

PHARMACY COUNCIL OF INDIA

Standard Inspection Form (SIF) for institutions conducting D. Pharm course
(To be filled and submitted to PCI by an organization seeking approval of the course / continuation of the approval)

(SIF-01)

To be filled up by PCI

To be filled up by inspectors

Inspection No.:

Date of inspection:

File No.:

NAME OF THE INSPECTORS: 1.
(BLOCK LETTERS) 2.

**PART - 1
A - GENERAL INFORMATION**

<p>A-1.1 Name of the Institution Complete Postal address STD Code Telephone No. Fax No. E-mail</p>	<p>117 INSTITUTE OF TECHNOLOGY MIRALU SARDAHANA ROAD, MEERUT 251330-28 U.P. INDIA meerut@nitmeerut.ac.in</p>
<p>Year of starting of the course Status of the course conducting body: Government / University / Autonomous / Aided / Private (Include copy of Registration documents of Society/Trust)</p>	<p>2011-12 Private</p>
<p>A-1.2 Name, address of the Society/Trust/ Management (attach documents, if relevant) STD Code Telephone No. Fax No. E-mail Web Site</p>	<p>INDIAN PHARMACEUTICAL EDUCATIONAL TRUST (INDIAN PHARMACEUTICAL TRUST) MIRALU SARDAHANA ROAD, MEERUT U.P. INDIA meerut@nitmeerut.ac.in</p>
<p>A-1.3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No. Office Residence Mobile No. Fax No. E-Mail</p>	<p>DR. SHARAD KUMAR SHARMA HEAD, DEPT. OF PHARMACY 117 INSTITUTE OF TECHNOLOGY MIRALU SARDAHANA ROAD, MEERUT U.P. INDIA meerut@nitmeerut.ac.in</p>
<p>A-1.4 Name and Address of the Head of the Institution</p>	<p>INDIAN PHARMACEUTICAL EDUCATIONAL TRUST</p>

Signature of the Head of the Institution _____
 Signature of the Inspectors _____
 Date: / /

A-1.5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. Details of Affiliation Fee Paid

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated
D. Pharm			

b. APPROVAL STATUS:

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVERNMENT	Remarks of the Inspectors
D. Pharm	Approval Letter No and Date				
	Approved Intake				
	Actually Admitted				

c. STATUS OF APPLICATION

Course	Extension of Approval		Increase in Intake of Seats		Remarks	
	Yes	No	Yes	No	Current Intake	Proposed increase in Intake
D. Pharm						

Note: Enclose relevant documents

A-1.6

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same

Building / campus? If yes, give status

Yes

No

A-1.6 a

Status of the Pharmacy Course:	
Independent Building	<input checked="" type="checkbox"/>
Wing of another college	<input type="checkbox"/>
Separate Campus	<input type="checkbox"/>
Multi Institutional Campus	<input type="checkbox"/>

Examining Authority: Board of Technical Education
 With complete postal Address, Telephone No. and STD Code. Guru Gobind Singh marg. Banamandi, Chauraha Lucknow - 226002 (Uttar Pradesh).

Signature of the Head of the Institution

Secretary
 Board of Technical Education
 Lucknow - 226002

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B-1.1 Name of the Principal		New Institution		
Qualification/ Experience	Qualification*	Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm PhD (Desirable)	05 years 02 years	New Institution	

* Documentary evidence should be provided

B-1.2

For institution seeking continuation of approval

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
D. Pharm			- N/A -	

* Enclose Documents

B-1.3

Pay Scales:

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

B-1.4

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

ACADEMIC YEAR	200-	200-	200-
Sanctioned			
No. of Admissions	New Institution		
Unfilled Seats			
No. of Excess Admissions			

B-1.5

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

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
D. Pharm		New Institution	

Signature of the Head of the Institution
 Chairman/Secretary
 Bangalore Institute of Education
 Bangalore - 560075

Signature of the Inspectors

II - II

Co - Curricular Activities / Sports Activities

Whether college has NSS Unit (Yes/No)? If no give reasons	New Institution
NSS Programme Officer's Name	
Programme conducted (mention details)	
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes/No
Physical Instructor	✓ Available / Not available
Sports Ground	Individual / Shared

Secretary
Director of Education
Chennai

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

Own/Rented/Leased

1. a. Building

b. Land:

i) Leased or own

Leased

Own

Sale / Agreement deed (records to be enclosed) : Enclosed/Not available

c. Building:

Leased

Rented

i) Leased/Rented * (Record to be enclosed)

Enclosed/Not available

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

Enclosed/Not available

d. Total Area of the college building in Sq.mts

Built up Area

Amenities and Circulation Area

2. Class rooms:

Total Number of Class rooms provided

Class	Required	Available	Required Area * for each class room	Available Area in Sq. mts	Remarks of the Inspectors
D. Pharm	02	02	90 Sq. mts	90 Sq. mts = 180 Sq. mts	

(* To accommodate 60 students)

3. Laboratory requirement

Sl. No.	Name of Infrastructure	Requirement as per Norms	Available		Remarks/ Deficiency
			No.	Area in Sq. mts	
1	Laboratory Area for D.Pharm Course	50 Sq mts x n (n=05)			
2	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy Total no. of Labs for D. Pharm Course *Animal House	01 Laboratory	01	60 Sq. mts	
		01 Laboratory	01	60 Sq. mts	
		01 Laboratory	01	60 Sq. mts	
		01 Laboratory	01	60 Sq. mts	
		01 Laboratory	01	60 Sq. mts	
		05 Laboratories			
		01 (10 sq. mts)			
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)	01	10 Sq. mts	with lab
4	Area of the Machine Room	100 Sq mts	01	100 Sq. mts	
5	Aseptic Room	25 Sq mts	01	25 Sq. mts	
6	Store Room - I	1 (Area 20 Sq mts)	01	20 Sq. mts	
7	Store Room - II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01	20 Sq. mts	

* Not required if computer simulated software are available

Signature of the Head of the Institution

Secretary
Principal/In-charge Educational
Responsible Person

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		CAPITAL EXPENDITURE			
2.	Tuition Fee	New Institution	1.	Building	1,22,18,950	
3.	Library Fee		2.	Equipment	5,40,31	
4.	Sports Fee		3.	Others	1,27,85,27	
5.	Union Fee		REVENUE EXPENDITURE			
6.	Others		1.	Salary	New Institution	
			2.	MAINTENANCE EXPENDITURE		
				i College	1,32,86,32	
				ii Others		
			3.	University Fee (If any)		
			4.	Apex Bodies Fee		
			5.	Government Fee		
			6.	Deposit held by the College		
			7.	Others		
			8.	Misc. Expenditure	91,94,56	
				Total		
	Total					

Note: Enclose relevant documents

Signature of the Head of the Institution
 Chairman Secretary
 (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 workbenches 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	20 Sq mts	01	20.56 Sq mts	
2	Office - 1 Including Confidential Room	01	40 Sq mts	01	40.28 Sq mts	
3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq mts	01	30.37 mts	
4	Library with computer and reprographic facilities	01	100 Sq mts	01	100.57 mts	
5	Museum	01	30 Sq mts (May be attached to the Pharmacognosy Lab)	01	30.58 Sq mts	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250 - 300 seating capacity	01	-	
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	-	

Signature of the Head of the Institution

Signature of the Inspectors

5. Student Facilities:

Sl. No.	Name of infrastructure	Requirement in number	Requirement in area	Available		Remarks/Deficiency.
				No.	Area in Sq. mts	
1	Girl's Common Room (Essential)	01	40 Sq mts	01	40.12 Sq mts	
2	Boy's Common Room (Essential)	01	40 Sq mts	01	40.12 Sq mts	
3	Toilet Blocks for Boys	01	25 Sq mts	01	25.82 Sq mts	
4	Toilet Blocks for Girls	01	25 Sq mts	01	25.82 Sq mts	
5	Canteen (Desirable)	01	100 Sq mts	-	-	
6	Drinking Water facility Water Cooler (Essential)	01		01		
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single occupancy	-	-	
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy)	-	-	
9	Power Backup Provision (Desirable)	01		01	-	

6. Computer and other Facilities:

Name	Required	Available	Available		Remarks of the Inspectors
			No.	Area in Sq. mts	
Computer (latest Configuration)	1 system for every 10 students	Available	30		
Printers	1 printer for every 10 computers	Available	02		
Xerox Machine	01	01	-		
Multi Media Projector	02	02	-		

7. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	-	-	-	
Staff quarters	6 x 80 Sq. mts	-	-	-	
Parking Area for staff and students		-	-	-	
Bank Extension Counter		-	-	-	
Co operative Stores		-	-	-	
Guest House	80 Sq. mts	-	-	-	
Transport Facilities for students		-	-	-	
Medical Facility (First Aid)		Available		-	

Signature of the Head of the Institution

Chairman/Secretary
 Mahaveer Prasad
 Chaitanya

Signature of the Inspectors

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 Volumes (No)	Available		Remarks of the Inspectors
				Titles	Numbers	
1	Number of books	75	750 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	750 books		
2	Annual addition of books		75 books per year	75 book per year		
3	Periodicals Hard copies / online		06 National Journals Indian Journal of Pharmaceutical Sciences Indian Journal of Pharmaceutical Education and Research Journal of Hospital Pharmacy Indian Journal of Pharmacology CIMS, MIMS Indian Journal of Experimental Biology.	03 available		
4	Library Timings					

8.B. Subject wise Classification:

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics - I	75 titles	750 numbers	
2	Pharmaceutical Chemistry - I			
3	Pharmacognosy			
4	Biochemistry and Clinical Pathology			
5	Human Anatomy and Physiology			
6	Health Education and Community Pharmacy			
7	Pharmaceutics - II			
8	Pharmaceutical Chemistry - II			
9	Pharmacology and Toxicology			
10	Pharmaceutical Jurisprudence			
11	Drug Store and Business Management			
12	Hospital and Clinical Pharmacy			

8.C. Library Staff:

Staff:	Qualification	Required	Available	Remarks of the Inspectors
1 Librarian	D. Lib	1	01	
2 Library Attenders	10+ 2 /PUC	1	01	

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

Signature of the Head of the Institution

Chancellor
 Dean
 Head of Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS-

Course Curriculum:

1. Student Staff Ratio: Theory Practicals

(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. Date of Commencement of session:

Commencement	Completion	No of Days
DD/MM/YY	DD/MM/YY	

3. Vacation: No of Days
Summer: Winter:

4. Total Number of working days:

5. Time Table:
Time Table for I and II D. Pharm Enclosed Yes No

6. Whether the prescribed numbers of classes are being conducted as per PCI norms

Class / Subject	Theory		Practicals			Remarks of the Inspectors
	Prescribed No of Hours	No of Hours Conducted	Prescribed No. of Hours	No of Hours Conducted	Prescribed Number of Classes	
I D. Pharm						
Pharmaceutics - I	75		100		25	Steno Shakti
Pharmaceutical	75		75		25	
Chemistry - I						
Pharmacognosy	75		75		25	
Biochemistry and	50		75		25	
Clinical Pathology						
Human Anatomy and	75		50		25	
Physiology						
Health Education and	50		----		----	
Community Pharmacy						
II D. Pharm						
Pharmaceutics - II	75		100		25	Steno Shakti
Pharmaceutical	100		75		25	
Chemistry - II						
Pharmacology and	75		50		25	
Toxicology						
Pharmaceutical	50		----		----	
Jurisprudence						
Drug Store and	75		----		----	
Business Management						
Hospital and Clinical	75		50		25	
Pharmacy						

Chairman/Secretary
Kumar Institute of Pharmacy
Chennai - 600 011

Signature of the Head of the Institution

Signature of the Inspectors

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

Yes No *stew Doshi*

8. Whether Evaluation of the internal assessments is Fair Yes

No *stew Doshi*

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 D. Pharm									<i>stew Doshi</i>
II D. Pharm									

9. Workload of Faculty members for D. Pharm

Sl. No	Name of the Faculty	Subjects taught	D. Pharm				Total work load	Remarks of the Inspector
			I D. Ph		II D. Ph			
			Th	Pr	Th	Pr		
								<i>N/A</i>

Chemistry
Stew Doshi
Signature

Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF

1. Details of Teaching Faculty for D. 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 UG	After PG			
		New Institution							

2. Qualification and number of Staff Members

Number of staff members required: 07

Qualification			
B. Pharm	M. Pharm	PhD	Others - Full Time

3. Details of Faculty Retention for:

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

4. Details of Faculty Turnover

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
		% of faculty retained in last 3 yrs			

5. No. of Non-teaching staff available for D. Pharm course for intake of 60 Students:

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	02	D. Pharm	02	D. Pharm	
2	Laboratory Assistants/ Attenders	04	SSLC	04	—	
3	Office Superintendent	01	Degree	01	Degree	
4	Accountant cum Clerk	01	Degree	01	Degree	
5	Store keeper	01	D. Pharm	01	D. Pharm	
6	Computer Data Operator	01	10+2 with computer training	01	—	
7	Peon	02	SSLC	02	—	
8	Cleaning personnel	04	—	04	—	
9	Gardener	01	—	01	—	

Chairman/Secretary
Anjan Khatwari Educational &Signature of the Head of the Institution *Geetika Mishra - TUSA*

Signature of the Inspectors

7. 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	F.Y.	Bank A/C No.	PAN No.	EPF No.	Total	Signature

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

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

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

11. Gratuity Provided Yes No

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

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

13. Whether Supporting Staff (Technical and Administrative) are encouraged for Skill Upgradation 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 Registers	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓		
2	Individual Service Register			
3	Staff Attendance Registers			
4	Sessional Marks Register			
5	Final Marks Register			
6	Student Attendance Registers			
7	Minutes of meetings- Teaching Staff			
8	Fee paid Registers			
9	Acquittance Registers			
10	Accession Register for books and Journals in Library			
11	Log book for chemicals and Equipment costing more than Rupees one lakh	✓ ✓		
12	Job Cards for laboratories			
13	Standard Operating Procedures (SOP's) for Equipment	✓		
14	Laboratory Manuals	✓		
15	Stock Register for Equipment	✓		
16	Animal House Records as per CPCSEA	✓		

Signature of the Head of the Institution

Chairman/Secretary
Panjab Sahakar
14-11-2020

Signature of the Inspectors

PART - VI

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

Sl No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs.			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total Budget Sanctioned	Recurring	Non Returning	Total Budget Sanctioned	Recurring	Non Returning	

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

Sl No.	Expenditure in Rs.		Expenditure in Rs.		Expenditure in Rs.		Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Total budget allocated	Sanctioned	Total budget allocated	Sanctioned	

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

Sl No.	Expenditure in Rs.		Expenditure in Rs.		Expenditure in Rs.		Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Total budget allocated	Sanctioned	Total budget allocated	Sanctioned	

Signature of the Head of the Institution

Signature of the Inspectors

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

Sl No.	Expenditure in Rs.			Expenditure in Rs.			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books						
2	Journals						

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

Signature of the Head of the Institution

[Signature]
 Regional Officer Educational, Signature of the Inspectors
 Charitable Welfare Trust

PART VII - EQUIPMENT AND APPARATUS
Department wise List of Minimum equipments required for D. Pharm

PHARMACEUTICS
Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Continuous Hot Extraction Equipment	05	05	Yes	
2	Conical Perculator	01	01	Yes	
3	Tincture Press	01	01	Yes	
4	Hand Grinding Mill	01	01	Yes	
5	Disintegrator	01	01	Yes	
6	Ball mill	01	01	Yes	
7	Hand operated Tablet machine	01	01	Yes	
8	Tablet Coating Pan unit with hot air blower laboratory size	01	01	Yes	
9	Polishing pan laboratory size	01	01	Yes	
10	Monsanto's hardness tester	01	01	Yes	
11	Pfizer type hardness tester	01	01	Yes	
12	Tablet disintegration test apparatus IP	01	01	Yes	
13	Tablet dissolution test apparatus IP	01	01	Yes	
14	Granulating sieve set	10	08	Yes	
15	Tablet counter - small size	05	05	Yes	
16	Friability tester	01	01	Yes	
17	Collapsible tube - Filling and sealing equipment	01	01	Yes	
18	Capsule filling machine - Lab size	01	01	Yes	
19	Digital balance	01	01	Yes	
20	Distillation unit for distilled water	02	02	Yes	
21	Deionisation unit	01	01	Yes	
22	Glass distillation unit for water for injection	01	01	Yes	
23	Ampoule washing machine	01	01	Yes	
24	Ampoule filling and sealing machine	01	01	Yes	
25	Sintered glass filters for bacterial proof filtration (four different grades)	Adequate	Adequate	Yes	
26	Millipore filter (3 grades)	Adequate	Adequate	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

Signature of the Secretary

Signature of the Head of the Institution

27	Autoclave	01	01	Yes
28	Hot air sterilizer	01	01	Yes
29	Incubator	01	01	Yes
30	Aseptic cabinet	01	01	Yes
31	Ampoule clarity test equipment	01	01	Yes
32	Blender	01	01	Yes
33	Sieves set (Pharmacopoeial standard)	02	01	Yes
34	Lab Centrifuge	01	01	Yes
35	Distinet slab	Adequate	—	—
36	Ornament spatula	Adequate	—	—
37	Pestle and mortar porcelain	Adequate	—	—
38	Pestle and mortar glass	Adequate	—	—
39	Suppository moulds of three sizes	Adequate	—	—
40	Refrigerator	01	01	Yes

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

PHARMACEUTICAL CHEMISTRY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Refractometer	01	01	Yes	
2	Polarimeter	01	01	Yes	
3	Photoelectric colorimeter	01	01	Yes	
4	pH meter	01	01	Yes	
5	Atomic model set	02	02	Yes	
6	Electronic balance	01	01	Yes	
7	Periodic table chart	Adequate	—	—	

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

PHYSIOLOGY & PHARMACOLOGY LABORATORY

Equipment:

Sl No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Haemoglobinometer	20	20	Yes	
2	Haemocytometer	10	10	Yes	
3	Student's organ bath	1	1	Yes	
4	Sherrington's roasting drum	1	1	Yes	
5	Frig board	Adequate	1	Yes	
6	Tray (dissecting)	Adequate	1	Yes	
7	Frontal writing lever	Adequate	1	Yes	
8	Aeration tube	1	1	Yes	
9	Telethermometer	1	1	Yes	
10	Pole climbing apparatus	1	1	Yes	
11	Histamine chamber	1	1	Yes	
12	Simple lever	Adequate	1	Yes	
13	Starting heart lever	Adequate	1	Yes	
14	Aerator	Adequate	1	Yes	
15	Histological Slides	Adequate	1	Yes	
16	Sphygmomanometer (B.P. apparatus)	5	5	Yes	
17	Stethoscope	5	5	Yes	
18	First aid equipment	Adequate	1	Yes	
19	Contraceptive device	Adequate	1	Yes	
20	Dissecting (surgical) instruments	Adequate	1	Yes	
21	Balance for weighing small Animals	1	1	Yes	
22	Kymograph paper	Adequate	1	Yes	
23	Actophotometer	1	1	Yes	
24	Analgesimeter	1	1	Yes	
25	Thermometer	Adequate	1	Yes	
26	Plastic animal cage	Adequate	1	Yes	
27	Double unit organ bath with thermostat	1	1	Yes	
28	Refrigerator	1	1	Yes	
29	Single pan balance	1	1	Yes	
30	Charts	Adequate	1	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

31	Human skeleton	1	1	Yes	
32	Anatomical specimens (Heart, brain, eye, ear, reproductive system etc.,)	1 set	1	Yes	
33	Electro-convulsometer	1	1	Yes	
34	Stop watch	Adequate	—	—	
35	Clamp, boss heads, screw clips	Adequate	—	—	
36	Syme's Cannula	Adequate	—	—	

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

PHARMACOGNOSY LABORATORY

Equipment:

Sl No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Projection Microscope	01	01	Yes	
2	Charts (different types)	Adequate	—	—	
3	Models (different types)	Adequate	—	—	
4	Permanent Slides	Adequate	—	—	
5	Slides and Cover Slips	Adequate	—	—	

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

PHARMACY PRACTICE LABORATORY

Equipment:

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

Signature of the Head of the Institution: *[Signature]* Signature of the Inspectors

[Signature]
 Assistant Secretary
 Government College of Pharmacy
 Chittoor, Andhra Pradesh

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

NOTE: Adequate numbers of glassware commonly used in the laboratory should be provided in each laboratory and the department.
Museum: Every Institution shall maintain a museum of crude drugs, berbarium sheets, botanical specimens of the drugs, and plants, mentioned in the course in addition the following are recommended.

1. Colored slides of medicine plants.
2. Display of popular patent medicines, and
3. Containers of common usage in medicines.

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

Chairman/Secretary
Bijoy Chandra Pradhan
Chairman/Secretary

Signature of the Inspectors