

Tracking Number: SIF/2017/100291

PHARMACY COUNCIL OF INDIA

**Standard Inspection Format (S.I.F) for institutions conducting
D Pharm**

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

(SIF-A)

To be filled up by P.C.I

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No.

**NAME OF THE INSPECTORS: 1.
(IN BLOCK LETTERS)**

2.

PART-1

A-GENERAL INFORMATION

A - I.1

| | |
|---|---|
| Name of the institution | Jakir Hossain Institute of Pharmacy |
| Complete postal address: | Vill: & P.O.- Miapur, Dist. - Murshidabad, West Bengal - 742235 |
| Telephone number with STD Code | 03483 266148 |
| Fax No | 03482266148 |
| Email | jakirhossainppharmacy@gmail.com |
| Year of establishment | 2015 |
| Status of the course conducting body | Trust |

A - I.2

| | |
|---|--|
| Name of the Society/Trust/Management | SHIBHAM EDUCATION AND SOCIAL WELFARE TRUST |
| Address | P.O. AURANGABAD, DIST. MURSHIDABAD, WEST BENGAL. |
| Telephone Number with STD Code | 03485 263300 |
| Fax No | 0348526330 |
| Email | dipakdasabc@gmaaol.com |
| Website | www.jhip-india.co |

A - I.3

| | |
|--|--|
| Name of the person to be contacted by phone | DIPAK KUMAR DAS |
| Designation | President |
| Address | Vill. Tantipara, P.O. Aurangabad, Dist.- Murshidabad, Pin. 742201, West Bengal |
| STD Code | 03483 |
| Telephone Number | |
| Office | 9475153777 |
| Residence | 266148 |
| Mobile | 9046528012 |
| Fax No | |

Email

gantuhin@gmail.com

A - I.4

Name of the Head of the Institution

TUHIN SARKAR

Address

246/3, BISHNUPUR ROAD. P.O. BERHAMPORE, DIST. MURSHIDABAD, WEST BENGAL- 742101.

Signature of the Head of the Institution

Signature of the Inspectors

A - I.5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. DETAILS OF AFFLIATION FEE PAID

| Name of the Course | Affiliation Fee Paid Upto | Receipt No. | Dated | Remarks of the Inspectors |
|--------------------|---------------------------|-------------|------------|---------------------------|
| D Pharm | 2017-18 | 30172 | 16/09/2016 | |

b. APPROVAL STATUS

| Name of the Course | Approved Upto | Intake Approved and Admitted | PCI | State Govt | University | Remarks of the Inspectors |
|--------------------|---------------|------------------------------|-----------------------------|----------------------------------|------------|---------------------------|
| D Pharm | 2017-18 | Approved Letter No & Date | 17-1096/2016 - PCI/77303-05 | WBSCTVESD/TED/I/2015-16/518 (76) | 0 | |
| | | Approved Intake | 60 | 60 | 0 | |
| | | Actually Admitted | 60 | 60 | 0 | |

c. STATUS OF APPLICATION

| Course | Extension of Approval | Increase in Intake of Seats | Current Intake | Remarks Proposed increase in Intake |
|---------|-----------------------|-----------------------------|----------------|-------------------------------------|
| D Pharm | Yes | No | 60 | 0 |

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 status

Yes

A - I.6 a

| Status of the Pharmacy Course: | |
|--------------------------------|-----|
| Independent Building | Yes |
| Wing of Another College | No |
| Separate Campus | Yes |

Multi Institutional Campus Yes

| | |
|---|---|
| Examining Authority: | Diploma Course |
| Name with Complete Postal address, telephone No. and STD Code. | The Secretary West Bengal State Council of Technical Education, Kolkata Karigori Bhavan 2nd Floor, 110, S.N. Banerjee Road KOLKATA 700 013. |

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B - I.1

Name of the Principal TUHIN SARKAR

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

* 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* |
|---------|-------------------------|---|-----------------------|--|
| D Pharm | 16/11/2016 | NA | No | No |

* Enclose Documents

B - I.3

Pay Scales

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

B - I.4

D Pharm Course: Admission statement for the past three years

| ACADEMIC YEAR | 2015- | 2016-2017 | 2017-2018 |
|---------------|-------|-----------|-----------|
|---------------|-------|-----------|-----------|

| | | | |
|-------------------------------|-------------|----|----|
| | 2016 | | |
| Sanctioned | 60 | 60 | 60 |
| No. of Admissions | 15 | 60 | 60 |
| Unfilled Seats | 45 | 0 | 0 |
| No of Excess Admission | 0 | 0 | 0 |

B - I.5

Academic information: Percentage of D Pharm results for the past three years:

| | | | |
|----------------------|------------------|------------------|------------------|
| ACADEMIC YEAR | 2015-2016 | 2016-2017 | 2017-2018 |
| D Pharm | | 0 | 86 |

Signature of the Head of the Institution

Signature of the Inspectors

B - II

Co-Curricular Activities / Sports Activities

| | |
|---|--|
| Whether college has NSS Unit(Yes/No)? Yes | |
| If no give reasons | |
| NSS Program Officer's Name | Mr DEBASHISH SAHA |
| Programme Conducted Details | INDEPENDENCE DAY, REPUBLIC DAY, PHARMACIST DAY, PHARMACISTS WEEK, etc. |
| Whether students participating in University level cultural activities/Co-curricular/Sports activities | Yes |
| Physical Instructor | Available |
| Sports Ground | Individual |
| Are you Associated with other Organization/Institution/Trust/Society Running Pharmacy Course Yes | |
| Organization/Institution/Trust/Society Name | |
| Complete Postal Address. | |
| Telephone No. | |
| Nature of Association | |

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 Inspector |
|-----------------|--------------------|---------------|--------------------|--------------------|---------------|---------------------------------|
| Sl. No. | Particulars | Amount | Sl. No. | Particulars | Amount | |

| | | | | | | |
|----|---------------|-------------------|---------------------|-----------------------------|-------------------|--|
| 1. | Grants | | CAPITAL EXPENDITURE | | | |
| | a. Government | 0.00 | | | | |
| | b. Others | 506692.00 | | | | |
| 2. | Tuition Fee | 3750000.00 | 1. | Building | 0.00 | |
| 3. | Library Fee | 0.00 | 2. | Equipment | 82224.00 | |
| 4. | Sports Fee | 0.00 | 3. | Others | 55323.00 | |
| 5. | Union Fee | 0.00 | REVENUE EXPENDITURE | | | |
| 6. | Others | 0.00 | 1. | Salary | 2885687.00 | |
| | | | 2. | Maintenance Expenditure | | |
| | | | i. College | 18370.00 | | |
| | | | ii. Others | 0.00 | | |
| | | | 3. | University Fee | 30000.00 | |
| | | | 4. | Apex Bodies Fee | 150000.00 | |
| | | | 5. | Government Fee | 0.00 | |
| | | | 6. | Deposit held by the College | 0.00 | |
| | | | 7. | Others | 1035088.00 | |
| | | | 8. | Misc. Expenditure | 0.00 | |
| | Total | 4256692.00 | | Total | 4119145.00 | |

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

a. Building Own

b Land:

c. Building Own

i) Leased or own Own

Sale / Agreement deed (records to be enclosed) --

i) Leased/Rented â€ (Record to be enclosed) Enclosed

ii) If Own (Approved Building plan & sale deed to be enclosed) Enclosed

d. Total Area of the college building in Built up Area 3177
Sq.mts Amenities and Circulation Area 1270

2. Class Rooms

| Total Number of Class rooms provided | | | | | |
|--------------------------------------|----------|-------------------|-------------------------------------|---------------------------|---------------------------|
| Class | Required | Available Numbers | Required Area * for each class room | Available Area in Sq. mts | Remarks of the Inspectors |

| | | | | | |
|----------------|----|---|-----------------|-----|--|
| D.Pharm | 02 | 2 | 90 sq. mts each | 222 | |
|----------------|----|---|-----------------|-----|--|

[* To accommodate 60 students]

3. Laboratory requirement

| Sl.No. | Infrastructure for | Available No. | Area in Sq. mts | Remarks |
|--------|-------------------------------------|---------------|-----------------|---------|
| 1 | Laboratory Area for D.Pharm Course | 5 | 250 | |
| 2 | Pharmaceutics | 1 | 85 | |
| 3 | Pharmaceutical Chemistry | 1 | 80 | |
| 4 | Physiology and Pharmacology | 1 | 80 | |
| 5 | Pharmacy Practice | 1 | 74 | |
| 6 | Pharmacognosy | 1 | 63 | |
| 7 | Animal House | 0 | 0 | |
| 8 | Preparation Room for each lab | 4 | 44 | |
| 9 | Area of the Machine Room | 1 | 123 | |
| 10 | Aseptic Room | 1 | 25 | |
| 11 | Store Room I | 1 | 23 | |
| 12 | Store Room II Inflammable chemicals | 1 | 21 | |

Signature of the Head of the Institution

Signature of the Inspectors

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

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

4. Administration Area

| Sl. No. | Name of Infrastructure | Requirements as per Norms (in Number) | Requirements as per Norms (in Area) | Available | | Remarks/Deficiency |
|---------|---|---------------------------------------|--|-----------|----------------|--------------------|
| | | | | No. | Area in Sq.mts | |
| 1 | Principal's Chamber | 01 | 20 Sq. mts | 1 | 20 | |
| 2 | Office - I (including confidential room) | 01 | 40 Sq. mts | 1 | 38 | |
| 3 | Staff / Faculty Rooms for D. Pharm course | 01 | 30 Sq. mts | 0 | 0 | |
| 4 | Library with computer and reprographic facilities | 01 | 100 Sq. mts | 1 | 100 | |
| 5 | Museum | 01 | 30 Sq. mts (Maybe attached to the Pharmacognosy lab) | 1 | 46 | |
| 6 | Auditorium/ | 01 | 250 - 300 | 1 | 158 | |

| | | | | | | |
|---|--------------------------------|----|-----------------------------------|---|---|--|
| | Multi Purpose Hall (Desirable) | | seating capacity | | | |
| 7 | Herbal Garden (Desirable) | 01 | Adequate Number of Medical Plants | 1 | 5 | |

5. Student Facilities

| Sl. No. | Name of Infrastructure | Requirements (in Number) | Requirements (in Area) | Available | | Remarks/Deficiency |
|---------|--|--------------------------|---|-----------|----------------|--------------------|
| | | | | No. | Area in Sq.mts | |
| 1 | Girls's Common Room (Essential) | 01 | 40 Sq. mts | 1 | 43 | |
| 2 | Boy's Common Room (Essential) | 01 | 40 Sq. mts | 1 | 41 | |
| 3 | Toilet Blocks for Girls | 01 | 25 Sq. mts | 4 | 55 | |
| 4 | Toilet Blocks for Boys | 01 | 25 Sq. mts | 3 | 63 | |
| 5 | Drinking Water facility - Water cooler (Essential) | 01 | -- | 1 | 3 | |
| 6 | Boy's Hostel (Desirable) | 01 | 9 Sq. mts/Room Single occupancy | 0 | 0 | |
| 7 | Girls's Hostel (Desirable) | 01 | 9 Sq.mts/Room (Single occupancy) or 20 Sq.mts/Room (Triple occupancy) | 0 | 0 | |
| 8 | Power Backup Provision (Desirable) | 01 | -- | 1 | 10 | |
| 9 | Canteen | 01 | 100 sq mts. | 1 | 150 | |

6. Computer and other Facilities

| Name | Required | Available | | Remarks of the Inspectors |
|---------------------------------|--|-----------|----------------|---------------------------|
| | | No. | Area in Sq.mts | |
| Computer (Latest Configuration) | 1 syste, for every 10 students (UG & PG) | 2 | 5 | |
| Printers | 1 Printer for every 10 computers | 3 | 3 | |
| Xerox Machine | 01 | -- | -- | |
| Multi Media Projector | 02 | 2 | 2 | |

7. Amenities(Desirable)

| Name | Requirment as per Norms in area | Available | | Not Available | Remarks/Deficiency |
|-------------------------------------|---------------------------------|-----------|----------------|---------------|--------------------|
| | | No. | Area in Sq.mts | | |
| Principal Quarters | 80 Sq. Mtr. | 0 | 0 | Not Prepared | |
| Staff Quarters | 6 x 80 Sq. mts | 0 | 0 | Not Prepared | |
| Parking Area fro staff and students | | 2 | 120 | | |
| Bank Extension Counter | | 0 | 0 | Not Prepared | |
| Cooperative Stores | | 0 | 0 | Not Prepared | |
| Guest House | 80 Sq. mts | 0 | 0 | Not Prepared | |
| Transport Facility for students | | 0 | 0 | Not Available | |
| Medical Feclities(First Aid) | | 1 | 33 | | |

8.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 Volums(No) | Available | | Remarks of the Inspectors |
|--------|--------------------------------|------------|---|-----------|------|---------------------------|
| | | | | Title | No. | |
| 1 | Number Of Books | 75 | 750 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy | 173 | 1417 | |
| 2 | Annual Addition of Books | | 75 books per year | 25 | 418 | |
| 3 | Periodicals Hard Copies/Online | | 06 National Journals Indian Journal of Pharmaceutica I Sciences Indian Journal of Pharmaceutica I Education and Research Journal of Hospital Pharmacy Indian Journal of Pharmacology CIMS, MIMS Indian Journal of | 6 | 1 | |

| | | | | | | |
|---|-----------------|--|-----------------------|------------|--|--|
| | | | Experimental Biology. | | | |
| 4 | Library timings | | | 9:00- 5:00 | | |

8.B.Subject wise Classification

| Sl. No. | Subject | Available Titles | Available Numbers | Remarks of the Inspectors |
|---------|---|------------------|-------------------|---------------------------|
| 1 | Pharmaceutics 1 | 10 | 115 | |
| 2 | Pharmaceutical Chemistry 1 | 14 | 125 | |
| 3 | Pharmacognosy | 19 | 195 | |
| 4 | Biochemistry and Clinical Pathology | 21 | 180 | |
| 5 | Human Anatomy and Physiology | 23 | 245 | |
| 6 | Health Education and Community Pharmacy | 5 | 60 | |
| 7 | Pharmaceutics II | 15 | 70 | |
| 8 | Pharmaceutical Chemistry II | 25 | 170 | |
| 9 | Pharmacology and Toxicology | 15 | 79 | |
| 10 | Pharmaceutical Jurisprudence | 16 | 101 | |
| 11 | Drug Store and Business Management | 4 | 40 | |
| 12 | Hospital and Clinical Pharmacy | 6 | 37 | |

8.C.Library Staff

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

Note: The information provided will be assessed in giving the period of approval

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum

1. Student Staff Ratio:

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

| Class | Theory | Practicles | Remarks of the Inspectors |
|----------|--------|------------|---------------------------|
| D. Pharm | 60:1 | 15:1 | |

2. Date of Commencement of session

| Commencement | Completion |
|--------------|------------|
| 27/06/2016 | 29/04/2017 |

3. Vacation

| | No of Days | | No of Days |
|----------|------------|----------|------------|
| Summer : | 28 | Winter : | 20 |

4. Total No. of working days

214

5. Time Table copy Enclosed

Yes

6. Whether the prescribed numbers of classes are being conductud as per

PCI norms

I D.Pharm

| Class/Subj | Theory | Practicals | Remar |
|------------|--------|------------|-------|
|------------|--------|------------|-------|

| Subject | Prescribed No of Hours | No of Hours Conducted | Prescribed No of Hours | No of Hours Conducted | Prescribed No of Classes | No of Classes Conducted | Remark of the Inspector |
|---|------------------------|-----------------------|------------------------|-----------------------|--------------------------|-------------------------|-------------------------|
| Pharmaceutics -I | 75 | 132 | 100 | 105 | 25 | 35 | |
| Pharmaceutics Chemistry - I | 75 | 157 | 75 | 123 | 25 | 41 | |
| Pharmacognosy | 75 | 104 | 75 | 87 | 25 | 29 | |
| Biochemistry and Clinical Pathology | 50 | 104 | 75 | 111 | 25 | 37 | |
| Human Anatomy and Physiology | 75 | 101 | 50 | 96 | 25 | 32 | |
| Health Education and Community Pharmacy | 50 | 77 | -- | 0 | -- | 0 | |

II D.Pharm

| Class/Subject | Theory | | Practicals | | | | Remark of the Inspector |
|------------------------------------|------------------------|-----------------------|------------------------|-----------------------|--------------------------|-------------------------|-------------------------|
| | Prescribed No of Hours | No of Hours Conducted | Prescribed No of Hours | No of Hours Conducted | Prescribed No of Classes | No of Classes Conducted | |
| Pharmaceutics -II | 75 | 148 | 100 | 114 | 25 | 38 | |
| Pharmaceutics Chemistry - II | 100 | 168 | 75 | 165 | 25 | 55 | |
| Pharmacology and Toxicology | 75 | 138 | 50 | 84 | 25 | 28 | |
| Pharmaceutical Jurisprudence | 50 | 109 | -- | 0 | -- | 0 | |
| Drug Store and Business Management | 75 | 80 | -- | 0 | -- | 0 | |
| Hospital and Clinical Pharmacy | 75 | 105 | 50 | 117 | 25 | 39 | |

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

8. Whether Evaluation of the internal assessments is Fair --

| Class | No of Candidates | No of Candidates | No of Candidates | No of Candidates | Remarks of the |
|-------|------------------|------------------|------------------|------------------|----------------|
|-------|------------------|------------------|------------------|------------------|----------------|

| | scored more than 80% | | scored 60% - 80% | | scored 50% - 60% | | scored less than 50% | | Inspectors |
|------------|----------------------|------------|------------------|------------|------------------|------------|----------------------|------------|------------|
| | Theory | Practicals | Theory | Practicals | Theory | Practicals | Theory | Practicals | |
| I D.Pharm | 0.00 | 6.00 | 12.00 | 9.00 | 1.00 | 0.00 | 2.00 | 0.00 | |
| II D.Pharm | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

9. Work load of Faculty members for D. Pharm

| S.No. | Name of Faculty | Subjects Taught | D. Pharm | | | | Total Work Load | Remarks of the Inspectors |
|-------|------------------------|--|----------|--------|----------|--------|-----------------|---------------------------|
| | | | I D. Ph | | II D. Ph | | | |
| | | | Th | Pr | Th | Pr | | |
| 1 | Dr. SAKTI PRASAD MAITI | PHARMACEUTICAL JURISPRUDENCE PHARMACOGNOSY | 0 3 | 0 6 | 3 0 | 0 0 | 3 9 | |
| 2 | Mr. ASHRUBINDU BHUNIA | DRUG STORE AND BUSINESS MANAGEMENT PHARMACEUTICS II | 0 0 | 0 0 | 2 4 | 0 6 | 2 10 | |
| 3 | Mr. DEBASHISH SAHA | PHARMACEUTICAL CHEMISTRY I PHARMACEUTICAL CHEMISTRY II | 4 0 | 6 0 | 0 4 | 0 6 | 10 10 | |
| 4 | Mr. MD HASANUZZAMAN | HOSPITAL AND CLINICAL PHARMACY PHARMACEUTICS I | 0 4 | 0 6 | 3 0 | 6 0 | 9 10 | |
| 5 | Mr. SANU PRAHARAJ | HEALTH EDUCATION AND COMMUNITY PHARMACY PHARMACOLOGY AND TOXICOLOGY | 3 0 | 0 0 | 0 4 | 0 6 | 3 10 | |
| 6 | Mr. SUBHRANGSHU DATTA | | | | | | | |
| 7 | Mr. TUHIN SARKAR | | | | | | | |

Signature of the Head of the Institution

Signature of the Inspectors

IV - PERSONNEL TEACHING STAFF

1. Details of Teaching Faculty for D. Pharm Course to be enclosed in the format mentioned below:

| S.No. | Name | Designation | Qualification | Date of Joining | Teaching Experience | | State Pharmacy Council Reg No. | Signature of the Faculty | Remarks of the Inspectors |
|-------|--------------------|-------------|--------------------------------|-----------------|---------------------|-------------------|--------------------------------|--------------------------|---------------------------|
| | | | | | After UG In Years | After PG In Years | | | |
| 1 | MD HASANUZZAMAN | Lecturer | B Pharm, M Pharm, | 18/05/2015 | 2.6 | 1.2 | A9319 | | |
| 2 | DEBASHISH SAHA | Lecturer | B Pharm, M Pharm, | 18/05/2015 | 2.6 | 0.0 | A8324 | | |
| 3 | SAKTI PRASAD MAITI | Lecturer | B Pharm, PHD, M.TECH, D Pharm, | 14/09/2015 | 2.3 | 1.5 | A487 | | |
| 4 | ASHRUBINDU BHUNIA | Lecturer | B Pharm, M Pharm, D Pharm, | 15/05/2017 | 0.6 | 0.4 | A477 | | |
| 5 | SANU PRAHARAJ | Lecturer | B Pharm, M Pharm, D Pharm, | 03/07/2017 | 0.4 | 0.0 | A13093 | | |

| | | | | | | | | | |
|------------------------------|------------|-------------|------------------------------|-------------|-------------|------------------------------|------------|-------------|--|
| t sancti oned | | ring | t sancti oned | | ring | t sancti oned | | ring | |
| 38338 70 | 79500 0 | 30388 70 | 45000 00 | 30833 79 | 11733 13 | 600000 0 | 98964 3 | 58260 2 | |

Total amount spent on Chemical, Glassware, Equipments, Books and Journals for the past Three Years (Enclose purchase invoice)

| Total budget allocated | Sancti oned | Incur red | Total budget allocated | Sancti oned | Incur red | Total budget allocated | Sancti oned | Incur red | Remarks of the Inspect ors* |
|-------------------------------|--------------------|------------------|-------------------------------|--------------------|------------------|-------------------------------|--------------------|------------------|------------------------------------|
| Chemicals | 1105 63 | 1105 63 | Chemicals | 9375 3 | 9375 3 | Chemicals | 1500 0 | 3745 9 | |
| Glassware | 6519 4 | 6519 4 | Glassware | 1000 0 | 587 0 | Glassware | 5000 0 | 568 4 | |
| Equipm ent | 3421 07 | 3421 07 | Equipm ent | 8224 2 | 8222 4 | Equipm ent | 3613 0 | 2000 00 | |
| Books | 42664 | 42664 | Books | 50000 | 29863 | Books | 150000 | 93800 | |
| Journals | 1055 | 1055 | Journals | 2546 0 | 25469 0 | Journals | 2546 0 | 2245 0 | |

*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

1 . Department wise List of Minimum equipments required for D Pharm

Pharmaceutics

Equipments:

| Sl. No. | Name | Minimum required Nos. | Available Nos. | Working | Remarks of the Inspectors |
|----------------|---|------------------------------|-----------------------|----------------|----------------------------------|
| 1 | Continuous Hot Extraction Equipment | 5 | 5 | Yes | |
| 2 | Conical Percolator | 5 | 5 | Yes | |
| 3 | Tincture Press | 1 | 1 | Yes | |
| 4 | Hand Grinding Mill | 1 | 5 | Yes | |
| 5 | Disintegrator | 1 | 1 | Yes | |
| 6 | Ball mill | 1 | 1 | Yes | |
| 7 | Hand operated Tablet machine | 1 | 1 | Yes | |
| 8 | Tablet Coating Pan unit with hot air blower laboratory size | 1 | 1 | Yes | |
| 9 | Polishing pan laboratory size | 1 | 1 | Yes | |
| 10 | Monsanto's hardness tester | 1 | 1 | Yes | |
| 11 | Pfizer type hardness tester | 1 | 1 | Yes | |
| 12 | Tablet disintegration test apparatus IP | 1 | 1 | Yes | |
| 13 | Tablet dissolution test apparatus IP | 1 | 1 | Yes | |
| 14 | Granulating sieve set | 10 | 10 | Yes | |
| 15 | Tablet counter " small size | 5 | 5 | Yes | |
| 16 | Friability tester | 1 | 1 | Yes | |
| 17 | Collapsible tube " Filling and sealing equipment | 1 | 1 | Yes | |
| 18 | Capsule filling machine " Lab size | 1 | 1 | Yes | |

| | | | | | |
|----|--|---|----|-----|--|
| 19 | Digital balance | 1 | 2 | Yes | |
| 20 | Distillation unit for distilled water | 2 | 2 | Yes | |
| 21 | Deionisation unit | 1 | 1 | Yes | |
| 22 | Glass distillation unit for water for injection | 1 | 1 | Yes | |
| 23 | Ampoule washing machine | 1 | 1 | Yes | |
| 24 | Ampoule filling and sealing machine | 1 | 1 | Yes | |
| 25 | Sintered glass filters for bacteria proof filtration (four different grades) | 0 | 3 | Yes | |
| 26 | Millipore filter (3 grades) | 0 | 3 | Yes | |
| 27 | Autoclave | 1 | 1 | Yes | |
| 28 | Hot air sterilizer | 1 | 1 | Yes | |
| 29 | Incubator | 1 | 0 | Yes | |
| 30 | Aseptic cabinet | 1 | 1 | Yes | |
| 31 | Ampoule clarity test equipment | 1 | 1 | Yes | |
| 32 | Blender | 1 | 1 | Yes | |
| 33 | Sieves set (Pharmacopoeial standard) | 2 | 5 | Yes | |
| 34 | Lab Centrifuge | 1 | 2 | Yes | |
| 35 | Ointment slab | 0 | 20 | Yes | |
| 36 | Ointment spatula | 0 | 35 | Yes | |
| 37 | Pestle and mortar porcelain | 0 | 15 | Yes | |
| 38 | Pestle and mortar glass | 0 | 15 | Yes | |
| 39 | Suppository moulds of three sizes | 0 | 10 | Yes | |
| 40 | Refrigerator | 1 | 1 | Yes | |

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

Pharmaceutical Chemistry

Equipments:

| Sl. No. | Name | Minimum required Nos. | Available Nos. | Working | Remarks of the Inspectors |
|---------|---------------------------|-----------------------|----------------|---------|---------------------------|
| 1 | Refractometer | 1 | 1 | Yes | |
| 2 | Polarimeter | 1 | 1 | Yes | |
| 3 | Photoelectric colorimeter | 1 | 2 | Yes | |
| 4 | Ph meter | 1 | 2 | Yes | |
| 5 | Atomic model set | 2 | 2 | Yes | |
| 6 | Electronic balance | 1 | 4 | Yes | |
| 7 | Periodic table chart | 0 | 2 | Yes | |

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

Physiology & Pharmacology Laboratory

Equipments:

| Sl. No. | Name | Minimum required Nos. | Available Nos. | Working | Remarks of the Inspectors |
|---------|----------------------------|-----------------------|----------------|---------|---------------------------|
| 1 | Haemoglobinometer | 20 | 20 | Yes | |
| 2 | Haemocytometer | 10 | 15 | Yes | |
| 3 | Student's organ bath | 1 | 2 | Yes | |
| 4 | Sherington's rotating drum | 1 | 3 | Yes | |
| 5 | Frog board | 0 | 5 | Yes | |
| 6 | Tray (dissecting) | 0 | 4 | Yes | |
| 7 | Frontal writing lever | 0 | 5 | Yes | |
| 8 | Aeration tube | 0 | 5 | Yes | |
| 9 | Telethermometer | 1 | 1 | Yes | |
| 10 | Pole climbing apparatus | 1 | 1 | Yes | |
| 11 | Histamine chamber | 1 | 0 | Yes | |
| 12 | Simple lever | 0 | 0 | No | |
| 13 | Sterling heart lever | 0 | 1 | Yes | |
| 14 | Aerator | 0 | 3 | Yes | |
| 15 | Histological Slides | 0 | 20 | Yes | |

| | | | | | |
|----|---|---|----|-----|--|
| 16 | Sphygmomanometer (B.P. apparatus) | 5 | 5 | Yes | |
| 17 | Stethoscope | 5 | 6 | Yes | |
| 18 | First aid equipment | 0 | 5 | Yes | |
| 19 | Contraceptive device | 0 | 5 | Yes | |
| 20 | Dissecting (surgical) instruments | 0 | 10 | Yes | |
| 21 | Balance for weighing small Animals | 1 | 1 | Yes | |
| 22 | Kymograph paper | 0 | 10 | Yes | |
| 23 | Actophotometer | 1 | 1 | Yes | |
| 24 | Analgesiometer | 1 | 10 | Yes | |
| 25 | Thermometer | 0 | 5 | Yes | |
| 26 | Plastic animal cage | 0 | 4 | Yes | |
| 27 | Double unit organ bath with thermostat | 1 | 1 | Yes | |
| 28 | Refrigerator | 1 | 1 | Yes | |
| 29 | Digital balance | 1 | 2 | Yes | |
| 30 | Charts | 0 | 25 | Yes | |
| 31 | Human skeleton | 1 | 2 | Yes | |
| 32 | Anatomical specimen (Heart, brain, eye,,ear,,reproductive system etc..) | 0 | 8 | Yes | |
| 33 | Electro-convulsiometer | 1 | 1 | Yes | |
| 34 | Stop watch | 0 | 5 | Yes | |
| 35 | Clamp, boss heads, screw clips | 0 | 5 | Yes | |
| 36 | Symeâ€™s Cannula | 0 | 5 | Yes | |

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

Pharmacognosy Laboratory

Equipments:

| Sl. No. | Name | Minimum required Nos. | Available Nos. | Working | Remarks of the Inspectors |
|---------|--------------------------|-----------------------|----------------|---------|---------------------------|
| 1 | Projection Microscope | 1 | 1 | Yes | |
| 2 | Charts (different types) | 0 | 10 | Yes | |
| 3 | Models (different types) | 0 | 10 | Yes | |
| 4 | Permanent Slides | 0 | 20 | Yes | |
| 5 | Slides and Cover Slips | 0 | 100 | Yes | |

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

Pharmacy Practice Laboratory

Equipments:

| Sl. No. | Name | Minimum required Nos. | Available Nos. | Working | Remarks of the Inspectors |
|---------|---|-----------------------|----------------|---------|---------------------------|
| 1 | Colorimeter | 2 | 2 | Yes | |
| 2 | Microscope | 0 | 10 | Yes | |
| 3 | Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,) | 0 | 15 | Yes | |
| 4 | Watch glass | 0 | 20 | Yes | |
| 5 | Centrifuge | 1 | 1 | Yes | |
| 6 | Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities | 0 | 10 | Yes | |
| 7 | Filtration equipment | 2 | 3 | Yes | |
| 8 | Filling Machine | 1 | 1 | Yes | |
| 9 | Sealing Machine | 1 | 1 | Yes | |
| 10 | Autoclave sterilizer | 1 | 1 | Yes | |
| 11 | Membrane filter | 0 | 3 | Yes | |
| 12 | Sintered glass funnel with complete filtering assemble | 0 | 2 | Yes | |
| 13 | Small disposable membrane filter for IV admixture filtration | 0 | 1 | Yes | |
| 14 | Laminar air flow bench | 1 | 1 | Yes | |
| 15 | Vacuum pump | 1 | 2 | Yes | |
| 16 | Oven | 1 | 1 | Yes | |

| | | | | | |
|----|-------------------------------|---|---|-----|--|
| 17 | Surgical dressing | 0 | 5 | Yes | |
| 18 | Incubator | 1 | 0 | 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 | 2 | Yes | |

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

Signature of the Head of the Institution

Signature of the Inspectors

Observations of the Inspectors:

Compliance of the last recommendations by Inspectors

Specific obserations if not compiled

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**