

# PHARMACY COUNCIL OF INDIA

## Standard Inspection Format (S.I.F) for institutions conducting B. Pharm and D. Pharm

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

(SIF-C)

*To be filled up by P.C.I.*

*To be filled up by inspectors*

**Inspection No. :**

**Date of Inspection:**

**FILE No. :**

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

**2.**

### PART – I

#### A - GENERAL INFORMATION

<b>A – I .1</b> Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	
Year of Establishment	<b>Diploma _____ &amp; Degree _____</b>
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	
<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:	
<b>A – I .3</b> Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	
<b>A – I .4</b> Name and Address of the Head of the Institution	

Signature of the Head of the Institution

Signature of the Inspectors

**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
D. Pharm				
B. Pharm				

**b. APPROVAL STATUS**

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVT	UNIVERSITY	Remarks of the Inspectors
B. Pharm		Approval Letter No and Date				
		Approved Intake				
		Actually Admitted				
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	Yes	No	Yes	No		
B. Pharm	Yes	No	Yes	No		

**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  No

**A – I. 6 a**

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

**Examining Authority : For Diploma course**  
**With complete postal**  
**Address, Telephone No.**  
**and STD Code.**

**For Degree course**

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					
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm		15 years, out of which 5 years as Prof. / HOD		
	PhD		10 years, out of which at least 05 years as Asst. Prof		

\* Documentary evidence should be provided

**B –I.2**

For institution seeking continuation of affiliation

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

\* Enclose Documents

**B –I.3**

<b>Status of Governing Council:</b>	<b>Government/Trust/Society/Individual/University</b>
<b>Details of the Governing Body</b>	<b>Enclosed / Not Enclosed</b>
<b>Minutes of the last Governing council Meeting</b>	<b>Enclosed / Not Enclosed</b>

**B –I.4**

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 –I.5**

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

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

**B –I.6**

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

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

Signature of the Head of the Institution

Signature of the Inspectors

**B –I.7****B. Pharm Course: Admission statement for the past three years**

<b>ACADEMIC YEAR</b>	<b>Year 200-</b>	<b>Year 200-</b>	<b>Year 200-</b>
<b>Sanctioned</b>			
<b>No. of Admissions</b>			
<b>Unfilled Seats</b>			
<b>No. of Excess Admissions</b>			

**B –I.8****Academic information: Percentage of UG results for the past three years based on University Calendar**

<b>ACADEMIC YEAR</b>	<b>Year 200-</b>	<b>Year 200-</b>	<b>Year 200-</b>
<b>1<sup>st</sup> year</b>			
<b>2<sup>nd</sup> year</b>			
<b>3<sup>rd</sup> year</b>			
<b>Final year</b>			
<b>Pass % (Final Year)</b>			

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

Whether college has NSS Unit (Yes/No)? If no give reasons	
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

Signature of the Head of the Institution

Signature of the Inspectors

## C - FINANCIAL STATUS OF THE INSTITUTION

**Audited financial Statement of Institute should be furnished**

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

**C .2 Please provide following Information**

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

Amenities and Circulation Area

### 2. Class rooms:

#### Total Number of Class rooms provided for both D. Pharm and B. Pharm

Class	Required	Available Numbers	Required Area * for each Class Room	Available Area in Sq.mts	Remarks of the Inspectors
D. Pharm	02		90 Sq. mts each		
B. Pharm	04		90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)		

(\* To accommodate 60 students)

### 3. Laboratory requirement for both D. Pharm and B. Pharm

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq mts	Remarks/ Deficiency
1	Laboratory Area for B. Pharm Course (10 Labs) Laboratory area for D. Pharm Course (03 Labs)	90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts - Essential		
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm and D.Pharm Course	03 Laboratories 03 Laboratories 01 Laboratory 03 Laboratories 02 Laboratories 01 Laboratory  13 Laboratories *		
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 sq mts (Minimum)		
4	Area of the Machine Room	80-100 Sq.mts		
5	Central Instrument Room	80 Sq.mts with A/ C		
6	Store Room – I	1 (Area 100 Sq mts)		
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)		

**\*No. of laboratories required for for both D. Pharm and B. Pharm**

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 fuming 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	30 Sq .mts			
2	Office – I – Establishment	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			
2	Faculty Rooms for D.Pharm & B.Pharm course		10 Sq mts x n (n=No of teachers)			

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

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

**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)			
Computer (Latest configuration)	1 system for every 10 students (UG & PG)			
Printers	1 printer for every 10 computers			
Multi Media Projector	01			
Generator (5KVA)	01			

Signature of the Head of the Institution

Signature of the Inspectors



### 9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts				
Staff quarters	16 x 80 Sq mts				
Canteen	100 Sq. mts				
Parking Area for staff and students					
Bank Extension Counter					
Co operative Stores					
Guest House	80 Sq. mts				
Auditorium					
Seminar Hall					
Transport Facilities for students					
Medical Facility (First Aid)					

### 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	No.	
1	Number of books	150	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy			
2	Annual addition of books		150 books per year			
3	Periodicals Hard copies / online		10 National 05 International periodicals			
4	CDS		Adequate Nos			
5	Internet Browsing Facility		Yes/No (Minimum ten Computers)			
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01			
7	Library Automation and Computerized System					
8	Library Timings					

Signature of the Head of the Institution

Signature of the Inspectors

**10.B. Subject wise Classification:**

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I			
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			

**10.C. Library Staff:**

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

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	Practicals	Remarks of the Inspectors
B.Pharm			
D.Pharm			

2. Scheme of B. Pharm Course:              **Annual**               **Semester**

3. Date of Commencement of session / sessions for B.PHARM:	Commencement	Completion
	DD/MM/YY	DD/MM/YY

		No of Days		No of Days
4. Vacation for B.PHARM:	<b>Summer:</b>	<input type="checkbox"/>	<b>Winter:</b>	<input type="checkbox"/>

5. Total No. of working days for B.PHARM:

6. Date of Commencement of session for D.PHARM:	Commencement	Completion
	DD/MM/YY	DD/MM/YY

		No of Days		No of Days
7. Vacation for D.PHARM:	<b>Summer:</b>	<input type="checkbox"/>	<b>Winter:</b>	<input type="checkbox"/>

8. Total Number of working days for D.PHARM

9. Time Table copy Enclosed: (Tick ✓)

a. B. Pharm course	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. D.Pharm Course	Yes <input type="checkbox"/>	No <input type="checkbox"/>

10. Whether the prescribed numbers of classes are being conducted as per university norms for **B. PHARM**  
**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	
1	2	3	4	5		

Signature of the Head of the Institution

Signature of the Inspectors

**II B. Pharm:**

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		

**III B. Pharm:**

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		

**IV B. Pharm:**

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		

Signature of the Head of the Institution

Signature of the Inspectors

**11. Whether the prescribed numbers of classes are being conducted as per PCI norms for D.PHARM**

Class/Subject	Theory		Practicals				Remark of the Inspectors
	Prescribed No of Hours	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	Prescribed Number of Classes	No of Classes Conducted with duration per class	
<b>I D. Pharm</b>							
Pharmaceutics – I	75		100		25		
Pharmaceutical Chemistry – I	75		75		25		
Pharmacognosy	75		75		25		
Biochemistry and Clinical Pathology	50		75		25		
Human Anatomy and Physiology	75		50		25		
Health Education and Community Pharmacy	50		----		----		
<b>II D. Pharm</b>							
Pharmaceutics – II	75		100		25		
Pharmaceutical Chemistry – II	100		75		25		
Pharmacology and Toxicology	75		50		25		
Pharmaceutical Jurisprudence	50		----		----		
Drug Store and Business Management	75		----		----		
Hospital and Clinical Pharmacy	75		50		25		

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

Yes

No

**13. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last year**

**A.**

Name of the Event	Year 200-	Year 200-	Year 200-
Guest Lectures			
Seminars			
Workshops			
Symposia			

Signature of the Head of the Institution

Signature of the Inspectors

**B. Papers Presented / Published during last three years**

	Year 200-		Year 200-		Year 200-	
	National	International	National	International	National	International
<b>Published</b>						
<b>Presented</b>						

**14. Whether Internal Assessments are conducted periodically as per university / Board norms**

Yes  No

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		III Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
<b>B.PHARM</b>							
I B. Pharm							
II B. Pharm							
III B. Pharm							
IV B. Pharm							
<b>D.PHARM</b>							
I D. Pharm							
II D. Pharm							

**15. Whether Evaluation of the internal assessments is Fair**

Yes  No

Class	No. of Candidates scored more than 80%		No. of Candidates scored more than 60 - 80%		No. of Candidates scored more than 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
<b>I B.Pharm</b>									
<b>II B.Pharm</b>									
<b>III B.Pharm</b>									
<b>IV B.Pharm</b>									

**16. Whether Evaluation of the internal assessments is Fair**

Yes  No

Class	No. of Candidates scored more than 80%		No. of Candidates scored more than 60 - 80%		No. of Candidates scored more than 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
<b>I D.Pharm</b>									
<b>II D.Pharm</b>									

**17. Work load of Faculty members for D. Pharm and B. Pharm**

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

Signature of the Head of the Institution

Signature of the Inspectors

**18. Work load of Faculty members for B. Pharm**

Sl. No	Name of the Faculty	Subjects taught	B. Pharm								Total work load	Remarks of the Inspector
			I		II		III		IV			
			Th	Pr	Th	Pr	Th	Pr	Th	Pr		

**19. 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		

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

Details	Year 200-	Year 200-	Year 200-
No. of Students Appeared			
No. of Students Qualified			
Percentage			

21. Whether the Institution has an Industry – Institution Interaction cell For B. Pharm Yes  No

If applicable please give the details for the previous Year

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

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

Year	Year 200-	Year 200-	Year 200-
No. of students appeared for campus interview			
% Placed			

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

Yes  No

Signature of the Head of the Institution

Signature of the Inspectors

**PART IV - PERSONNEL**

**TEACHING STAFF.**

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

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors

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

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors

**3. 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			

**4. Qualification and number of Staff Members**

Qualification							
B. Pharm		M. Pharm		PhD		Others	
							Part Time

**5. Staff Pattern for B. Pharm courses department wise: : Professor: Asst. Professor: Lecturer**

Department / Division	Name of the post	For strength of 60 students	Provided by the institution	Remarks of the Inspectors of inspection team
Department of Pharmaceutics	Professor	1		
	Asst. Professor	1		
	Lecturer	4		
Department of Pharmaceutical Chemistry (including Pharmaceutical Analysis)	Professor	1		
	Asst. Professor	1		
	Lecturer	4		
Department of Pharmacology	Professor	1		
	Asst. Professor	1		
	Lecturer	3		
Department of Pharmacognosy	Professor	1		
	Asst. Professor	1		
	Lecturer	2		

Signature of the Head of the Institution

Signature of the Inspectors



**6. Teaching Staff required year wise exclusively for B. Pharm for intake of 60 Students.**

	No. of staff required for I *B.Pharm	Available	No. of staff required for II B.Pharm	Available	No. of staff required for III B.Pharm	Available	No. of staff required for IV B.Pharm	Available
Principal	1		1		1		1	
Pharmaceutical Chemistry	1		2		3		4	
Pharmaceutical Analysis	1		..		-		1	
Pharmacology	1		2		3		4	
Pharmacognosy	1		2		3		3	
Pharmaceutics	1		2		3		4	
<b>Total</b>	<b>6</b>		<b>9</b>		<b>13</b>		<b>17</b>	
<b>Part time teaching Staff</b>	<b>3</b>		<b>-</b>		<b>-</b>		<b>-</b>	
<b>Remarks of the Inspection Team</b>								

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

**7. Selection criteria and Recruitment Procedure for Faculty:**

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

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

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

**9. Details of Faculty Turnover**

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

Signature of the Head of the Institution

Signature of the Inspectors

**10. Number of Non-teaching staff available for D. Pharm and B. 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	1 for each Dept	D. Pharm			
2	Laboratory Assistants/ Attenders	1 for each Lab (minimum)	SSLC			
3	Office Superintendent	1	Degree			
4	Accountant	1	Degree			
5	Store keeper	1	D. Pharm/ Degree			
6	Computer Data Operator	1	BCA / Graduate with Computer Course			
7	First Division Assistant	1	Degree			
8	Second Division Assistant	2	Degree			
9.	Peon	2	SSLC			
10	Cleaning personnel	Adequate	---			
11	Gardener	Adequate	---			

Signature of the Head of the Institution

Signature of the Inspectors

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

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

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

**14. Scope for the promotion for faculty: Promotions**

Yes  No

**15. Gratuity Provided**

Yes  No

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

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

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

Signature of the Head of the Institution

Signature of the Inspectors

## PART V - DOCUMENTATION

### Records Maintained: Essential

Sl. No	Records	Yes	No	Remarks of the Inspectors
1	Admissions 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

Signature of the Inspectors

**PART - VI**

**1. Financial Resource allocation and utilization for the past three years:**

(Audited Accounts for previous year to be enclosed)

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

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

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

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

(Enclose purchase invoice)

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

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.			Expenditure in Rs			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>			<b>Books</b>			<b>Books</b>			
<b>2</b>	<b>Journals</b>			<b>Journals</b>			<b>Journals</b>			

\*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

**Note: Inspectors are requested to note that items which are marked with an asterisk (\*) are common for both B.Pharm and D. Pharm.**

### I --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			
2	Conical Percolator	05			
3	Tincture Press	01			
4	Hand Grinding Mill	01			
5	Disintegrator*	01			
6	Ball mill*	01			
7	Hand operated Tablet machine	01			
8	Tablet Coating Pan unit with hot air blower laboratory size*	01			
9	Polishing pan laboratory size	01			
10	Monsanto's hardness tester	01			
11	Pfizer type hardness tester	01			
12	Tablet disintegration test apparatus IP*	01			
13	Tablet dissolution test apparatus IP*	01			
14	Granulating sieve set	10			
15	Tablet counter – small size	05			
16	Friability tester*	01			
17	Collapsible tube – Filling and sealing equipment*	01			
18	Capsule filling machine – Lab size*	01			
19	Digital balance*	01			
20	Distillation unit for distilled water	02			
21	Deionisation unit	01			
22	Glass distillation unit for water for injection	01			
23	Ampoule washing machine	01			
24	Ampoule filling and sealing machine*	01			
25	Sintered glass filters for bacteria proof filtration (four different grades)	Adequate			

Signature of the Head of the Institution

Signature of the Inspectors

26	Millipore filter ( 3 grades)	Adequate			
27	Autoclave*	01			
28	Hot air sterilizer	01			
29	Incubator	01			
30	Aseptic cabinet	01			
31	Ampoule clarity test equipment*	01			
32	Blender	01			
33	Sieves set (Pharmacopoeial standard)*	02			
34	Lab Centrifuge	01			
35	Ointment slab	Adequate			
36	Ointment spatula	Adequate			
37	Pestle and mortar porcelain	Adequate			
38	Pestle and mortar glass	Adequate			
39	Suppository moulds of three sizes	Adequate			
40	Refrigerator	01			

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

### PHARMACEUTICAL CHEMISTRY

#### Equipment:

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

**NOTE: Adequate number of glass ware commonly used in the laboratory should be provided in each laboratory and 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			
2	Haemocytometer*	10			
3	Student's organ bath	01			
4	Sherington's rotating drum*	01			
5	Frog board	Adequate			
6	Tray (dissecting)	Adequate			
7	Frontal writing lever*	Adequate			
8	Aeration tube*	Adequate			
9	Telethermometer	01			
10	Pole climbing apparatus*	01			
11	Histamine chamber	01			
12	Simple lever*	Adequate			
13	Sterling heart lever*	Adequate			
14	Aerator*	Adequate			
15	Histological Slides	Adequate			
16	Sphygmomanometer* (B.P. apparatus)	05			
17	Stethoscope*	05			
18	First aid equipment	Adequate			
19	Contraceptive device*	Adequate			
20	Dissecting (surgical) instruments	Adequate			
21	Balance for weighing small Animals	01			
22	Kymograph paper	Adequate			
23	Actophotometer*	01			
24	Analgesiometer*	01			
25	Thermometer	Adequate			
26	Plastic animal cage	Adequate			
27	Double unit organ bath with thermostat	01			
28	Refrigerator	01			
29	Digital balance	01			
30	Charts	Adequate			
31	Human skeleton*	01			

Signature of the Head of the Institution

Signature of the Inspectors

32	Anatomical specimen (Heart, brain, eye,,ear,,reproductive system etc.,)*	01 set			
33	Electro-convulsimeter*	01			
34	Stop watch	Adequate			
35	Clamp, boss heads, screw clips*	Adequate			
36	Syme's Cannula*	Adequate			

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

### PHARMCOGNOSY LABORATORY

#### Equipment:

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

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

### PHARMACY PRACTICE LABORATORY

#### Equipment:

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

Signature of the Head of the Institution

Signature of the Inspectors

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

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

**Museum: Every Institution shall maintain a museum of crude drugs, herbarium 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

## II Department wise List of Minimum equipments required for B. Pharm (for a batch of 20 students)

### DEPARTMENT OF PHARMACOLOGY

#### Equipment:

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

Signature of the Head of the Institution

Signature of the Inspectors

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

**Apparatus:**

Sl. No.	Name	Minimum required No.s	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Folin-Wu tubes	60			
2	Dissection Tray and Boards*	10			
3	Haemostatic artery forceps	10			
4	Hypodermic syringes and needles of size 15,24,26G	10			
5	Levers, cannulae*	20			

**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	15			
2	Digital Balance	02			
3	Autoclave	02			
4	Hot air oven	02			
5	B.O.D. incubator	01			
6	Refrigerator	01			
7	Laminar air flow	01			
8	Colony counter	02			
9	Zone reader	01			

Signature of the Head of the Institution

Signature of the Inspectors

10	Digital pH meter	01			
11	Microscope with stage and oil immersion objective	20			
12	Sterility testing unit	01			
13	Camera Lucida	15			
14	Eye piece micrometer	15			
15	Stage micrometer	20			
16	Incinerator	01			
17	Moisture balance	01			
18	Heating mantle	15			
19	Flourimeter	01			
20	Vacuum pump	02			
21	Micropipettes (Single and multi channeled)	02			
22	Micro Centrifuge	01			
23	Projection Microscope	01			

**Apparatus:**

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

**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			
2	Oven	03			
3	Refrigerator	01			
4	Analytical Balances for demonstration	05			

Signature of the Head of the Institution

Signature of the Inspectors

5	Digital balance 10mg sensitivity	10			
6	Suction pumps	06			
7	Muffle Furnace	01			
8	Mechanical Stirrers	10			
9	Magnetic Stirrers with Thermostat	10			
10	Vacuum Pump	01			
11	Digital pH meter	01			
12	Microwave Oven	01			

**Apparatus:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02			
2	Reflux flask and condenser single necked	20			
3	Reflux flask and condenser double / triple necked	20			
4	Burettes	40			
5	Arsenic Limit Test Apparatus	20			
6	Nessler's Cylinders	40			

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

**DEPARTMENT OF PHARMACEUTICS**

**Equipment:**

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Homogenizer	05			
2	Digital balance (10 mg sensitivity)	05			
3	Microscopes	05			
4	Stage and eye piece micrometers	05			
5	Brookfield's viscometer	01			
6	Ball mill*	01			
7	Sieve shaker with sieve set*	01			
8	Double cone blender	01			
9	Propeller type mechanical agitator	05			
10	Autoclave*	01			
11	Steam distillation still	01			

Signature of the Head of the Institution

Signature of the Inspectors

12	Vacuum Pump*	01			
13	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets			
14	Tablet punching machine	01			
15	Capsule filling machine*	01			
16	Ampoule washing machine*	01			
17	Ampoule filling and sealing machine*	01			
18	Tablet disintegration test apparatus IP	01			
19	Tablet dissolution test apparatus IP	01			
20	Monsanto's hardness tester	01			
21	Pfizer type hardness tester	01			
22	Friability test apparatus*	01			
23	Clarity test apparatus	01			
24	Ointment filling machine*	01			
25	Collapsible Tube Crimping Machine*	01			
26	Tablet coating pan*	01			
27	Magnetic stirrer, 500ml and 1 liter capacity*, with variable speed control.	10			
28	Digital pH meter	02			
29	All purpose equipment with all accessories	01			
30	Aseptic Cabinet	01			
31	BOD Incubator	02			
32	Bottle washing Machine	01			
33	Bottle Sealing Machine	01			
34	Bulk Density Apparatus	02			
35	Conical Percolator (glass/ copper/ stainless steel)	10			
36	Capsule Counter	02			
37	Energy meter	02			
38	Hot Plate	02			
39	Humidity Control Oven	01			
40	Liquid Filling Machine	01			
41	Mechanical stirrer with speed regulator	02			
42	Precision Melting point Apparatus	01			
43	Tray Drier	01			
44	Distillation Unit	01			

Signature of the Head of the Institution

Signature of the Inspectors



**Apparatus:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	15			
2	Stalagmometer	15			
3	Desiccator*	05			
4	Suppository moulds	20			
5	Buchner Funnels Small, medium, large	05 each			
6	Filtration assembly	01			
7	Permeability Cups	05			
8	Andreason's Pipette	03			
9	Lipstick moulds	10			

**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			
2	Lyophilizer (Desirable)	01			
3	Gel Electrophoresis (Vertical and Horizontal)	01			
4	Phase contrast/Trinocular Microscope	01			
5	Refrigerated Centrifuge	01			
6	Fermenters of different capacity (Desirable)	01			
7	Tissue culture station	01			
8	Laminar airflow unit	01			
9	Diagnostic kits to identify infectious agents	01			
10	Rheometer	01			
11	Viscometer	01			
12	Micropipettes (single and multi channeled)	01 each			
13	Sonicator	01			
14	Respinometer	01			
15	BOD Incubator	01			

Signature of the Head of the Institution

Signature of the Inspectors

16	Paper Electrophoresis Unit	01			
17	Micro Centrifuge	01			
18	Incubator water bath	01			
19	Autoclave	01			
20	Refrigerator	01			
21	Filtration Assembly	01			
22	Digital pH meter	01			

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

**CENTRAL INSTRUMENTATION ROOM:**

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

**\* Items marked with asterisk are common for B.Pharm and D. Pharm**

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

# **PHARMACY COUNCIL OF INDIA**

## **STAFF DECLARATION FORM**

From

Teacher's Name .....  
(as on University Degree certificate)

Recent Passport size photo of the Employee  
Signed by Dean/Principal of the College.

Photograph

Date of Birth & Age .....

<b>Qualification</b>	<b>College &amp; University</b>	<b>Year</b>	<b>Registration No. with State Pharmacy Council</b>	<b>Name of the State Pharmacy Council</b>
B.Pharm				
M.Pharm				
(Ph.D.)/others				

**Copies of Registration Certificate and University degree/PG/Ph.D. be attached.**

Present Designation : \_\_\_\_\_

Department : \_\_\_\_\_

College : \_\_\_\_\_

City : \_\_\_\_\_

Nature of appointment : Permanent/Temporary/Adhoc/Honorary/Part-time

Whether belongs to : O.G./SC/ST/OBC/Ex-service/Others

Contd. on page 2

Permanent Residential

Address of employee : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Copy of Passport/Voter Card/Ration Card/PAN No./Electricity Bill/Driving License Attached as a proof of residence.**

STD Code

Phone No.

Phone & Fax Number  
with Code

Office : \_\_\_\_\_

Residence : \_\_\_\_\_

E-mail address : \_\_\_\_\_

Date of joining present institution : \_\_\_\_\_ as \_\_\_\_\_  
(Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer				
Reader/ Assistant Professor				
Professor				
Principal				

1) Before joining present institution I was working at \_\_\_\_\_ as \_\_\_\_\_ and relieved on \_\_\_\_\_ after resigning/retiring (**relieving order is enclosed from the previous institution**).

2) I, hereby undertake that I have not given my name as teaching faculty in any other Pharmacy institution for teaching any Pharmacy course and not working in any where other than this institution Pharmacy College/Medical College/Dental College/Industry/Community Pharmacy/Hospital Pharmacy/Govt. Service/any other service in the State or outside the State in any capacity full-time/part-time other than the above.

::3::

3) I have drawn total emoluments from this college as under :-

	<b>Amount Received</b>	<b>TDS</b>
April, 2013		
May, 2013		
June, 2013		
July, 2013		
August, 2013		
September, 2013		
October, 2013		
November, 2013		
December, 2013		
January, 2014		
February, 2014		
March, 2014		

(Copy of my form 16 (TDS certificate) for financial year 2013-2014 is attached)

P.A.N. : \_\_\_\_\_ Circle : \_\_\_\_\_

**Declaration**

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2012-2013.
2. It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Register of Registered Pharmacists).

Signature of the Employee:

Date : \_\_\_\_\_ Place: \_\_\_\_\_

**Endorsement**

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Countersigned by the Director/Dean/  
Principal in respect of Teaching Staff

Date : \_\_\_\_\_ Place : \_\_\_\_\_