

**PHARMACY COUNCIL OF INDIA**  
Standard Inspection Format (S.I.F) for institutions conducting B. Pharm

(To be filled and submitted to PCI by an organization for continuation of the approval)  
(SIF-B)

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:  
(BLOCK LETTERS)

**PART - I**

**A - GENERAL INFORMATION**

<p><b>A - I.1</b> Name of the Institution:  Complete Postal address: STD code Telephone No.  Fax No.  E-mail</p>	<p><b>Yashwantrao Bhonsale College of Pharmacy, A/p: Charathe – 416 510, Tal: Sawantwadi, Dist: Sindhudurg, M. S.</b></p> <p>02363 272299/ 272233</p> <p>ybpharmacy@gmail.com</p>
<p>Year of Establishment</p>	<p>2015-2016</p>
<p>Status of the course conducting body:  Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)</p>	<p>Private (Copy of Registration Certificate of Trust is Attached <b>ANNEXURE-I</b>)</p>
<p><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:</p>	<p>Shri. Yashwantrao Bhonsale Education Society, Reg. No. f/1920/Sindhudurg Dt: 23/04/2002</p> <p>(Memorandum of trust is attached <b>ANNEXURE-II</b>)</p> <p>02363 273535 sybessawantwadi@gmail.com www.sybespharmacy.com</p>
<p><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</p>	<p>Dr. Vijay A. Jagtap I/C Principal 02363 272233/272299 02363-272233 02363-272299 9890599905  ybpharmacy@gmail.com</p>
<p><b>A - I.4</b> Name and Address of the Head of the Institution</p>	<p>Dr. Vijay A. Jagtap I/C Principal, Yashwantrao Bhonsale College of Pharmacy, A/p: Charathe – 416 510, Tal: Sawantwadi, Dist: Sindhudurg, M. S.</p>

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	Remarks of the Inspectors
B. Pharm	File No. 32-1(5)/2015	Paid Rs. 1,25,000 DD No. 051940 dt 21/1/2016 Inspection done on 19 – 20/02/2016	21/1/2016 <b>ANNEXURE-III</b>	

**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		Approval Letter No and Date	NA	GR No. TEM-2015/P.N. 271/TE-4 dated 15th May 2015	No.AFF.I/ICD/2015 -16/492 dated 29th Jun 2015	
		Approved Intake	NA	60	60	
		Actually Admitted	NA	60	60	
				<b>ANNEXURE-IV</b>	<b>ANNEXURE-V</b>	

AICTE Approval Letter is also Provided- **ANNEXURE-VI**

**c. STATUS OF APPLICATION**

COURSES INSPECTED FOR						
Faculty / Subject	Extension of Approval		Increase in Intake of Seats		Remarks	
					Current Intake	Proposed increase in Intake
B. Pharm	NA	NA	NA	No	60	NA

NA- Not applicable

**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 Details**

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 type="checkbox"/>
Multi Institutional Campus	<input checked="" type="checkbox"/>

Examining Authority : Controller of Examinations,  
With complete postal University of Mumbai  
Address, Telephone No. MG Road, Fort, Mumbai – 400 032  
and STD Code. 022- 22708700/ 26543000/ 26543300

**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			Dr. Vijay A. Jagtap		
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm	Pharmaceutical Chemistry	After M. Pharm 13 Years	13 Years	
	PhD	Pharmaceutical Sciences	After PhD. 1 Year 5 Months		

**\* Documentary evidence should be provided**

Detailed Bio data of the Principal is Provided- **ANNEXURE-VII**

### 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	19 – 20 Feb 2016	--	--	--

### B -I .3

Status of Governing Council:	Trust
Details of the Governing Body	Enclosed - <b>ANNEXURE-VIII</b>
Minutes of the last Governing council Meeting	Enclosed - <b>ANNEXURE-IX</b>

### B -I .4

**Pay Scales:**

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

Signature of the Head of the Institution

Signature of the Inspectors

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

ACADEMIC YEAR	Year 2014-2015	Year 2015-2016	Year 2016-2017
Sanctioned	NA	60	60
No. of Admissions		60	60
Unfilled Seats		Nil	Nil
No. of Excess Admissions		Nil	Nil

**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 <sup>st</sup> year	NA	70 %	NA
2 <sup>nd</sup> year		NA	
3 <sup>rd</sup> year		NA	
Final year appeared		NA	
Final year Passed		NA	
Pass % (Final Year)		NA	

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

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

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 (2016-17)

(Copy of audited statements last year is enclosed ANNEXURE-X)

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		<b>CAPITAL EXPENDITURE</b>			
2.	Tuition Fee		1.	Building		
3.	Library Fee		2.	Equipment Furniture		
4.	Sports Fee		3.	Others – Books		
5.	Union Fee		<b>REVENUE EXPENDITURE</b>			
6.	Others Fees		1	Salary		
7.	Other income (Miscellaneous)		2.	<b>MAINTENANCE EXPENDITURE</b>		
				i	College	
				ii	Others	
			3.	University Fee (If any)		
			4.	Apex Bodies Fee		
			5.	Government Fee		
			6.	Deposit held by the College Bank of India Judicial Deposit		
			7.	Others		
			8.	Misc .Expenditure		
<b>Total</b>			<b>Total</b>			

**Note: Enclose relevant documents**

(Copy of trust and college audited statement of last year & copies of FD enclosed ANNEXURE-XI)

Signature of the Head of the Institution

Signature of the Inspectors

## PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (B. Pharm courses) : **Available**  
 a) 2.5 acres District HQ/Corporation/Municipality limit 8.252 Acres  
 b) 0.5 acre for City / Metros
- b. Building : **Own**
- c. Land Details to be in name of Trust and Society  
 Records to be enclosed  
 Sale deed : **Enclosed (Annexure-XII)**
- d. Building†:  
 i) Approved Building plan, to be Enclosed : **Enclosed (Annexure-XIII)**
- e. Total Built Area of the college building in Sq.mts : Built up Area 3919.74 Sq.mt.  
 Amenities and Circulation Area 796 Sq.mt
- 2. Class rooms:**

### Total Number of Class rooms provided at the end of 1 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	02	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	75 sq. mt.	

(\*To accommodate 60 students).

### 3. Laboratory requirement at the end of 4 Years

Sl. No.	Infrastructure for	Requirement as per Norms	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	12	75	
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 Laboratories 02 Laboratories 01 Laboratory 01 Laboratory 10 Laboratories*	03 02 01 02 01 01	75 75 75 75 75 75	
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)	01-sharing 01-sharing	10 10	
4	Area of the Machine Room	80-100 Sq.mts	01	100	
5	Central Instrumentation Room	80 Sq.mts with A/ C	01	80	
6	Store Room – I	1 (Area 100 Sq mts)	01	100	
7	Store Room - II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01	20	

\*Number of laboratories required for entire course of 1 year.

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	01	30	
2	Office – I - Establishment	01	60 Sq. mts	01	112	
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	01	75	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	01	75	

**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	01	75	
2	Library	01	150 Sq mts	01	150	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	01	50	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	Available Centrally	
5	Seminar Hall	01	01	01	150	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	Available		

Signature of the Head of the Institution

Signature of the Inspectors

### 7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remark/ Deficiency
				No.	Area in Sq.mts	
1	Girl's Common Room (Essential)	01	60 Sq.mts	01	75	
2	Boy's Common Room (Essential)	01	60 Sq.mts	01	75	
3	Toilet Blocks for Boys	01	24 Sq.mts	01	26	
4	Toilet Blocks for Girls	01	24 Sq.mts	01	26	
5	Drinking Water facility – Water Cooler (Essential).	01		01	Available	
6	Boy's Hostel (Desirable)	01	9 Sq.mts / Room Single occupancy	Available as per norms		
7	Girl's Hostel (Desirable)	01	9 Sq.mts / Room (single occupancy) 20 Sq.mts / Room (triple occupancy)	Available as per norms		
8	Power Backup Provision (Desirable)	01	Yes	01		

### 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)	01	75	
Computer (Latest Configuration)	1 system for every 10 Students	20 Computers		
Printers	1 printer for every 10 Computers	02 Printers		
Scanners	01	01		
Multi Media Projector	01	01		
Generator (5KVA)	01	01 30 KVA		
UPS Systems	Desirable	4 Nos 600VA (2Y)		

### 9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area Sq. mts		
Principal quarters	80 Sq. mts			NA	
Staff quarters	16 x 80 Sq. mts			NA	
Canteen	100 Sq. mts	01	150		
Parking Area for staff and students		01	Available		
Bank Extension Counter			in campus		
Co operative Stores				NA	
Guest House	80 Sq. mts		Govt Guest H Available	NA	
Transport Facilities for students			Available		
Medical Facility (First Aid)			Available		

NA=Not Applicable

Signature of the Head of the Institution

Signature of the Inspectors



### 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	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	263	1093	
2	Annual addition of books		100 to 150 books per year	119	500	
3	Periodicals Hard copies / online		10 National 05 International periodicals	13 National	05 International	
4	CDS		Adequate Nos	Adequate		
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	Yes 10 Nos	Wifi System in Library	
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	01 NA 01		
7	Library Automation and Computerized System: <b>Library software available, Free Internet WIFI Library</b>					
8	<b>Library Timings : 08:00 am to 08:00 pm</b>					

### 10.B. Library Staff:

S. N.	Staff	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	M. Lib	01	01	
2	Assistant Librarian	D. Lib	01	NA	
3	Library Attenders	10 +2 / PUC	02	01	

Signature of the Head of the Institution

Signature of the Inspectors

## PART III ACADEMIC REQUIREMENTS

### COURSE CURRICULUM:

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

(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.

Class	Theory	Practical	Remarks of the Inspector
B. Pharm	60:01	20:01	

2. Scheme of B. Pharm Course: Semester

3. Date of Commencement of session / sessions:

Commencement	Completion
DD/MM/YY	DD/MM/YY
27/07/2015	16/05/2016

No of Days

No of Days

4. Vacation: Summer:

Winter:

5. Total No. of working days:

6. Time Table:

Time Table for B. Pharm course Enclosed –ANNEXURE-XIV

7. Whether the prescribed numbers of classes are being conducted as per university norms (2015-16)

#### 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	
	2	3	4	5		
<b>FIRST YEAR B.PHARM (SEMSETSER-I)</b>						
Physical Organic Chemistry	45	45	--	--	1 x 45	
Physical Pharmacy – I	48	48	--	--	1 X 48	
Anatomy, Physiology, Pathophysiology – I	35	35	--	--	1 x 35	
Environmental Sciences	35	35	--	--	1 X 35	
Communication Skills	40	40	--	--	1 x 40	
Physical Pharmacy Laboratory – I	--	--	48	48	4 X 12	
Anatomy, Physiology, Pathophysiology Lab I	--	--	48	48	4 X 12	
Computer Lab	--	--	40	40	4 X 10	
<b>FIRST YEAR B.PHARM (SEMSETSER-II)</b>						

Signature of the Head of the Institution

Signature of the Inspectors

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	
	2	3	4	5		
Pharmaceutical Chemistry – I	41	41	--	--	1 X 41	
Biochemistry – I	55	55	--	--	1 X 55	
Pharmaceutics – I	48	48	--	--	1 X 48	
Physical Pharmacy – II	36	36	--	--	1 X 36	
Anatomy, Physiology, Pathophysiology – II	45	45	--	--	1 X 45	
Pharmaceutical Chemistry Lab I	--	--	48	48	4 X 12	
Pharmaceutics Lab I	--	--	60	60	4 X 15	
Physical Pharmacy Lab II	--	--	60	60	4 X 15	

NA= 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	
	2	3	4	5		
<b>SECOND YEAR B.PHARM (SEMSETSER-III)</b>						
Organic chemistry –I	48	48	--	--	1 x 48	
Biochemistry – II	48	48	--	--	1 X 48	
Dispensing Pharmacy	36	36	--	--	1 x 36	
Pharmaceutical engineering	38	38	--	--	1 X 38	
Anatomy, Physiology, Pathology III	38	38	--	--	1 x 38	
Mathematics	37	37	--	--	1 X 37	
Organic chemistry lab – I	--	--	48	48	4 X 12	
Biochemistry Lab	--	--	48	48	4 X 12	
Dispensing Lab	--	--	60	60	4 X 15	
<b>SECOND YEAR B.PHARM (SEMSETSER-IV)</b>						
Organic chemistry –II	38	38	--	--	1 X 38	
Pharmaceutical analysis – I	38	38	--	--	1 X 38	

Signature of the Head of the Institution

Signature of the Inspectors

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	
	2	3	4	5		
Pharmaceutics – II	38	38	--	--	1 X 38	
Microbiology	36	36	--	--	1 X 36	
Pharmacology – I	38	38	--	--	1 X 38	
Mathematics & statistics	36	36	--	--	1 X 36	
Pharmaceutical analysis – I lab	--	--	48	48	4 X 12	
Pharmaceutics – II lab	--	--	48	48	4 X 12	
Pharmacognosy lab – I	--	--	48	48	4 X 12	

NA= Not Applicable

### III B.Pharm:

Class / Subject	Theory		Practical's			Remarks of the Inspectors
	Prescribed No of Hours 2	No of Hours Conducted 3	Prescribed No. of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in column 5 o. of classes x hours per class	
1						
NA	NA	NA	NA	NA	NA	NA
NA	NA	NA	NA	NA	NA	NA

### IV B.Pharm:

Class / Subject	Theory		Practical's			Remarks of the Inspectors
	Prescribed No of Hours 2	No of Hours Conducted 3	Prescribed No. of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in column 5 o. of classes x hours per class	
1						
NA	NA	NA	NA	NA	NA	NA
NA	NA	NA	NA	NA	NA	NA

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

Yes

No

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

A.

Name of the Event	Year 2014-2015	Year 2015-2016	Year 2016 - 2017
Guest Lectures	NA	06	Planned
Seminars		Nil	Planned
Workshops		Nil	Planned
Symposia		Nil	Planned

Signature of the Head of the Institution

Signature of the Inspectors

**B. Papers Presented / Published during last three years**

	Year 2014-2015		Year 2015-2016		Year 2016 - 2017	
	National	International	National	International	National	International
Published	NA		01	01	Under Review	Under Review
Presented			01	01	Planned	Planned

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

Yes



**11. Whether Evaluation of the internal assessments is Fair**

Yes

No

**12. Work load of Faculty members for B. Pharm (2015-16)**

Sl. No	Name of the Faculty	Class/ Sem	Subjects taught	B. Pharm		Total work load	Specific Remarks of the Inspector
				Th	Pr		
1	Dr. Vijay A. Jagtap	I Sem	General Chemistry Communication skill	04	--	04	
2	Ms. Rashmi H. Mahabal	III Sem	Organic Chem – I	04	12	16	
3	Mr. Vinod S. Mule	I Sem	APPPI	04	12	16	
4	Mr. Sanidp A. Murtale	I, III sem	DP, PPI remedial	06	12	18	
5	Ms. Kavita S. Chavan	I, III Sem	DP, PPI remedial	06	12	18	
6	Mr. Durgesh T. Gautam	I, III Sem	APPPIII, GC, Biochemistry	09	--	09	
7	Ms. Neema G. Palekar	III Sem	Biochemistry II	04	12	16	
8	Ms. Shweta V. Shirodkar	I, III Sem	PE, GC	04	12	16	
9	Ms. Sarita M. Sawant	I Sem	Communication skill	02	--	02	
10	Mrs. P. S. Patil	III Sem	Maths I	03	--	03	

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

Details	Year 2014-2015	Year 2015-2016	Year 2016 - 2017
No. of Students Appeared	NA		
No. of Students Qualified			
Percentage			

**14. Whether the Institution has an Industry – Institution Interaction cell** Yes

No

If applicable please give the details for the previous Year

Events	2015 - 16	Details for the Previous Year 2016 - 17
No. of Industrial visits	Nil	Planned
Industrial Tour	Nil	
Industrial Training	Nil	
No. of Resource Persons from the Industry for Guest Lectures	Nil	
No. of Collaboration projects with Industry	Nil	

Signature of the Head of the Institution

Signature of the Inspectors

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

<b>Year</b>	<b>Year 2014-2015</b>	<b>Year 2015-2016</b>	<b>Year 2016 - 2017</b>
No. of students appeared for campus interview Selected		Nil	Planned
% Placed		Nil	Planned

**16. Whether Professional Society Activities are Conducted (Enclose Details)**  
(ISTE, IPA, APTI, ICTA and Related Societies)

<b>Yes</b>	<b>No</b> ✓
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**Signature of the Head of the Institution**

**Signature of the Inspectors**

## PART IV - PERSONNEL

### TEACHING STAFF:

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

Name	Designation	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
				After PG			
<b>Separate Sheet Enclosed - Please see ANNEXURE-XV</b>							

2. Qualification and number of Staff Members

Qualification		
M. Pharm	Ph D	Others - Full Time
<b>08</b>	<b>01</b>	<b>02</b>

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	1	1	1	NA	1	NA
Pharmaceutical Chemistry	1	1	2	2	3		4	
Pharmaceutical Analysis	1	0	--	--	-		1	
Pharmacology	1	1	2	2	3		4	
Pharmacognosy	1	1	2	--	3		3	
Pharmaceutics	1	2	2	4	3		4	
<b>Total</b>	<b>06</b>	<b>06</b>	<b>09</b>	<b>09</b>	13		17	
Part time teaching Staff	<b>03</b>	<b>02</b>	--	<b>02</b>	--		--	
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, Asso Professor, Asst. Professor

Department / Division	Name of the post	For strength of 60 students	Provided by the institution	Remarks of inspection team
Department of Pharmaceutics	Professor	1	--	
	Asso.Professor	1	--	
	Asst.Professor	2	4	
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1	--	
	Asso.Professor	1	1	
	Asst.Professor	3	1	
Department of Pharmacology	Professor	1	--	
	Asso.Professor	1	--	
	Asst.Professor	2	2	
Department of Pharmacognosy	Professor	1	--	
	Asso.Professor	1	--	
	Asst.Professor	1	--	

Signature of the Head of the Institution

Signature of the Inspectors

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

a.	Whether Recruitment Committee has been formed	Yes
b.	Whether Advertisement for vacancy is notified in the Newspapers	Yes
c.	Whether Demonstration Lecture has been conducted	Yes
d.	Whether opinion of Recruitment Committee Recorded	Yes

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

Name of Faculty Member	Period	%
NA	Duration of 15 yrs. And above	NA
NA	Duration of 10 yrs. and above	NA
NA	Duration of 5 yrs. and above	NA
1. Dr. Vijay A. Jagtap 2. Ms. Rashmi H. Mahabal 3. Mr. Vinod S. Mule 4. Mr. Sandip A. Murtale 5. Ms. Kavita S. Chavan 6. Ms. Shweta V. Shirodkar 7. Ms. Neema G. Palekar 8. Mr. Durgesh T. Gautam	Duration Less than 5 yrs.	100 %

**7. Details of Faculty Turnover:**

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

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

Sl. No.	Designation	Required (Minimum)	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	--	--	
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC	01	BA	
3	Registrar/ Office Superintendent	1	Degree	01	M. Com	
4	Accountant	1	Degree	01	B. Com	
5	Store keeper	1	D. Pharm/ Degree	01	B. Pharm	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	01	M.Sc. Comp. Sci	
7	Office Staff I	1	Degree	01	B. Com	
8	Office Staff II	2	Degree	02	1. BA 2. BSc	
9	Peon	2	SSLC	02	HSC	
10	Cleaning personnel	Adequate	---	01	SSC	
11	Gardener	Adequate	---	01	SSC	

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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					
Separate Sheet Enclosed - Please see ANNEXURE-XVI																

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

(Inspectors to verify documents pertaining to the above)

Yes

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

(Inspectors to verify documents pertaining to the above)

Yes

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
Separate Sheet Enclosed - Please see ANNEXURE-XVII							

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

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Signature of the Inspectors

## PART V - DOCUMENTATION

### Records Maintained: Essential

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

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Signature of the Inspectors

## PART - VI

**1. Financial Resource allocation and utilization for the past three years:  
(Audited Accounts for previous year to be enclosed) Please see –ANNEXUSRE- IX**

SI	Expenditure in Rs. 2014-2015			Expenditure in Rs 2015-2016			Expenditure in Rs 2016-2017			Remarks of the Inspectors*
	No.	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	
1	NA			40,40,000	25,10,000	15,30,000	21,00,000	21,00,000		

**2. Total amount spent on chemicals and glassware for the past three years:  
(Enclose purchase invoice- Please see ANNEXURE-XVI)**

SI	Expenditure in Rs. 2014-2015			Expenditure in Rs 2015-2016			Expenditure in Rs 2016-2017			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
1	NA			1,30,000	1,30,000	10,000	6,00,000	6,00,000	3,25,000	

**3. Total amount spent on equipment's for the past three years:  
(Enclose purchase invoice- Please see ANNEXURE-XVII)**

SI	Expenditure in Rs. 2014-2015			Expenditure in Rs 2015-2016			Expenditure in Rs 2016-2017			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
1	NA			18,00,000	18,00,000	--	15,00,000	15,00,000	3,00,000	

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**4. Total amount spent on Books and Journals for the past three years:  
(Enclose purchase invoice- Please see ANNEXURE-XVIII)**

SI No.	Expenditure in Rs. 2014-2015			Expenditure in Rs 2015-2016			Expenditure in Rs 2016-2017			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	NA		1,00,000	1,00,000	--	6,00,000	6,00,000	3,26,000	
2	Journals	NA		4,00,000	4,00,000	--	50,000	50,000	20,000	

\*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	15	Yes	
2	Haemocytometer with Micropipettes	20	14	Yes	
3	Sahli's haemocytometer	20	20	Yes	
4	Hutchinson's spirometer	01	00	NA	
5	Spygmomanometer	05	01	Yes	
6	Stethoscope	05	01	Yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	One Pair One Pair One Pair	Yes	
8	Models for various organs	One model of each organ system	One Model Each	Yes	
9	Specimen for various organs and systems	One model for each organ system	One Model Each	Yes	
10	Skeleton and bones	One set of skeleton and one spare bone	One Set of Skeleton & One Spare Bone	Yes	
11	Different Contraceptive Devices and Models	One set of each device	One Set	Yes	
12	Muscle electrodes	01	01	Yes	
13	Lucas moist chamber	01	01	Yes	
14	Myographic lever	01	01	Yes	
15	Stimulator	01	01	Yes	
16	Centrifuge	01	01	Yes	
17	Digital Balance	01	01	Yes	
18	Physical /Chemical Balance	01	01	Yes	
19	Sherrington's Kymograph Machine / Polyrite	10	10	Yes	
20	Sherrington Drum	10	10	Yes	
21	Perspex bath assembly (single unit)	10	10	Yes	

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22	Aerators	10	10	Yes	
23	Computer with LCD	01	01	Yes	
24	Software packages for experiment	01	01	Yes	
25	Standard graphs of various drugs	Adequate number	Adequate number	Yes	
26	Actophotometer	01	00	NA	
27	Rotarod	01	01	Yes	
28	Pole climbing apparatus	01	01	Yes	
29	Analgesiometer (Eddy's hot plate and radiant heat methods)	01	00	NA	
30	Convulsiometer	01	00	NA	
31	Plethysmograph	01	00	NA	
32	Digital pH meter	01	01	Yes	

**Apparatus:**

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

**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	15	Yes	
2	Digital Balance	02	02	Yes	
3	Autoclave	02	02	Yes	
4	Hot air oven	02	02	Yes	
5	B.O.D.incubator	01	00	NA	
6	Refrigerator	01	01	Yes	
7	Laminar air flow	01	01	Yes	
8	Colony counter	02	02	Yes	
9	Zone reader	01	01	Yes	
10	Digital pH meter	01	01	Yes	
11	Sterility testing unit	01	01	Yes	
12	Camera Lucida	15	15	Yes	
13	Eye piece micrometer	15	15	Yes	
14	Incinerator	01	01	Yes	
15	Moisture balance	01	01	Yes	
16	Heating mantle	15	15	Yes	
17	Flourimeter	01	00	NA	
18	Vacuum pump	02	00	NA	
19	Micropipettes (Single and multi channeled)	02	00	NA	
20	Micro Centrifuge	01	00	NA	
21	Projection Microscope	01	00	NA	

**Apparatus:**

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

**NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each 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	05	Yes	
2	Oven	03	03	Yes	
3	Refrigerator	01	01	Yes	
4	Analytical Balances for demonstration	05	05	Yes	
5	Digital balance 10mg sensitivity	10	10	Yes	
6	Digital Balance (1mg sensitivity)	01	01	Yes	
7	Suction pumps	06	06	Yes	
8	Muffle Furnace	01	01	Yes	
9	Mechanical Stirrers	10	10	Yes	
10	Magnetic Stirrers with Thermostat	10	10	Yes	
11	Vacuum Pump	01	01	Yes	
12	Digital pH meter	01	01	Yes	
13	Microwave Oven	02	02	Yes	

**Apparatus:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02	02	Yes	
2	Reflux flask and condenser single necked	20	20	Yes	
3	Reflux flask and condenser double / triple necked	20	20	Yes	
4	Burettes	40	40	Yes	
5	Arsenic Limit Test Apparatus	20	20	Yes	
6	Nessler's Cylinders	40	40	Yes	

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

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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	00	NA	
2	Homogenizer	05	00	NA	
3	Digital balance	05	05	Yes	
4	Microscopes	05	05	Yes	
5	Stage and eye piece micrometers	05	05	Yes	
6	Brookfield's viscometer	01	00	NA	
7	Tray dryer	01	00	NA	
8	Ball mill	01	00	NA	
9	Sieve shaker with sieve set	01	00	NA	
10	Double cone blender	01	00	NA	
11	Propeller type mechanical agitator	05	05	Yes	
12	Autoclave	01	01	Yes	
13	Steam distillation still	01	01	Yes	
14	Vacuum Pump	01	01	Yes	
15	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10	10	Yes	
16	Tablet punching machine	01	00	NA	
17	Capsule filling machine	01	00	NA	
18	Ampoule washing machine	01	01	Yes	
19	Ampoule filling and sealing machine	01	01	Yes	
20	Tablet disintegration test apparatus IP	01	01	Yes	
21	Tablet dissolution test apparatus IP	01	00	NA	
22	Monsanto's hardness tester	01	01	Yes	
23	Pfizer type hardness tester	01	01	Yes	
24	Friability test apparatus	01	00	NA	
25	Clarity test apparatus	01	01	Yes	
26	Ointment filling machine	01	01	Yes	
27	Collapsible tube crimping machine	01	00	NA	
28	Tablet coating pan	01	00	NA	
29	Magnetic stirrer, 500ml and 1 liter capacity with speed	05 Each	05 Each	Yes	

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	control				
30	Digital pH meter	01	01	Yes	
31	All purpose equipment with all accessories	01	00	NA	
32	Aseptic Cabinet	01	01	Yes	
33	BOD Incubator	02	00	NA	
34	Bottle washing Machine	01	00	NA	
35	Bottle Sealing Machine	01	00	NA	
36	Bulk Density Apparatus	02	02	Yes	
37	Conical Percolator (glass/ copper/ stainless steel)	10	10	Yes	
38	Capsule Counter	02	02	Yes	
39	Energy meter	02	02	Yes	
40	Hot Plate	02	00	NA	
41	Humidity Control Oven	01	00	NA	
42	Liquid Filling Machine	01	00	NA	
43	Mechanical stirrer with speed regulator	02	00	NA	
44	Precision Melting point Apparatus	01	00	NA	
45	Distillation Unit	01	01	Yes	

**Apparatus:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	15	20	Yes	
2	Stalagmometer	15	20	Yes	
3	Desiccator*	05	05	Yes	
4	Suppository moulds	20	20	Yes	
5	Buchner Funnels (Small, medium, large)	05 each	02	Yes	
6	Filtration assembly	01	00	NA	
7	Permeability Cups	05	00	NA	
8	Andreason's Pipette	03	03	Yes	
9	Lipstick moulds	10	10	Yes	

**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	00	NA	
2	Lyophilizer (Desirable)	01	00	NA	
3	Gel Electrophoresis (Vertical and Horizontal)	01	00	NA	
4	Phase contrast/Trinocular Microscope	01	00	NA	
5	Refrigerated Centrifuge	01	00	NA	
6	Fermenters of different capacity (Desirable)	01	00	NA	
7	Tissue culture station	01	00	NA	
8	Laminar airflow unit	01	01	Yes	
9	Diagnostic kits to identify infectious agents	01	00	NA	
10	Rheometer	01	00	NA	
11	Viscometer	01	00	NA	
12	Micropipettes (single and multi channeled)	01 each	00	NA	
13	Sonicator	01	00	NA	
14	Respinometer	01	00	NA	
15	BOD Incubator	01	00	NA	
16	Paper Electrophoresis Unit	01	00	NA	
17	Micro Centrifuge	01	00	NA	
18	Incubator water bath	01	00	NA	
19	Autoclave	01	01	Yes	
20	Refrigerator	01	01	Yes	
21	Filtration Assembly	01	01	Yes	
22	Digital pH meter	01	01	Yes	

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

**CENTRAL INSTRUMENTATION ROOM:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01	01	Yes	
2	Digital pH meter	01	01	Yes	

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3	UV- Visible Spectrophotometer	01	00	NA	
4	Flourimeter	01	00	NA	
5	Digital Balance (1mg sensitivity)	01	00	NA	
6	Nephelo Turbidity meter	01	00	NA	
7	Flame Photometer	01	00	NA	
8	Potentiometer	01	00	NA	
9	Conductivity meter	01	00	NA	
10	Fourier Transform Infra Red Spectrometer (Desirable)	01	00	NA	
11	HPLC	01	00	NA	
12	HPTLC (Desirable)	01	00	NA	
13	Atomic Absorption and Emission spectrophotometer (Desirable)	01	00	NA	
14	Biochemistry Analyzer (Desirable)	01	00	NA	
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01	00	NA	
16	Deep Freezer (Desirable)	01	00	NA	
17	Ion- Exchanger (Water deionizer)	01	00	NA	
18	Lyophilizer (Desirable)	01	00	NA	

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**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.