#### 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)

PART – I A - GENERAL INFORM ATION

A - GENERAL INFORM ATION			
A – I. 1			
	Shram Sadhana Bombay Trust's		
Name of the Institution:	Institute of Pharmacy,		
Complete Postal address:	Post Box no. 94, Bambhori, Jalgaon 425001 (Maharashtra)		
STD code	0257		
Telephone No.	2258393		
Fax No.	2258392		
E-mail	ssipjal@gmail.com		
Year of starting of the course	2017		
Status of the course conducting body: Government /	Private		
University / Autonomous / Aided / Private (Enclose	(Copy of Registration is enclosed- Annexure -01)		
copy of Registration documents of			
Society/Trust)			
A – I. 2	Shram Sadhana Bombay Trust		
Name, address of the Society/Trust/ Management	C/O Working women Hostel, Opposite Cardinal		
(attach documentary evidence)	Gracious Highschool Subhash Road, Bandra, Mumbai		
STD Code:	022		
Telephone No:	26435608		
Fax No:	-		
E-mail	sscoetjal@gmail.com		
Web Site:	-		
A – I. 3			
Name, Designation and Address of person to be	Mr. Shbhash Patil		
contacted by phone			
STD Code	0257		
Telephone No	2258393		
Office	2258393		
Residence			
Mobile No.	09422549787		
Fax No	2258392		
E-Mail	subhashanu4@gmail.com		
A – I. 4	Dr. Landge Amol Dagdu		
Name and Address of the Head of the Institution	SSBT's Institute of Pharmacy Bhambhori Jalgaon 425001		
A – I. 4 a)	·		
Whether the Jan Aushadhi Medical Store has been	No		
opened by your institution	(Please tick ( $\checkmark$ ) the relevant portion)		

#### FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

#### a. Details of Affiliation Fee Paid

Name of the Course	Affiliation Fee paid up	Receipt No	Dated
	to		
D. Pharm	75000/-	300763 (DD)	21/08/2017 ( <b>ANX-1</b> )

#### **b. APPROVAL STATUS: (ANX-2)**

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVERNMENT	Remarks of the Inspectors
D. Pharm	2017-2018	Approval Letter	F.No.02.278/2 017-PCI, Item	Govt. GR: Approval-	
		No and Date	No.114	2017/(111/17)/TE-05	
		Approved Intake	60	50	
		Actually	50	50	
		Admitted			

#### c. STATUS OF APPLICATION

Course	Extension of	f	Increase in	Remai	rks
	Approval		Intake of Seats	Current Intake	Proposed increase in Intake
D. Pharm	Yes		NO	60	

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

re	S V NO
A I. 6 a	
	Status of the Pharmacy Course:
<b>Independent Building</b>	
Wing of another college	
Separate Campus	
Multi Institutional Campus	
<u> </u>	

**Examining Authority:** Maharashtra State Board of Technical Education Mumbai **With complete postal Address,** 49, Kherwadi, Bandra(E) Mumbai 400051

**Telephone No. and STD Code.** (022)64777208, 26471255, 26478531, 26478296, 26478795

**Signature of the Head of the Institution** 

#### **B - DETAILS OF THE INSTITUTION**

B –I .1 Name of the Principal		Dr. Landge A	mol Dagdu		
Qualification/	Quali	fication*	Teaching Experience Required	Actual experience	Remarks of the Inspectors
Experience	M. Pharm	Pharma. Chem	05 years	12	
	PhD (Desirable)		02 years		

<sup>\*</sup> Documentary evidence should be provided (ANX-3)

#### 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*
		For 2017-18 for Conduct of Ist Year D.		
D. Pharm		Pharmacy	Complied	No

<sup>\*</sup> Enclose Documents (ANX-4)

#### B –I .3

#### **Pay Scales:**

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

#### B-I.4

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

ACADEMIC YEAR	2017-18	200-	200-
Sanctioned	60		
No. of Admissions	50	NA	NA
<b>Unfilled Seats</b>	00		
No. of Excess Admissions	00		

#### B -I .5

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

ACADEMIC YEAR	Year 2016-17	Year 200-	Year 200-
D. Pharm	NA <b>NEW INSTITUTE</b>	NA	NA

Signature of the Head of the Institution

## 3**B** – **II**

Co – Curricular Activities / Sports Activities

Whether college has NSS Unit (Yes/No)?	
If no give reasons	NA
NSS Programme Officer's Name	NA
Programme conducted (mention details)	NA
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes
Physical Instructor	Available
Sports Ground	Shared

#### 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		1			Expenditur	e	Remarks
Sl.	Particulars	Amount		Sl.		Particulars	Amount	of the
No.				No.				Inspectors
1.	Grants a. Government b. Others	NA				EXPENDITUR		
2.	Tuition Fee	00		1.	Buil	ding	03 Crore	
3.	Library Fee	00		2.	Equ	ipment	24,59,770/-	
4.	Sports Fee	00		3.	Oth	ers	19,55,926/-	
5.	Union Fee	00		REVENUE EXPENDIUTRE		RE	1	
6.	Others	00		1	Sala	ry	00/-	
				2.		INTENANCE PENDITURE	•	
					i	College	8,00,000/-	
					ii	Others	45000/-	
				3.	Univ (If a	versity Fee	50,000/-	
				4.	Ape	x Bodies Fee	8,20,000/-	
				5.	Gov	ernment Fee	NA	
				6.	_	osit held by	00	
						College		
		00		7.	Oth		2,28,503/-	
	Total			8.		e.Expenditure	1,00,000/-	
	e Institute is new NO NUE for academic Year 017				]	<b>Cotal</b>	3,57,88119-	

**Note: Enclose relevant documents (ANX-5)** 

#### PART- II PHYSICAL INFRASTRUCTURE

I.a. Building	: Own
b. Land: i) Leased or own	: 2 Acres Leased Own √
Sale / Agreement deed (records to be enclosed)	: Enclosed/Not available
c. Building: Leased	Rented
<ul> <li>i) Leased/Rented <sup>†</sup> (Record to be enclosed)</li> <li>ii) If Own (Approved Building plan &amp; sale deed to be enclosed)</li> </ul>	: Enclosed/Not available NA : Enclosed
d. Total Area of the college building in Sq.mts	: Built up Area 1930 Sq. Mt
Amenities and	l Circulation Area 426 Sq. Mt

#### 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	180 Sq. mts	

<sup>(\*</sup> To accommodate 60 students)

## 3. Laboratory requirement

Sl.	Name of Infrastructure	Requirement as per	Ava	ailable	Remarks/
No.		Norms	No.	Area in Sq. mts	Deficiency
1	Laboratory Area for D. Pharm Course	50 Sq mts x n (n=05)	05	346.6	
2	Pharmaceutics Pharmaceutical Chemistry Pharmacy Practice physiology and Pharmacology Pharmacognosy Total no. of Labs for D. Pharm Course *Animal House	01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory  05 Laboratories 01 (10 sq.mts)	01 01 01 01	70 70 96.6 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)	05	50	
4	Area of the Machine Room	100 Sq mts	01	96.6	
5	Aseptic Room	25 Sq mts	01	26.6	
6	Store Room – I	1 (Area 20 Sq mts)	01	26.6	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01	26.6	

<sup>\*</sup> Not required if computer simulated software are available (ANX-6)

## $^\dagger$ 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.	Name of	Requirement	_		ilable	Remarks/
No.	infrastructure	as per Norms in number	as per Norms in area	No.	Area in Sq. mts	Deficiency
1	Principal's Chamber	01	20 Sq mts	01	26.6	
2	Office – I Including Confidential Room	01	40 Sq mts	01	80	
3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq mts	01	73.3	
4	Library with computer and reprographic facilities	01	100 Sq mts	01	160	
5	Museum	01	30 Sq mts (May be attached to the Pharmacogno sy Lab)	01	40	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	133	
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants		23	

#### 5. Student Facilities:

Sl.	Name of infrastructure	Requirement	Requirement in	Av	ailable	Remarks/
No.		in number	area	No.	Area in	- Deficiency
					Sq. mts	
1	Girl's Common Room	01	40 Sq mts	01	53.3	
	(Essential)					
2	Boy's Common Room	01	40 Sq mts	01	53.3	
	(Essential)					
3	Toilet Blocks for Boys	01	25 Sq mts	03	26.6	
4	Toilet Blocks for Girls	01	25 Sq mts	03	26.6	
5	Canteen (Desirable)	01	100 Sq mts	01	119.7	
6	Drinking Water facility	01		03	26.6	
	Water Cooler (Essential)					
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room	01	1340	
			Single occupancy			
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room			
	, in the second of the second		(single occupancy)			
			20 Sq mts/room			
			(triple occupancy)			
9	Power Backup Provision (Desirable)	01		01	50	

## **6.** Computer and other Facilities:

Name	Required	Available	Ava	ilable	Remarks of
			No.	Area in Sq. mts	the Inspectors
Computer (latest Configuration)	1 system for every 10 students	25	25		
Printers	1 printer for every 10 computers	02	02		
Xerox Machine	01	01	01		
Multi Media Projector	02	02	02		

## 7. Amenities (Desirable)

Name	Requirement as	Available		Not	Remarks/
	per Norms in area	No.	Area in	Available	Deficiency
			Sq. mts		
Principal quarters	80 Sq. mts				
Staff quarters	6 x 80 Sq. mts				
Parking Area for staff		01	1100		
and students					
Bank Extension Counter		01	100		
Co operative Stores					
Guest House	80 Sq. mts				
Transport Facilities for		01	01		
students					
Medical Facility (First Aid)		01	26.6		

#### 8. A. Library books and periodicals (ANX-7)

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.	Item	Titles	Minimum Volumes (No)	Ava	ilable	Remarks
No.		(No)		Titles	Numbers	of the Inspectors
1	Number of books	75	750 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	75	583	
2	Annual addition of books		75 books per year			
3	Periodicals Hard copies / online		O6 National Journals 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 National Journals	06	
4	Library Timings 10:3	30 am – (	06:00 pm	-		-

#### 8.B. Subject wise Classification:

Sl. No	Subject	Ava	ilable	Remarks of the	
	_	Titles	Numbers	Inspectors	
1	Pharmaceutics – I	09	38		
2	Pharmaceutical Chemistry – I	06	17		
3	Pharmacognosy	06	60		
4	Biochemistry and Clinical Pathology	07	48		
5	Human Anatomy and Physiology	16	71		
6	Health Education and Community Pharmacy	04	42		
7	Pharmaceutics – II	04	40		
8	Pharmaceutical Chemistry – II	07	60		
9	Pharmacology and Toxicology	05	34		
10	Pharmaceutical Jurisprudence	03	25		
11	Drug Store and Business Management	03	25		
12	Hospital and Clinical Pharmacy	07	65		

#### **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

#### PART III ACADEMIC REQUIREMENTS

#### **Course Curriculum:**

1. Student Staff Ratio:

Theory

60:01

**Practicals** 

20:01

(Required ratio --- Theory  $\rightarrow$  60:1 and Practicals  $\rightarrow$  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:

Commencement	Completion
16/08/2017	20/03/2018

No of Days

No of Days

3. Vacation: Summer:

4. Total Number of working days:

216

30

Winter:

06

5. Time Table:

Time Table for I and II D. Pharm Enclosed (ANX-8)

Yes

 $\sqrt{\phantom{a}}$ 

No

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

	The			Prac			Remarks of
Class / Subject	Prescribed No of Hours	No of Hours Conducted	Prescribed No. of Hours	No of Hours Conducted	Prescribed Number of Classes	No of Classes conducted	the Inspectors
I D. Pharm							
Pharmaceutics – I	75		100		25		
Pharmaceutical Chemistry – I	75		75		25		
Pharmacognosy	75	New	75	New	25		
Biochemistry and Clinical Pathology		Institute Started in 2017-18	75	Institute – Started in 2017-18 –	25		
Human Anatomy and Physiology	75	2017-10	50	-2017-10 =	25		
Health Education and Community Pharmacy	50						
II D. Pharm							
Pharmaceutics – II	75		100		25		
Pharmaceutical Chemistry – II	100		75		25		
Pharmacology and Toxicology	75	NA	50	NA	25		
Pharmaceutical Jurisprudence	50						
Drug Store and Business Management	75						
Hospital and Clinical Pharmacy	75		50		25		

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

Yes	$\sqrt{}$	No
ir Vec	1	No

8.	Whether	<b>Evaluation</b>	of	the	internal	assessments	is Fair	Yes
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	No. of Candidates		No. of C	andidates	No. of Car	ndidates	No. of		Remarks of
	scored n	scored more than		scored between		scored between		ates	the
Class	<b>Class</b> 80% 60 - 80%		80%	50 - 6	0%	Less than 50%		Inspectors	
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I D. Pharm									
II D. Pharm									

9. Workload of Faculty members for D. Pharm

Sl. No	Name of the	Subjects		D. Pharm		Total work load	Remarks of	
NO	Faculty	taught	I D. Ph		II D. Ph			the Inspector
			Th	Pr	Th	Pr		
1	Dr. Amol Landge	PC-I	03	09				
		HAP	03				15	
	Mrs. Aparna Lad	PGY	03	09				
2		BCP	02				21	
		HAP		09				
3	Mr. Wasim Shaikh	PH-I	03	12				·
		HECP	02				26	
		BCP		09				

#### **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	Designati on	Qualifi cation	Date of Joining		aching erience	State Pharmacy	Signature of the faculty	Remarks of the
					After	After	Council		Inspectors
					UG	PG	Reg No.		
	Dr. Landge Amol D	Principal	M. Pharm.						
01		In-charge	Ph. D	01/06/2017		12	110903		
02	Mrs. Lad Aparna M	Lecturer	M. Pharm	12/06/2017	09	01	64510		
	Mr. Shaikh Wasim								
03	AG	Lecturer	M. Pharm.	10/06/2017		02	89218		

#### 2. Qualification and number of Staff Members Number of staff members required: 07

Qualification

B. Pharm	M. Pharm	PhD	Others - Full Time
	02	01	

#### 3. Details of Faculty Retention for:

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

4. Details of Faculty Turnover

Name of Faculty	Period	More than	50%	25%	Less than
Member		50%			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.	Designation	Required	Required		ailable	Remarks of the
No.	_	Number	Qualification	Number	Qualification	<b>Inspection team</b>
1	Laboratory Technician	02	D. Pharm	01	D. Pharm	
2	Laboratory Assistants/ Attenders	04	SSLC	04	HSC	
3	Office Superintendent	01	Degree	01	M COM	
4	Accountant cum Clark	01	Degree		B. COM, MPM	
5	Store keeper	01	D. Pharm	01	D. Pharm	
6	Computer Data Operator	01	10+2 with computer training	01	В. СОМ	
7	Peon	02	SSLC	02	SSC	
8	Cleaning personnel	04		04		
9.	Gardener	01		01		

**Signature of the Head of the Institution** 

7. Scale of pay for Teaching faculty (to be enclosed): ANX -9

Sl. No	Name	Qualification	Designati on	Basic pay	DA Rs.	HRA Rs.	CCA Rs.	Other allowance		Deduct s	ion	Bank A/C	PAN No	EPF A/c	Total	Signature
				Rs.				Rs.	PT	TDS	EPF	No		no.		
01	Dr. Landge Amol	M. Pharm Ph.D	Principal In-Charge	40,000/-	00	00	000	00	200		1800	60285425657	AEDPL3172 M		38,000/-	
02	Mrs. Lad Aparna	M . Pharm	Lecturer	22000/-	00	00	000	00	200		1800	60285425056	AFVPJ7102 E		20,000/-	
03	Shaikh Wasim AG	M . Pharm	Lecturer	18000/-	00	00	000	00	200		1800		BWZPA887 8A	In Process	16000/-	

8.	Whether facilities	for Research	n / Higher	studies ar	re provided	to the faculty?
	(Inspectors to verif	y documents	pertaining	to the abo	ve)	

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

**Signature of the Head of the Institution** 

## 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
	Mr. Subhash R Patil	UDC	M. Com	01/06/2017	10 yrs		•
	Mr. Pandurang S						
02	Jadhav	Librarian	B. Lib	01/06/2017	10 yrs		
03	Mrs. Rupali S. Pathak	A/C & Store Clerk	B. Com MPM	01/06/2017	07 yrs		
		Lab. Tech, Store					
04	Mr Bhushan Patil	keeper	D. Pharm	19/08/2017			
05	Mr. Sharad K More	Lab Attendant	HSC	01/06/2017			
06	Mr. Kantilal Patil	Gardner	SSC	01/06/2017			
				01/06/2017			
07	Mrs. Rekha Tayade	Cleaning Sweeper					
	Mrs. Kamalabai	Cleaning Sweeper		01/06/2017			
	Adiwal						
	Mrs. Shobha	Cleaning Sweeper		01/06/2017			
09	Chaudhari						
		Cleaning Sweeper		01/06/2017			
10	Mrs. Sangitabai Patil						
			~~~	01/06/2017			
11	Mr. Rakesh Kandra	Sweeper	SSC				

13. Whether Supporting Staff (Technical and Administrative) are encouraged for Skill Up gradation Programs

Yes

## **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	V		
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	$\sqrt{}$		
11.	Log book for chemicals and Equipment costing more than Rupees one lakh			
12.	Job Cards for laboratories	V		
13.	Standard Operating Procedures (SOP's) for Equipment			
14.	Laboratory Manuals	$\overline{}$		
15.	Stock Register for Equipment			
16.	Animal House Records as per CPCSEA	NA		

PART - VI

# 1. Financial Resource allocation and utilization for the past three years: (ANX-9) (Audited Accounts for the previous year to be enclosed)

Sl No.	Expenditure in Rs. Financial Year 2016-17			Exp	Expenditure in Rs.			Expenditure in Rs		
	Total	Recurring	Non	Total	Recurring	Non	Total	Recurring	Non	
	budget		Recurring	Budget		Returning	Budget		Returning	
	sanctioned			Sanctioned			Sanctioned			
1	63,50,000/-	18,50,000/-	45,00,000/-							

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

Sl No.		Expenditure in ancial Year 20		Expenditure in Rs.			Exp		Remarks of the	
							I			
	Total	Sanctioned	Incurred	Total	Sanctioned	Incurred	Total	Sanctioned	Incurred	
	budget			budget			budget			
	allocated			allocated			allocated			
	Chemicals	75,000/-	70,383/-	Chemicals			Chemicals			
	Glassware	25,000/-	25,000/-	Glassware			Glassware			

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

(Enclose purchase invoice)

Sl No.	Expenditure in Rs.  Financial Year 2016-17			Ex	penditure in R	S.	Expenditure in Rs			Remarks of the Inspectors*
	Total	Sanctioned	Incurred	Total	Sanctioned	Incurred	Total	Sanctioned	Incurred	
	budget			budget			budget			
	allocated			allocated			allocated			
	Equipment	28,00,000/-	24,59,770/-	Equipment			Equipment			

**Signature of the Head of the Institution** 

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

Sl No.	<b>Expenditure in Rs.</b> Financial Year 2016-17			E	xpenditure in l	Rs.	. Expenditure in Rs			Remarks of the Inspectors*
	Total	Sanctioned	Incurred	Total	Sanctioned	Incurred	Total	Sanctioned	Incurred	
	budget			budget			budget			
	allocated			allocated			allocated			
1	Books	1,00,000/-	86,355/-							
2	Journals	50,000/-	15,200/-							

<sup>\*</sup>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

## **PHARM ACEUTICS Equipment:**

Sr. no	Name	Minimum	Available Nos.	Working	Remarks of the
		required Nos.		Yes / No	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	Adequate	Adequate	Yes	
26	Millipore filter (3 grades)	Adequate	Adequate	Yes	

Signature of the Head of the Institution

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	-
36	Ointment spatula	Adequate	Adequate	-
37	Pestle and mortar porcelain	Adequate	Adequate	-
38	Pestle and mortar glass	Adequate	Adequate	-
39	Suppository moulds of three sizes	Adequate	Adequate	-
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:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
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	02	Yes	
6	Electronic balance	01	01	Yes	
7	Periodic table chart	Adequate	Adequate	Yes	

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** 

## PHYSIOLOGY & PHARMACOLOGY LABORATORY

**Equipment:** 

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

29	Single pan balance	1	1	Yes
30	Charts	Adequate	Adequate	
31	Human skeleton	1	1	
32	Anatomical specimen	1 set	1 set	
	(Heart, brain, eye, ear, reproductive system etc.,)			
33	Electro-convulsiometer	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.

**Signature of the Head of the Institution** 

#### PHARMCOGNOSY LABORATORY

**Equipment:** 

Sl No.	Name	Minimum	Available Nos.	Working	Remarks of the
		required Nos.		Yes / No	Inspectors
1	Projection Microscope	01	01	Yes	
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:**

Sl No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	2	2	Yes	
2	Microscope	Adequate	Adequate	Yes	
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)	Adequate	Adequate	Yes	
4	Watch glass	Adequate	Adequate		
5	Centrifuge	1	1	Yes	
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	Adequate		
7	Filtration equipment	2	2	Yes	
				-	
8	Filling Machine	1	1	Yes	
9	Sealing Machine	1	1	Yes	
10	Autoclave sterilizer	1	1	Yes	
11	Membrane filter	1 Unit	1 Unit	Yes	
12	Sintered glass funnel with complete filtering assemble	Adequate	Adequate	Yes	

Signature of the Head of the Institution

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	
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: Adequate numbers of glassware commonly used in the laboratory should be provided in each laboratory and the departm ent.

Museum: Every Institution shall maintain a museum of crude drugs, herbarium sheets, botanical specimens of the drugs, and pl ants, 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** 

#### **Observation of the Inspectors:**

Compliance of the last recommendations by Inspectors				
Specific observations if not complied				
	1.			
	1.			
Signature of Inspectors:	2.			
	4.			

#### **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.

## **PHARMACY COUNCIL OF INDIA**

## **STAFF DECLARATION FORM**

Teacher's Name: **Dr. Landge Amol Dagdu** (as on University Degree certificate)

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

Photograph

Date of Birth & Age: 01/06/1980, 37 Years

Qualification	College & University	Year	Registration No. with State	Name of the State Pharmacy Council
	Omversity		Pharmacy Council	Tharmacy Council
	Govt. College of Pharmacy Usmanapura Aurangabad. Dr. Babasaheb Ambedkar Marathawada Univeristy Aurngabad	2001	·	Maharashtra State Pharmacy Council a Maharashtra
	Appasaheb Birnale College of Pharmacy Sangali Shivaji University Kolhapur	2007		
(Ph.D.)/others		2014		
	Dr. Babasaheb Ambedkar Marathawada University Aurangabad			

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

Present Designation : In-charge Principal
Department : Pharmacy
College : Shram Sadhana Bombay Trust's Institute of Pharmacy Bambhori
City : Jalgaon Maharashtra
Nature of appointment : Permanent/Temporary/Adhoc/Honorary/Part-time: <b>Permanent</b>

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

Contd. on page 2

Permanent Residentia	al
Address of employee	: _C/O B. P. Patil, Plt no. 02, Manini Bungalow Professors Colony
	Jalgaon

## 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 Office :0257 2258393

with Code

Residence :

E-mail address : amolamol2020@gmail.com

Date of joining present institution : 01/06/2017 as In-Charge Principal (Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer	Yash Institute of Pharmacy Aurangabad	01/08/2005	31/07/2006	01
	Dr. Vedprakash Pharmacy College Aurangabad	01/08/2006	12/09/2008	02
	Amrutvahini College of Pharmacy Sangamner	17/09/2008	30/05/2015	07
	Gangamai College of Pharmacy Nagaon Dhule	01/06/2015	30/05/2017	02
Reader/ Assistant Professor				
Professor Principal				

Contd. on page 3

- 1. Before joining present institution I was working at **Gangamai College of Pharmacy Nagaon Dhule** as Associate **Professor** and I relieved on 30/05/2017 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>	TDS
April, 20		
April, 20 May, 20		
June, 20		
July, 20	NA	
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.: <b>AEDPL3172M</b>	Circle: Maharsahtra

#### **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).

Date: 20/08/2017 Place: Jalgaon

Signature of the Employee:

#### **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: 20/08/2017 Place: Jalgaon