

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions for starting of 1st year course as per The Bachelor of Pharmacy (B. Pharm) Course Regulations, 2014.

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

(SIF-B-2)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No. :

NAME OF THE INSPECTORS: 1.
(BLOCK LETTERS)

2.

PART – I

A - GENERAL INFORMATION

A – I.1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	VIGNAN's FOUNDATION FOR SCIENCE, TECHNOLOGY AND RESEARCH Vadlamudi, Chebrolu Mandal, Guntur District, Pin: 522 213 ANDHRA PRADESH 0863 2344700 2344707 registrar@vignanuniversity.org
Year of starting of the course	2017 - 18
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society /Trust)	Deemed University Copy of Trust Deed (enclosed)
A – I.2 Name, address of the Society /Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	Vignan's Foundation For Science, Technology and Research 292/7, Vadlamudi, Chebrole Mandal Guntur Dist. , Andhra Pradesh (India) Pin 522 213. 0863 2344700 / 2344701 0863-2344707 registrar@vignanuniversity.org www.vignanuniversity.org

Signature of the Head of the Institution

Signature of the Inspectors

VICE-CHANCELLOR
VIGNAN'S FOUNDATION
FOR SCIENCE, TECHNOLOGY AND RESEARCH
(Declared to be Deemed University UIS 3 of UGC Act 1956)
VADLAMUDI-522 213.
A. P. INDIA.

A – I.3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	Cmde. Dr. M.S. Raghunathan Registrar # 292/7, Vadlamudi, Chebrole Mandal, Guntur Dist.Pin – 522 213. 0863 2344715 2351860 9963477797 0863 - 2344707 registrar@vignanuniversity.org
A – I.4 Name and Address of the Head of the Institution	Dr. C. Thangaraj Vice-Chancellor VFSTR

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 /D.D.No	Dated	Remarks of the Inspectors
B. Pharm	2017-2018	DD No. 674274 for Rs. 1,00,000/-	23.11.2016	

b. APPROVAL STATUS:

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspectors
B. Pharm	New Course	Approval Letter No and Date Approved Intake Actually Admitted		Not Applicable New Course		

c. STATUS OF APPLICATION

COURSES INSPECTED FOR

Faculty / Subject	Extension of Approval	Increase in Intake of Seats		Remarks
		Yes	No	Current Intake
B. Pharm	starting of New Course	Yes	No	New course

Note: Enclose relevant documents



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A –I. 6

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same Building / campus? If Yes, Give Details

Yes

No

The University runs the following UG, PG and Ph.D programmes in diverse fields of Engineering and Technology.

UG Programmes :

Sl.No	Name of the UG Programme
1.	Agricultural Engineering
2.	Automobile Engineering
3.	Bioinformatics
4.	Biomedical Engineering
5.	Biotechnology
6.	Chemical Engineering
7.	Civil Engineering
8.	Computer Science Engineering
9.	Electrical and Electronics Engineering
10.	Electronics and Communication Engineering
11.	Electronics and Computer Engineering
12.	Food Technology
13.	Information Technology
14.	Mechanical Engineering
15.	Mechatronics
16.	Petroleum Engineering
17.	Textile Technology
18.	Bachelor of Business Administration
19.	Bachelor of Computer Applications

PG Programmes:

Sl. No	Name of the M.Tech Programme
1.	POWER ELECTRONICS AND DRIVES
2.	EMBEDDED SYSTEMS
3.	VERY LARGE SCALE INTEGRATION (VLSI)
4.	MACHINE DESIGN
5.	BIOTECHNOLOGY AND BIOPROCESS ENGINEERING
6.	COMPUTER SCIENCE AND ENGINEERING
7.	FOOD PROCESSING TECHNOLOGY
8.	STRUCTURAL ENGINEERING
9.	FARM POWER & MACHINERY
10.	MASTER OF COMPUTER APPLICATIONS
11.	MASTER OF BUSINESS ADMINISTRATION



Signature of the Head of the Institution

Signature of the Inspectors

A – I. 6 a

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

Examining Authority : **Vignan's Foundation For Science, Technology and Research**
With complete postal **Vadlamudi, Chebrole Mandal, Guntur Dt – 522 213**
Address, Telephone No. **2344700**
and STD Code. **0863**

B - DETAILS OF THE INSTITUTION

B – I.1 Name of the Principal / Head		Dr. V. Nagalakhsmi			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual/ Total experience	Remarks of the Inspectors
	M.Pharm	<input checked="" type="checkbox"/>	15 years, out of which 5 years as Prof. / HOD	16 Years	
	Ph.D	<input checked="" type="checkbox"/>	10 years, out of which at least 05 years as Asst. Prof		

* Documentary evidence should be provided

B – I.2
For institution seeking continuation of affiliation

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

* Enclose Documents

B – I.3

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



Signature of the Head of the Institution

Signature of the Inspectors

B –I .4**Pay Scales:**

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

B –I .5**B. Pharm Course: Admission Statement for the Past Three Years**

ACADEMIC YEAR	Year 2015-2016	Year 2016-2017	Year 2017-2018
Sanctioned	--	--	--
No. of Admissions	--	--	--
Unfilled Seats	--	--	--
No. of Excess Admissions	--	--	--

B –I .6**Academic information: Percentage of UG results for the past three years based on University Calendar**

ACADEMIC YEAR	Year 2014-2015	Year 2015-2016	Year 2016-2017
1 st year	--	--	--
2 nd year	--	--	--
3 rd year	--	--	--
Final year	--	--	--
Pass % (Final Year)	--	--	--

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

Whether college has NSS Unit (Yes/No)? If no give reasons	Yes
NSS Programme Officer's Name	Prof. K.V. Krishna Kishore
Programme conducted (mention details)	---
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes / No
Physical Instructor	Available / Not Available
Sports Ground	Individual / Shared



Signature of the Head of the Institution

Signature of the Inspectors

C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

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

C .2 Please provide following Information

Receipts			Expenditure			Remarks of the Inspectors	
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount (in lakhs)		
1.	Grants a. Government b. Others	12598690 128353	CAPITAL EXPENDITURE				
2.	Tuition Fee	464586827	1.	Building	61070890		
3.	Library Fee	-	2.	Equipment	14688586		
4.	Sports Fee	-	3.	Others	58791463		
5.	Union Fee	-	REVENUE EXPENDITURE				
6.	Others		1	Salary	218297091		
	Exam fee	44207700	2.	MAINTENANCE EXPENDITURE			
	Admission fee	19470000	i	College	64349505		
			ii	Others	9954021		
	Miscellaneous	6276882	3.	University Fee (If any)	-		
			4.	Apex Bodies Fee	-		
			5.	Government Fee	-		
			6.	Deposit held by the College	121017609		
			7.	Others	213117059		
			8.	Misc. Expenditure			
Total		547268452	Total			634735285 769286224	

Note: Enclose relevant documents



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PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (B. Pharm courses) : **Available / Not Available**
 a) 2.5 acres District HQ/Corporation/Municipality limit **42.06. Acres**
 b) 0.5 acre for City / Metros
- b. Building : **Own/Rented/Leased**
- c. Land Details to be in name of Trust and Society
 Records to be enclosed
 Sale deed : **Enclosed/Not available**
- d. Building[†]:
 i) Approved Building plan, to be Enclosed : **Enclosed/Not available**
- e. Total Built Area of the college building in Sq.mts : Built up Area 1,17,447 sqm
 Amenities and Circulation Area 14,153 sqm

2. Class rooms:

Total Number of Class rooms provided at the end of 4 Year Course

Class	Required Nos	Available Nos	Required Area * for each class room	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	04	04	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)		

(*To accommodate 100 students).

3. Laboratory requirement at the end of 4 Years

Sl. No.	Infrastructure for	Requirement as per Norms Each 75sq.m including preparation Room	Available No. & Area in Sq mts	Remarks/ Deficiency
1	Laboratory Area for B.Pharm Course (12 Labs)	90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts - Essential	4 No 400 Sq.mts	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm course	03 Laboratories 02 Laboratories 01 Laboratory 02 Laboratories 01 Laboratories 01 Laboratory 10 Laboratories *	1 1 -- 1 -- 1	
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 sq mts (minimum)	4 – 40 sq.m	
4	Area of the Machine Room	80-100 Sq.mts	--	
5	Central Instrumentation Room	80 Sq.mts with A/ C	--	
6	Store Room – I	1 (Area 100 Sq mts)	75 sq.m	
7	Store Room - II (For Inflammable chemicals)	1 (Area 20 Sq mts)	25 sq.m	

*Number of laboratories required for entire course of 4 years.



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 work benches should be smooth and easily cleanable preferably made of non-absorbent material.
4. The water taps should be non-leaking and directly installed on sinks. Drainage should be efficient.
5. Balance room should be attached to the concerned laboratories.

4. Administration Area:

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Principal's Chamber	01	30 Sq .mts	1	30 sq.m	
2	Office – I - Establishment	01	60 Sq. mts	1	60 sq.m	
3	Office – II - Academics					
4	Confidential Room					

5. Staff Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4	1	20 sq.m	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	4	40 sq.m	

6. Museum, Library, Animal House and other Facilities

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Animal House	01	80 Sq mts	1	100 sq. m	
2	Library	01	150 Sq mts	1	150 sq.m	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	1	50 sq.m	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	1	500 sq.m Shared with in the campus	
5	Seminar Hall	01		1	250 sq.m	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	1	--	



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7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Girl's Common Room (Essential)	01	60 Sq.mts	1	60 sq.m	
2	Boy's Common Room (Essential)	01	60 Sq.mts	1	60 sq.m	
3	Toilet Blocks for Boys	01	24 Sq.mts	2	50 sq.m	
4	Toilet Blocks for Girls	01	24 Sq.mts	2	50 sq.m	
5	Drinking Water facility – Water Cooler (Essential).	01	--	2	60 sq.m	
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy	1	600 sq.m	
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	1	1200 sq.m	
8	Power Backup Provision (Desirable)	01	--	1	100 sq.m	

8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	1	100	
Computer (Latest Configuration)	1 system for every 10 students	6	100	
Printers	1 printer for every 10 computers	6	20	
Multi Media Projector	01	2	10	
Generator (5KVA)	01	1	20	



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9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	--	--	✓	
Staff quarters	16 x 80 Sq. mts	--	--	✓	
Canteen	100 Sq. mts	1	150 sq.m		
Parking Area for staff and students		1	100 sq.m		
Bank Extension Counter		1	100 sq.m		
Co operative Stores		1	60 sq.m		
Guest House	80 Sq. mts	1	500 sq.m		
Transport Facilities for students		6	500 sq.m		
Medical Facility (First Aid)		1	40 sq.m		

10. A. Library books and periodicals

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	Numbers	
1	Number of books	150	150 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	200	500	
2	Annual addition of books		100 to 150 books per year	More than 150 books per year		
3	Periodicals Hard copies / online		10 National 05 International periodicals	National International	10 5	
4	CDS		Adequate Nos	Yes	150	
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	Yes	20	
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	01 01 01	01 01 01	
7	Library Automation and Computerized System					
8	Library Timings 8.00a.m to 10.00p.m on all working days					

10.B. Library Staff:

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



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PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio: Theory Practicals Remarks of the Inspectors

(Required ratio --- Theory → 60:1 and Practicals → 20:1) If more than 20 students in a batch 2 staff members to be present provided the lab is spacious.

2. Scheme of B. Pharm Course: I Yr. Annual, II, III, & IV Yr. Semester 4 Years

3. Date of Commencement of session / sessions:

Commencement	Completion
--	--

4. Vacation: Summer: No of Days Winter: No of Days

5. Total No. of working days:

6. Time Table: Not Applicable

Yes No New Course

7. Whether the prescribed numbers of classes are being conducted as per university norms

I B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
Not Applicable						

II B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
Not Applicable						

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III B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
Not Applicable						

IV B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
Not Applicable						

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

9. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last Three years.

A.

Name of the Event	Year 2014-15	Year 2015-16	Year 2016-17
Guest Lectures	--	--	--
Seminars	--	--	--
Workshops	--	-	--
Symposia	--	--	--

B. Papers Presented / Published during last three years

	Year 2014-15		Year 2015-16		Year 2016-17	
	National	International	National	International	National	International
Published	--	--	--	--	--	--
Presented	--	--	--	--	--	--

10. Whether Internal Assessments are conducted periodically as per university norms

Yes No

Academic Year : 20

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		III Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
I B.Pharm	--	--	--	--	--	--	
II B.Pharm	--	--	--	--	--	--	
III B.Pharm	--	--	--	--	--	--	
IV B.Pharm	--	--	--	--	--	--	

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11. Whether Evaluation of the internal assessments is Fair Yes No

Academic Year : 2015-16

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 B.Pharm	Not Applicable								
II B.Pharm									
III B.Pharm									
IV B.Pharm									

12. Work load of Faculty members for B. Pharm :

Sl. No	Name of the Faculty	Subjects taught	B. Pharm		Total work load	Specific Remarks of the Inspector
			Th	Pr		
Not Applicable						

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

Details	Year 2014-15	Year 2015-16	Year 2016-17
No. of Students Appeared	Not Applicable		
No. of Students Qualified			
Percentage			

14. Whether the Institution has an Industry – Institution Interaction cell Yes YES No
If applicable please give the details for the previous Year

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

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

Year	Year 2014-15	Year 2015-16	Year 2016-17
No. of students appeared for campus interview	--	--	--
% Placed	--	--	--

16. Whether Professional Society Activities are Conducted (Enclose Details) Yes No
(ISTE, IPA, APTI, ICTA and Related Societies)

Not Applicable



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PART IV - PERSONNEL

TEACHING STAFF:

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

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
					After PG			
01	Dr. V. Naga Lakshmi	Professor & Head	Ph.D., M.Pharm	-	-			
02	Ms. Pinnamaraju Durga Nithya	Asst. Prof.	M.Pharm	-		83410/A1		
03	Ms. Asiya Begum	Asst. Prof.	M.Pharm			A1 94992		
04	Mr. Koya Swamulu	Asst. Prof.	M.Pharm	-		88211/A1		
05	Mr. Pidaparathi Pradeep Kumar	Asst. Prof.	M.Pharm	-	-			
06	Ms. Gorikapudi Keerthi	Asst. Prof.	M.Pharm	-	-	10126A1		
07	Dr. P. Kanakadurga	Asst. Prof	Ph.D, M.Sc	-	-	NA		
08	Dr. Nazneen Bobby	Asst. Prof	Ph.D, M.Sc-	-	-	NA		
09	Dr. Ajit Kumar Pradhan	Asst. Prof	Ph.D, M.Phi, MA	-	-	NA		
10	Mrs. U. Sri Lkshmi	Asst. Prof	M.Tech	-	-	NA		

2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others - Full Time
5	1	4

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

	No. of staff required for I *B.Pharm	Available	No. of staff required for II B.Pharm	Available	No. of staff required for III B.Pharm	Available	No. of staff required for IV B.Pharm	Available
Principal	1	1						
Pharmaceutical Chemistry	1	1						
Pharmaceutical Analysis	1	1						
Pharmacology	1	1						
Pharmacognosy	1	1						
Pharmaceutics	1	1						
Not Applicable								

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Total	6	6	
Part time teaching Staff	3	4	
Remarks of the Inspection Team			

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

4. **Staff Pattern for B. Pharm courses Department wise / Division wise:**

Professor: Asst. Professor: Lecturer

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

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

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

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

Name of Faculty Member	Period	%
	Duration of 15 yrs. and above	Not Applicable
	Duration of 10 yrs. and above	
	Duration of 5 yrs. and above	
	Less than 5 yrs.	

7. **Details of Faculty Turnover:**

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
	% of faculty retained in last 3 yrs				Not Applicable

8. **Number of Non-teaching staff available for B. Pharm course for intake of 60 Students:**

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Sl. No.	Designation	Required (Minimum)	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	4	D.Pharm/B.Sc	
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC	4	SSLC/ Intermediate	
3	Office Superintendent	1	Degree	1	M.Com	
4	Accountant	1	Degree	1	MBA	
5	Store keeper	1	D. Pharm/ Degree	1	MA	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	1	B.Com	
7	Office Staff I	1	Degree	1	B.A	
8	Office Staff II	2	Degree	2	B.A	
9	Peon	2	SSLC	2	SSLC	
10	Cleaning personnel	Adequate	--	1	Adequate	
11	Gardener	Adequate	--	1	Adequate	



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Signature of the Inspectors

9. 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					
Not Applicable																

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

12. Scope for the promotion for faculty: Promotions

Yes No

13. Gratuity Provided

Yes No

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

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors
1	Mrs. A. Rajani Kumari	Librarian	M.Lib. Sci., M.Phil	01-Feb-2000	16.2		
2	Ms. P. Chaya	Lib Assist.	M.Lib. Sci	22-Dec-12	3.9		
3	Mr. Masthan Vali Shaik	Lib Assist.	M.Lib. Sci	22-Dec-12	3.9		
4	Mr. D. Ramesh	Lib Assist.	BA, M.Lib.Sc	04-Nov-99	17		
5	Ms. K. Sathya Vani	Lib Assist.	SSC, B.A, M.Lib.Sci,	02-Jul-04	12		
6	Mr. Veeravalli Srinivasa Rao	Asst. Librarian	MA, B.Ed., MLISC	04-Nov-15	1		
7	Mr. Ch. Srinivasa Rao	Asst. Librarian	B.A, M.Lib. Sci	06-Oct-16	0.1		
8	Mr. V. Ramesh Babu	Sr. Lab Tech.	B.Sc., MLT	04-Jun-2008	8.5		
9	Mr. K. Venkata Rao	Sr. Lab Asst.	B.Sc.	02-Mar-2001	15.7		

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10	Mr. Y. Sita Ramaiah	Sr. Lab Asst.	B.Sc.	01-Dec-1999	16.9		
11	Ms. K. Neelima	Lab Tech.	B.Sc.	24-Apr-2012	4.5		
12	Mr. B. Peraiah	Sr. Asst.	MA	30-Jun-2001	15		
13	Ms. M.V.V. Chaitanya	Sr.Asst.	M.Sc	01-Jul-2009	7		
14	Mr. K. Ravi Kumar	Sr. Asst.	MA	29-Jul-2004	12		
15	Mr. P.Narayan	Jr. Asst.	B.Com	08-Sep-2015	1		
16	Mr. K.V. Narayana	Jr. Asst.		06-Dec-2012	4		
17	Mr. Sk. Samivullah	Accountant	MBA	01-Jun-2014	2		
18	Mr. S. Chand Basha	Attender	SSC	10-Dec-2000	15.9		
19	Mr. K. Venkateswarlu	Attender	SSC	17-Jul-2013	3.3		
20	Mr. Sk. Subani	Attender	SSC	21-Oct-02	14		
21	Mr. K. Ayyappa	Attender	Inter	01-Nov-11	5		

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



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VADLAMUDI-522 213.
A. P. INDIA

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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	--		



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PART - VI

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

Sl	Expenditure in Rs. in Lakhs 2014-15			Expenditure in Rs. in Lakhs 2015-16			Expenditure in Rs 2016-17			Remarks of the Inspectors*
No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	Non Returning	
	--	--	--	--	--	--	--	--	--	

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

Sl	Expenditure in Rs. in lakhs 2014-15			Expenditure in Rs. in lakhs 2015-16			Expenditure in Rs in lakhs 2016-17			Remarks of the Inspectors*
No.	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)**

Sl	Expenditure in Rs. in lakhs 2014-15			Expenditure in Rs. in lakhs 2015-16			Expenditure in Rs. in lakhs 2016-17			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment	--	--	Equipment	--	--	Equipment	--	--	



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

SI No.	Expenditure in Rs. in lakhs 2014-15			Expenditure in Rs. in lakhs 2015-16			Expenditure in Rs. in lakhs 2016-17			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	--	--	Books	--	--	Books	--	--	
2	Journals	--	--	Journals	--	--	Journals	--	--	

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



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PART VII – EQUIPMENT AND APPARATUS

Department wise list of minimum equipments required for B. Pharm (for a batch of 20 students)

DEPARTMENT OF PHARMACOLOGY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	15	Will be procured as per the norms		
2	Haemocytometer with Micropipettes	20			
3	Sahli's haemocytometer	20			
4	Hutchinson's spirometer	01			
5	Spygmomanometer	05			
6	Stethoscope	05			
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system			
8	Models for various organs	One model of each organ system			
9	Specimen for various organs and systems	One model for each organ system			
10	Skeleton and bones	One set of skeleton and one spare bone			
11	Different Contraceptive Devices and Models	One set of each device			
12	Muscle electrodes	01			
13	Lucas moist chamber	01			
14	Myographic lever	01			
15	Stimulator	01			
16	Centrifuge	01			
17	Digital Balance	01			
18	Physical /Chemical Balance	01			
19	Sherrington's Kymograph Machine / Polyrite	10			

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20	Sherrington Drum	10	Will be procured as per the norms		
21	Perspex bath assembly (single unit)	10			
22	Aerators	10			
23	Computer with LCD	01			
24	Software packages for experiment	01			
25	Standard graphs of various drugs	Adequate number			
26	Actophotometer	01			
27	Rotarod	01			
28	Pole climbing apparatus	01			
29	Analgesiometer (Eddy's hot plate and radiant heat methods)	01			
30	Convulsiometer	01			
31	Plethysmograph	01			
32	Digital pH meter	01			

Apparatus:

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

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



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DEPARTMENT OF PHARMACOGNOSY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	15	Will be procured as per the norms		
2	Digital Balance	02			
3	Autoclave	02			
4	Hot air oven	02			
5	B.O.D.incubator	01			
6	Refrigerator	01			
7	Laminar air flow	01			
8	Colony counter	02			
9	Zone reader	01			
10	Digital pH meter	01			
11	Sterility testing unit	01			
12	Camera Lucida	15			
13	Eye piece micrometer	15			
14	Incinerator	01			
15	Moisture balance	01			
16	Heating mantle	15			
17	Flourimeter	01			
18	Vacuum pump	02			
19	Micropipettes (Single and multi channeled)	02			
20	Micro Centrifuge	01			
21	Projection Microscope	01			

Apparatus:

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

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

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DEPARTMENT OF PHARMACEUTICAL CHEMISTRY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Hot plates	05	Will be procured as per the norms		
2	Oven	03			
3	Refrigerator	01			
4	Analytical Balances for demonstration	05			
5	Digital balance 10mg sensitivity	10			
6	Digital Balance (1mg sensitivity)	01			
7	Suction pumps	06			
8	Muffle Furnace	01			
9	Mechanical Stirrers	10			
10	Magnetic Stirrers with Thermostat	10			
11	Vacuum Pump	01			
12	Digital pH meter	01			
13	Microwave Oven	02			

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02	Will be procured as per the norms		
2	Reflux flask and condenser single necked	20			
3	Reflux flask and condenser double / triple necked	20			
4	Burettes	100			
5	Arsenic Limit Test Apparatus	25			
6	Nessler's Cylinders	50			

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



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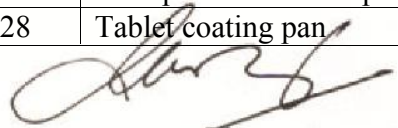
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DEPARTMENT OF PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Mechanical stirrers	10	Will be procured as per the norms		
2	Homogenizer	05			
3	Digital balance	05			
4	Microscopes	05			
5	Stage and eye piece micrometers	05			
6	Brookfield's viscometer	01			
7	Tray dryer	01			
8	Ball mill	01			
9	Sieve shaker with sieve set	01			
10	Double cone blender	01			
11	Propeller type mechanical agitator	05			
12	Autoclave	01			
13	Steam distillation still	01			
14	Vacuum Pump	01			
15	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets			
16	Tablet punching machine	01			
17	Capsule filling machine	01			
18	Ampoule washing machine	01			
19	Ampoule filling and sealing machine	01			
20	Tablet disintegration test apparatus IP	02			
21	Tablet dissolution test apparatus IP	01			
22	Monsanto's hardness tester	02			
23	Pfizer type hardness tester	01			
24	Friability test apparatus	01			
25	Clarity test apparatus	01			
26	Ointment filling machine	01			
27	Collapsible tube crimping machine	01			
28	Tablet coating pan	01			



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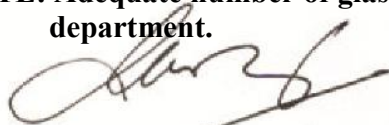
Signature of the Inspectors

29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH 10	Will be procured as per the norms		
30	Digital pH meter	01			
31	All purpose equipment with all accessories	01			
32	Aseptic Cabinet	01			
33	BOD Incubator	02			
34	Bottle washing Machine	01			
35	Bottle Sealing Machine	01			
36	Bulk Density Apparatus	02			
37	Conical Percolator (glass/ copper/ stainless steel)	10			
38	Capsule Counter	02			
39	Energy meter	02			
40	Hot Plate	02			
41	Humidity Control Oven	01			
42	Liquid Filling Machine	01			
43	Mechanical stirrer with speed regulator	02			
44	Precision Melting point Apparatus	01			
45	Distillation Unit	01			

Apparatus:

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

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



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PHARMACEUTICAL BIOTECHNOLOGY

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Orbital shaker incubator	01	Will be procured as per the norms		
2	Lyophilizer (Desirable)	01			
3	Gel Electrophoresis (Vertical and Horizontal)	01			
4	Phase contrast/Trinocular Microscope	01			
5	Refrigerated Centrifuge	01			
6	Fermenters of different capacity (Desirable)	01			
7	Tissue culture station	01			
8	Laminar airflow unit	01			
9	Diagnostic kits to identify infectious agents	01			
10	Rheometer	01			
11	Viscometer	01			
12	Micropipettes (single and multi channeled)	01 each			
13	Sonicator	01			
14	Respinometer	01			
15	BOD Incubator	01			
16	Paper Electrophoresis Unit	01			
17	Micro Centrifuge	01			
18	Incubator water bath	01			
19	Autoclave	01			
20	Refrigerator	01			
21	Filtration Assembly	01			
22	Digital pH meter	01			

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



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CENTRAL INSTRUMENTATION ROOM:

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



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Signature of the Inspectors

Observation of the Inspectors:

Compliance of the last recommendations by Inspectors

Specific observations if not complied

Signature of Inspectors:

1.

2.

Note:

- 1. The Inspection Team is instructed to physically verify the details and records filled up by the college in the application form submitted by the college, which is with you now and record the observations, opinions and recommendations in clear and explicit terms.**
- 2. The team is requested to record their comments only after physical verification of records and details.**

Signature of the Head of the Institution

Signature of the Inspectors

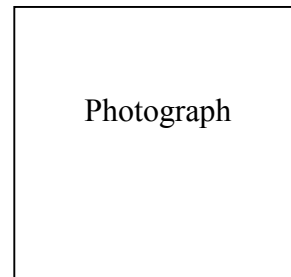
PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name
(as on University Degree certificate)

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



Date of Birth & Age

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
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

Signature of the Head of the Institution

Signature of the Inspectors

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 am not working in any other 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.

Signature of the Head of the Institution

Signature of the Inspectors

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

	Amount Received	TDS
April, 2015		
May, 2015		
June, 2015		
July, 2015		
August, 2015		
September, 2015		
October, 2015		
November, 2015		
December, 2015		
January, 2016		
February, 2016		
March, 2016		

(Copy of my form 16 (TDS certificate) for financial year 2015-2016 is attached)

P.A.N. : _____ Circle : _____

Declaration

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2014-2015.
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 : _____

Signature of the Head of the Institution

Signature of the Inspectors