

SCHEME FOR OBTAINING PERMISSION OF
PHARMACY COUNCIL OF INDIA TO START PHARM.D. OR PHARM.D. AND PHARM.D.
(POST BACCALUERATE) PROGRAMME

All applications under this scheme be submitted to the Secretary, Pharmacy Council of India, before the prescribed date mentioned in the schedule

1. Eligibility Criteria:

The following organizations shall be eligible to apply in the SIF for permission to start the Pharm.D., programme/s namely:

- a. A State Government / Union Territory
- b. A University
- c. A Registered Society under the Societies Registration Act

2. Qualifying Criteria:

Conditions to be fulfilled by person, institution, society or University to qualify to apply to PCI for permission to start Pharm.D. programme/s:

- a. The consent of Affiliation for the proposed Pharm.D. programme/s by the applicant from a University.
- b. No admission shall be made by the applicant to the proposed Pharm.D. programme/s without prior permission of the PCI.
- c. The applicant shall provide necessary additional infrastructural facilities as prescribed by the PCI under "Appendix – B" of Pharm.D. regulations for the starting of Pharm.D. programme/s. Opening of the Pharm.D. programme/s in a hired or rented building shall not be permitted.
- d. The applicant should have been approved under section 12 of the Pharmacy Act 1948 for the conduct of B.Pharm course.
- e. The applicant shall provide 300 bed hospital facility as prescribed under regulation 2) of "Appendix – B" of Pharm.D. regulations.

3. Form and Procedure:

- a. The applicant, subject to the fulfillment of above eligibility and qualifying criteria and also the requirements specified under the Pharm.D. regulations shall submit application in prescribed Standard Inspection Format (SIF) only, in triplicate to start the Pharm.D. programme/s to the Pharmacy Council of India.
- b. The SIF shall be submitted by the applicant either by Courier, Registered Post or in person to the Secretary, Pharmacy Council of India, New Delhi, along with a non-refundable application fee of Rs.2.00 lakhs in the form of Demand Draft in favour of „Pharmacy Council of India“ payable at New Delhi. The said fee covers registration of application, technical scrutiny, contingent expenditure and two inspections.

Beyond two inspections, the normal inspection fee prescribed by council will apply as prescribed under para 4 of this scheme.

- c. The schedule for receipt of applications for the starting of Pharm.D programme and processing of applications by the Pharmacy Council of India is given in the para 6 of this scheme.
- d. The applications received by the Pharmacy Council of India will be registered in the council office for scrutiny. Registration of application will only signify the acceptance of the application for scrutiny. Incomplete applications will be rejected summarily without refund of application fee. The applicant may apply a fresh within the stipulated time alongwith the non-refundable application fee.
- e. The Council will scrutinize the application in the first instance in terms of the feasibility of starting the proposed programme/s at the said institution. While evaluating the application, the council may seek clarification or additional information from the applicant as deemed necessary and carry out physical inspection to verify the information supplied by the applicant.
- f. After examining the application and after conducting necessary physical inspections, the Council office shall submit to the Central Council factual report stating that:
 - i. The applicant fulfils the eligibility and qualifying criteria.
 - ii. The applicant has the necessary managerial and financial capabilities to establish the Pharm.D. programme.
 - iii. The applicant has a feasible and time bound programme for recruitment of faculty and staff as prescribed in the Pharm.D. regulations and that the necessary posts stand created.

- iv. The applicant has appointed staff for 1st year of Pharm.D., & 4th year of Pharm.D. (Post bacculearte) programme.
- v. The applicant has not admitted students without prior permission of PCI.
- vi. Deficiencies of any kind shall be pointed out indicating whether these are remediable or not.
- g. The Central Council may then permit/approve/reject the application for conduct of Pharm.D., Programme/s and accordingly issue letter in a time bound manner specifying annual targets to be achieved by the applicant during the following years, if permission/approval is granted.
- h. The recommendation of the Central Council shall be final.
- i. The permission to establish the Pharm.D., Programme will be given initially for a period of one year and will be renewed on yearly basis subject to verification of the achievements of annual targets. It is the responsibility of the institution to apply to the Pharmacy Council of India for purpose of renewal six month prior to the expiry of the initial permission. This process of renewal of permission will continue till such time the establishment of all infrastructural facilities and staff requirements prescribed in the Pharm.D. regulation are completed and approval under section 12 of the Pharmacy Act 1948 for the conduct of Pharm.D programme is granted to the institution.
- j. The Council may then extend the approval of Pharm.D., Programme under section 12 of Pharmacy Act 1948 conducted by the institution for a period 1/3/5 years as the case may be for which the institution shall apply to the Pharmacy Council of India six months prior to the expiry of approval held.
- k. The Council may obtain any other information from the institution as it deems necessary.

4. Fee Structure:

The fee structure prescribed for Pharm.D programme is as under -

<u>Detail</u>	<u>Amount</u>
1. Starting of Pharm.D programme (including fees for 2 inspections) to be submitted with the application	Rs.2,00,000
2. Yearwise approval and inspection fee	Rs.1,00,000
3. Approval under section 12 (including fees for two inspections)	Rs.2.00,000
4. Verification of compliance if any	Rs.1,00,000
5. Annual affiliation fee after approval under section 12	Rs. 50,000

5. Reapplication :

Wherever the Central Council has rejected the application of the applicant for the conduct of Pharm.D. programme/s the applicant may apply afresh for the conduct of Pharm.D. programme/s in the ensuing year following the dates of submission etc., mentioned in the schedule under para 6 of this scheme.

6. Schedule for submission of application and processing:

Sl. No.	Stage of processing	last date	for 2008-09 only
a.	Receipt of application	30 th September	31 st July
b.	Completion of inspection	31 st December	14 th August
c.	Approval of central council	31 st March	30 th august
d.	Issue of letter of approval by PCI	30 th April	10 th September

PHARMACY COUNCIL OF INDIA

STANDARD INSPECTION FORM

- PHARM.D
- PHARM.D. and PHARM.D (POST BACCALAUREATE)

General Information pertaining to :-

1. College and teaching hospital (Pharmacy Practice site)
2. Courses of Study leading to :-

Pharm D. course

Name of Institution : Vijaya Institute of Pharmaceutical Sciences for Women

Place and Address : Behind Samsung Godown, Pratap Industries Road, Enikepadu,
Vijayawada, Krishna District, Andhrapradesh, PIN - 521108.

Principal/Dean

Tel. No. Off. 0866-6460999 Res.0866-2586114.....Fax

Mobile No. : 9493443531, 8008651333,

email : vijayapharmacyfw@gmail.com

Name and address of Affiliating University: Jawaharlal Nehru Technological
University, Kakinada

Date :

Signature of Principal

This form shall be precisely filled in, verified and signed by the Head/Principal, of the institution and forwarded in triplicate to the Secretary, Pharmacy Council of India. The entries should be as required under the PCI (Pharm.D.) regulations and norms.

Signature of the Head of the Institution

Signature of the Inspectors

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F)
for - Pharm. D. Programme

or

- Pharm.D. and Pharm. D. (Post Baccalaureate) Programmes

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

(SIF-D)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No. :

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

2. _____

PART – I A - GENERAL INFORMATION

A – I .1 Applicant is for Pharm.D. <input checked="" type="checkbox"/> Pharm.D. and Pharm.D. (Post accalaureate) <input checked="" type="checkbox"/> (Tick the relevant Box)	
A – I .2 Year of Establishment	2009
A – I .3 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	Vijaya Institute of Pharmaceutical Sciences for Women Samsung Godown backside, Pratap Industries Road, Eniekpadu, Vijayawada – 521108. 0866 6460999 0866-2843536 vijayapharmacyfw@gmail.com
A – I .4 Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Registered Society Encl - 01
A – I .5 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	SRK Foundation Head Office: 102, Geetanjili Apartment, Srinagar Colony, Hyderabad – 37. Branch Office: Enikepadu, Vijayawada – 08. 0866 2475500 0866-2844999 kboyapati@gmail.com www.vipw.in Encl - 02

Signature of the Head of the Institution

Signature of the Inspectors

<p>A – I .6 Name, Designation and Address of person to be Contacted</p> <p>Name</p> <p>Designation Address STD Code</p> <p>Telephone No. Office</p> <p>Residence</p> <p>Mobile No.</p> <p>Fax No.</p> <p>E-Mail</p>	<p>Sri B.S. Appa Rao, Chairman, Vijaya Institute of Pharmaceutical Sciences for Women, Enikepadu, Vijayawada – 08.</p> <p>0866-6460999</p> <p>0866-2475500</p> <p>09849083435</p> <p>0866-2843536</p> <p>vijayapharmacyfw@gmail.com</p>
<p>A – I .7 Name and Address of the Head of the Institution</p>	<p>Dr. K. Padmalatha, Principal Fortune Residency, Kanuru, Penamaluru Mandal, Krishna Dt. Vijayawada-7. Mobile No: 09493443531 E-Mail: kpl_1996@yahoo.co.in</p>
<p>A – I .8 Name of the Examining Authority</p> <p>Complete Postal address: STD code</p> <p>Telephone No.</p> <p>Fax No.</p> <p>E-mail</p> <p>Website</p>	<p>Jawaharlal Nehru Technological University - Kakinada Kakinada – 533 003.</p> <p>0884- 2300900</p> <p style="text-align: right;">Encl - 03</p> <p>www.jntuk.edu.in</p>

Signature of the Head of the Institution

Signature of the Inspectors

A – I.9

APPLICATION FOR INSTITUTION SEEKING APPROVAL FOR PHARM. D. OR PHARM. D. AND PHARM.D. (POST BACCALAUREATE) PROGRAMME (Tick appropriate box)

a. DETAILS OF INSPECTION/AFFILIATION FEE PAID

Encl -04

Name of the Course	Affiliation Fee/Inspection fee for/up to the year	D.D. No	Dated
(a) Pharm. D.	2017-18	983995	09/08/2016
(b) Pharm. D. Post Baccalaureate	2017-18	983995 <input type="checkbox"/>	09/08/2016

b. APPROVAL STATUS OF THE INSTIT

Encl -05

Name of the Course	Approved up to	Intake Approved Admitted	PCI	STATE GOVT	UNIVERSITY	Remarks of the Inspectors
Pharm D		Approval Letter No. and Date	50-659/2015-PCI/18402-08 dt:08/07/2016	Lr.no.E2/1316/2015, Dt:27.06.2014	Lr.No.JNTUK/DAP/B1/Pharm a.D/2016/17 Dt:08/06/2016	
		Approved Intake	30			
		Actually Admitted				
B. Pharm.		Approval Letter No. and Date	32-659/2015-PCI/22117-23 dt:09/08/2016	G.O.Ms.No.84, Dt:24/07/2009	Lr.No.JNTUK/DAP/B1/B.Tech/B.Pharmacy/2016-17, Dt: 31/05/2016	
		Approved Intake	100	100	100	
		Actually Admitted	100			

Note: Enclose relevant documents

A –I. 10

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. 10 a

Status of the Pharmacy Course:

Independent Building

Wing of another college

Separate Campus

Multi Institutional Campus

√

Any Other, please specify

A – I. 10 b

STATUS OF APPLICATION

Course	Intake	Remarks
	Permissible	Proposed Intake
Pharm. D.	30	30
Pharm. D. (P.B)	10	10

B - Details of the Institution

Encl - 06

B -I.1

Name of the Principal/Head		Dr. K. Padmalatha, M. Ph., Ph. D		Encl -06	
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	Yes	15 years in teaching Or Research out of which 5 years should be As Professor.	23yrs	
	PhD	Yes	10 years, out of which 5 years as Asst. Prof		

* Documentary evidence should be provided

B -I.2

For institution seeking extension of approval

Encl - 07

Course	Date of last Inspection	Remarks of the last Inspection Report	Deficiencies rectified / Not rectified	Intake reduced/Stopped in the last 03 years*
(a) Pharm. D.	29/2-02/03/2016	Satisfactory	Rectified	NO
(b) Pharm.D. Post Baccalaureate	--	--	--	

* Enclose Documents (write NA if not applicable)

B -I.3

Encl -08 & 09

Type of Institution	Government/Trust/Society/Individual/University
Details of the Governing Body	Enclosed
Minutes of the last Governing council Meeting	Enclosed

B -I.4 Pay Scales:

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

B -I.5 Co - Curricular Activities / Sports Activities

Whether college has NSS Unit (Yes/No)?	YES
NSS Programme Officer's Name	Mr. Vijaya Singh
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes
Physical Instructor	Available
Sports Ground	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 –1.1 Resources and funding agencies (give complete list)

C –1.2 Please provide following Information

Encl -10

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others	0	CAPITAL EXPENDITURE			
2.	Tuition Fee	14342000	1.	Building	2429884	
3.	Library Fee	0	2.	Equipment	780254	
4.	Sports Fee	0	3.	Others	1431709	
5.	Union Fee	0	REVENUE EXPENDITURE			
6.	Others	1974500	1	Salary	10589000	
			2.	MAINTENANCE EXPENDITURE		
				i	College	1200000
				ii	Others	225000
			3.	University Fee (If any)	1000000	
			4.	Apex Bodies Fee	500000	
			5.	Government Fee	10000	
			6.	Misc. Expenditure	155960	
TOTAL		16316500	Total		18321807	

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land for the Pharmacy College : **01 acres** Encl -11
 b. Building : **Own**
 c. Land Details to be in the name of Trust and Society
 i) Own – Records to be enclosed
 Sale deed/relevant document : **Gift Deed** Encl -12
 d. Building:
 i) Approved Building plan, : **Enclosed** Encl -13
 e. Total Built up Area of the college building in Sq.mts : **Built up Area 4030 sq.mts**
 f. Amenities and Circulation Area in Sq.mts. 1050 sq.mt
2. **Class rooms:**

Total Number of Class rooms available and number provided for Pharm. D. or Pharm.D. and Pharm. D. (Post Bacculaureate) Programme

Class	Required	Available Numbers	Required Area for each Class Room	Available Area in Sq.mts.	Remarks of the Inspectors
D.Pharm./B.Pharm.	6	8	75 Sq. m	8X90	
Pharm. D.	2	2	90 Sq.mts. each (Desirable) 75 Sq.mts. each (Essential)	2X90	
Pharm. D. Post Bacculaureate					

(* To accommodate 30 students for Pharm D and 10 for Pharm. D. Post Bacculaureate)

3. **Laboratory requirement for both Pharm. D. or Pharm.D. and Pharm.D. (Post Bacculaureate) Programme***

Sl. No.	Infrastructure for	Minimum requirement as per Norms	Available No. & Area in Sq.mts.	Remarks of the Inspectors
1	Laboratory Area	75 Sq.mts. each	10X90	
2	- Pharmaceutics and Pharmacokinetics Lab - Life Science (Pharmacology, Physiology, Pathophysiology) - Phytochemistry or Pharmaceutical Chemistry - Pharmacy Practice	2 2 2 2	2 2 2 2	
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)	100	

* Yearwise requirement will be considered.

Signature of the Head of the Institution

Signature of the Inspectors

4	Area of the Machine Room	80-100 Sq.mts	100	
5	Central Instrument Room	80 Sq.mts with AC	80	
6	Store Room – I	1 (Area 100 Sq mts)	100	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	32	
8	Hospital with teaching facility – (Please tick)	300 bedded hospital. Tertiary Care Hospital desirable Medicine (Compulsory) (Any three of the below)	670 beds	
a)	Own <input type="checkbox"/>			
b)	Teaching Hospital approved by MCI* or University * <input checked="" type="checkbox"/>			
c)	Govt. Hospital * <input checked="" type="checkbox"/>			
d)	Corporate type * <input type="checkbox"/>			
	* Attach a copy of MOU between institution & Hospital.	<ul style="list-style-type: none"> • Surgery • Pediatrics • Gynecology and Obstetrics • Psychiatry • Skin and VD • Orthopedics 	Govt Gen Hospital, Vijayawada	
			Encl – 14	
9.	Dept. of Pharmacy Practice/Clinical Pharmacy in Hospital	3 Sq.mts. per student		

† **The Institutions will not be permitted to run the above course in rented/leased building.**

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. All the laboratories should be provided with safety measures like fire safety, chemical exposure safety and bio safety.
4. The workbenches should be smooth and easily cleanable preferably made of non-absorbent material.
5. The water taps should be non-leaking and directly installed on sinks Drainage should be efficient.
6. 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 of the Inspectors
				No.	Area in Sq .mts	
1	Principal's Chamber	01	30 Sq .mts	01	47 sq.mt	
2	Office – I – Establishment	01	60 Sq. mts	01	63 sq.mt	
3	Office – II – Academics					
4	Confidential Room					

Signature of the Head of the Institution

Signature of the Inspectors

5. Staff Facilities:

Sl No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks of the Inspectors
				No.	Area in Sq. mts	
1	HODs for Pharm. D. and Post Baccalaureate Programme	Minimum 4	20 Sq mts x 4	3 3	60 75	
2	Faculty Rooms for Pharm. D. and Pharm.D. Post Baccalaureate Programme		10 Sq mts x n (n=No of teachers)	4x10		

6. Museum, Library, Animal House [should have approval of the Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA)] and other Facilities:

Sl No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks of the Inspectors
				No.	Area in	
1	Animal House	01	80 Sq. mts	01	80 sq.mts	
2	Library	01	150 Sq. mts	01	150 sq.mt	
3	Museum	01	50 Sq. mts (May be attached to the Pharmacognosy lab)		50 sq.mt	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	400 sq mt	
5	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	255 sq.mt	

7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks of the Inspectors
				No.	Area in Sq. mts	
1	Girl's Common Room (Essential)	01	60 Sq. mts	01	80 sq.mt	
2	Boy's Common Room (Essential)	01	60 Sq. mts	---	NA	
3	Toilet Blocks for Boys	01	24 Sq. mts	---	NA	
4	Toilet Blocks for Girls	01	24 Sq. mts	04x35	140 sq.mt	
5	Drinking Water facility – Water cooler (Essential).	01	-	04		
6	Boy's Hostel (Desirable)	01	9 Sq. mts/ Room Single occupancy	----	NA	
7	Girl's Hostel (Desirable)	01	9 Sq. mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	Available	20X40	
8	Power Backup Provision (Essential)	01		Available		

8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room	100 Sq.mts.	01	150 sq.mt	
Computer (Latest configuration)	1 system for every 10 students	60	Pentium 4	
Printers	1 printer for every 10 computers	03	Available	
Multi Media Projector	01	01	Available	
Generator (5KVA)	01	25KVA	Available	

9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks of the Inspectors
		No.	Area in Sq. mts		
Principal's quarter	120 Sq. mts			√	
Staff quarters	16 x 80 Sq mts			√	
Canteen	100 Sq. mts		150 sq.m		
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	584	3132	
2	Annual addition of books		150 books per year	32	300	
3	Periodicals Hard copies / online		20 National 10 International periodicals	13 National 08 International		

Signature of the Head of the Institution

Signature of the Inspectors

4	CDS		Adequate Nos	Available	
5	Internet Browsing Facility		Yes/No (Minimum ten Computers)	Available	
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	Available	
7	Library Automation and Computerized System (desirable): To be Digitalized				
8	Library Timings : 8.45 AM – 5.00 PM				

10.B. Subject wise Classification of books available :

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmacy Practice	06	30	
2	Human Anatomy & Physiology	23	147	
3	Pharmaceutics (Dispensing & General Pharmacy)	77	432	
4	Pharmacognosy	68	200	
5	Pharmaceutical Organic Chemistry	30	257	
6	Pharmaceutical Inorganic Chemistry	23	157	
7	Pharmaceutical microbiology	45	124	
8	Pathophysiology	10	40	
9	Applied Biochemistry & Clinical Chemistry	31	115	
10	Pharmacology	50	164	
11	Pharmaceutical Jurisprudence	15	45	
12	Pharmaceutical Dosage Forms	10	30	
13.	Community Pharmacy	5	10	
14.	Clinical Pharmacy	5	20	
15.	Hospital Pharmacy	5	20	
16.	Pharmacotherapeutics	5	10	
17.	Pharmaceutical analysis	32	174	
18.	Medicinal Chemistry	25	193	
19.	Biology	6	27	
20.	Computer Science or Computer Application in Pharmacy	2	10	
21	Mathematics/Statistics	5	40	

10.C. Library Staff:

	Staff	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	M. Lib	1	01	
2	Assistant Librarian	B. Lib	1	01	
3	Library Attenders	10 +2 / PUC	2	01	

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio:

(Required ratio --- Theory → 30:1 and Practicals → 30:1) 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
Pharm. D.	30:1	30:1	
Pharm. D. Post Baccalaureate Programme	10:1	10:1	

2. Academic Calender

Proposed date of Commencement of session / sessions for PHARM. D.:

Commencement	Completion
DD/MM/YY	DD/MM/YY
26/08/2016	30/04/2017

No of Days

No of Days

3. Vacation for PHARM. D. :

Summer:

30

Winter:

15

4. Total No. of working days for PHARM. D.:
(Requirement not less than 200 working days/year)

5. Date of Commencement of session for Pharm.D. Post Baccalaureate:

Commencement	Completion
DD/MM/YY	DD/MM/YY

No of Days

No of Days

6. Vacation for Pharm.D. Post Baccalaureate :

Summer:

Winter:

7. Total Number of working days for Pharm.D. Post Baccalaureate
(Requirement not less than 200 working days/year)

8. Time Table copy Enclosed: (Tick ✓)

a. Pharm. D. course

Yes

No

b. Pharm.D. Post Baccalaureate Course

Yes

No

Signature of the Head of the Institution

Signature of the Inspectors

10. Whether the prescribed numbers of classes per week are being conducted as per PCI

norms.* First year Pharm D (2016-17): Classes commenced from 31/08/2015.

Subject 1	No of Theory Classes		Practicals		Tutorials	
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7
Human Anatomy and Physiology	3	107	3	48	1	26
Pharmaceutics	2	106	3	63	1	25
Medicinal Biochemistry	3	99	3	66	1	25
Pharmaceutical Organic Chemistry	3	102	3	51	1	25
Pharmaceutical Inorganic Chemistry	2	101	3	57	1	24
Remedial Mathematics/ Biology	3	102	3**		1	25
Total hours	16	617	18	285	6 = (40)	

* Write NA if not Applicable

** for Biology

Signature of the Head of the Institution

Signature of the Insp

Second Year Pharm D:Classes commenced: 18/07/2016- 06/08/2016

Subject	No of Theory Classes		Practicals		Tutorials	
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hrs	No of Hours Conducted
1	2	3	4	5	6	7
Pathophysiology	3	9	-	-	1	3
Pharmaceutical Microbiology	3	9	3	9	1	3
Pharmacognosy & Phytopharmaceuticals	3	12	3	9	1	3
Pharmacology-I	3	11	-	-	1	3
Community Pharmacy	2	11	-	-	1	3
Pharmacotherapeutics-I	3	9	3	9	1	3
Total Hours	17	61	9	27	32	18

Signature of the Head of the Institution

Signature of the Insp

Third year Pharm D:

NA

Subject 1	No of Theory Classes		Practicals		Tutorials	
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7
Pharmacology-II	3		3		1	
Pharmaceutical Analysis	3		3		1	
Pharmacotherapeutics-II	3		3		1	
Pharmaceutical Jurisprudence	2		-		-	
Medicinal Chemistry	3		3		1	
Pharmaceutical Formulations	2		3		1	
Total hours	16		15		5 = 36	

Signature of the Head of the Institution

Signature of the Insp

Fourth year Pharm D:

NA

Subject 1	No of Theory Classes		No. of Hours of Practical/Hospital Posting		Tutorials	
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7
Pharmacotherapeutics-III	3		3		1	
Hospital Pharmacy	2		3		1	
Clinical Pharmacy	3		3		1	
Biostatistics & Research Methodology	2		-		1	
Biopharmaceutics & Pharmacokinetics	3		3		1	
Clinical Toxicology	2		-		1	
Total hours	15		12		6 = 33	

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Fifth year Pharm D:

NA

Subject 1	No of Theory Classes		No. of Hours of Hospital Posting *		Seminars	
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7
Clinical Research	3		-		1	
Pharmacoepidemiology and Pharmacoeconomics	3		-		1	
Clinical Pharmacokinetics & Pharmacotherapeutic Drug Monitoring	2		-		1	
Clerkship *	-		-		1	
Project work (Six Months)	-		20		-	
Total hours	8		20		4 = 32	

* Attending ward rounds on daily basis.

11. Work load of Faculty members for Pharm. D. and Pharm.D. Post Baccalaureate

NA

Sl. No	Name of the Faculty	Subjects taught	Pharm. D.		Pharm. D. Post Baccalaureate		Total work load	
			Th	Pr	Th	Pr		

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12. Work load of Faculty members per week for Pharm.D.

Sl. No	Name of the Faculty	Subjects taught	Pharm. D.										Pharm.D. PB	Total work load	Remarks of the Inspector
			I		II		III		IV		V				
			Th	Pr	Th	Pr	Th	Pr	Th	Pr	Th	Pr			
1.	Dr. Dinesh Kumar Meena				04	03								07	
2.	Dr. Prathiba				04	-								04	
3.	Mrs. M.N. Lakshmi Prasana				04	-								04	
4.	Sk.Faizal Ali				04	-								04	
5.	Dr.A. Chandara Sekhar		04	-											
6.	Dr. K. Padmalatha	HAP	-	06										10	
7.	Mr. G.M. Bhoopathy	POC	04	06										10	
8.	Mrs. S. Archana	PIC	04	06										10	
9.	Ms. Sk. Fatima	Med. Bio	04	06										10	
10.	Ms. Sk. Arifa Begum	Ph. Ceut.	04	06										10	
11	Mr. S. Sundar	Microbio	04	06										10	
12	Mrs. M. Vani	Ph.cog	04	06										10	
13.	Mr. V. Srinivas	R. Maths	04											04	

13. Work load of Faculty members per week for Pharm.D. and Pharm.D. (Post Baccalaureate) NA

Sl. No	Name of the Faculty	Subjects taught	Pharm.D. and Pharm.D. (Post Baccalaureate)						Total work Load	Remarks of the Inspector
			I		II		III			
			Th	Pr	Th	Pr	Th	Pr		

14. Percentage of students qualified in GATE in the last Three Years

Details	Year 2013-14	Year 2014-15	Year 2015-16
No. of Students Appeared	10	10	05
No. of Students Qualified	02	01	02
Percentage	20%	10%	40%

15. Whether Professional Society Activities are Conducted (Enclose details)

Yes No

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2. Details of Teaching Faculty exclusively available teaching for Pharm. D. 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
1	Dr. Dinesh Kumar Meena	Asst.Prof	PharmD(PB)	01/01/2016	03	Applied		
2	Dr.N. Prathiba	Asst.Prof	Pharm D	22/07/2015	Fresh	Applied		
3	Mrs.M.N.Lakshmi Prasanna	Asst.Prof	M.Ph ,(Pharmacy Practice)	04/08/2016	03	Applied		
4	Dr.Sk.Faiza Ali	Asst.Prof	Pharm D	01/08/2016	Fresh	Applied		

3. Details of Teaching Faculty available for teaching for Pharm. D. and Pharm.D. (Post Bacallaureate) 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	
	Nil		27		05	04	full Time
Phrm D PB		Pharm D		M Ph, Pharmacy Practice			
	01		02		01		

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4. **Staff Pattern for Pharm. D. or Pharm.D. and Pharm. D. (Post Baccalaureate) courses department wise for full duration of course/courses*:** :

Professor: Asst. Professor: Lecturer

Department/Division	Name of the Post	No. Required	Provided by the institution	Remarks of the Inspectors
Department of Pharmaceutics	Professor	1	1	
	Asst. Professor	1	9	
	Lecturer	2	--	
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1	2	
	Asst. Professor	1	9	
	Lecturer	3	--	
Department of Pharmacology	Professor	1	2	
	Asst. Professor	1	4	
	Lecturer	2	--	
Department of Pharmacognosy	Professor	1	--	
	Asst. Professor	1	3	
	Lecturer	1	1	
Department of Pharmacy Practice	Professor	1	--	
	Asst. Professor	2	4	
	Lecturer	3	--	

* Year wise availability will be assessed.

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6. 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

7. Details of Faculty Retention for:

Name of Faculty Member	Period	Percentage
All the staff members are of less than 10 years in the Campus as the Institution is ESTD in 2009 only.	Duration of 15 yrs. And above	---
	Duration of 10 yrs. And above	---
	Duration of 5 yrs. And above	02 Persons
	Less than 5 yrs.	29 Persons

8. Details of Faculty Turnover

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

9. Number of Non-teaching staff available for Pharm. D. or Pharm.D. and Pharm.D (Post Baccalaureate course) for full duration of course/courses*.

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspectors
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	04	B. Sc	
2	Laboratory Assistants or Laboratory Attenders	1 for each Lab (minimum)	SSLC	08	SSLC	
3	Office Superintendent	1	Degree	01	MSc	
4	Accountant	1	Degree	01	M.Com	
5	Store keeper	1	D Pharm or a Bachelor degree recognized by a University or institution.	01	M. Sc Chemistry	
6	Computer Data Operator	1	BCA or Graduate with Computer Course	01	BCA	

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7	Office Staff I	1	Degree	01	BA	
8	Office Staff II	2	Degree	---		
9.	Peon	2	SSLC	02	SSLC	
10	Cleaning personnel	Adequate	---	04	---	
11	Gardener	Adequate	---	02	---	

- Inspectors to verify whether the Non teaching staff requirements for D.Pharm., B.Pharm. and M.Pharm. courses conducted by the institution are complied with or not.

* Year wise availability will be assessed.

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Signature of the Inspectors

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

S. No	Name	Qualification	Designation	Basic Pay Rs.	GP	DA Rs.	HRA Rs.	CCA Rs.	Other allowance	Deduction			Bank
										PT	TDS	EPF	
1	Dr. K. Padmalatha	Prof & Principal	M. Ph, Ph.D	43989.51/-	10000/-	41,571.92/-	8098.43/-	---	3000/-	200/-			3298020
2	Mr. Tamil Jothi	Professor	M.Ph, Ph.D	45000/-	---	---	---	---	---	200/-			To be
3	Mr. A. Jay Rami Reddy	Asst. Prof	M. Ph	16915.44/-	6000/-	5664.24/-	3437.32/-	---	---	200/-			3298020
4	Mr. AVS. Ravi Sainadh	Asst. Prof	M. Ph	16915.44/-	6000/-	2678/-	3437.32/-	---	---	200/-			3298020
5	Mrs. P. Santhi Krupa	Asst. Prof	M. Ph	16248/-	6000/-	1928/-	3337.32/-	---	---	200/-			3298020
6	Mrs. P. Pradeepa	Asst. Prof	M. Ph	16000/-	---	---	---	---	---	150/-			3394020
7	Mr. G. Mariappan	Professor	M.Ph, Ph.D	65000/-	---	---	---	---	---	200/-			3298020
8	Mr. G. Muthu Bhoopathi	Asst. Prof	M. Ph	16915.44/-	6000/-	5664.24/-	3437.32/-	---	---	200/-			3298020
9	Ms. M. Tejaswi	Asst. Prof	M.Ph	8000/-	4000/-	9600/-	1800/-	125/-	---	200/-			3298020
10	Mr. N. Vijay Kumar	Asst.Prof	M.Ph	18,500/-	---	---	---	---	---	150/-			3298020
11	Ms. Sk. Fathima	Asst.Prof	M.Ph	16000/-	---	---	---	---	---	150/-			To be
12	Mrs.Ch. Pratima	Asst.Prof	M.Ph	18500/-	---	---	---	---	---	150/-			To be
13	Dr. B. Ramu	Professor	M. Ph, Ph. D	38822/-	10000/-	9764.40/-	7323.30/-	---	---	200/-			3298020
14	Mr. S. Venkateswara Rao	Asst. Prof	M. Ph	16915.44/-	6000/-	16957.43/-	3437.32/-	---	---	200/-			3298020
15	Mrs. Sk. Arifa Begum	Asst. Prof	M.ph	27000/-	---	---	---	---	---	200/-			3298020
16	Mr. M. Srinivasa Rao	Asst. Prof	M. Ph	16915.44/-	6000/-	2678/-	3437.32/-	---	---	200/-			3298020
17	Mr. S. V. Suresh Babu	Asst. Prof	M. Ph	16915.44/-	6000/-	2678/-	3437.32/-	---	---	200/-			3298020
18	Mr. P. Sai Krishna	Asst. Prof	M. Ph	16248/-	6000/-	1928/-	3337.20/-	---	---	200/-			3298020
19	Mr. D. Srinu Naik	Asst. Prof	M. Ph	8000/-	4000/-	9600/-	1800/-	125/-	---	200/-			3298020
20	Mrs. B. Hema Latha	Asst.Prof	M.Ph	8000/-	---	9120/-	1200/-	125/-	---	150/-			3298020
21	Mrs. A.V.S. Hima Bindu	Asst.Prof	M.Ph	8000/-	---	9120/-	1200/-	125/-	---	150/-			3298020
22	Ms. G. Alekhya	Asst.Prof	M.Ph	16000/-	---	---	---	---	---	---			3298020
23	Mrs. D. Deepika	Asst.Prof	M.Ph	16248/-	6000/-	1928/-	3337.32/-	---	---	200/-			3298020
24	Ms. T. Sai Priya	Asst.Prof	M.Ph	8000/-	---	9120/-	1200/-	125/-	---	150/-			3298020
25	Mr. M. Bala Krishna	Asst.Prof	M.Ph	18500/-	---	---	---	---	---	200/-			3298020
26	Mrs. S. Archana	Asst.Prof	M.Ph	22,000/-	---	---	---	---	---	200/-			To be
27	Mrs. M. Vani	Asst. Prof	M. Ph	16915.44/-	6000/-	2678/-	3437.32/-	---	---	200/-			3298020
28	Mr. S. Sundar	Asst. Prof	B. Ph, M. Tech	16915.44/-	6000/-	2678/-	3437.32/-	---	---	200/-			3298020
29	Mrs. V. Lakshmi Anusha	Asst.Prof	M.Ph	14000/-	---	---	---	---	---	---			3298020
30	Dr.A. Chandra Sekhar	Visiting Professor	BHMS,PGD HM, M.Applied Psychology	15000/-	---	---	---	---	---	---			3298020
31	Mrs.M.N.Lakshmi Prasanna	Asst.Prof	M.Ph	35000/-	---	---	---	---	---	200/-			To be
32	Dr. Dinesh Kumar Meena	Asst.Prof	PharmD(PB)	30000/-	---	---	---	---	---	---			3298020
33	Dr.N. Prathiba	Asst.Prof	Pharm D	18500/-	---	---	---	---	---	150/-			3298020
34	Sk. Faizan Ali	Asst.Prof	Phram D	18500/-	---	---	---	---	---	150/-			To be
35	Mrs.V. Greeshma	Asst.Prof	M.Pharm	20000/-	---	---	---	---	---	---			To be
36	Mr. V. Srinivas	Asst. Prof	M. Phil	15600/-	6000/-	432/-	3240/-	---	---	200/-			3298020
37	Ms. P.Sarala	Asst. Prof	M.Tech										
38	Mrs. V. Vandana Devi	Asst.Prof	M.A .	15600/-	6000/-	432/-	3240/-	---	---	200/-			3298020

11. Whether facilities for Research / Higher studies are provided to the faculty? YES

(Inspectors to verify documents pertaining to the above)

12. Whether faculty members are allowed to attend workshops and seminars? YES

(Inspectors to verify documents pertaining to the above)

13. Scope for the promotion for faculty: Promotions

Yes

No

14. Gratuity Provided

Yes

No

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Signature of the Inspectors

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

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of Inspector
1	Mrs. M. Deva Rani	Office In-charge	M. Sc	01/10/2009	16 Yrs		
2	Mrs. K. Swapna	Clerk Accounts	B.com	02/06/2014	09 Yrs		
3	Ms. Ch. Sirisha	Clerk Office	MA	10/09/2014	3yrs		
4	Mr. R. Ganesh	Clerk Exam Sec	MA	1/12/2015	7 yrs		
5	Mrs. J. Madhavi Latha	Librarian	M. Lib Sc	09/08/2010	11 Yrs		
6	Mrs. K. Istalakshmi	Lib. Asst.	B.Com	21/08/2014	2 yrs		
7		Store Keeper	M.Sc		5 yrs		
8	Mrs. V. Bhargavi	Lab. Tech	MA	10/09/2014	2 yrs		
9	Mr. M. V.S. Rao	Lab. Tech	ITI	01/10/2009	10 Yrs		
10	Mrs. N. Kamalaveni	Lab. Tech	B.Sc	10/09/2014	2 yrs		
11	Mrs. K. Nirmala	Lab. Tech	BA	01/09/2013	05 Yrs		
12	Mrs. Y.Geetha	Lab. Tech	B.Com	03/02/2016	3 yr		
13	Mrs. S. Syamala	Lab. Attender	SSC	04/01/2012	06 Yrs		
14	Mrs. A. Venkata Lakshmi	Lab. Attender	SSC	02/07/2012	04 Yrs		
15	Mrs. K. Venkata Lakshmi	Lab. Attender	SSC	01/07/2013	03 Yr		
16	Mrs. U. Venkata Durga	Lab. Attender	SSC	08/07/2013	03 Yr		
17	Mrs. D. Yesu Ratna	Lab. Attender	SSC	01/03/2011	03 Yrs		
18	Mrs. T. Durga Bhavani	Lab. Attender	SSC	06/07/2012	03 Yrs		
19	Ms. A. Santhi Kumari	Lab. Attender	SSC	21/06/2012	02 Yrs		
20	Mrs. K. Manga	Off. Attender	Inter	03/09/2015	3Yrs		
21	Mrs.Y. Suneetha	Lib. Attender	Inter	26/10/2015	1 yr		
22	Mrs. Punyavathi	Sweeper					
23	Mrs.B. Naga Lakshmi	Sweeper					
24	Mrs.T.Mary	Sweeper					
25	Mrs.Appala Narasamma	Sweeper					
26	Mr.P.Narayana Rao	Gardener					
27	Mr. J. Rama Rao	Bus Driver					

18. Whether Supporting Staff (Technical and Administrative) are encouraged for skill up gradation programs.

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Signature of the Inspectors

PART V – DOCUMENTATION

Records Maintained: Essential

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

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PART – VI

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

Sl	2013- 2014 Expenditure in Rs.			2014 - 2015 Expenditure in Rs.			2015 - 2016 Expenditure		
	No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring
01		12500000	7765875	7612825	15000000	9063980	5753522	15000000	11000000

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

Sl	2013 - 2014 Expenditure in Rs.			2014 - 2015 Expenditure in Rs.			2015 - 2016 Expenditure i		
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned
01	Chemicals	150000/-	150000/-	122000/-	Chemicals	200000/-	233500/-	Chemicals	200000/-
02	Glassware	100000/-	100000/-	89000/-	Glassware	150000/-	130880/-	Glassware	150000/-

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

Sl	2013 - 2014 Expenditure in Rs.			2014 - 2015 Expenditure in Rs.			2015 Expendi		
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctio
01	Equipment	1000000/-	1000000/-	1000000/-	Equipment	400000/-	425608/-	Equipment	1500000

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

SI No.	2013-2014 Expenditure in Rs.			2014-2015 Expenditure in Rs.			2015-2016 Expenditure in Rs.	
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned
1	Books	100000/-	101342/-	Books	100000/-	115995/-	Books	250000/-
2	Journals	20000/-	20200/-	Journals	50000/-	35000/-	Journals	50000/-

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

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PART VII – EQUIPMENT AND APPARATUS

Department wise List of Minimum equipments required for Pharm.D. and Pharm.D. Post Ba

A. DEPARTMENT OF PHARMACOLOGY

: I. Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No
1	Microscopes	15	25	Yes
2	Haemocytometer with Micropipettes	20	35	Yes
3	Sahli's haemocytometer	20	33	Yes
4	Hutchinson's spirometer	01	01	Yes
5	Spygmomanometer	05	10	Yes
6	Stethoscope	05	10	Yes
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine Glands One slide of each organ System	Adequate	Yes
8	Models for various organs	One model of each organ system	Adequate	Yes
9	Specimen for various organs and systems	One model for each organ system	Adequate	Yes
10	Skeleton and bones	One set of skeleton and one spare bone	Adequate	Yes

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11	Different Contraceptive Devices and Models	One set of each device	Adequate	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 or Polyrite	10	01	Yes
20	Sherrington Drum	10	18	Yes
21	Perspex bath assembly (single unit)	10	23	Yes
22	Aerators	10	23	Yes
23	Computer with LCD	01	01	Yes
24	Software packages for experiment	01	01	Yes
25	Standard graphs of various drugs	Adequate number	Adequate	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

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II. Apparatus:

S.No	Name	Minimum required Nos.	Available Nos.	Working Yes / No
1	Folin-Wu tubes	60	100	Yes
2	Dissection Tray and Boards	10	68	Yes
3	Haemostatic artery forceps	10	10	Yes
4	Hypodermic syringes and needles of size 15,24,26G	10	Adequate	Yes
5	Levers, cannulae	20	50	Yes

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each labo

B. DEPARTMENT OF PHARMACOGNOSY :

I. Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No
1	Microscope with stage micrometer	15	22	Yes
2	Digital Balance	02	02	Yes
3	Autoclave	02	02	Yes
4	Hot air oven	02	02	Yes
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	15	20	Yes
13	Eye piece micrometer	15	20	Yes
14	Incinerator	01	---	
15	Moisture balance	01	01	Yes

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16	Heating mantle	15	20	Yes
17	Flourimeter	01	01	Yes
18	Vacuum pump	02	02	Yes
19	Micropipettes (Single and multi channeled)	02	02	Yes
20	Micro Centrifuge	01	01	Yes
21	Projection Microscope	01	01	Yes

II. Apparatus:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No
1	Reflux flask with condenser	20	20	Yes
2	Water bath	20	17	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 labo

C. DEPARTMENT OF PHARMACEUTICAL CHEMISTRY

: I. Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No
1	Hot plates	05	05	Yes
2	Oven	03	03	Yes
3	Refrigerator	01	01	Yes
4	Analytical Balances for demonstration	05	10	Yes

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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		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	01	Yes

II. Apparatus:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No
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	40	150	Yes
5	Arsenic Limit Test Apparatus	20	25	Yes
6	Nessler's Cylinders	40	80	Yes

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each labo

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D. DEPARTMENT OF PHARMACEUTICS :**I. Equipment:**

S.No	Name	Minimum required Nos.	Available Nos.	Working Yes / No
1	Mechanical stirrers	10	20	Yes
2	Homogenizer	05	10	Yes
3	Digital balance	05	05	Yes
4	Microscopes	05	10	Yes
5	Stage and eye piece micrometers	05	15	Yes
6	Brookfield's viscometer	01	01	Yes
7	Tray dryer	01	01	Yes
8	Ball mill	01	01	Yes
9	Sieve shaker with sieve set	01	01	Yes
10	Double cone blender	01	01	Yes
11	Propeller type mechanical agitator	05	05	Yes
12	Autoclave	01	01	Yes
13	Steam distillation still	01	01	Yes
14	Vacuum Pump	01	01	Yes
15	Standard sieves, sieve no. 8, 10, 12, 22, 24, 44, 66, 80	10 sets	Adequate	Yes
16	Tablet punching machine	01	03	Yes
17	Capsule filling machine	01	02	Yes
18	Ampoule washing machine	01	01	Yes
19	Ampoule filling and sealing machine	01	01	Yes
20	Tablet disintegration test apparatus IP	01	02	Yes
21	Tablet dissolution test apparatus IP	01	01	Yes
22	Monsanto's hardness tester	01	05	Yes
23	Pfizer type hardness tester	01	02	Yes

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24	Friability test apparatus	01	01	Yes
25	Clarity test apparatus	01	01	Yes
26	Ointment filling machine	01	02	Yes
27	Collapsible tube crimping machine	01	03	Yes
28	Tablet coating pan	01	01	Yes
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH 10	Adequate	Yes
30	Digital pH meter	01	01	Yes
31	All purpose equipment with all accessories	01	01	Yes
32	Aseptic Cabinet	01	01	Yes
33	BOD Incubator	02	02	Yes
34	Bottle washing Machine	01	01	Yes
35	Bottle Sealing Machine	01	01	Yes
36	Bulk Density Apparatus	02	02	Yes
37	Conical Percolator (glass/copper/ stainless steel)	10	14	Yes
38	Capsule Counter	02	06	Yes
39	Energy meter	02	02	Yes
40	Hot Plate	02	02	Yes
41	Humidity Control Oven	01		Yes
42	Liquid Filling Machine	01	01	Yes
43	Mechanical stirrer with speed regulator	02	01	Yes
44	Precision Melting point Apparatus	01	01	Yes
45	Distillation Unit	01	01	Yes

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II. Apparatus:

S.No	Name	Minimum required Nos.	Available Nos.	Working Yes / No
1	Ostwald's viscometer	15	20	Yes
2	Stalagmeter	15	20	Yes
3	Desiccator*	05	10	Yes
4	Suppository moulds	20	45	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	03	05	Yes
9	Lipstick moulds	10	10	Yes

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each labo

E. DEPARTMENT OF PHARMACEUTICAL BIOTECHNOLOGY :

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No
1	Orbital shaker incubator	01	01	Yes
2	Lyophilizer (Desirable)	01	--	--
3	Gel Electrophoresis (Vertical and Horizontal)	01	--	--
4	Phase contrast/Trinocular Microscope	01	--	--
5	Refrigerated Centrifuge	01	01	Yes
6	Fermenters of different capacity (Desirable)	01	--	--
7	Tissue culture station	01	--	--
8	Laminar airflow unit	01	02	Yes
9	Diagnostic kits to identify infectious agents	01	01	Yes

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10	Rheometer	01	--	--
11	Viscometer	01	01	Yes
12	Micropipettes (single and multi channeled)	01 each	01	Yes
13	Sonicator	01	01	Yes
14	Respirometer	01	01	Yes
15	BOD Incubator	01	01	Yes
16	Paper Electrophoresis Unit	01		
17	Micro Centrifuge	01	01	Yes
18	Incubator water bath	01	--	--
19	Autoclave	01	01	Yes
20	Refrigerator	01	01	Yes
21	Filtration Assembly	01	01	Yes
22	Digital pH meter	01	01	Yes

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each labor

F. DEPARTMENT OF PHARMACY PRACTICE :

Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No
1	Colorimeter	2	2	Yes
2	Microscope	Adequate	15	Yes
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)	Adequate	Adequate	Yes
4	Watch glass	Adequate	Adequate	Yes
5	Centrifuge	1	1	Yes
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	Adequate	Yes
7	Filtration equipment	2	2	Yes

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

NOTE:

1. Computers and Internet connection (Broadband), six computers for students with internet and staff computers.
2. Adequate number of glassware commonly used in the laboratory should be provided in each laboratory.

G. CENTRAL INSTRUMENTATION ROOM :

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No
1	Colorimeter	01	01	Yes
2	Digital pH meter	01	01	Yes
3	UV- Visible Spectrophotometer	01	01	Yes

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4	Flourimeter	01	01	Yes
5	Digital Balance (1mg sensitivity)	01	01	Yes
6	Nepholo Turbidity meter	01	01	Yes
7	Flame Photometer	01	01	Yes
8	Potentiometer	01	01	Yes
9	Conductivity meter	01	01	Yes
10	Fourier Transform Infra Red Spectrometer (Desirable)	01		
11	HPLC	01	01	Yes
12	HPTLC (Desirable)	01	--	--
13	Atomic Absorption and Emission spectrophotometer (Desirable)	01	--	--
14	Biochemistry Analyzer (Desirable)	01	01	Yes
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01	--	--
16	Deep Freezer (Desirable)	01	--	--
17	Ion- Exchanger	01	01	Yes
18	Lyophilizer (Desirable)	01	--	--

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H. Hospital Requirements for running Pharm D or Pharm.D. and Pharm.D. (Post Baccalaureate)

Hospital Details

S.No.	Name/ Infrastructure	Minimum required Nos.	Provided
1	Hospital [*] with teaching facility Minimum 300 bedded Hospital	<u>Nature of Hospital</u> - Own - Teaching hospital recognized by MCI or University - Govt. Hospital not below the level of district Hospital - Corporate Hospital	<input type="checkbox"/> YES YES <input type="checkbox"/>
2	Place for Pharmacy Practice Department ⁺	Minimum carpet area of 3 sq.mts. per student along with consent to provide the professional manpower to support the programme.	Provided
3	Available specialties ⁺⁺	Medicine (Compulsory) (Any three of the following) Surgery Pediatrics Gynecology and Obstetrics Psychiatry Skin and VD Orthopedics	YES <input type="checkbox"/> YES YES YES YES YES YES
4	Location of the Hospital Give details.	Within the same limits of Corporation or Municipality or Campus with Medical Faculty involvement as adjunct faculty	YES

* Approval letter of the Hospital Authority to be annexed along with MOU.

⁺ Inspectors are required to personally verify the space provided at the hospital and meet the hospital administrative interaction. ⁺⁺ to be certified by the Dean/Director/Medical Supdt. of the hospital.

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Unit wise Medical Staff:

Unit:

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	UG/PG QUALIFICATION			Date wise t & Instituti
				Subject with Year of passing	Institution	University	
01	Prof	Dr. K. S. Sankar Rao; 06/07/1958	Full Time	MBBS; 1982, MS GS	Andhra Medical College	Andhra University	Prof
02	Prof	Dr. C.V. Dasaraiah; 11/06/1958	Full Time	MBBS; 1982, MS Ortho	Madras Medical College, Andhra Medical College	Andhra University	Prof
03	Prof	Dr. V. Revathi; 20/10/1959	Full Time	MBBS; 1984, MD (OB & GY)	Andhra Medical College	Andhra University	Prof
04	Prof	Dr. K. Satyanarayana Rao; 17/04/1957	Full Time	MBBS, 1981, MD GM,	Osmania Medical College	Osmania University	Prof

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Other Ancillary staff available.

| Epidemiologist **Available**

| Statistician **Available**

| Physiotherapies **Available**

Available Clinical Material:

| Average daily OPD. **1000 Patients/ Day**

| Average daily IPD. **80-90 Patients/ day**

| Average daily bed occupancy rate: **85% / Month**

| Average daily operations: Major: **22** Minor: **18**

| Year-wise available clinical materials (during previous three years). **Available**

Intensive Care facilities

I. ICU

| **No. of beds 12**

| **Equipment Pulse Oxymeter, Nebuliser, Ventilaters, Oxygen flow meters, Suction Flow meter, glucometer**

| **Average bed occupancy: 90/ Month**

II. ICCU

| **No. of beds : 07**

| **Equipment : Nebuliser, Centralised oxygen**

| **Average bed occupancy : 32-35/ Month**

III. NICU

| **No. of Beds: 15**

| **Equipment : Pulse Oxymeter, Nebuliser, Ventilaters, Oxygen flow meters, Suction Flow meter**

| **Average bed occupancy : 10-15**

IV. PICU

| **No. of beds: 12**

| **Equipment: Pulse Oxymeter, Nebuliser, Ventilaters, Oxygen flow meters, Suction Flow meter**

| **Average bed occupancy: 35-40**

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V. Dialysis

| No. of beds : 12

| Equipment : 12, HBSAG, HCV, Negative -6

| Average bed occupancy : 48/ Day

Specialty clinics and services being provided by the department.

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Details for Pharm.D. student and faculty.

A. Accommodation

Faculty	Area in Sq. mtr.
Pharmacy Practice Area	400
Dispensary	300
Drug Information Centre	300
Computer/Internet facility	200

B. Library – Departmental Library standard text and references Indexing and Abstracting services for DI services should be included as separate annexure.

C. Pharmacy Practice staff details at the hospital –

Name	Qualification	Signature of Faculty
Mr. P. Ramanjaneyulu	M. Ph (Ph. Practice)	
Dr. Dinesh Kumar Meena	Pharm D PB	
Dr. N. Prathibha	Pharm D	
Dr. Sk. F. Ali	Pharm D	

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STANDARD INSPECTION FORM (Pharm.D.)

TEACHING PROGRAMME/INTERNSHIP PROGRAMME.

1. Prescribed mode of admission to Scheduled Pharm.D. Course.
2. Academic Activities, please mention the frequency with which each activity is held.

- | Case presentation.
- | Journal Club.
- | Seminar
- | Subject Review
- | ADR meeting
- | Lectures (separately held for Pharm.D students)
- | Guest lectures
- | Video film
- | Others.

3. Log book of Pharm.D. students: Maintained/ Not maintained.

4. Whether Pharm.D. students participate in bedside counselling or not ?

Summary of Inspection report – (check list) to be completed by the Inspector.

Date of inspection:-

Name of Inspector:-

1	Name of the institution	Name and other particulars of Institution (Principal/Head)	
			Qualification detail.
			Experience: Adequate/Inadequate
			Age

Signature of the Head of the Institution

Signature of the Inspectors

2	Name of the institution	Name and other particulars of Institution (Principal/Head)			
			Qualification detail.		
			Experience: Adequate/Inadequate		
			Age		
3	Date of last inspection of the institution :				
	Number of admission at B. Pharm.				
	Staff position for B. Pharm.	Sufficient/Insufficient			
	Other deficiency, if any	Yes/No			
4	Total Teachers in the Pharmacy Practice Department (with requisite qualifications & Experience				
	Designation	Number	Name	Total Experience	
	Professors				
	Asst. Professors				
	Lecturers				
<ul style="list-style-type: none"> - All teachers should be physically identified. - Detailed proforma (with photograph affixed) in respect of every teacher must be obtained signed by the concerned teacher, HOD and Head of institution - To ensure that staff is full time, paid and not working in any other institution simultaneously. 					
5	Requisite important information of the Hospital				
	Number of department in the Hospital				
	Teaching complement in each Dept.			Full/Partial	
	Total number of beds Dept. wise				
	Instruments and other expected facilities			Adequate/Inadequate	
	Bed side teaching			Yes/No	
	Laboratory Technician			Number and Names	
	Department Research Laboratory			Yes/No	
	Departmental Library – Book/Journals			Adequate/Inadequate	
	Central Library – Books/Journals pertaining to the department				
	6	Space for Pharmacy Practice Department at the Hospital			Adequate/Inadequate
		Indoor wards(Units/Department) & OPD space			Adequate/Inadequate
		Offices for Faculty members			Adequate/Inadequate
Class Rooms and seminar rooms			Adequate/Inadequate		
Dept. Library in the hospital supporting Drug Information Services					
7	Clinical Material			Adequate/Inadequate	
8	No of publications from the department during 3 years				
9	Examination conduct			As per norms of PCI/Not as per norms of PCI	
	Standard of Examination			Satisfactory/Not satisfactory	

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10	Year-wise number of Pharm D students admitted and available staff during the last 5 years	Year	No. of Pharm D students admitted	No. of staff available
	2008			
	2009			
	2010			
	2011			
	2012			
11	Other relevant facilities in the Institution			

12. **Specific remarks if any by the Inspector:** (No recommendations regarding permission/recognition be made) Give factual position only).

Signature of the Inspector

Note : Specific mention of required facilities as per PCI norms and commensurate with the degree under consideration must be made specifying whether these are Available/Not available

Compliance of deficiencies reflected in last Inspection Report
Specific observations if not rectified

Observation of the Inspectors:

. Signature of Inspectors: 2.	1

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
Inspectors

Signature of the