

# 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	<b>SSM COLLEGE OF PHARMACY</b> (Vyrathi Charitable and Educational Trust) S.F.No 834/1&2, Chinnampalayam, Jmabai Bhavani TK, Erode DT, TN 04256-249699 04256 249699 ssmcollegeofpharmacy2009@gmail.com
Year of starting of the course	<b>2018-19</b>
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	<b>Private</b> <b>Documents are Enclosed</b> <b>ANNEXURE-I</b>
<b>A – I. 2</b> Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	(Vyrathi Charitable and Educational Trust) LAKSHMI AMMAL ILLAM No 50, KALAIMAGL STREET, B.KOMARAPALAYAM, NAMAKKAL 04288-260811  ssmcollegeofpharmacy2009@gmail.com www.ssmpharmacy.edu.in
<b>A – I. 3</b> Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	<b>Prof Dr B.Sangameswaran</b> PRINCIPAL No 1 ISWARAYAM, SHANMUGAPURAM ROAD, DADAGAPATTY, SALEM 636008 04256-249699  9443094855 sangameswaran03@gmail.com
<b>A – I. 4</b> Name and Address of the Head of the Institution	
<b>A – I. 4 a)</b> Whether the Jan Aushadhi Medical Store has been opened by your institution	Yes / No <b>Yet to Start</b> (Please tick (✓) the relevant portion)

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	Paid		

**b. APPROVAL STATUS:**

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVERNMENT	Remarks of the Inspectors
D. Pharm		Approval Letter No and Date			
		Approved Intake	60	60	
		Actually Admitted			

**c. STATUS OF APPLICATION**

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

Note: Enclose relevant documents

A -I. 6

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

Building / campus? If yes, give status

Yes  No

A - I. 6 a

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

Examining Authority : DIRECTORATE OF MEDICAL EDUCATION, 162 EVR PERIAR ROAD  
With complete postal KILPAUK, CHENNAI-600010  
Address, Telephone No. 044-28361674  
and STD Code.

Signature of the Head of the Institution

Signature of the Inspectors

**B - DETAILS OF THE INSTITUTION**

<b>B -I .1</b> Name of the Principal					
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm	√	05 years	21 yrs	
	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>	<b>NEW INSTITUTION</b>			

\* 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. No	Yes	No	Yes / No	
<b>Non-Teaching Staff</b>	State Government Yes	Yes	No	Yes / No	

**B -I .4**

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

ACADEMIC YEAR	2017-18	200-	200-
<b>Sanctioned</b>			
<b>No. of Admissions</b>			
<b>Unfilled Seats</b>	<b>New Institution</b>		
<b>No. of Excess Admissions</b>			

**B -I .5**

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

ACADEMIC YEAR	Year 2018-19	Year 200-	Year 200-
D. Pharm	<b>New Institution</b>		

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	√
NSS Programme Officer's Name	
Programme conducted (mention details)	
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes/No
Physical Instructor	Available
Sports Ground	Individual

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

**C - FINANCIAL STATUS OF THE INSTITUTION**

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

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

**C .2 Please provide following Information**

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others	NA	<b>CAPITAL EXPENDITURE</b>			
2.	Tuition Fee	NA	1.	Building	9052618	
3.	Library Fee	NA	2.	Equipment	400000	
4.	Sports Fee	NA	3.	Others	200000	
5.	Union Fee	NA	<b>REVENUE EXPENDITURE</b>			
6.	Others	NA	1	Salary		
			2.	<b>MAINTENANCE EXPENDITURE</b>		NA
				i	College	
				ii	Others	NA
			3.	University Fee (If any)		
			4.	Apex Bodies Fee		
			5.	Government Fee		
			6.	Deposit held by the College	2000000	
			7.	Others		NA
			8.	Misc.Expenditure		
			Total		11656618	
<b>Total</b>						

**Note: Enclose relevant documents**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**PART- II PHYSICAL INFRASTRUCTURE**

1.a. Building : **Own**  
 b. Land:  
 i) Leased or own Own

Sale / Agreement deed (records to be enclosed) : **Enclosed**

c. Building: Leased  Rented

i) Leased/Rented<sup>†</sup> (Record to be enclosed) :  
 ii) If Own (Approved Building plan & sale deed to be enclosed) : **Enclosed Annexure**

d. Total Area of the college building in Sq.mts : Built up Area   
 Amenities and Circulation Area

**2. Class rooms:**

**Total Number of Class rooms provided**

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

(\* To accommodate 60 students)

**3. Laboratory requirement**

Sl. No.	Name of Infrastructure	Requirement as per Norms	Available		Remarks/ Deficiency
			No.	Area in Sq. Mts	
1	Laboratory Area for D.Pharm Course	50 Sq mts x n (n=05)			
2	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy <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)	05	320 Sq mts	
3	Preparation Room for each lab  (One room can be shared by two labs, if it is in between two labs)	10 Sq.mts  (minimum)	05	50 Sq mts	
4	Area of the Machine Room	100 Sq mts	01	100 Sq mts	
5	Aseptic Room	25 Sq mts	01	25 Sq mts	
6	Store Room – I	1 (Area 20 Sq mts)	01	20 Sq mts	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	02	20 Sq mts	

\* 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	20 Sq mts	
2	Office – I Including Confidential Room	01	40 Sq mts	01	40 Sq mts	
3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq mts	01	30 Sq mts	
4	Library with computer and reprographic facilities	01	100 Sq mts	01	100 Sq mts	
5	Museum	01	30 Sq mts (May be attached to the Pharmacognosy Lab)	01	30 Sq.mt	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	350	
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01		

Signature of the Head of the Institution

Signature of the Inspectors

### 5. Student Facilities:

Sl. No.	Name of infrastructure	Requirement In number	Requirement in area	Available		Remarks/ Deficiency
				No.	Area in Sq. Mts	
1	Girl's Common Room (Essential)	01	40 Sq mts	01	100 Sq.mt	
2	Boy's Common Room (Essential)	01	40 Sq mts	01	100 sq.mt	
3	Toilet Blocks for Boys	01	25 Sq mts	01	50 sqmt	
4	Toilet Blocks for Girls	01	25 Sq mts	01	50 sqmt	
5	Canteen (Desirable)	01	100 Sq mts			
6	Drinking Water facility Water Cooler (Essential)	01		Available		
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single occupancy	01	360sq.mt	
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy)	01	200 sq.mt	
9	Power Backup Provision (Desirable)	01	Available			

### 6. Computer and other Facilities:

Name	Required	Available	Available		Remarks of the Inspectors
			No.	Area in Sq. mts	
Computer (latest Configuration)	1 system for every 10 students	06	01		
Printers	1 printer for every 10 computers	01	01		
Xerox Machine	01	Available			
Multi Media Projector	02	Available			

### 7. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	01	80		
Staff quarters	6 x 80 Sq. mts	01	80		
Parking Area for staff and students		Available			
Bank Extension Counter		Not Available			
Co operative Stores		NA			
Guest House	80 Sq. mts	Available	80		
Transport Facilities for students		Provided			
Medical Facility (First Aid)		Provided			

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 of pharmacy	80	2800	
2	Annual addition of books		75 books per year			
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.	10	100	
4	<b>Library Timings</b>					

### 8.B. Subject wise Classification:

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

### 8.C. Library Staff:

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

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

Signature of the Head of the Institution

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>
<b>DD/MM/YY</b>	<b>DD/MM/YY</b>

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

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	New Institution								
II D. Pharm									

**9. Workload of Faculty members for D. Pharm**

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

Signature of the Head of the Institution

Signature of the Inspectors

**PART IV - PERSONNEL**

**TEACHING STAFF.**

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

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

2. Qualification and number of Staff Members

Number of staff members required: 07

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

3. Details of Faculty Retention for:

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

4. Details of Faculty Turnover

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

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

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	02	D. Pharm	0		
2	Laboratory Assistants/ Attenders	04	SSLC	06	B.Sc	
3	Office Superintendent	01	Degree	01	B.Com	
4	Accountant cum Clark	01	Degree	03	B.Com	
5	Store keeper	01	D. Pharm	0		
6	Computer Data Operator	01	10+2 with computer training	01	B.Com, DCA	
7	Peon	02	SSLC	03		
8	Cleaning personnel	04	---	04		
9.	Gardener	01	---	01		

Signature of the Head of the Institution

Signature of the Inspectors

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

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

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

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

Yes

No

**11. Gratuity Provided**

Yes

No

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

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

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

Yes/ No

Signature of the Head of the Institution

Signature of the Inspectors

## PART V - DOCUMENTATION

### Records Maintained: (Essential)

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

Signature of the Head of the Institution

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.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total Budget Sanctioned	Recurring	Non Returning	Total Budget Sanctioned	Recurring	Non Returning	
	<b>New Institution</b>									

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

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

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

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

Signature of the Head of the Institution

Signature of the Inspectors

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

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

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

Signature of the Head of the Institution

Signature of the Inspectors



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

**PHARMACEUTICS**

**Equipment:**

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

27	Autoclave	01	01	Yes	
28	Hot air sterilizer	01	01	Yes	
29	Incubator	01	01	Yes	
30	Aseptic cabinet	01	01	Yes	
31	Ampoule clarity test equipment	01	01	Yes	
32	Blender	01	01	Yes	
33	Sieves set (Pharmacopoeial standard)	02	02	Yes	
34	Lab Centrifuge	01	01	Yes	
35	Ointment slab	Adequate	Adequate	Yes	
36	Ointment spatula	Adequate	Adequate	Yes	
37	Pestle and mortar porcelain	Adequate	Adequate	Yes	
38	Pestle and mortar glass	Adequate	Adequate	Yes	
39	Suppository moulds of three sizes	Adequate	Adequate	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 Nos.</b>	<b>Available Nos.</b>	<b>Working Yes / No</b>	<b>Remarks of the Inspectors</b>
1	Refractometer	01	01		
2	Polarimeter	01	01		
3	Photoelectric colorimeter	01	01		
4	pH meter	01	01		
5	Atomic model set	02	02		
6	Electronic balance	01	01		
7	Periodic table chart	Adequate	Adequate		

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

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

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

Signature of the Head of the Institution

Signature of the Inspectors

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

**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		
2	Charts (different types)	Adequate	Adequate		
3	Models (different types)	Adequate	Adequate		
4	Permanent Slides	Adequate	Adequate		
5	Slides and Cover Slips	Adequate	Adequate		

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

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

**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.

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**Observation of the Inspectors:**

**Compliance of the last recommendations by Inspectors**

**Specific observations if not complied**

<b>Signature of Inspectors:</b>	<b>1.</b>
	<b>2.</b>

**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**