

# 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.

Inspection No. :

FILE No. :

To be filled up by inspectors

Date of Inspection:

NAME OF THE INSPECTORS: 1.

(BLOCK LETTERS)

2.

## PART – I A - GENERAL INFORMATION

<b>A – I.1</b> Name of the institution: Complete Postal address:  STD code Telephone No: Fax: E-mail	R.R.College of Pharmacy No.67, R.R.Layout, Near Chikkabanavara Railway Station, Chikkabanavara, Bangalore-560090 080- 28391555/28391155/8050202020/8880001111 080-28396210 Pharmacy@ <a href="mailto:rrinstitutions@gmail.com">rrinstitutions@gmail.com</a>
Year of Establishment	2005
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Private
<b>A – I.2</b> Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	P. K. M. Educational Trust ® No. 67, R. R. Layout Near Chikkabanavara Railway Station, Chikkabanavara, Bangalore-560 090 080- 28391555/28391155/8050202020/8880001111 28396210. Contact@ <a href="mailto:rrinstitutions.com">rrinstitutions.com</a> <a href="http://www.rrinstitutions.com">www.rrinstitutions.com</a>
<b>A – I.3</b> Name, Designation and Address of person to be contacted by phone  STD Code Telephone No Office: Mobile No: Fax No E-Mail	Mr. Kiran H. R. Secretary, P. K.M. Educational Trust® No, 67, Raja Reddy Layout, Near Chikkabanavara Railway Station, Chikkabanavara Bangalore-560090. 080 28391555/28391155/8050202020/8880001111 9845172776 2839210. <a href="mailto:Contact@rrinstitutions.com">Contact@rrinstitutions.com</a>

Signature of the Head of the Institution

Signature of the Inspectors

<b>A – I. 4</b> Name and Address of the Head of the Institution	Dr. B. Gopalakrishna Principal, R. R. College of Pharmacy R..R.Layout, Near Chikkabanavara Railway Station, Chikkabanavara, Bangalore-560090
--	--

**A – I. 5**

**FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL**

**a. Details of Affiliation Fee Paid**

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B. Pharm	2017-2018	DD No 049550,Vijaya	31/05/2016	

**b. APPROVAL STATUS:**

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspectors
B. Pharm	2016-2017	<b>Approval Letter No and Date</b>	32.323/- 2011- PCI/38461- 64 dated; 12/09/2014	G.O.NO.AKU KA 307PTD2015 Dated 28.03.2016	ACA/PH- 61/2014- 15dated 04/12/2014	
		Approval Intake	60	100	100	
		<b>Actually Admitted</b>	60	100	100	

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

Signature of the Head of the Institution

Signature of the Inspectors

**Examining Authority:** RajivGandhi University of Health Sciences, Karnataka  
**With complete postal Address,** 4<sup>th</sup>Bengalor e  
**Telephone No. and STD Code**  
**.080-2696192829**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**B - DETAILS OF THE INSTITUTION**

<b>B -I .1</b> Name of the Principal		Dr. B. Gopalakrishna			
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm	YES	15 years, out of which 5 years as Prof. / HOD	31 years,	
	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	Compli ed / Not	Intake reduced/Stopped in the last 03 years*
<b>B. Pharm</b>	11 <sup>st</sup> & 12 <sup>nd</sup> Aug 2016		Yes	NO

\* Enclose Documents

**B -I .3**

<b>Status of Governing Council:</b>	<b>Trust</b>
<b>Details of the Governing Body</b>	<b>Enclosed</b>
<b>Minutes of the last Governing council Meeting</b>	<b>Enclosed</b>

**B -I .4**

Pay Scales:

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

**B -I .5**

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

ACADEMIC YEAR	Year 2014-2015	Year 2015-2016	Year 2016-2017
<b>Sanctioned</b>	60	60	100
<b>No. of Admissions</b>	60	60	100
<b>Unfilled Seats</b>	Nil	Nil	Nil
<b>No. of Excess Admissions</b>	Nil	Nil	Nil

Signature of the Head of the Institution

Signature of the Inspectors

**B –I .6**

**Academic information: Percentage of UG results for the past three years based on University Calendar**

<b>ACADEMIC YEAR</b>	<b>Year 2013-</b>	<b>Year 2014-</b>	<b>Year2015</b>
<b>1<sup>st</sup> year</b>	45	37	42
<b>2<sup>nd</sup> year</b>	67	70	65
<b>3<sup>rd</sup> year</b>	73	77	78
<b>Final year</b>	92	94	88
<b>Pass % (Final Year)</b>	92	94	88

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

Whether college has NSS Unit (Yes/No)? If no give reasons	yes
NSS Programme Officer's Name	R Raveendra
Programme conducted (mention details)	
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				
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	Remarks Of Inspectors	
1.	Grants a. Government b. Others	— ---	<b>CAPITAL EXPENDITURE</b>				
2.	Tuition Fee	138.60	1.	Building	223.20		
3.	Library Fee	2.50	2.	Equipment	36.00		
4.	Sports Fee	0.50	3.	Others Library books	8.00		
5.	Union Fee		<b>REVENUE EXPENDITURE</b>				
6.	Others NSS Unit	0.50	1.	Salary	54.45		
7.	Int on FD	11.76	2.	<b>MAINTENCE EXPENDITURE</b>			
			i	College	15.00		
			ii	Others Electricity	3.00		
			3.	University Fee (if any)	1.10		
			4.	Apex Bodies Fee	1.90		
			5.	Government Fee			
			6.	Deposit held by The College	124.00*		
			7.	Others / NSS	0.50		
			8.	Misc. Expenditure Repayment of loan	42.00		
	<b>Total</b>	<b>153.86</b>	<b>Total</b>			<b>117.95</b>	

**Note: Enclose relevant documents**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

## PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (B. Pharm courses) : **Available**  
 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 : **Enclosed**  
 d. Building<sup>†</sup>:  
 i) Approved Building plan, to be Enclosed : **Enclosed**   
 e. Total Built Area of the college building in Sq.mts : Built up Area 3643  
 Amenities and Circulation Area 793

**2. Class rooms:**

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

Class	Required Nos	Available Nos	Required Area * for each class room	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	06	06	6 of 90 Sq. mts Or 4 of 150 sq.mts. with Public address System.	6x90	

(\*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 (8 Labs)	90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts - Essential	10 85Sq.mts	
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 *	02 03 01 02 01 01	
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)	10 Sq.mts	
4	Area of the Machine Room	80-100 Sq.mts	87	
5	Central Instrumentation Room	80 Sq.mts with A/ C	87	
6	Store Room – I	1 (Area 100 Sq mts)	87	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	20	

\*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	30 Sq.mts	
2	Office – I - Establishment	01	60 Sq. mts	01	60 Sq. Mts	
3	Office – II - Academics					
4	Confidential Room					

**5. Staff Facilities:**

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4	04	80	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	2 NOs	129	

**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	58	
2	Library	01	150 Sq mts	01	170	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	01	50	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	58	
5	Seminar Hall	01		01	26	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	26	

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	85	
2	Boy's Common Room (Essential)	01	60 Sq.mts	01	170	
3	Toilet Blocks for Boys	01	24 Sq.mts	01	50	
4	Toilet Blocks for Girls	01	24 Sq.mts	01	24	
5	Drinking Water facility – Water Cooler (Essential).	01	9 Sq .mts / Room Single occupancy	01	Available	
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy	01	Available	
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	03	Available	
8	Power Backup Provision (Desirable)	01	1		1	

**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)	30	80 Sq. mts	
Computer (Latest Configuration)	1 system for every 10 students	24	----	
Printers	1 printer for every 10 computers	6	--	
Multi Media Projector	01	01	----	
Generator (5KVA)	01	01	10Sq.mt	

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	120 Sq. mts	1	-	yes	
Staff quarters	16 x 80 Sq. mts	16	-	yes	
Canteen	100 Sq. mts	01	100		
Parking Area for staff and students			Available		
Bank Extension Counter			Available		
Co operative Stores		01	85		
Guest House	80 Sq. mts		11		
Transport Facilities for students			Available		
Medical Facility (First Aid)			Available		

### 10. A. Library books and periodicals

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	Numbers	
1	Number of books	150	2000 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	839	3750	
2	Annual addition of books		150 to 200 books per year	31	105	
3	Periodicals Hard copies / online		10 National 05 International periodicals		33 06/292	
4	CDS		Adequate Nos		49	
5	Internet Browsing Facility		Yes/No (Minimum ten computers)		yes	
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01		Available Available Available	
7	Library Automation and Computerized System Available					
8	<b>Library Timings 09 A M to 08 P M</b>					

### 10.B. Library Staff:

	Staff	Qualification	Required	Available	Remarks of the Inspectors
1	Basamma. R. Hadarageri	M. Lib	1	1	
2	Surekha-Library Attend	SSLC	1	1	
3	Mohan- Library	SSLC	1	1	

Signature of the Head of the Institution

Signature of the Inspectors

### PART III ACADEMIC REQUIRMENTS

#### Course Curriculum:

**1. Student Staff Ratio:** Theory **60 :1** Practicals **20 :1** 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:** Annual

**3. Date of Commencement of session / sessions:**

Commencement	Completion
01/08/15	19/04/16

**4. Vacation:** Summer:  **30** Winter:  **15**

**5. Total No. of working days:**

**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:**

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	
H A P	75	75	75	75	25	
Pharmaceutics	50	50	75	75	25	
Pharmacognosy	50	50	75	75	25	
POC I	75	75	75	75	25	
PIC	75	75	75	75	25	

#### **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	
Phy Pharm	75	75	75	75	25	
Ph Microb	75	75	75	75	25	
Applied Bi Bio	75	75	75	75	25	
Pathophys	75	75	00	00	00	
POC II	75	75	75	75	25	

Signature of the Head of the Institution

Signature of the Inspectors

**III B. Pharm:**

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	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						
Med CheI	75	75	75	75	25	
Ph Juris	75	75	00	00	00	
PhCog&Ph Phy	75	75	75	75	25	
PhCologyI	75	75	00	00	00	
Ph Enginee	75	75	100	100	25	

**IV B. Pharm:**

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	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						
Ph Tech& B	75	75	75	75	25	
Med CheII	75	75	75	75	25	
PharColoII	50	50	100	100	25	
IBA	75	75	75	75	25	
Ind Ph Cog	50	50	75	75	25	
AIP	50	50				
PMM	50	50				
C&HP	50	50				
PKTDM	50	50				

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	Year 2013	Year 2014	Year 2015-
Guest Lectures	5	6	6
Seminars	2	1	2
Workshops	Nil	Nil	nil
Symposia	nil	nil	nil

B. Papers Presented / Published during last three year

	Year 2013		Year 2014		Year 2015	
	National	International	National	International	National	International
Published	15	4	12	4	8	3
Presented	3	nil	3	nil	2	nil

Signature of the Head of the Institution

Signature of the Inspectors

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

Yes

Class	I Sessional Dates 14/11/14		II Sessional Dates 09/03/15		III Sessional Dates 13/04/15		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
I B. Pharm	14/11/14	21/11/14	<b>09/03/15</b>	17/03/15	<b>13/04/15</b>	22/04/15	
II B. Pharm	14/11/14	21/11/14	<b>09/03/15</b>	17/03/15	<b>13/04/15</b>	22/04/15	
III B. Pharm	14/11/14	21/11/14	<b>09/03/15</b>	17/03/15	<b>13/04/15</b>	22/04/15	
IV B. Pharm	14/11/14	21/11/14	<b>09/03/15</b>	17/03/15	<b>13/04/15</b>	22/04/15	

**11. Whether Evaluation of the internal assessments is Fair** Yes

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	12	28	26	20	16	08	06	04	
II B.Pharm	10	25	23	15	10	05	05	03	
III B.Pharm	15	22	22	20	14	11	04	02	
IV B.Pharm	24	28	15	16	07	04	04	02	

Signature of the Head of the Institution

Signature of the Inspectors

## 12. Work load of Faculty members for B. Pharm

Sl. No	NAME OF THE FACULTY	Subjects taught	B. Pharm		Total work load	Specific Remarks of the Inspector
			Th	Pr		
01	<b>DR. B.GOPALAKRISHNA</b>	Pharmacognosy ( <b>IB.Pharm</b> )	02	06	08	
02	<b>MR. R. RAVEENDRA</b>	Medicinal Chemistry II ( <b>IV B.Pharm</b> )	03	06	09	
03	<b>DR. GNANA RUBA PRIYA</b>	Pharmaceutical organic Chemistry-II ( <b>IIB.Pharm</b> )	003	06	09	
04	<b>MR.G PARTHASARATHY</b>	Pharmaceutics ( <b>IB.Pharm</b> )	02	06	08	
05	<b>MRS. SUJATHA P. M</b>	Pharmaceutical Engineering ( <b>III B.Pharm</b> )	03	06	09	
06	<b>MR. SYED NIZAMUDDIN</b>	Instrumental & Biomedical Analysis ( <b>IV B.Pharm</b> )	03	06	09	
07	<b>MRS. SRILATHA K. S</b>	Pharmaceutical Microbiology&Biotech ( <b>II B.Pharm</b> )	03	06	09	
08	<b>MR. HONNESH H</b>	Pharmacognosy &Phytochemistry ( <b>III B.Pharm</b> ) Industrial Pharmacognosy ( <b>IV B.Pharm</b> )	03 03	06 06	09 09	
09	<b>MR. HEMANTH S</b>	Pharmaceutical Organic chemistry-I ( <b>I B.Pharm</b> )	03	12	15	
10	<b>MRS.APARNA A SHAHAPURKAR</b>	Human Anatomy &Physiology ( <b>I B.Pharm</b> ) Pharmacology & Toxicology ( <b>IV B.Pharm</b> )	03 03	12 06	15 08	
11	<b>MR. NAGARAJ N DURGADASHEEMI</b>	Pharma. Inorganic Chemistry ( <b>I B.Pharm</b> )	03	12	15	
12	<b>MRS.GEETHAPRIYA C</b>	Pharmaceutical Jurispru.ce ( <b>III B.Pharm</b> )	02	--	02	
13	<b>MS. POORNIMA N. B</b>	Pharma.Technology & Biopharmaceutics ( <b>IV B.Pharm</b> )	03	06	09	
14	<b>MR. SUBHASH P. G</b>	Physical Pharmaceutics ( <b>II B.Pharm</b> ) Pharm. Marketing& Management ( <b>III B.Pharm</b> ) Pharm. Marketing& Management ( <b>IV B.Pharm</b> )	03 02 02	06 -- --	09 02 02	
15	<b>MRS. MONIKA SHRINGI</b>	Applied Biochemistry Theory ( <b>II B.Pharm</b> ) Medicinal chemistry-I ( <b>III B.Pharm</b> )	03 03	-- 06	03 09	
16	<b>DR. G. SPANDANA EVANGELINE</b>	Clinical and Hospitalpharmacy ( <b>IV B.Pharm</b> )	02	--	02	
17	<b>MS.VINDYA N S</b>	Pharmacology-I ( <b>III B. Pharm</b> )	03	06	09	
18	<b>MR. PRASAD</b>	Pathophysiology ( <b>II B. Pharm</b> )	03	--	03	
19	<b>MEENAKSHI GANTA</b>	Applied Biochemistry practicals ( <b>II B.Pharm</b> )	--	06	06	
20	<b>J HIMAVARSHINI</b>	Pharmaceutics Practical ( <b>I B.Pharm</b> ) Pharmacokinetics & Therapeutic Drug Monitoring ( <b>IV B.Pharm</b> ) Advanced Industrial Pharmacy ( <b>IV B.Pharm</b> )	-- 02 02	06 -- --	06 02 02	

Signature of the Head of the Institution

Signature of the Inspectors

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

<b>Det</b>	<b>Year 2013</b>	<b>Year 2014</b>	<b>Year 2015</b>
No. of Students Appeared	12	16	08
No. of Students Qualified	02	03	Nil
Percentage	18	19	0

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

**If applicable please give the details for the previous Year**

<b>Events</b>	<b>Details for the Previous Year</b>
<b>No. of Industrial visits</b>	1
<b>Industrial Tour</b>	1
<b>Industrial Training</b>	50
<b>No. of Resource Persons from the Industry for Guest Lectures</b>	2
<b>No. of Collaboration projects with Industry</b>	Nil

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

<b>Year</b>	<b>Year 2013</b>	<b>Year 2014</b>	<b>Year 2015</b>
<b>No. of students appeared for campus interview</b>	26	18	12
<b>% Placed</b>	40	36	25

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**PART IV - PERSONNE**

**TEACHING STAFF**

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

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			
01	Dr. B. Gopalakrishna	Professor & Principal	M. Pharm Ph.D	01/09/2005	30 years	5595		
02	Dr. Geetha Jayaprakash	Professor	M.Pharm Ph. D	22/08/2007	8 years	46285		
03	Mr. R Raveendra	Associate	M. Pharm	06/04/2006	18 years	16075		
04	Mr.ParthasarathyG	Associate Professor	M.Pharm	20/12/210	12 years	3628 A1		
05	Mrs.Sujatha P Muchalambé	Associate Professor	M.Pharm	08/11/2005	10 years	40170		
06	Mr Syed Nizamuddin	Associate Professor	M.Pharm	11/11/2012	12 years	30452		
07	Mrs. K. S. Srilatha	Assoicate Professor	M.Pharm	07/04/2014	7 years	31538		
08	Mr. Subhash P. G	Associate Professor	M.Pharm	02/11/2015	10 years	31078		
09	Mrs. C. Geetha priya Logana	Asst. Professor	M.Pharm	27/08/2014	7 years	45664		
10	Mr. Hemanth. S.	Asst. Professor	M.Pharm	26/03/2011	4.5 years	37890		
11	Mrs. Aparna A Shahapurkar	Asst. Professor	M.Pharm	21/11/2012	7 years	46673		
12	Ms. Poornima N. B	Asst. Professor	M.Pharm	21/11/2012	3 years	36475		
13	Mr. Nagaraj. N Drugadheemi	Asst. Professor	M.Pharm	21/11/2012	4 years	33598		
14	Ms. Monika Shringi	Asst. Professor	M.Pharm	20/01/2014	2 years	47564		
15	Mr. Honnesh H	Asst. Professor	M.Pharm	02/09/2015	5 years	39659		



16	Dr.Shailesh Yadav	Asst. Professor	Pharm D	01.02.2016	7Months	Applied		
17	Dr.Spandana E	Asst. Professor	Pharm D	03.02.2016	7Months	Applied		
18	Ms.J Hima Varshini	Asst. Professor	M.Pharm	26.07.2016	Fresher	A194327		
19	Dr.Gnanarubapriya	Professor	Ph.D.	01.08.2016	12 Years	7525A1		
20	Mr.Prasad V Kalahal	Asst. Professor	M.Pharm	01.08.2016	Fresher	Applied		
21	Ms.Vindhya N S	Asst. Professor	M.Pharm	01.08.2016	Fresher	48778		
22	Ms.Meenakshi Ganta	Asst. Professor	M.Pharm	02.08.2016	6 months	85254A1		

## 2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others - Full Time
16	03	03

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

	No. of staff required
1. Pharmaceutical Chemistry	7
2. Pharmaceutical Analysis	2
3. Pharmacology	4
4. Pharmacognosy	4
5. Pharmaceutics	6
6. Pharmacy Practice	1
7. Principal	1
<b>Total</b>	<b>25</b>

<b>*Part time teaching Staff</b>	<b>3</b>
<b>Remarks of the Inspection Team</b>	

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

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	Nil	
	Asst. Professor	2	4	
	Lecturer	3	2	
Department of Pharmaceutical Chemistry	Professor	1	1	
	Asst. Professor	3	1	
	Lecturer	3	4	
Department of Pharmacology	Professor	1	Nil	
	Asst. Professor	2	Nil	
	Lecturer	1	3	
Department of Pharmacognosy	Professor	1	1	
	Asst. Professor	1	Nil	
	Lecturer	2	1	
Department of Pharmacy Practice	Asst. Professor	1	1	
	Lecturer	1	3l	
Department of Pharmaceutical Analysis	Asst. Professor	1	1	
	Lecturer	1	Nil	

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	
	Duration of 15 yrs. and	
	Duration of 10 yrs. and	
Dr. B. Gopalakrishna R. Raveendra, Dr. Geetha Jayaprakash, sujatha P. M	Duration of 5 yrs. and	
	Less than 5 yrs.	

7. **Details of Faculty Turnover:**

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
Dr. B. Gopalakrishna R. Raveendra, Dr. Geetha Jaya Praksh, Sujatha P. M Hemanth S	% of faculty retained in last 3 yrs	08			

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	4	B. S.c	
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC	10	SSLC	
3	Office Superintendent	1	Degree	1	Degree	
4	Accountant	1	Degree		Degree	
5	Store keeper	1	D. Pharm/ Degree	1	Degree	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	1	BCA / Graduate with Computer Course	
7	Office Staff I	1	Degree	1	Degree	
8	Office Staff II	2	Degree	2	Degree	
9	Peon	2	SSLC	2	SSLC	
10	Cleaning personnel	Adequate	---	--	Adequate	
11	Gardener	Adequate	---	----	Adequate	

**Signature of the Head of the Institution**

**Signature of the Inspectors**

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

Sl. No	Name	Qualification	Designation	Basic pay Rs.	DA Rs.	HRA Rs.	CCA Rs.	Deductions			Bank A/C No	PAN No	EPF A/c no.	Total	Signature
								P T	TDS	EPF					
01	Dr. B Gopalakrishna	M. Pharm Ph. D	Professor Principal	56650	22660	8498	300	200	8000	1800	36773	AF1PG6561P	KN/30183/1	88108	
02	Mr.RRaveendra	M. Pharm	Associate Professor	30140	12056	4521	300	200		--	0131	ADLPR3966L		47017	
03	Mr. G.Parthasarathy	M. Pharm	Associate Professor	27010	10804	4052	300	200			1222	AWWPP5456B		42166	
04	Mrs. Sniatha P M	M. Pharm	Associate Professor	24670	9868	3701	300	200	....	-	0140	A2SP43194N		38339	
05	Mr. Syed Nizamuddin	M. Pharm	Associate Professor	24670	9868	3701	300	200	1800	1800	0135	BLYP505791		38539	
06	Dr. Geetha Jayaprakash	M. Pharm	Associate Professor	30920	12368	4638	300	200	-----	1800	0128	AFOPJ4415P		48226	
07	Mrs.K.S. Srilatha	M. Pharm	Associate Professor	20420	8168	3063	300	200	---	--	0124	BLUPS4130		31951	
08	Mrs. Geetha Priva	M. Pharm	Asst. Professor	16366	6546	2455	290	200	---	--	0162	AMZPL5868I		25657	
09	Mr. Hemanth. S	M. Pharm	Asst. Professor	16420	6568	2463	300	200	1800	1800	0134	DSOPS2588K		25751	
10	Mrs Aparna A Shahapurkar	M. Pharm	Asst. Professor	16930	6772	2540	300	200	--	--	0152	BRAPS9573A		26542	
11	Mr. Nagaraj N Durgadashemi	M. Pharm	Asst. Professor	15910	6364	2387	300	200	--	--	0136	AHTPD47978		24961	
12	Ms.Poorima N. B	M. Pharm	Asst. Professor	15600	6240	2340	300	200	--	--	0156	CPOPP6774D		24480	
13	Mrs. Monika Shringi	M. Pharm	Asst. Professor	15600	6240	2340	300	200	--	---	0160	CDCPM1704Q		24480	
14	Dr.Shailesh Yadav	PharmD	Asst. Professor	14520	5808	2178	300	200	--	--		ANTPY0795N		22806	
15	Dr.Spandana G	PharmD	Asst. Professor	14520	5808	2178	300	200	--	--		BFUPG8396H		22806	

**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      yes      **13. Gratuity Provided** Yes      yes      **14. Details of Non-teaching staff members (list to be enclosed):**

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors
01	Mr. M. Ramesh Rao	Administrative Office	B. Com	12/11/2004	10 years		
02	Ms. Basamma R. Hadarageri	Librarian	M. L. I. Sc	04/08/2008	6 years		
03	Mrs. Pushpalatha B. G	Office	B. Com	08/03/2007	10 years		
04	Mr. Madhusudhana	Lab Technician	D. Pharm	11/04/2007	7 years		
05	Mr. R. Surya Prakash	Lab Technician	B. Sc	07/02/2007	7 years		
06	Mr. Keshav. V	Lab Technician	PUC	12/03/2008	6 years		
07	Mr. B. C. Vijay Kumar	Lab Technician	MSC	01/02/2013	1.5 years		
08	Mr. Mohan	Lab Attender	PUC	17/04/2005	9 years		
09	Mr. Ganesh. K. N.	Lab Attender	SSLC	01/01/2006	9 years		
10	Mr. Suresha	Lab Attender	SSLC	05/11/2012	2 years		
11	Mrs. Bhagyalakshmi	Lab Attender	SSLC	29/10/2009	5 years		
12	Mr. G. Adithya	Computer Data	BA. DCS	13/08/2008	5 years		
13	Mrs. Jyothi	B. Com	Office	17/10/2011	3 years		
14	Mr. Rangantha K	B. Com	Office Staff	20/08/2014	1 years		
15	Ms. Shahikala G	B. A	Office Staff	04/07/2007	6 years		
16	Ms. Supriya	B. Com	Office Staff	23/-8/2010	4 years		
17	Mr.s Surekha	SSLC	Library Attender	01/12/2007	7 years		
18	Mrs. Gowamma	---	Cleaning Personnel	20/07/2007	5 years		
19	Mrs. Sushilamma	—	Cleaning Personnel	15/09/2012	2 years		
20	Mr. Govidharaju B. V	VIII Std.	Gardener	01/01/2006	8 years		
21	Mrs. Parvathamma H	B. A	Office Staff	07/05/2015	Fresh		
22	Mr. Raveendra K. T	SSLC	Lab	08/05/2013	2 years		
23	Mrs. Swamy	SSLC	Lab	09/07/2011	3 years		

**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**

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

**Signature of the Head of the Institution****Signature of the Inspectors**

**PART - VI**

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

Sl	(2012-2013) Expenditure in Rs.			(2013-2014) Expenditure in Rs.			(2014-2015) Expenditure in Rs			Remarks of the Inspectors*
No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	Non Returning	
	5.00	-	1.20	5.00	-	1.32	5.00	-	2.50	

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

Sl	Expenditure in Rs. 2012-2013			Expenditure in Rs 2013-2014			Expenditure in Rs 2014-2015			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals	5.00.000	1.59.000	Chemicals	500000	4.21.000	Chemicals	500000	2.07.000	
	Glassware	5.00.000	5.70.000	Glassware	500000	5.15.000	Glassware	500000	1.27.000	

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

Sl	Expenditure in Rs. 2012-2013			Expenditure in Rs. 2013-2014			Expenditure in Rs 2014-2015			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment	500000	1.20.000	Equipment	400000	---	Equipment	5.00.000	7.66.000	

Signature of the Head of the Institution

Signature of the Inspectors



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

SI No.	Expenditure in Rs. 2012-2013			Expenditure in Rs. 2013-2014			Expenditure in Rs. 2014-2015			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
<b>1</b>	<b>Books</b>	Nil	99.686	<b>Books</b>	Nil	1.40.459	<b>Books</b>	Nil	1.68.576	
<b>2</b>	<b>Journals</b>	Nil	50.360	<b>Journals</b>	Nil	58960	<b>Journals</b>	Nil	59.740	

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

## PART VII – EQUIPMENT AND APPARATUS

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

### DEPARTMENT OF PHARMACOLOGY

#### Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	20	20	Yes	
2	Haemocytometer with Micropipettes	20	20	Yes	
3	Sahli's haemocytometer	20	20	Yes	
4	Hutchinson's spirometer	01	01	Yes	
5	Spygmomanometer	10	10	Yes	
6	Stethoscope	10	10	Yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	Available	Yes	
8	Models for various organs	One model of each organ system	Available	Yes	
9	Specimen for various organs and systems	One model for each organ system	Available	Yes	
10	Skeleton and bones	One set of skeleton and one spare bone	Available	Yes	
11	Different Contraceptive Devices and Models	One set of each device		Yes	
12	Muscle electrodes	01	01	Yes	
13	Lucas moist chamber	01	01	Yes	
14	Myographic lever	01	01	Yes	
15	Stimulator	01	01	Yes	
16	Centrifuge	01	01	Yes	
17	Digital Balance	01	01	Yes	
18	Physical /Chemical Balance	01	01	Yes	
19	Sherrington's Kymograph Machine / Polyrite	10	10	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

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

**Apparatus:**

Sl. No.	Name	Minimum required No.s	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Folin-Wu tubes	60	60	Yes	
2	Dissection Tray and Boards	10	10	Yes	
3	Haemostatic artery forceps	10	10	Yes	
4	Hypodermic syringes and needles of size 15,24,26G	10	10	Yes	
5	Levers, 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	

**Signature of the Head of the Institution**

**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	02	Yes	
9	Zone reader	01	01	Yes	
10	Digital pH meter	01	01	Yes	
11	Sterility testing unit	01	01	Yes	
12	Camera Lucida	20	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	20	Yes	
3	Reflux flask and condenser double / triple necked	20	20	Yes	
4	Burettes	100	100	Yes	
5	Arsenic Limit Test Apparatus	25	25	Yes	
6	Nessler's Cylinders	50	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	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Mechanical stirrers	2	20	Yes	
2	Homogenizer	1	10	Yes	
3	Digital balance	0	05	Yes	
4	Microscopes	1	10	Yes	
5	Stage and eye piece micrometers	1	15	Yes	
6	Brookfield's viscometer	0	01	Yes	
7	Tray dryer	0	01	Yes	
8	Ball mill	0	01	Yes	

**Signature of the Head of the Institution**

**Signature of the Inspectors**

9	Sieve shaker with sieve set	0	01	Yes	
10	Double cone blender	0	01	Yes	
11	Propeller type mechanical agitator	0	05	Yes	
12	Autoclave	0	01	Yes	
13	Steam distillation still	0	01	Yes	
14	Vacuum Pump	0		Yes	
15	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	10 sets	Yes	
16	Tablet punching machine	0	01	Yes	
17	Capsule filling machine	0	01	Yes	
18	Ampoule washing machine	0	01	Yes	
19	Ampoule filling and sealing machine	0	01	Yes	
20	Tablet disintegration test apparatus IP	0	02	Yes	
21	Tablet dissolution test apparatus IP	0	01	Yes	
22	Monsanto's hardness tester	0	02	Yes	
23	Pfizer type hardness tester	0	01	Yes	
24	Friability test apparatus	0	01	Yes	
25	Clarity test apparatus	0	01	Yes	
26	Ointment filling machine	0	01	Yes	
27	Collapsible tube crimping machine	0	01	Yes	
28	Tablet coating pan	0	01	Yes	
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH	05 Each 10	Yes	
30	Digital pH meter	0	01	Yes	
31	All purpose equipment with all accessories	0	01	Yes	
32	Aseptic Cabinet	0	01	Yes	
33	BOD Incubator	0	02	Yes	
34	Bottle washing Machine	0	01	Yes	
35	Bottle Sealing Machine	0	01	Yes	
36	Bulk Density Apparatus	0	02	Yes	
37	Conical Percolator (glass/ copper/ stainless steel)	1	10	Yes	
38	Capsule Counter	0	02	Yes	
39	Energy meter	0	02	Yes	
40	Hot Plate	0	02	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

41	Humidity Control Oven	0	01	Yes	
42	Liquid Filling Machine	0	01	Yes	
43	Mechanical stirrer with speed regulator	0	02	Yes	
44	Precision Melting point Apparatus	0	01	Yes	
45	Distillation Unit	0	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		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	<b>Yes</b>	
10	Rheometer	01	01	<b>Yes</b>	
11	Viscometer	01	01	<b>Yes</b>	
12	Micropipettes (single and multi channeled)	01 each	01 each	<b>Yes</b>	
13	Sonicator	01	01	<b>Yes</b>	
14	Respinometer	01	01	<b>Yes</b>	
15	BOD Incubator	01	01	<b>Yes</b>	
16	Paper Electrophoresis Unit	01	01	<b>Yes</b>	
17	Micro Centrifuge	01	01	<b>Yes</b>	
18	Incubator water bath	01	01	<b>Yes</b>	
19	Autoclave	01	01	<b>Yes</b>	
20	Refrigerator	01	01	<b>Yes</b>	
21	Filtration Assembly	01	01	<b>Yes</b>	
22	Digital pH meter	01	01	<b>Yes</b>	

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



**CENTRAL INSTRUMENTATION ROOM:**

<b>Sl. No.</b>	<b>Name</b>	<b>Minimum required Nos.</b>	<b>Available Nos.</b>	<b>Working Yes / No</b>	<b>Remarks of the Inspectors</b>
1	Colorimeter	01	01	<b>Yes</b>	
2	Digital pH meter	01	01	<b>Yes</b>	
3	UV- Visible Spectrophotometer	01	01	<b>Yes</b>	
4	Flourimeter	01	01	<b>Yes</b>	
5	Digital Balance (1mg sensitivity)	01	01	<b>Yes</b>	
6	Nephelo Turbidity meter	01	01	<b>Yes</b>	
7	Flame Photometer	01	01	<b>Yes</b>	
8	Potentiometer	01	01	<b>Yes</b>	
9	Conductivity meter	01	01	<b>Yes</b>	
10	Fourier Transform Infra Red Spectrometer (Desirable)	01	01	<b>Yes</b>	
11	HPLC	01	01	<b>Yes</b>	
12	HPTLC (Desirable)	01	01	<b>Yes</b>	
13	Atomic Absorption and Emission spectrophotometer	01	01	<b>Yes</b>	
14	Biochemistry Analyzer (Desirable)	01	01	<b>Yes</b>	
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01	01	<b>Yes</b>	
16	Deep Freezer (Desirable)	01	01	<b>Yes</b>	
17	Ion- Exchanger	01	01	<b>Yes</b>	
18	Lyophilizer (Desirable)	01	01	<b>Yes</b>	

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**