

# PHARMACY COUNCIL OF INDIA

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

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

(SIF-A)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No. :

NAME OF THE INSPECTORS: 1.  
(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	ANTARCTICAA COLLEGE OF PHARMACY, 1/60E, Kurinchi Nagar, Reddiarpatti, Tirunelveli, Tamilnadu- 627 007 0462 6530371  acppharma08@gmail.com
Year of starting of the course	1987
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	PRIVATE
<b>A – I. 2</b> Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web	ANTARCTICAA MEDICAL & EDUCATIONAL TRUST, 1/60E, Kurinchi Nagar, Reddiarpatti, Tirunelveli, Tamilnadu 627 007 0462 6530371 <a href="mailto:acppharma@rediffmail.com">acppharma@rediffmail.com</a> <a href="http://www.acpharmaedu.in">www.acpharmaedu.in</a>
<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	<b>G. R. SRI JEY LAKSHME</b> , M.Pharm., PRINCIPAL, ANTARCTICAA COLLEGE OF PHARMACY,  9489733462  9600343525  Jeylakshme_02@yahoo.in
<b>A – I. 4</b> Name and Address of the Head of the Institution	<b>G.R. SRI JEY LAKSHME</b> , M.Pharm., PRINCIPAL, 47 North Car Street, Alwarthirunagari, 628 612. Thoothukudi Dist., Tamilnadu

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
D. Pharm	2016-2017	D/D No. 909872230	18/05/2016

**b. APPROVAL STATUS:**

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVERNMENT	Remarks of the Inspectors
D. Pharm	2016-2017	<b>Approval Letter No and Date</b>	17-316/2013-PCI/ 37061-63 Dated 04/12/2015	G.O.MS.NO.1188 Dated 24/06/1987	
		<b>Approved Intake</b>	60	G.O	
		<b>Actually Admitted</b>	60	G.O	

**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 ✓	60	---

**Note: Enclose relevant documents A –I6**

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 Status of the Pharmacy Course:**

**a**

<b>Independent Building</b>	<input type="checkbox"/>
<b>Wing of another college</b>	<input type="checkbox"/>
<b>Separate Campus</b>	<input type="checkbox"/>
<b>Multi Institutional Campus</b>	<input type="checkbox"/>

**Examining Authority:** The Directorate of Medical Education, 162, Poonamalle High Road, Kilpauk, Chennai 600 010  
**With Complete Postal Address, Telephone No. And STD Code** TamilNadu 044-28364506

**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>G.R SRI JEY LAKSHME, M.Pharm</b>				
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm	Pharmacy Practice	05 years	02 Years	
	PhD (Desirable)		02 years		

**\* Documentary evidence should be provided B –I .2**

**For institution seeking continuation of approval**

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
<b>D. Pharm</b>	21 <sup>st</sup> and 22 <sup>nd</sup> July 2015	Enclosed	Complied	No

\* Enclose Documents

### B –I .3

**Pay Scales:**

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

### B –I .4

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

ACADEMIC YEAR	2014-2015	2015-2016	2016-2017
<b>Sanctioned</b>	60	60	60
<b>No. of Admissions</b>	60	57	60
<b>Unfilled Seats</b>	0	3	0
<b>No. of Excess Admissions</b>	0	0	0

### B –I .5

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

ACADEMIC YEAR	Year 2014-2015	Year 2015-2016	Year 2016-2017
D. Pharm	61	73	

Signature of the Head of the Institution

Signature of the Inspectors

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

Whether college has NSS Unit (Yes/No)? If no give reasons	No We are processing to implement Co-Curricular Activities in the future years.
NSS Programme Officer's Name	No
Programme conducted (mention details)	No
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes/No
Physical Instructor	<del>Available</del> / Not available
Sports Ground	Individual / <del>Shared</del>

Signature of the Head of the Institution

Signature of the Inspectors

## C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be

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

**C .2 Please provide following Information**

Receipts			Expenditure			Remarks of the Inspector
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	<b>Grants</b> a. Government b. Others	Nil	<b>CAPITAL EXPENDITURE</b>			
2.	<b>Tuition Fee</b>	25,36,000	1.	<b>Building</b>	Nil	
3.	<b>Library Fee</b>	50,500	2.	<b>Equipment</b>	6,396	
4.	<b>Sports Fee</b>	25,050	3.	<b>Others</b>	24,150	
5.	<b>Union Fee</b>	Nil	<b>REVENUE EXPENDITURE</b>			
6.	<b>Others</b>	1,33,100	1	<b>Salary</b>	13,87,227	
			2.	<b>MAINTENANCE EXPENDITURE</b>		
				i	<b>College</b>	1,65,969
				ii	<b>Others</b>	54,900
			3.	<b>University Fee (If any)</b>	Nil	
			4.	<b>Apex Bodies Fee</b>	50,000	
			5.	<b>Government Fee</b>	1,57,650	
			6.	<b>Deposit held by the College</b>	10,00,000	
			7.	<b>Others</b>	1,06,206	
			8.	<b>Misc.Expenditure</b>	1,95,540	
			<b>Total</b>		2,117,492	
	<b>Total</b>	2,744,650				

**Note: Enclose relevant documents**

Signature of the Head of the Institution

Signature of the Inspectors

**PART- II PHYSICAL INFRASTRUCTURE**

1. a. Building : **✓Own/Rented/Leased**
- b. Land:  
 i) Leased or own    ~~Leased~~    Own✓
- Sale / Agreement deed records to be enclosed) :    **Enclosed/Not available**
- c. Building:    Leased  No    Rented  No
- i) Leased/Rented † (Record to be enclosed) :    **Enclosed/Not available**  
 ii) If Own (Approved Building plan & sale deed to be enclosed) :    **Enclosed/Not available**
- d. Total Area of the college building in Sq.mts : Built up Area
- Amenities and Circulation Area

**2. Class rooms:**

**Total Number of Class rooms provided**

Class	Required	Available	Required Area * for each class room	Available Area in Sq. mts	Remarks of the Inspectors
D. Pharm	02	02	90 Sq. mts	140	

(\* To accommodate 60 students)

**3. Laboratory requirement**

Sl. No.	Name of Infrastructure	Requirement as per Norms	Available		Remarks/ Deficiency
			No.	Area in Sq.	
1	Laboratory Area for D.Pharm Course	50 Sq mts x n (n=05)	04	271	
2	Pharmaceutics    Pharmaceutical Chemistry            Physiology and Pharmacology      Pharmacy Practice              Pharmacognosy <b>Total no. of Labs for D. Pharm Course</b> *Animal House	01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory <b>05 Laboratories</b> 01 (10 sq.mts)	01 01 01 01	73 73 56 70	
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 )	03	35	
4	Area of the Machine Room	100 Sq mts	05	89	
5	Aseptic Room	25 Sq mts	--	--	
6	Store Room – I	1 (Area 20 Sq mts)	01	09	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01	17	

\* Not required if computer simulated software are available

Signature of the Head of the Institution

Signature of the Inspectors

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

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

**4. Administration Area:**

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Principal's Chamber	01	20 Sq mts	01	10	
2	Office – I Including Confidential Room	01	40 Sq mts	01	61	
3	Staff / Faculty Rooms for D. Pharm	01	30 Sq mts	02	38	
4	Library with computer and reprographic	01	100 Sq mts	01	47	
5	Museum	01	30 Sq mts (May be attached to the Pharmacogno sy Lab)	01	28	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	--	--	
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	86	

Signature of the Head of the Institution

Signature of the Inspectors

## 5. Student Facilities:

Sl. No.	Name of infrastructure	Requirement in number	Requirement area in	Available		Remarks/ Deficiency
				No.	Area in Sq.	
1	Girl's Common Room (Essential)	01	40 Sq mts	01	32	
2	Boy's Common Room (Essential)	01	40 Sq mts	01	24	
3	Toilet Blocks for Boys	01	25 Sq mts	01	25	
4	Toilet Blocks for Girls	01	25 Sq mts	01	25	
5	Canteen (Desirable)	01	100 Sq mts	--	--	
6	Drinking Water facility Water Cooler	01		01	09	
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single	---	---	
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple	---	---	
9	Power Backup Provision (Desirable)	01		---	---	

## 6. Computer and other Facilities:

Name	Required	Available	Available		Remarks of the Inspectors
			No.	Area in Sq.	
Computer (latest Configuration)	1 system for every 10 students	Yes	05	47	
Printers	1 printer for every 10	Yes	01	---	
Xerox Machine	01	Yes	01	--	
Multi Media Projector	02	Yes	OHP	--	

## 7. Amenities (Desirable)

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

Signature of the Head of the Institution

Signature of the Inspectors



### 8. A. Library books and periodicals

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Titles	Numbers	
1	Number of books	75	750 adequate coverage of a large number of standard text books and titles in all disciplines	501	1080	
2	Annual addition of books		75 books	09	26	
3	Periodicals Hard copies / online		<b>06 National Journals</b> Indian Journal of Pharmaceutical Sciences Indian Journal of Pharmaceutical Education and Research Journal of Hospital Pharmacy Indian Journal of Pharmacology CIMS, MIMS Indian Journal of Experimental Biology	06	238	
4	<b>Library Timings: 10 A.M TO 5 P.M</b>					

### Subject wise Classification:

Sl. No	Subject	Available		Remarks of the
		Titles	Numbers	
1	Pharmaceutics – I	55	180	
2	Pharmaceutical Chemistry – I	29	81	
3	Pharmacognosy	32	84	
4	Biochemistry and Clinical Pathology	66	104	
5	Human Anatomy and Physiology	43	92	
6	Health Education and Community Pharmacy	52	68	
7	Pharmaceutics – II	35	43	
8	Pharmaceutical Chemistry – II	53	125	
9	Pharmacology and Toxicology	56	134	
10	Pharmaceutical Jurisprudence	17	82	
11	Drug Store and Business Management	42	59	
12	Hospital and Clinical Pharmacy	21	28	

### Library Staff:

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

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

Signature of the Head of the Institution

Signature of the Inspectors

**PART III ACADEMIC REQUIREMENTS**

**Course**

**Curriculum:**

**1. Student Staff Ratio:**

**Theory**

**Practicals**

(Required ratio --- Theory → 60:1 and Practical → 20:1)

If more than 20 students in a batch 2 staff members to be present provided the lab is spacious

**2. Date of Commencement of session:**

<b>Commencement</b>	<b>Completion</b>
27/06/2016	31/03/2017

**No of Days**

**No of Days**

**3. Vacation:**

**Summer:**

**Winter:**

**4. Total Number of working days:**

**5. Time Table:**

Time Table for I and II D. Pharm Enclosed

Yes

No

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

Class / Subject	Theory		Practical				Remarks 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	
<b>I D. Pharm</b>							
Pharmaceutics – I	75	81	100	120	25	30	
Pharmaceutical Chemistry –I	75	88	75	90	25	30	
Pharmacognosy	75	91	75	81	25	27	
Biochemistry and Clinical Pathology	50	60	75	78	25	26	
Human Anatomy and Physiology	75	82	50	58	25	29	
Health Education and Community Pharmacy	50	61	----	---	----	---	
<b>II D. Pharm</b>							
Pharmaceutics – II	75	87	100	116	25	29	
Pharmaceutical Chemistry – II	100	104	75	81	25	27	
Pharmacology and Toxicology	75	101	50	56	25	28	
Pharmaceutical Jurisprudence	50	57	----	---	----	---	
Drug Store and Business Management	75	94	----	---	----	---	
Hospital and Clinical Pharmacy	75	88	50	87	25	29	

**Signature of the Head of the Institution**

**Signature of the Inspectors**

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

Yes

No

8. Whether Evaluation of the internal assessments is Fair

Yes

No

Class	No. of Candidates scored more than 80%		No. of Candidates scored between 60 - 80%		No. of Candidates scored between 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I D. Pharm	---	06	08	20	13	03	08	--	
II D. Pharm	---	08	07	21	20	04	06	---	

9. Workload of Faculty members for D. Pharm

Sl. No	Name of the Faculty	Subjects taught	D. Pharm				Total work load	Remarks of the Inspector
			I D. Ph		II D. Ph			
			Th	Pr	Th	Pr		
1	G.R. SRI JEY LAKSHME, M.Pharm	P2	--	--	03	09	12	
2	S. PARAMAPANDIAN, B.Pharm	J2	--	--	03	09	12	
3	T.GNANA SAHAYA JEYANTHI, B.Pharm	K2,L1P	03	---	04	09	16	
4	A.JENITHA ,B.Pharm	L1T,K1P,RT	03	09	03	---	15	
5	J.VIJAYA PRIYA, B.Pharm	H,T2,RP	03	09	02	03	17	
6	G.MALATHI, B.Pharm	K1T,G,N,L1P	06	03	03	---	12	
7	C.SURESH, B.Pharm	M1, RP	02	09	--	06	17	
8	I.JANSI RANI, B.Pharm.,	J1,L1p	03	12	---	--	15	

Signature of the Head of the Institution

Signature of the Inspectors

**PART IV - PERSONNEL**

**TEACHING STAFF.**

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

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			
1.	G.R. SRI JEY LAKSHME	Principal	M.Pharm	02-06-2014	--	--	38513 A2		
2.	S.PARAMAPANDIAN	Senior Lecturer	B.Pharm	06.09.2002	14 ½ Yrs	---	1285 A1		
3.	T.GNANA SAHAYA JEYANTHI	Lecturer	B.Pharm	10.07.2008	--	--	13659 A1		
4.	A.JENITHA	Lecturer	B.Pharm	01.08.2014	2 Yrs	--	6720 A1		
5.	J.VIJAYA PRIYA	Lecturer	B.Pharm	01.07.2015	--	--	10673 A1		
6.	G.MALATHI	Lecturer	B.Pharm	01.07.2015	---	--	11681 A1		
7.	C.SURESH	Lecturer	B.Pharm	20.10.2015	--	---	40207 A2		
8.	I. JANSIRANI	Lecturer	B.Pharm	04.07.2016	--	--	14696A1		

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

Number of staff members required: 07

Qualification			
B. Pharm	M. Pharm	PhD	Others - Full Time
07	01	----	----

**3. Details of Faculty Retention for: Enclosed**

Name of Faculty Member	Period	Percentage
S. Paramapandian	Duration of 15 yrs. And above	12.5%
	Duration of 10 yrs. And above	---
T. Gnana Sahaya Jeyanthi, A. Jenitha	Duration of 5 yrs. And above	25%
G. R. Sri Jey Lakshme, J. Vijaya Priya, G.Malathi, C.Suresh, I. JansiRani	Less than 5 yrs.	62.5%

**4. Details of Faculty Turnover : Enclosed**

Name of Faculty Member	Period % of faculty retained in last 3 yrs	More than 50%	50%	25%	Less than 25%
S.Paramapandian,B.Pharm., T. Gnana Sahaya Jeyanthi, B.Pharm	% of faculty retain in last 3 years	No	No	Yes	No
G.R. Sri Jey Lakshme, M.Pharm A. Jenitha, B.Pharm J. Vijaya Priya, B.Pharm. G.Malathi, B.Pharm., C. Suresh, B.Pharm I. Jansi Rani, B.Pharm		YES	NO	NO	NO

Signature of the Head of the Institution

Signature of the Inspectors

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

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

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

Sl. No	Name	Qualification	Designation	Basic pay Rs.	DA Rs.	HRA Rs.	CCA Rs.	Other allowance Rs.	Deductions			Bank A/	PAN No	EPF A/c no.	Total	Signature
									PT	TDS	EPF					
1	G.R. SRI JEY LAKSHME	M.Pharm	Principal	5700	2280	1710	1500	2000	--	--	1440		FZVPS0717R	TN/TI/46406/000/53	11750	
2	S.PARAMAPANDIAN	B.Pharm	Senior Lecturer	6800	2720	2040	1500	1600	--	--	1080		AQEPP6299C	TN/TI/46406/000/28	13580	
3	T.GNANA SAHAYA JEYANTHI	B.Pharm	Lecturer	4000	1600	1200	1500	900	--	--	960		ATWPG2653C	TN/TI/46406/000/43	8240	
4	A.JENITHA	B.Pharm	Lecturer	3100	1240	930	1500	800	--	--	840		AXRPJ1085G	TN/TI/46406/000/54	6730	
5	J.VIJAYA PRIYA	B.Pharm	Lecturer	3100	1240	930	1500	800	--	--	840		AXSPV5477D	TN/TI/46406/000/56	6730	
6	G.MALATHI	B.Pharm	Lecturer	3100	1240	930	1500	800	--	--	840		BKIPM9163P	TN/TI/46406/000/57	6730	
7	C.SURESH	B.Pharm	Lecturer	3100	1240	930	1500	800	--	--	840		DYEPS5536Q	TN/TI/46406/000/60	6730	
8	I. JANSIRANI	B.Pharm	Lecturer	3000	1200	900	1500	800	--	--	840		BFEPJ46666M	TN/TI/46406/000/64	6560	

**8. Whether facilities for Research / Higher studies are provided to the faculty?** No  
(Inspectors to verify documents pertaining to the above)

**9. Whether faculty members are allowed to attend workshops and seminars?** No  
(Inspectors to verify documents pertaining to the above)

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

**11. Gratuity Provided** Yes  No

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

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors
1	KRISHNAVENI.G	LAB -TECHNICIAN	D.Pharm	01.04.2016	5 Months		
2	THANGAM.M	LAB-TECHNICIAN	D.Pharm	01.07.2016	2 Month		
3	VENKATASUBRAMANIAN.	LAB-ASST	S.S.L.C	01.03.2004	12 Years		
4	MARIAMMAL.V	LAB -ASST	S.S.L.C	01.03.2016	6 Months		
5	PALANI.P	LAB-ASST	H.S.C	10.03.2016	6 Months		
6	MALATHI.M	LAB-ASST	H.S.C	01.07.2016	2 Months		
7	ESAKKIAMMALE.E	OFFICE SUPERINTENDENT	D.Pharm	04.09.1996	20 Years		
8	MUTHUVELS	ACCOUNTANT	B.Com	01.06.2012	4 Years		
9	REVATHI.A	COMP-DATA-OPERATOR	D.C.A	01.04.2016	5 Months		
10	SELVA UMA.S	LIBRIRIAN	B.Lib	02.11.2015	9 Months		
11	KAVITHA.A	STORE-KEEPER	D.Pharm	01.04.2016	5 Months		
12	GOMATHY.S	PEON	S.S.L.C	05.08.2013	3 Years		
13	RATHNAM.S.A.R	GARDNER	8 <sup>th</sup>	01.09.2013	3 years		
14	AMUTHA.S	CLEANING PERSONNEL	8 <sup>th</sup>	11.06.2012	4 years		
15	DEIVANAI	CLEANINGPERSONNEL	8th	11.06.2012	4 years		

**13. Whether Supporting Staff (Technical and Administrative) are encouraged for Skill Upgradation Programs**

✓Yes/ No

Signature of the Head of the Institution

Signature of the Inspectors

**PART V -  
DOCUMENTATION**

**Records Maintained: (Essential)**

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

**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 the previous year to be enclosed)**

SI No.	Expenditure in Rs. 2014-2015			Expenditure in Rs. 2015-2016			Expenditure in Rs. 2016-2017			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total Budget Sanctioned	Recurring	Non Recurring	Total Budget Sanctioned	Recurring	Non Recurring	
	15,75,000	16,99,278	1,02,783	17,50,000	16,51,594	1,51,460	18,00,000	5,36,252	62,540	

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

SI No	Expenditure in Rs. 2014-2015			Expenditure in Rs. 2015-2016			Expenditure in Rs. 2016-2017			Remarks of the Inspectors
	Total budget allocate	Sanctioned	Incurred	Total budget allocate	Sanctioned	Incurred	Total budget allocate	Sanctioned	Incurred	
	<b>Chemicals</b>	65,000	66,166	<b>Chemicals</b>	65,000	47,951	<b>Chemicals</b>	65,000	27,404	
	<b>Glassware</b>	12,000	2,663	<b>Glassware</b>	12,000	5,764	<b>Glassware</b>	12,000	6,223	

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

SI No	Expenditure in Rs. 2014-2015			Expenditure in Rs. 2015-2016			Expenditure in Rs. 2016-2017			Remarks of the Inspectors
	Total budget allocate	Sanctioned	Incurred	Total budget allocate	Sanctioned	Incurred	Total budget allocate	Sanctioned	Incurred	
	<b>Equipment</b>	Nil	Nil	<b>Equipment</b>	10,000	6,396	<b>Equipment</b>	10,000	Nil	

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

Sl No	Expenditure in Rs. 2014-2015			Expenditure in Rs. 2015-2016			Expenditure in Rs 2016-2017			Remarks of the Inspectors
	Total budget allocate	Sanctioned	Incurred	Total budget allocate	Sanctioned	Incurred	Total budget allocate	Sanctioned	Incurred	
<b>1</b>	<b>Books</b>	Nil	Nil	Books	10,000	7,328	Books	10,000	Nil	
<b>2</b>	<b>Journals</b>	Nil	Nil	Journals	10,000	13,960	Journals	10,000	4,600	

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

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

**PHARMACEUTICS**

**Equipment:**

Sl. No.	Name	Minimum required	Available Nos.	Working Yes /	Remarks of the
1	Continuous Hot Extraction Equipment	05	05	Yes	
2	Conical Percolator	05	20	Yes	
3	Tincture Press	01	01	Yes	
4	Hand Grinding Mill	01	02	Yes	
5	Disintegrator	01	01	Yes	
6	Ball mill	01	01	Yes	
7	Hand operated Tablet machine	01	02	Yes	
8	Tablet Coating Pan unit with hot air blower laboratory size	01	01	Yes	
9	Polishing pan laboratory size	01	01	Yes	
10	Monsanto's hardness tester	01	03	Yes	
11	Pfizer type hardness tester	01	01	Yes	
12	Tablet disintegration test apparatus IP	01	01	Yes	
13	Tablet dissolution test apparatus IP	01	02	Yes	
14	Granulating sieve set	10	20	Yes	
15	Tablet counter – small size	05	05	Yes	
16	Friability tester	01	01	Yes	
17	Collapsible tube – Filling and sealing equipment	01	02	Yes	
18	Capsule filling machine – Lab size	01	01	Yes	
19	Digital balance	01	01	Yes	
20	Distillation unit for distilled water	02	02	Yes	
21	Deionisation unit	01	01	Yes	
22	Glass distillation unit for water for injection	01	02	Yes	
23	Ampoule washing machine	01	01	Yes	
24	Ampoule filling and sealing machine	01	01	Yes	
25	Sintered glass filters for bacterial proof filtration (four different grades)	Adequate	60	Yes	
26	Millipore filter (3 grades)	Adequate	06	Yes	

27	Autoclave	01	02	Yes	
28	Hot air sterilizer	01	02	Yes	
29	Incubator	01	02	Yes	
30	Aseptic cabinet	01	02	Yes	
31	Ampoule clarity test equipment	01	02	Yes	
32	Blender	01	02	Yes	
33	Sieves set (Pharmacopoeial standard)	02	10	Yes	
34	Lab Centrifuge	01	01	Yes	
35	Ointment slab	Adequate	40	Yes	
36	Ointment spatula	Adequate	40	Yes	
37	Pestle and mortar porcelain	Adequate	40	Yes	
38	Pestle and mortar glass	Adequate	13	Yes	
39	Suppository moulds of three sizes	Adequate	20	Yes	
40	Refrigerator	01	01	Yes	

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

## **PHARMACEUTICAL CHEMISTRY**

### **Equipment:**

<b>Sl. No.</b>	<b>Name</b>	<b>Minimum required</b>	<b>Available Nos.</b>	<b>Working Yes /</b>	<b>Remarks of the</b>
1	Refractometer	01	01	Yes	
2	Polarimeter	01	01	Yes	
3	Photoelectric colorimeter	01	01	Yes	
4	pH meter	01	01	Yes	
5	Atomic model set	02	10	Yes	
6	Electronic balance	01	01	Yes	
7	Periodic table chart	Adequate	02	Yes	

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

**PHYSIOLOGY & PHARMACOLOGY LABORATORY****Equipment:**

Sl No.	Name	Minimum required	Available Nos.	Working Yes / No	Remarks of the
1	Haemoglobinometer	20	20	Yes	
2	Haemocytometer	10	10	Yes	
3	Student's organ bath	1	05	Yes	
4	Sherington's rotating drum	1	03	Yes	
5	Frog board	Adequate	20	Yes	
6	Tray (dissecting)	Adequate	20	Yes	
7	Frontal writing lever	Adequate	15	Yes	
8	Aeration tube	Adequate	20	Yes	
9	Telethermometer	1	01	Yes	
10	Pole climbing apparatus	1	01	Yes	
11	Histamine chamber	1	01	Yes	
12	Simple lever	Adequate	15	Yes	
13	Staring heart lever	Adequate	01	Yes	
14	Aerator	Adequate	05	Yes	
15	Histological Slides	Adequate	25	Yes	
16	Sphygmomanometer (B.P. apparatus)	5	05	Yes	
17	Stethoscope	5	05	Yes	
18	First aid equipment	Adequate	05	Yes	
19	Contraceptive device	Adequate	05	Yes	
20	Dissecting (surgical) instruments	Adequate	20	Yes	
21	Balance for weighing small Animals	1	01	Yes	
22	Kymograph paper	Adequate	50	Yes	
23	Actophotometer	1	01	Yes	
24	Analgesiometer	1	01	Yes	
25	Thermometer	Adequate	20	Yes	
26	Plastic animal cage	Adequate	09	Yes	
27	Double unit organ bath with thermostat	1	01	Yes	
28	Refrigerator	1	01	Yes	
29	Single pan balance	1	01	Yes	
30	Charts	Adequate	30	Yes	

31	Human skeleton	1	01	Yes	
32	Anatomical specimen (Heart, brain, eye, ear, reproductive system etc.,)	1 set	01	Yes	
33	Electro-convulsimeter	1	01	Yes	
34	Stop watch	Adequate	10	Yes	
35	Clamp, boss heads, screw clips	Adequate	50	Yes	
36	Syme's Cannula	Adequate	20	Yes	

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

**Equipment:**

SI No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Projection Microscope	01	01	Yes	
2	Charts (different types)	Adequate	15	Yes	
3	Models (different types)	Adequate	50	Yes	
4	Permanent Slides	Adequate	63	Yes	
5	Slides and Cover Slips	Adequate	100	Yes	

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

**PHARMACY PRACTICE LABORATORY**

**Equipment:**

SI No.	Name	Minimum required	Available Nos.	Working Yes /	Remarks of the
1	Colorimeter	2	02	Yes	
2	Microscope	Adequate	20	Yes	
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)	Adequate	05	Yes	
4	Watch glass	Adequate	25	Yes	
5	Centrifuge	1	01	Yes	
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	20	Yes	
7	Filtration equipment	2	02	Yes	

8	Filling Machine	1	---	---	
9	Sealing Machine	1	01	Yes	
10	Autoclave sterilizer	1	01	Yes	
11	Membrane filter	1 Unit	01	Yes	
12	Sintered glass funnel with complete filtering assemble	Adequate	04	Yes	
13	Small disposable membrane filter for IV admixture filtration	Adequate	20	Yes	
14	Laminar air flow bench	1	---	---	
15	Vacuum pump	1	01	Yes	
16	Oven	1	01	Yes	
17	Surgical dressing	Adequate	20	Yes	
18	Incubator	1	01	Yes	
19	PH meter	1	01	Yes	
20	Disintegration test apparatus	1	01	Yes	
21	Hardness tester	1	01	Yes	
22	Centrifuge	1	01	Yes	
23	Magnetic stirrer	1	01	Yes	
24	Thermostatic bath	1	01	Yes	

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

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

**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**



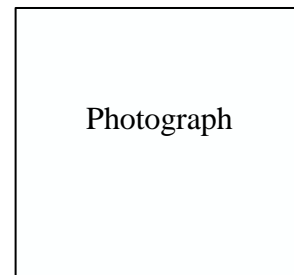
**PHARMACY COUNCIL OF INDIA**

**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.



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) I have drawn total emoluments from this college as under (Please fill the data of last academic session) :-

	<b>Amount Received</b>	<b>TDS</b>
April, 20__		
May, 20__		
June, 20__		
July, 20__		
August, 20__		
September, 20__		
October, 20__		
November, 20__		
December, 20__		
January, 20__		
February, 20__		
March, 20__		

(Copy of my form 16 (TDS certificate) for the last financial year is attached)

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

**Declaration**

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection during my employment in this college.
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 : \_\_\_\_\_