
| 3 | Digital balance | 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 | |

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Signature of the Inspectors

| | | | | | |
|----|---|---------------|---------|------------|--|
| 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 | 02 | 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 | 02 | 02 | YES | |
| 21 | Tablet dissolution test apparatus IP | 01 | 02 | YES | |
| 22 | Monsanto's hardness tester | 02 | 02 | YES | |
| 23 | Pfizer type hardness tester | 01 | 01 | YES | |
| 24 | Friability test apparatus | 01 | 01 | YES | |
| 25 | Clarity test apparatus | 01 | 02 | 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 | 10 | YES | |
| 30 | Digital pH meter | 01 | 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 | 01 | YES | |
| 39 | Energy meter | 02 | 02 | YES | |
| 40 | Hot Plate | 02 | 02 | YES | |

Signature of the Head of the Institution

Signature of the Inspectors

| | | | | | |
|----|---|----|----|-----|--|
| 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 | |

Apparatus:

| Sl. No. | Name | Minimum required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors |
|---------|--|-----------------------|----------------|------------------|---------------------------|
| 1 | Ostwald's viscometer | 20 | 20 | YES | |
| 2 | Stalagmometer | 20 | 20 | YES | |
| 3 | Desiccator* | 10 | 10 | 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 | 05 | 05 | 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.

PHARMACEUTICAL BIOTECHNOLOGY

| Sl. 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 | |

Signature of the Head of the Institution

Signature of the Inspectors

| | | | | | |
|----|---|---------|---------|------------|--|
| 9 | Diagnostic kits to identify infectious agents | 01 | 01 | YES | |
| 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.

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 | 02 | YES | |
| 12 | HPTLC (Desirable) | 01 | 00 | NO | |

Signature of the Head of the Institution

Signature of the Inspectors

| | | | | | |
|----|--|----|----|------------|--|
| 13 | Atomic Absorption and Emission spectrophotometer (Desirable) | 01 | 00 | NO | |
| 14 | Biochemistry Analyzer (Desirable) | 01 | 01 | YES | |
| 15 | Carbon, Hydrogen, Nitrogen Analyzer (Desirable) | 01 | 00 | NO | |
| 16 | Deep Freezer (Desirable) | 01 | 00 | NO | |
| 17 | Ion- Exchanger | 01 | 01 | YES | |
| 18 | Lyophilizer (Desirable) | 01 | 00 | NO | |

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