## 

## 

**PHARMACY COUNCIL OF INDIA**

STANDARD INSPECTION FORM

* PHARM.D
* PHARM.D. and PHARM.D (POST BACCALAUREATE)

### General Information pertaining to:-

1. College and teaching hospital (Pharmacy Practice site)
2. Courses of Study leading to :-

### Pharm D. Course

**Name of Institution**: Viswanadha Institute of Pharmaceutical Sciences

**Place and Address:** MIndivanipalem Village, Sontyam Post, Anandapuram Mandal,Visakhapatnam-531173

**Principal/Dean :** Dr.P UmaDevi

Tel.No.Off: 8886152828

**Mobile No.** : 9440895977

**email:** principalvnip@yahoo.co.in

**Name and address of Affiliating University** : Jawaharalal Nehru Technological University Kakinada ,

Kakinada, 533003, Andhra Pradesh, India

### Date: Signature of Dean/Principal

-------------------------------------------------------------------------------------------------------------

This form shall be precisely filled in, verified and signed by the Head/Principal, of the institution and forwarded in triplicate to the Secretary, Pharmacy Council of India. The entries should be as required under the PCI (Pharm.D.) regulations and norms.

# PHARMACY COUNCILOF INDIA

### Standard Inspection Format (S.I.F)

### For- Pharm.D Programme

**or**

* **Pharm.D. and Pharm.D. (Post Baccalaureate) Programs**

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

**(SIF-D)**

***To be filled up by PCI To be filled up by inspectors***

**Inspection No. : Date of Inspection:**

**FILE No.: NAME OF THE INSPECTORS:**

**(BLOCK LETTERS)**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART–I**

1. **GENERAL INFORMATION**

|  |  |
| --- | --- |
| **A–I.1**  Applicant is for Pharm.D.  Pharm.D. and Pharm.D.(Post Baccalaureate)  (Tick the relevant Box) |  |
| **A–I.2**  Year of starting of the course | 2018 |
| **A–I.3**  Name of the Institution:  Complete Postal address:  STD code:  Telephone No. Fax No.  E-mail | Viswanadha Institute of Pharmaceutical Sciences, MIndivanipalem Village, Sontyam Post, Anandapuram Mandal,Visakhapatnam-531173  8886152828  0891-25261066  principalvnip@yahoo.co.in |
| **A–I.4**  Status of the course conducting body: Government/University/Autonomous/Aided/Private (Enclose copy of Registration documents of Society/Trust) | Private |
| **A–I.5**  Name, address of the Society/Trust/Management(attached documentary evidence)  STD Code: Telephone No:  Fax No:  Email:  Website:  Web  Email WebSite: | Viswanadha Educational Society,  Door# 1-44-1-1/1,Plot No. HIG-12,  Sector-1, MVP Colony  0891-2539007/008/025  0891-2561088  [vtcepl@yahoo.co.in](mailto:vtcepl@yahoo.co.in)  --- |
| **A– I.5 a)**  Whether the Jan Aushadhi Medical Store has been opened by your institution | Yes / No  (Please tick ()the relevant portion) |

|  |  |
| --- | --- |
| **A–I.6**  Name,Designation and Address of person to be contacted  Name Designation Address  STD Code  Telephone No. Office  Residence  Mobile No.  FaxNo. E Mail | Mr.V.Nageswara Rao,  Secretary & Correspondent & Vice chairman  0891  2539007/008/025  0891 2553189  9848198291  0891 2561088  [vtcepl@yahoo.co.in](mailto:vtcepl@yahoo.co.in) |
| **A–I.7**  Name and Address of the Head of the Institution | Dr.P.UMA DEVI, Principal  Viswanadha Institute of Pharmaceutical Sciences,  Mindivanipalem Village, Sontyam Post  Anandapuram Mandal,  Visakhapatnam:531173. |
| **A–I.8**  Name of the Examining Authority Complete Postal address:  STD code Telephone No.  Fax No.  Email  Website | Jawaharalal Nehru Technological University Kakinada,  KAKINADA, 533003, Andhra Pradesh, India.  0884-2300900  0884-2300901  registrar@jntuk.edu.in  www.jntuk.edu.in |

**A–I.9**

**APPLICATION FOR INSTITUTION SEEKING APPROVAL FOR PHARM.D.** √ **OR PHARM.D. AND PHARM.D. (POST BACCALAUREATE)PROGRAMME (Tick appropriate box)**

* 1. **DETAILS OFINSPECTION/AFFILIATIONFEEPAID**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Course** | **Affiliation Fee/Inspection fee for/up to the year**  2018 –2019  - | **D.D.No** | **Dated** |
| (a)Pharm.D. | 404772 | 23.08.2017 |
| (b)Pharm.D .Post Baccalaureate | - | - |

* 1. **APPROVAL STATUS OF THE INSTITUTION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of the Course** | **Approvedup to** | **Intake Approved and Admitted** | **PCI** | **STATEGOVT** | **UNIVERSITY** | **Remarksof the Inspectors** |
| D.Pharm. |  | **Approval Letter No. and Date** |  |  |  |  |
| **Approved Intake** |  |  |  |  |
| **Actually Admitted** |  |  |  |  |
| B.Pharm. |  | **Approval Letter No. and Date** | 17-1-2014-PCI-19958-2014-15 | From the AICTE F.No. South central/1-2812745533/2016/EOA  Dt.05. Apr.2016 | JNTUKakinada  NoA2/Affi-New/ViswanadhaIPS/2008 -09 and Dt:30.10.2008  **-------** |  |
| **Approved Intake** | 60 | 60 | **---------** |  |
| **Actually Admitted** | **I-39 II-34**  **III-36 IV-28** |  | **---------** |  |

**Note:Enclose relevant documents A–I.10**

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

**same Building/campus? If yes, give status** Yes No

**A–I.10a**

**Status of the Pharmacy Course:**

**Independent Building**

**Wing of another college**

**Separate Campus**

**Multi Institutional Campus Any Other, please specify**

**A–I.10b**

**STATUS OF APPLICATION**

|  |  |  |
| --- | --- | --- |
| **Course** | **Intake** | **Remarks** |
| **Permissible** | **Proposed Intake** |
| Pharm.D. | 30 | 30 |
| Pharm.D.(P.B) | 10 | - |

**B-Details of the Institution**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **B–I.1**  **Name of the Principal/Head** | | | Dr.P. UMA DEVI | | | |
| **Qualification/Experience** | **Qualification\*** | | | **Teaching Experience Required** | **Actual**  **experience** | **Remarks**  **Of**  **The Inspectors** |
| M.Pharm | √ | | 15 years in teaching or Research out of which 5years should be as Professor. | 14 Years Teaching  & 8 years Industry |  |
| PhD | √ | |  |

**\*Documentary evidence should be provided**

**B–I.2**

**For institution seeking extension of approval NA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | **Date of last Inspection** | **Remarks of the last Inspection Report** | **Deficiencies rectified**  **/Not rectified** | **Intake reduced/Stopped in the last 03years\*** |
| 1. Pharm.D. | NA | NA | NA | NA |
| 1. Pharm.D.   Post Baccalaureate | NA | NA | NA | NA |

\*Enclose Documents(write NA if not applicable)

### B–I.3

|  |  |
| --- | --- |
| **Type of Institution** | **Government/Trust/Society/Individual/University** |
| **Details of the Governing Body** | **√ Enclosed/Not Enclosed** |
| **Minutes of the last Governing Council Meeting** | **√ Enclosed/Not Enclosed** |

**B –I.4 Pay Scales:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Scale of pay** | **PF** | **Gratuity** | **PensionBenefit** | **Remarks of the Inspectors** |
| **TeachingStaff** | **√AICTE/UGC/State Govt.**  √Yes/No | √Yes/No | Yes/No√ | Yes/No√ |  |
| **Non-TeachingStaff** | **State Government**  √Yes/No | √Yes/No | Yes/No | Yes/No√ |  |

**B–I.5Co–Curricular Activities/Sports Activities**

|  |  |
| --- | --- |
| Whether college has NSS Unit (Yes/No)? | Yes |
| NSS Programme Officer’s Name | Ms.A.Suneetha Devi |
| Whether students participating in University level cultural activities/Co-curricular/sports activities | √Yes/No |
| Physical Instructor | √Available/Not available |
| Sports Ground | Individual/Shared√ |

### C –FINANCIAL STATUS OF THE INSTITUTION

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

**C–1.1Resources and funding agencies(give complete list)**

**C** –**1.2Please provide following Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Receipts** | | |  | **Expenditure** | | | | **Remarksofthe**  **nspectors** |
| **Sl.**  **No.** | **Particulars** | **Amount** | **Sl.**  **No.** | **Particulars** | | **Amount** |
| **1.** | **Grants**   1. **Government** 2. **Others** | --- |  | **CAPITALEXPENDITURE** | | | |  |
| **2.** | **Tuition Fee** | 14177000 |  | **1.** | **Building** | |  |  |
| **3.** | **Library Fee** |  |  | **2.** | **Equipment** | |  |  |
| **4.** | **Sports Fee** |  |  | **3.** | **Others** | |  |  |
| **5.** | **Union Fee** |  |  | **REVENUEEXPENDIUTRE** | | | | |
| **6.** | **Others** | 1554193 |  | **1** | **Salary** | | 6606800 |  |
|  |  |  |  | **2.** | **MAINTENANCEEXPENDITURE** | | |  |
|  | **i** | **College** | 310658 |
|  |  |  |  |  | **ii** | **Others** | - |  |
| **3.** | **University Fee(If any)** | | 533750 |  |
|  |  |  |  | **4.** | **Apex Bodie Fee** | | 300000 |  |
| **5.** | **Government Fee** | |  |  |
|  | | **6.** | **Misc. Expenditure** | | 1100598 |  |
| **15731193** | **Excess Income over Expenditure** | | | 6879387 |  |
| **TOTAL** | | **TOTAL** | | | **15731193** |  |
|  |

**Note:Enclose relevant documents**

### PART-II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land for the Pharmacy College :2.5 acres
2. Building :√**Own/Rented/Leased**
3. Land Details to be in the name of Trust and Society
   1. Own– Records to be enclosed

Sale deed/relevant document :√**Enclosed/Not available**

1. **Building:**
   1. **Approved Building plan,** : √**Enclosed/Not available**
2. Total Built up Area of the college building in Sq.mts :Builtup Area

2030 Sq .M

1. Amenities and Circulation Area in Sq.mts.

498 Sq.M

### Classrooms:

**Total Number of Classrooms available and number provided for Pharm.D.or Pharm.D. and Pharm.**

**D.(Post Baccalaureate) Programme**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Class** | **Required** | **AvailableNumbers** | **Required Area for each Class Room** | **AvailableAreainSq.mts.** | **Remarks of the Inspectors** |
| D.Pharm./B.Pharm. |  |  |  |  |  |
| Pharm.D.\* | 2 | 2 | 90Sq.mts.each(Desirable)  75Sq.mts.each(Essential) | 150 Sq.M |  |
| Pharm. D.Post  Baccalaureate |  |  | - | - |  |

**(\*Toaccommodate30studentsforPharmDand10forPharm.D.PostBaccalaureate)**

1. **Laboratory requirement for both Pharm.D.or Pharm.D. and Pharm.D.(Post Baccalaureate) Programme\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.**  **No.** | **Infrastructure for** | **Minimum requirement as per Norms** | **Available No.&Area in Sq.mts.** | **Remarksof the Inspectors** |
| 1 | LaboratoryArea (8Labs) | 75Sq.mts.each |  |  |
| 2 | * Pharmaceutics and Pharmacokinetics Lab * Life Science (Pharmacology, Physiology, Pathophysiology) * Phytochemistry or Pharmaceutical Chemistry * Pharmacy Practice | 2  2  2  2 | 2 x 75 Sq.M  2 x 75 Sq.M  2 x 75 Sq.M  2 +x75 Sq.M |  |
| 3 | Preparation Room for each lab  (One room can be shared by two labs, if it is in between two labs) | 10Sq.mts  .(Minimu) | Available |  |

\*Year wise requirement will be considered.



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4 | Area of the Machine Room | 80-100Sq.mts | 100Sq.mts |  |
| 5 | Central Instrument Room | 80Sq.mts with AC | 80Sq.mts with AC |  |
| 6 | Store Room–I | 1 (Area100Sqmts) | Available |  |
| 7 | Store Room–II  (For Inflammable chemicals) | 1 (Area20Sqmts) | Available |  |
| 8  a)  b)  c)  d) | Hospital with teaching facility–  (Please tick) Own  Teaching Hospital approved **√**  by MCI\*or University\*  Govt. Hospital \*Corporatetype\*  \*Attach a copy of MOU between institution  &Hospital. | 300 bedded hospital.TertiaryCare Hospital desirable Medicine (Compulsory) (Any three of the below)  Surgery Pediatrics Gynecology and Obstetrics Psychiatry  Skin and VD Orthopedics | **√**  **√**  **√**  **√**  **√**  **√** |  |
| 9. | Deptt. of Pharmacy Practice/Clinical Pharmacy in Hospital | 3Sq.mts. per student | 16 Sq mts |  |

### †The Institutions will not be permitted to run the above course in rented/leased building.



* 1. All the Laboratories should be well it &ventilated
  2. All Laboratories should be provided with basic amenities and services like exhaust fans and fuming chamber to reduce the pollution wherever necessary.
  3. All the laboratories should be provided with safety measures like fire safety, chemical exposure safety and bio safety.
  4. The work benches should be smooth and easily cleanable preferably made of non-absorbent material.
  5. The water taps should be non-leaking and directly installed on sinks Drainage should be efficient.
  6. Balance room should be attached to the concerned laboratories.

### Administration Area:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **Name of infrastructure** | **Requirementas per Norms in number** | **Requirementas per Norms, in area** | **Available** | | **Remarks of the Inspectors** |
| **No.** | **AreainSq.mts** |
| 1 | Principal’s Chamber | 01 | 30Sq.mts | 1 | 30Sq.mts |  |
| 2 | Office–I– Establishment | 01 | 60Sq.mts | 1 | 60Sq.mts |  |
| 3 | Office–II–Academics |
| 4 | Confidential Room |

1. **Staff Facilities:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl No.** | **Name of infrastructure** | **Requirementas per Norms in number** | **Requirementas per Norms in area** | **Available** | | **Remarks of the Inspectors** |
| **No.** | **AreainSq.mts** |
| 1 | HODs for Pharm.D. and Post Baccalaureate Programme | Minimum4 | 20 Sqmtsx4 | 4 | 150 |  |
| 2 | Faculty Rooms for Pharm.D. and Pharm.D.  PostBaccalaureate Programme |  | 10 Sqmts x n (n=No of teachers) | 10 | 150 |  |

1. **Museum,Library,AnimalHouse[should have approval of theCommittee for the Purpose of Control and Supervision of Experiments on Animals(CPCSEA)]and other Facilities:[**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl No.** | **Name of infrastructure** | **Requirementas per Norms in number** | **Requirement as per Norms in area** | **Available** | | **Remarks o the Inspectors** |
| **No.** | **AreainSq.mts** |
| 1 | Animal House | 01 | 80Sq.mts | -- | --- |  |
| 2 | Library | 01 | 150Sq.mts | 01 | 150 |  |
| 3 | Museum | 01 | 50Sq.mts  (MaybeattachedtothePharmacognosy lab) | 01 | 50 |  |
| 4 | Auditorium/MultiPurpose Hall(Desirable) | 01 | 250– 300  Seating capacity | 01 | 250 |  |
| 5 | Herbal Garden(Desirable) | 01 | Adequate Number of Medicinal Plants | 01 | Available |  |

1. **Student Facilities:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No.** | **Name of infrastructure** | Requirementas per Norms in number | **Requirement as per Norms in area** | **Available** | | Remarks of the Inspectors |
| **No.** | **AreainSq.mts** |
| 1 | Girl’s Common Room(Essential) | 01 | 60Sq.mts | 01 | 60Sq.mts |  |
| 2 | Boy’s Common Room (Essential) | 01 | 60Sq.mts | 01 | 60Sq.mts |  |
| 3 | Toilet Blocks for Boys | 01 | 24Sq.mts | 01 | 24Sq.mts |  |
| 4 | Toilet Blocks for Girls | 01 | 24Sq.mts | 01 | 24Sq.mts |  |
| 5 | Drinking Water facility–  Water cooler(Essential). | 01 | - | 01 | - |  |
| 6 | Boy’s Hostel(Desirable) | 01 | 9Sq. mts/Room Single occupancy | 01 | Available |  |
| 7 | Girl’s Hostel(Desirable) | 01 | 9Sq.mts/Room(single occupancy)20Sqmts/Room(triple occupancy) | 01 | Not Available |  |
| 8 | Power Backup Provision(Essential) | 01 |  | 01 | Available |  |

1. **Computer and other Facilities:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Required** | **Available** | | **Remarks of the Inspectors** |
| **No.** | **AreainSq.mts** |
| Computer Room | 100 Sq.mts. | 01 | 75 |  |
| Computer  (Latest configuration) | 1system for every10 students | 30pentium Iv all in LAN | 12 |  |
| Printers | 1 printer for every10 computers | 6 | 2 |  |
| Multi Media Projector | 01 | 1 | - |  |
| Generator(5KVA) | 01 | 1 | - |  |

1. **Amenities(Desirable)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Requirement as per Norms in area** | **Available** | | **Not Available** | **Remarks of the Inspectors** |
| **No.** | **AreainSq.mts** |
| Principal’s quarter | 120Sq.mts | - | - |  |  |
| Staff quarters | 16x80Sqmts | - | - |  |  |
| Canteen | 100Sq.mts | 1 | 150 |  |  |
| Parking Area for staff and students |  | 1 |  |  |  |
| Bank Extension Counter |  | ATM |  |  |  |
| Cooperative Stores |  | 1 |  |  |  |
| Guest House | 80Sq.mts | - |  |  |  |
| Auditorium |  | 1 |  |  |  |
| Seminar Hall |  | 2 |  |  |  |
| Transport Facilities for students |  | yes |  |  |  |
| Medical Facility (FirstAid) |  | yes |  |  |  |

1. **A. Library books and periodicals**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No.** | **Item** | **Titles(No)** | **Minimum Volumes(No)** | **Available** | | Remarks of the Inspectors |
| **Title** | **No.** |  |
| 1 | Number of books | 150 | 1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy | 481 | 2564 |  |
| 2 | Annual addition of books |  | 150 books per year | - | 150 |  |
| 3 | Periodicals  Hard copies/online |  | 20 National  10International periodicals | - | 10  02 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 4 | CDS |  | Adequate Nos | 5 | 29 |  |
| 5 | Internet Browsing Facility |  | √Yes/No(Minimum ten Computers) | -- | -- |  |
| 6 | Reprographic |  | 01 | 01  01  01 |  |  |
| Facilities: |
| Photo Copier |
| Fax | 01 |
| Scanner | 01 |
| 7 | Library Automation and Computerized System(desirable) | | | | | |
| 8 | Library Timings 9 am to 4.30pm | | | | | |

### Subject wise Classification of books available:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No** | **Subject** | **Available** | | **Remarks of the Inspectors** |
| **Titles** | **Numbers** |
| 1 | Pharmacy Practice | 1 | 1 |  |
| 2 | Human Anatomy& Physiology | 26 | 128 |  |
| 3 | Pharmaceutics(Dispensing &General Pharmacy) | 106 | 486 |  |
| 4 | Pharmacognosy | 25 | 98 |  |
| 5 | Pharmaceutical Organic Chemistry | 26 | 157 |  |
| 6 | Pharmaceutical Inorganic Chemistry | 14 | 82 |  |
| 7 | Pharmaceutical microbiology | 23 | 97 |  |
| 8 | Pathophysiology | 4 | 26 |  |
| 9 | Applied Biochemistry & Clinical Chemistry | 22 | 74 |  |
| 10 | Pharmacology | 29 | 102 |  |
| 11 | Pharmaceutical Jurisprudence | 11 | 88 |  |
| 12 | Pharmaceutical Dosage Forms | 4 | 9 |  |
| 13. | Community Pharmacy | 3 | 31 |  |
| 14. | Clinical Pharmacy | 8 | 68 |  |
| 15. | Hospital Pharmacy | 9 | 59 |  |
| 16. | Pharmaco therapeutics | 6 | 25 |  |
| 17. | Pharmaceutical analysis | 23 | 171 |  |
| 18. | Medicinal Chemistry | 17 | 126 |  |
| 19. | Biology | 9 | 36 |  |
| 20. | Computer Science or Computer Application in pharmacy | 11 | 47 |  |
| 21 | Mathematics/Statistics | 12 | 80 |  |

* 1. **Library Staff:**

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

**Course Curriculum:**

**PARTIII ACADEMIC REQUIREMENTS**

1. **Student Staff Ratio:**

(Required ratio---Theory→30:1andPracticals→30:1)If more than20students in a batch 2staff members to be present provided the lab is spacious.

|  |  |  |  |
| --- | --- | --- | --- |
| **Class** | **Theory** | **Practicals** | **Remarks of the Inspectors** |
| Pharm.D. | 30:1 | 20:1 |  |
| Pharm.D. Post Baccalaureate Programme |  |  |  |

### Academic Calender: NA

**Proposed date of Commencement of session/ sessions for PHARM.D.:**

|  |  |
| --- | --- |
| **Commencement** | **Completion** |
| **DD/MM/YY** | **DD/MM/YY** |
| NA | NA |

**No of Days No of Days**

1. **Vacation for PHARM.D.: Summer: NA Winter: NA**
2. **Total No. ofworkingdaysforPHARM.D.:(Requirementnotlessthan200workingdays/year)**
3. **Date of Commencement of session for Pharm.D. Post Baccalaureate:**

|  |  |
| --- | --- |
| **Commencement** | **Completion** |
| **DD/MM/YY** | **DD/MM/YY** |
| NA | NA |

**No of Days No of Days**

NA

1. **Vacation for Pharm.D.Post Baccalaureate: Summer: NA Winter : NA**
2. **Total Number of workingdays for Pharm.D. PostBaccalaureate (Requirementnotlessthan200workingdays/year)**

NA

1. **TimeTable copy Enclosed: (Tick√)**
   1. Pharm.D.course Yes NA No
   2. Pharm.D.PostBaccalaureateCourse Yes NA No

### Whether the prescribed numbers of classes per week are being conducted as per PCInorms.\*FirstyearPharmD: NA

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject**  **1** | **No of Theory Classes** | | **Practicals** | | **Tutorials** | | **Total No.of classes conducted**  **No.of classes x hours per class** | **Remarksof the Inspectors** |
| **PrescribedNo of Hrs 2** | **No of Hours Conducted 3** | **PrescribedNo of Hrs 4** | **No of Hours Conducted 5** | **PrescribedNo of Hrs 6** | **No of Hours Conducted 7** |
| Human Anatomy and Physiology | 3 |  | 3 |  | 1 |  |  |  |
| Pharmaceutics | 2 |  | 3 |  | 1 |  |  |  |
| Medicinal Biochemistry | 3 |  | 3 |  | 1 |  |  |  |
| Pharmaceutical Organic Chemistry | 3 |  | 3 |  | 1 |  |  |  |
| Pharmaceutical Inorganic Chemistry | 2 |  | 3 |  | 1 |  |  |  |
| Remedial Mathematics/Biology | 3 |  | 3\*\* |  | 1 |  |  |  |
| **Total hours** | **16** |  | **18** |  | **6=(40)** |  |  |  |

\*WriteNA if not Applicable

\*\*for Biology

### Second Year PharmD: NA

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject**  **1** | **No of Theory Classes** | | **Practicals** | | **Tutorials** | | **Total No.of classes conducted**  **No.of classes x hours per class** | **Remarksof the Inspectors** |
| **PrescribedNo of Hrs 2** | **No of Hours Conducted 3** | **PrescribedNo of Hrs 4** | **No of Hours Conducted 5** | **Prescribed No of Hrs 6** | **No of Hours Conducted 7** |
| Pathophysiology | 3 |  | - |  | 1 |  |  |  |
| Pharmaceutical Microbiology | 3 |  | 3 |  | 1 |  |  |  |
| Pharmacognosy&Phytopharmaceuticals | 3 |  | 3 |  | 1 |  |  |  |
| Pharmacology-I | 3 |  | - |  | 1 |  |  |  |
| Community Pharmacy | 2 |  | - |  | 1 |  |  |  |
| Pharmaco therapeutics-I | 3 |  | 3 |  | 1 |  |  |  |
| **Total Hours** | **17** |  | **9** |  | **6=32** |  |  |  |

**Third year PharmD: NA**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject**  **1** | **No of Theory Classes** | | **Practicals** | | **Tutorials** | | **Total No.of classes conducted**  **No.of classes x hours per class** | **Remarksof the Inspectors** |
| **PrescribedNo of Hrs 2** | **No of Hours Conducted 3** | **PrescribedNo of Hrs 4** | **No of Hours Conducted 5** | **PrescribedNo of Hrs 6** | **No of Hours Conducted 7** |
| Pharmacology-II | 3 |  | 3 |  | 1 |  |  |  |
| PharmaceuticalAnalysis | 3 |  | 3 |  | 1 |  |  |  |
| Pharmacotherapeutics-II | 3 |  | 3 |  | 1 |  |  |  |
| PharmaceuticalJurisprudence | 2 |  | - |  | - |  |  |  |
| MedicinalChemistry | 3 |  | 3 |  | 1 |  |  |  |
| PharmaceuticalFormulations | 2 |  | 3 |  | 1 |  |  |  |
| **Totalhours** | **16** |  | **15** |  | **5=36** |  |  |  |

### Fourth year PharmD: NA

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject**  **1** | **No of Theory Classes** | | **No.of Hours of Practical/HospitalPosting** | | **Tutorials** | | **Total No.of classes conducted**  **No.of classes x hours per class** | **Remarksof the Inspectors** |
| **PrescribedNo of Hrs 2** | **No of Hours Conducted 3** | **PrescribedNo of Hrs 4** | **No of Hours Conducted 5** | **PrescribedNo of Hrs 6** | **No of Hours Conducted 7** |
| Pharmacotherapeutics-III | 3 |  | 3 |  | 1 |  |  |  |
| Hospital Pharmacy | 2 |  | 3 |  | 1 |  |  |  |
| ClinicalPharmacy | 3 |  | 3 |  | 1 |  |  |  |
| Biostatistics & Research Methodology | 2 |  | - |  | 1 |  |  |  |
| Biopharmaceutics &Pharmacokinetics | 3 |  | 3 |  | 1 |  |  |  |
| Clinical Toxicology | 2 |  | - |  | 1 |  |  |  |
| **Total hours** | **15** |  | **12** |  | **6=33** |  |  |  |

### Fifth year PharmD: NA

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject**  **1** | **No of Theory Classes** | | **No.of Hours of Hospital Posting\*** | | **Seminars** | | **Total No.of classes conducted**  **No.of classes x hours per class** | **Remarksof the Inspectors** |
| **PrescribedNo of Hrs 2** | **No of Hours Conducted 3** | **PrescribedNo of Hrs 4** | **No of Hours Conducted 5** | **PrescribedNo of Hrs 6** | **No of Hours Conducted 7** |
| Clinical Research | 3 |  | - |  | 1 |  |  |  |
| Pharmaco epidemiology and Pharmacoeconomics | 3 |  | - |  | 1 |  |  |  |
| Clinical Pharmacokinetics&Pharmacotherapeutic Drug Monitoring | 2 |  | - |  | 1 |  |  |  |
| Clerkship\* | - |  | - |  | 1 |  |  |  |
| Project work(Six Months) | - |  | 20 |  | - |  |  |  |
| **Total hours** | **8** |  | **20** |  | **4=32** |  |  |  |

**\*** *Attendingwardroundsondailybasis.*

### Work load of Faculty members for Pharm.D. and Pharm.D.PostBaccalaureate: NA

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Name of the Faculty** | **Subjects taught** | **Pharm.D.** | | **Pharm.D.PostBaccalaureate** | | **Total workload** | | **Remarks of the Inspector** |
|  |  |  | **Th** | **Pr** | **Th** | **Pr** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

### Workload of Faculty members per week for Pharm.D. NA

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Name of the Faculty** | **Subjectstaught** | **Pharm.D.** | | | | | | | | | | **Pharm.D.** | **Total workload** | **Remarks of the Inspector** |
| **I** | | **II** | | **III** | | **IV** | | **V** | |  |  |  |
|  |  |  | **Th** | **Pr** | **Th** | **Pr** | **Th** | **Pr** | **Th** | **Pr** | **Th** | **Pr** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Workload of Faculty members per week for Pharm.D.andPharm.D.(PostBaccalaureate): NA**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Name of the Faculty** | **Subjectstaught** | **Pharm.D. and Pharm.D. (PostBaccalaureate)** | | | | | | **Total workload** | **Remarks of the Inspector** |
| **I** | | **II** | | **III** | |  |  |
|  |  |  | **Th** | **Pr** | **Th** | **Pr** | **Th** | **Pr** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Details** | **Year 2014** | **Year 2015** | **Year 2016** |
| No. of Students Appeared | - | - | - |
| No. of Students Qualified | - | - | - |
| Percentage | - | - | - |

1. **Whether Professional Society Activities are Conducted (Enclose details)**

**Yes**

**No√**

***TEACHINGSTAFF.***

**PART IV-PERSONNEL**

1. **Details of Teaching Faculty available with the institution for teaching for D.Pharm.,B.Pharm.andM.Pharm.Courses to be enclosed in the format mentioned below:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl No** | **Name** | **Designation** | **Qualification** | **Date of Joining** | **TeachingExperience** | **State PharmacyCouncil RegNo.** | **Signatureof the faculty** | **Remarks of the Inspectors** |
|  |  |  |  |  |  |  |  |  |

1. **DetailsofTeachingFacultyexclusivelyavailableteachingforPharm.D.Coursetobeenclosedintheformatmentionedbelow:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl No** | **Name** | **Designation** | **Qualification** | **Date ofJoining** | **TeachingExperience** | **State PharmacyCouncil RegNo.** | **Signatureof the faculty** | **Remarks of the Inspectors** |
|  |  |  |  |  |  |  |  |  |

1. **Details of Teaching Faculty available for teaching for Pharm.D.and Pharm.D. (PostBaccalaureate) Course to be enclosed in the format mentioned below:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl No** | **Name** | **Designation** | **Qualification** | **Date ofJoining** | **TeachingExperience** | | **State Pharmacy Council RegNo.** | **Signatureof the faculty** | **Remarks of the Inspectors** |
| **AfterUG** | **AfterPG** |
|  |  |  |  |  |  | |  |  |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Qualification** | | | | | | | |
| **B.Pharm** | | **M.Pharm** | | **PhD** | | **Others** | |
|  |  |  | 13 |  | 5 | 4 | **Part Time** |
| - | - |  |  |  |  |  |  |

1. **Staff Pattern for Pharm.D.orPharm.D.andPharm.D.(PostBaccalaureate)courses department wise for full duration of course/courses\*:: (Staff available for Ist year only)**

Professor:Asst.Professor:Lecturer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department/Division** | **Name of the post** | **No.**  **Required** | **Providedby the institution** | **Remarks of the Inspectors** |
| Department of Pharmaceutics | Professor | 1 |  |  |
| Asst.Professor | 1 | 1 |  |
| Lecturer | 2 |  |  |
| Department of Pharmaceutical Chemistry  (Including PharmaceuticalAnalysis) | Professor | 1 |  |  |
| Asst.Professor | 1 | 1 |  |
| Lecturer | 3 |  |  |
| Department of Pharmacology | Professor | 1 |  |  |
| Asst.Professor | 1 | 1 |  |
| Lecturer | 2 |  |  |
| Department of Pharmacognosy | Professor | 1 |  |  |
| Asst.Professor | 1 |  |  |
| Lecturer | 1 |  |  |
| Department of Pharmacy Practice | Professor | 1 |  |  |
| Asst.Professor | 2 |  |  |
| Lecturer | 3 |  |  |

\*Year wise availability will be assessed.

### 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** |

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

|  |  |  |
| --- | --- | --- |
| **Name of Faculty Member** | **Period** | **Percentage** |
|  | **Duration of 15yrs.And above** | **-** |
|  | **Duration of 10yrs.And above** | **-** |
|  | **Duration of 5yrs.And above** | **35%** |
|  | **Less than 5yrs.** | **65%** |

1. **Details of Faculty Turn over**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Faculty Member** | **Period** | **Morethan50%** | **50%** | **25%** | **Lessthan25%** |
|  | **%of faculty retained in last 3yrs** |  | √ |  |  |

1. **Number of Non-teaching staff available For Pharm.D.orPharm.D.andPharm.D(PostBaccalaureatecourse)for full duration of course/courses\*.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No.** | **Designation** | **RequiredNumber** | **RequiredQualification** | **Available** | | **Remarks of the Inspectors** |
| **Number** | **Qualification** |
| 1 | LaboratoryTechnician | 1 foreach Dept | D.Pharm | 02  03 | D.Pharm  BSc |  |
| 2 | LaboratoryAssistantsorLaboratoryAttenders | 1 foreach Lab (minimum) | SSLC | 03 | SSLC |  |
| 3 | OfficeSuperintendent | 1 | Degree | 01 | M.Com |  |
| 4 | Accountant | 1 | Degree | 01 | B.Com |  |
| 5 | Storekeeper | 1 | D.Pharm or a Bachelor degree recognized by a University or institution. | 01 | Degree |  |
| 6 | Computer Data Operator | 1 | BCA or Graduate with Computer Course | 01 | M.A. |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 7 | Office Staff I | 1 | Degree | 01 | Degree |  |
| 8 | Office Staff II | 2 | Degree | 02 | Degree |  |
| 9. | Peon | 2 | SSLC | 02 | SSC |  |
| 10 | Cleaning personnel | Adequate | --- | 02 | --- |  |
| 11 | Gardener | Adequate | --- | 01 | --- |  |

- Inspectors to verify whether the Non teaching staff requirements for D.Pharm.,B.Pharm.and M.Pharm.courses conducted by the institution are complied with or not.

\*Year wise availability will be assessed.

### Scale of pay for Teaching faculty (to be enclosed):Encosed

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Name** | **Qualification** | **Designation** | **BasicpayRs.** | **DA**  **Rs.** | **HRA**  **Rs.** | **CCA**  **Rs.** | **Other allowanceRs.** | **Deductions** | | | **BankA/CNo** | **PAN**  **No** | **EPF**  **A/cno.** | **Total** | **Signature** |
|  |  |  |  |  |  |  |  |  | PT | TDS | EPF |  |  |  |  |  |

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

(Inspectors to verify documents pertaining to the above)

### Whether faculty members are allowed to attend workshops and seminars? √

(Inspectors to verify documents pertaining to the above)

### Scope for the promotion for faculty Promotions Yes √ No

1. **Gratuity Provided Yes No** √
2. **Details of Non-teaching staff members (list to be enclosed):**

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

**18.Whether Supporting Staff (Technical and Administrative) are encouraged for skill upgradation programs.** √**Yes/No**

Signature of the Principal Signature of the Inspector

### PARTV-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. | Logbook 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 |  | √ |  |

### PART–VI

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl** | **Expenditure in Rs**  **(2013-14)** | | | **Expenditure in Rs**  **(2014-15)** | | | **Expenditure in Rs**  **(2015-16)** | | | **Remarks of the Inspectors\*** |
| **No.** | **Total budget sanctioned** | **Recurring** | **Non Recurring** | **Total budget sanctioned** | **Recurring** | **Non Returning** | **Total budget sanctioned** | **Recurring** | **Non Returning** |  |
|  |  | **1,04,725** | **1,07,442** |  | **1,80,869** | **65,023** |  | **1,93917** | **3,60,642** |  |

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl** | **Expenditure in Rs**  **(2013-14)** | | | **Expenditure in Rs**  **(2014-15)** | | | **Expenditure in Rs**  **(2015-16)** | | | **Remarks of the Inspectors\*** |
| **No.** | **Total budget allocated** | **Sanctioned** | **Incurred** | **Total budget allocated** | **Sanctioned** | **Incurred** | **Total budget allocated** | **Sanctioned** | **Incurred** |  |
|  | **Chemicals** |  | **74,425** | **Chemicals** |  | **1,05,527** | **Chemicals** |  | **99,403** |  |
|  | **Glassware** |  | **30,300** | **Glassware** |  | **75,342** | **Glassware** |  | **94,514** |  |

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl** | **Expenditure in Rs**  **(2013-14)** | | | **Expenditure in Rs**  **(2014-15)** | | | **Expenditure in Rs**  **(2015-16)** | | | **Remarks of the Inspectors\*** |
| **No.** | **Total budget allocated** | **Sanctioned** | **Incurred** | **Total budget allocated** | **Sanctioned** | **Incurred** | **Total budget allocated** | **Sanctioned** | **Incurred** |  |
|  | **Equipment** |  | **42,518** | **Equipment** |  | **22,500** | **Equipment** |  | **2,94,500** |  |

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SlNo.** | **Expenditure in Rs**  **(2013-14)** | | | **Expenditure in Rs**  **(2014-15)** | | | **Expenditure in Rs**  **(2015-16)** | | | **Remarks of the Inspectors\*** |
|  | **Total budget allocated** | **Sanctioned** | **Incurred** | **Total budget allocated** | **Sanctioned** | **Incurred** | **Total budget allocated** | **Sanctioned** | **Incurred** |  |
| **1** | **Books** |  | **42,059** | **Books** |  | **30,858** | **Books** |  | **48,742** |  |
| **2** | **Journals** |  | **22,865** | **Journals** |  | **11,665** | **Journals** |  | **17,400** |  |

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

### PARTVII–EQUIPMENT AND APPARATUS

**Department wise List of Minimum equipments required for Pharm.D.andPharm.D.PostBaccalaureate**

1. **DEPARTMENT OF PHARMACOLOGY:**
   1. **Equipment:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name** | **Minimum required Nos.** | **Available Nos.** | | **WorkingYes/No** | **Remarks of the Inspectors** |
| 1 | Microscopes | 15 | 15 | | 15 |  |
| 2 | Haemocyto meter with Micropipettes | 20 | 20 | | 20 |  |
| 3 | Sahli’s haemocytometer | 20 | 20 | | 20 |  |
| 4 | Hutchinson’sspirometer | 01 | 01 | | 01 |  |
| 5 | Spygmomanometer | 05 | 05 | | 05 |  |
| 6 | Stethoscope | 05 | 05 | | 05 | Yes |
| 7 | Permanent Slides for various tissues | One pair of each tissue Organs and endocrine g lands  One slide of each organ system | 26  (on total) | Yes | |  |
| 8 | Models for various organs | One model of each organ system | Available | | Yes |  |
| 9 | Specimen for various organs and systems | One model for each organ system | Available | | Yes |  |
| 10 | Skeleton and bones | One set of skeleton and one spare bone | Available | | Yes |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 11 | Different Contraceptive Devices and Models | One set of each device | Available | Yes |  |
| 12 | Muscle electrodes | 01 | 1 | Yes |  |
| 13 | Lucas moist chamber | 01 | 1 | Yes |  |
| 14 | Myographic lever | 01 | 1 | Yes |  |
| 15 | Stimulator | 01 | 1 | Yes |  |
| 16 | Centrifuge | 01 | 1 | Yes |  |
| 17 | Digital Balance | 01 | 1 | Yes |  |
| 18 | Physical/Chemical Balance | 01 | 1 | Yes |  |
| 19 | Sherrington’s Kymograph Machine or Polyrite | 10 | 10 | Yes |  |
| 20 | Sherrington Drum | 10 | 42 | Yes |  |
| 21 | Perspex bath assembly (single unit) | 10 | 10 | Yes |  |
| 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 | Available | Yes |  |
| 26 | Actophotometer | 01 | 01 | Yes |  |
| 27 | Rotarod | 01 | 01 | Yes |  |
| 28 | Poleclimbing apparatus | 01 | 01 | Yes |  |
| 29 | Analgesiometer (Eddy’shotplate andradiantheatmethods) | 01 | 01 | Yes |  |
| 30 | Convulsiometer | 01 | 01 | Yes |  |
| 31 | Plethysmograph | 01 | 01 | Yes |  |
| 32 | Digital pH meter | 01 | 01 | Yes |  |

* 1. Apparatus:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No** | **Name** | **Minimum required Nos.** | **Available Nos.** | **WorkingYes/No** | **Remarks of the Inspectors** |
| 1 | Folin- Wutubes | 60 | 60 | Yes |  |
| 2 | Dissection Tray and Boards | 10 | 10 | Yes |  |
| 3 | Haemostatic artery forceps | 10 | 10 | Yes |  |
| 4 | Hypodermic syringes and needlesofsize15,24,26G | 10 | 10  -- | Yes |  |
| 5 | Levers, cannulae | 20 | 20 | Yes |  |

### NOTE:Adequatenumberof glasswarecommonlyusedinthelaboratoryshouldbeprovidedineachlaboratoryanddepartment.

1. **DEPARTMENTOFPHARMACOGNOSY:**
   1. Equipment:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | | **Name** | **Minimum required Nos.** | **Available Nos.** | **WorkingYes/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 | 01 | Yes |  |
| 6 | Refrigerator | | 01 | 01 | Yes |  |
| 7 | Laminar air flow | | 01 | 01 | Yes |  |
| 8 | Colony counter | | 02 | 01 | 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 | 04 | Yes |  |
| 17 | Flourimeter | 01 | 01 | Yes |  |
| 18 | Vacuum pump | 02 | 01 | Yes |  |
| 19 | Micropipettes (Single and multi channeled) | 02 | 02 | Yes |  |
| 20 | Micro Centrifuge | 01 | 01 | Yes |  |
| 21 | Projection Microscope | 01 | 01 | Yes |  |

* 1. Apparatus:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name** | **Minimum required Nos.** | **Available Nos.** | **WorkingYes/No** | **RemarksoftheInspectors** |
| 1 | Reflux flask with condenser | 20 | 20 | Yes |  |
| 2 | Water bath | 20 | 20 | Yes |  |
| 3 | Clavengers apparatus | 10 | 04 | Yes |  |
| 4 | Soxhlet apparatus | 10 | 04 | Yes |  |
| 6 | TLC chamber and sprayer | 10 | 02 | 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.

1. **DEPARTMENTOFPHARMACEUTICALCHEMISTRY:**
   1. **Equipment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name** | **Minimum required Nos.** | **Available Nos.** | **WorkingYes/No** | **Remarks of the Inspectors** |
| 1 | Hotplates | 05 | 05 | Yes |  |
| 2 | Oven | 03 | 03 | Yes |  |
| 3 | Refrigerator | 01 | 01 | Yes |  |
| 4 | Analytical Balances for demonstration | 05 | 05 | Yes |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 5 | Digital balance sensitivity  Digital Balance (1mgsensitivity) | 10mg | 10 | 10 | Yes |  |
| 6 | 01 | 01 | Yes |  |
| 7 | Suction pumps | | 06 | 06 | Yes |  |
| 8 | Muffle Furnace | | 01 | 01 | Yes |  |
| 9 | Mechanical Stirrers  Magnetic Stirrers Thermostat  Vacuum Pump | with | 10 | 10 | Yes |  |
| 10 | 10 | 10 | Yes |  |
| 11 | 01 | 01 | Yes |  |
| 12 | Digital pH meter | | 01 | 01 | Yes |  |
| 13 | Microwave Oven | | 02 | 01 | Yes |  |

II.Apparatus:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name** | **Minimum required Nos.** | **Available Nos.** | **WorkingYes/No** | **Remarks of the Inspectors** |
| 1 | Distillation Unit | 02 | 1 | 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 | Nesslers Cylinders | 40 | 40 | Yes |  |

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

* 1. ***EPARTMENTOFPHARMACEUTICS:***
     1. **Equipment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No** | **Name** | **Minimum required Nos.** | **Available Nos.** | **WorkingYes/No** | **Remarks of the Inspectors** |
| 1 | Mechanical stirrers | 10 | 10 | Yes |  |
| 2 | Homogenizer | 05 | 02 | Yes |  |
| 3 | Digital balance | 05 | 05 | Yes |  |
| 4 | Microscopes | 05 | 05 | Yes |  |
| 5 | Stage and eye piece micrometers | 05 | 05 | Yes |  |
| 6 | Brook field’s viscometer | 01 | 01 | Yes |  |
| 7 | Tray dryer | 01 | 01 | Yes |  |
| 8 | Ball mill | 01 | 01 | Yes |  |
| 9 | Sieve shaker with sieve set | 01 | 01 | Yes |  |
| 10 | Double cone blender | 01 | 01 | Yes |  |
| 11 | Propeller type mechanical agitator | 05 | 01 | 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 | 10sets | 02sets | Yes |  |
| 16 | Tablet punching machine | 01 | 02 | Yes |  |
| 17 | Capsule filling machine | 01 | 01 | Yes |  |
| 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 | 01 | Yes |  |
| 22 | Monsanto’s hardness tester | 01 | 01 | Yes |  |
| 23 | Pfizer type hardness tester | 01 | 01 | Yes |  |
|  |  |  | 01 | Yes |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 24 | Friability test apparatus | 01 | 01 | Yes |  |
| 25 | Clarity test apparatus | 01 | 01 | Yes |  |
| 26 | Ointment filling machine | 01 | 01 | Yes |  |
| 27 | Collapsible tube crimping machine | 01 | 01 | Yes |  |
| 28 | Tablet coating pan | 01 | 01 | Yes |  |
| 29 | Magneticstirrer,500mland1litercapacitywithspeedcontrol | 05EACH  10 | 02 | Yes |  |
| 30 | Digital pH meter | 01 | 01 | Yes |  |
| 31 | All purpose equipment with all accessories | 01 | 01 | Yes |  |
| 32 | Aseptic Cabinet | 01 | 01 | Yes |  |
| 33 | BOD Incubator | 02 | 01 | Yes |  |
| 34 | Bottle washing Machine | 01 | 01 | Yes |  |
| 35 | Bottle Sealing Machine | 01 | 01 | Yes |  |
| 36 | Bulk Density Apparatus | 02 | 01 | Yes |  |
| 37 | Conical Percolator(glass/copper/stainlesssteel) | 10 | 10 | Yes |  |
| 38 | Capsule Counter | 02 | 01 | Yes |  |
| 39 | Energy meter | 02 | 01 | Yes |  |
| 40 | Hot Plate | 02 | 02 | Yes |  |
| 41 | Humidity Control Oven | 01 | 01 | Yes |  |
| 42 | Liquid Filling Machine | 01 | 01 | Yes |  |
| 43 | Mechanical stirrer with speed regulator | 02 | 01 | Yes |  |
| 44 | Precision Melting point Apparatus | 01 | 01 | Yes |  |
| 45 | Distillation Unit | 01 | 01 | Yes |  |

* + 1. **Apparatus:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No** | ***Name*** | **MinimumrequiredNos.** | **AvailableNos.** | **WorkingYes/No** | **RemarksoftheInspectors** |
| 1 | Ostwald’sviscometer | 15 | 20 | Yes |  |
| 2 | Stalagmometer | 15 | 20 | Yes |  |
| 3 | Desiccator\* | 05 | 05 | Yes |  |
| 4 | Suppository moulds | 20 | 10 | Yes |  |
| 5 | Buchner Funnels (Small, medium, large) | 05each | 5 | Yes |  |
| 6 | Filtration assembly | 01 | 01 | Yes |  |
| 7 | Permeability Cups | 05 | 04 | Yes |  |
| 8 | Andreason’s Pipette | 03 | 01 | 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.**

***DEPARTMENT OF PHARMACEUTICAL BIOTECHNOLOGY:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name** | **Minimum required Nos.** | **Availabl eNos.** | **WorkingYes/No** | **Remarks of the Inspectors** |
| 1 | Orbital shaker incubator | 01 | 01 | yes |  |
| 2 | Lyophilizer (Desirable) | 01 | 01 | Yes |  |
| 3 | Gel Electrophoresis (Vertical and Horizontal) | 01 | 01 | Yes |  |
| 4 | Phasecontrast/ Trinocular Microscope | 01 | 01 | Yes |  |
| 5 | Refrigerated Centrifuge | 01 | 01 | Yes |  |
| 6 | Fermenters of different capacity(Desirable) | 01 | 01 | Yes |  |
| 7 | Tissue culture station | 01 | 01 | Yes |  |
| 8 | Laminar air flow unit | 01 | 02 | Yes |  |
| 9 | Diagnostic kits to identify infectious agents | 01 | 01 | Yes |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10 | Rheometer | 01 | 01 | Yes |  |
| 11 | Viscometer | 01 | 01 | Yes |  |
| 12 | Micropipettes(single and multi  channeled) | 01each | 01 | Yes |  |
| 13 | Sonicator | 01 | 01 | Yes |  |
| 14 | Respinometer | 01 | 01 | Yes |  |
| 15 | BOD Incubator | 01 | 01 | Yes |  |
| 16 | Paper Electrophoresis Unit | 01 | 01 | Yes |  |
| 17 | Micro Centrifuge | 01 | 01 | Yes |  |
| 18 | Incubator water bath | 01 | 01 | Yes |  |
| 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.**

* 1. ***DEPARTMENT OF PHARMACY PRACTICE:***

**Equipment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name** | **Minimum required Nos.** | **Available Nos.** | **WorkingYes/No** | **Remarks of the Inspectors** |
| 1 | Colorimeter | 2 | 2 | yes |  |
| 2 | Microscope | Adequate | 15 | 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 | yes |  |
| 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 | yes |  |
| 12 | Sintered glass funnel with complete filtering assemble | Adequate | adequate | yes |  |
| 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 | yes |  |
| 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:

* + 1. **Computers and Internet connection (Broadband), six computers for students with internet and staff computers as required.**
    2. **Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and the department.**

G.***CENTRAL INSTRUMENTATION ROOM:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name** | **Minimum required Nos.** | **Available Nos.** | **WorkingYes/No** | **Remarks of the Inspectors** |
| 1 | Colorimeter | 01 | 01 | Yes |  |
| 2 | Digital Ph meter | 01 | 01 | Yes |  |
| 3 | UV-Visible Spectrophotometer | 01 | 01 | Yes |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4 | Flourimeter | 01 | 01 | Yes |  |
| 5 | Digital Balance(1mgsensitivity) | 01 | 01 | Yes |  |
| 6 | Nephelo Turbidity meter | 01 | 01 | Yes |  |
| 7 | Flame Photometer | 01 | 01 | Yes |  |
| 8 | Potentiometer | 01 | 01 | Yes |  |
| 9 | Conductivity meter | 01 | 01 | yes |  |
| 10 | Fourier Transform Infra Red Spectrometer(Desirable) | 01 | ------------- | ---------- |  |
| 11 | HPLC | 01 | 01 | Yes |  |
| 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 | 01 | Yes |  |
| 18 | Lyophilizer(Desirable) | 01 | -- | -- |  |

# H. Hospital Requirements for running PharmD or Pharm.D.and Pharm.D.(Post Baccalaureate) courses :-Hospital Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Name/Infrastructure** | **Minimum required Nos.** | **Provided** | **Remarks of the Inspectors** |
| 1 | Hospital\*with  Teaching facility  Minimum300beddedHospital | Nature of Hospital   * Own * Teaching hospital recognized by MCI or University * Govt. Hospital not below the level of district Hospital * Corporate Hospital | √ |  |
| 2 | Place for Pharmacy Practice Department+ | Minimum carpet area of 3sq.mts. per student along with consent to provide the professional manpower to support the programme. | √ |  |
| 3 | Available specialties++ | Medicine (Compulsory) (Any three of the following)  1.Surgery  2.Pediatrics  3.Gynecology and Obstetrics  4.Psychiatry  5.Skin and VD  6.Orthopedics | **√**  **√**  **√**  **√**  **√**  **√** |  |
| 4 | Location of the  Hospital Give details. | **Within the same limits of Corporation or Municipality or Campus with Medical Faculty involvement as adjunct faculty** | Gayatri Vidya parishad institute of health care and medical technology, madurawada- with in the limits of corporation |  |

\*Approval letter of the Hospital Authority to be annexed along with MOU.



+Inspectors are required to personally verify the space provided at the hospital and meet the hospital administrators for interaction.

++to be certified by the Dean/Director/Medical Supdt. Of the hospital.

**Unit wise Medical Staff:**

Unit: **Dept of General medicine** Bedstrength: 72

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S.  No. | Designation | Name with  Date of Birth | Nature of  Employment Fulltime/part time/Hon. | UG/PGQUALIFICATION | | | **Experience**  Date wise teaching/Professional experience with designation  &Institution | | | | |
|  |  |  |  | Subject  With Year of passing | Institution | University | Designation | Institution | From | To | Period |
| 1 | Professor | Dr.N Dharma Rao -3/7/71 | Full time | MBBS-94  Md-2003 | Assam Medical College- Dibrugagh  Assam Medical College- Dibrugagh | Dibrugarh University | 1.Registrar/Resident  2.Asst professor  3.Assoc professor  4.Professor | Assam Medical College- Dibrugagh  KIMS-  Narketpally  MIMS – Vizianagaram  MIMS – Vizianagaram &  MMC- Khammam  MMC- Khammam  &GVPHCMT VSKP | 08-03-00  01-01-04  15.6.05  3.12.09  20.9.10  9.12.12  2.01.15 | 07-03-03  12.07-04  2.12.09  15.9.10  8.12.12  31.12.14  Till date | 3yrs  6M 12D  4y 5m  9m 13 D  2y 2m 19D  2Y23D  1y8M  Total 14 yrs |
| 2 | Assoc professor | Dr.Y. Seshagiri Rao- 28/1/56 | Full time | MBBS-79  Md-91 | Andhra medical college Visakhapatnam  RMC Kakinada | AU-VSP  AU-VSP | 1.Registrar/Resident  2.Asst professor | RMC  RMC-KKD  AMC-VSKP  RMC-KKD  AMC-VSKP  GVP-HCMT-VSKP | 1988  3.5.91  22.11.91  08.02.94  01.07.94  01.04.14 | 1991  21.11.9130.09.92  30.6.94  14.08.96  Till Date | 3yrs  6yrs 6Months |
| 3 | Asst Professor | Dr.N.Srinivas  3/12/77 | Full time | MBBS-2000  MD-2007 | SEBMC-CUtack  SEBMC-CUtack | Uthkhal University  Uthkhal University | 1.Resident  2. Asst Prof | SEBMC-CUtack  GVP-HCMT-VSKP | 05.2004  09.06.16 | 04.2007  Till date | 3yrs  1.2 yrs |
| 4 | Asst Prof | Dr.Tarun Keshav Naidu  14/6/80 | Full time | MBBS-2009  MD-2015 | NMC Nellore  MIMS VZM | DR.NTRUHS- VJZ  DR.NTRUHS- VJZ | 1..Resident  2.Asst prof | MIMS- VZM  AMC –VSKP  GVP-HCMT-VSKP | 2.20.12  10.8.15  6.9.16 | 5.2015  9.8.16  Till Date | 3yrs  1yr  11months |
| 5 | Asst prof | Dr.M.Chandana  29/1/81 | Full time | MBBS-2002  MD-2009 | AFMC-PUNE    ZIPMER | MUHS, Nasik  ZIPMER | 1..Resident  2.Asst Prof | ZIPMER  GVP-HCMT-VSKP | 2.2006  15.12.15 | 3.2009  Till date | 3y1m  1.8y |
| 6 | Registrar/ Sr.Resident | Dr.P.Mani Nageswara rao  23/10/50 | Full time | MBBS-1975 | AMC -VSKP | AU | 1..Resident  2.Asst Prof | RIMS-SKLM  GVP-HCMT-VSKP  GVP-HCMT-VSKP | 5.2.2009  25.11.2015  25.11.2015 | 30.6.12  Till date  Till date | 3yr  1.9yr |
| 7 | Registrar/ Sr.Resident | Dr.Pravat Ranjan Raika  18/5/78 | Full time | MBBS-2002  MD-2007 | SEBMC-Cutak  VSSMC Burla | Uthkhal University  Sambalpur | 1..Resident  2.Asst Prof | Sambalpur University  GVP-HCMT-VSKP | 11.2003  26.4.2016 | 11.2006  Till Date | 3y  1y4M |

**Unit wise Medical Staff:**

Unit\_Dept of Dermatology, Venereology and Leprosy Bedstrength: 08

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S.  No. | Designation | Name with  Date of Birth | Nature of  Employment Fulltime/part time/Hon. | UG/PGQUALIFICATION | | | **Experience**  Date wise teaching/Professional experience with designation  &Institution | | | | |
|  |  |  |  | Subject  With Year of passing | Institution | University | Designation | Institution | From | To | Period |
| 1 | Asst Prof | Dr.Prathayusha.Y  22/1/66 | Full time | MBBS-2008  DDVl 2012  DNB-2015 | NRI Medical Guntur  AMC VSKP  LTMMC  Mumbai | Dr.NTRUHS VJZ  AU  NBE New Delhi | 1.Resident  2.Asst Prof | ASRAm- Eluru  AMC VSKp  GVP-HCMT-VSKP | 5.5.12  13/7/15  1/9/2016 | 4/5/15  8/8/2016  Till Date | 3y  1y  11m |
| 2. | Sr.Resident | K.S.Divya  18.6.89 | Full time | MBBS-2011  MD( DVL) 2015 | KIMS Amalapuram  ASRAM-Eluru | Dr.NTRUHS VJZ  Dr.NTRUHS VJZ | 1. Resident | AMC-VSKp  LTMMC Mumbai  AH-SAP  AH-SAP  GVP-HCMT-VSKP | 29.5.10  20.2.13  26.9.12  28.7.15  4.3.16 | 28.5.12  19.2.15  18.02.13  2.3.16  Till date | 2y  2y  4m24D  7m6D  1.3y |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Unit wise Medical Staff**

Unit: Paediatrics Bedstrength: 24

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S.  No. | Designation | Name with  Date of Birth | Nature of  Employment Fulltime/part time/Hon. | UG/PGQUALIFICATION | | | **Experience**  Date wise teaching/Professional experience with designation  &Institution | | | | |
|  |  |  |  | Subject  With Year of passing | Institution | University | Designation | Institution | From | To | Period |
| 1 | Asst Prof | Dr.VRVK Kishore  1/7/78 | Full time | MBBS-2004  MD-2013 | DMC-HYD  MIMS-VZM | Dr.NTRUHS VJZ  Dr.NTRUHS VJZ | 1..Resident  2.Asst Prof | MIMS-VZM  GVP-HCMT-VSKP | 2010  1.1.2014 | 2013  Till Date | 3y  3.8 yrs |
| 2. | Sr.Resident | Dr.V.Ananth | Full time | MBBS-2002  DCH-07 | GMC- Guntur  AMC VSKP | Dr.NTRUHS VJZ  Dr.NTRUHS VJZ | 1. .Resident | AMC-VSKP  MIMS-VZM  GVP-HCMT-VSKP | 27.5.05  3.5.09  1.5.14 | 30.5.07  20.07.10  Till date | 2y  1y 2m,  3.2y |
| 3 | Sr.Resident | Dr.M.Hemasundar  20/6/85 | Full time | MBBS-2009  MD-2013 | RMC-KKD  AMC-VSKP | Dr.NTRUHS VJZ  Dr.NTRUHS VJZ | 1..Resident | AMC-VSKP  GEMS-SKLM  GVP-HCMT-VSKP | 10.5.10  2.12.14  9.5.15 | 9.5.13  8.5.14  Till Date | 3y  5m  2.3y |
| 4 | Sr.Resident | Dr.Jaya Laxmi  31/5/46 | Full time | MBBS-74  DCH-77 | GMC-Guntur  AMC-VSKp | AU-VSKP  AU-VSKP | 1..Resident | AMC-VSKP  GVP-HCMT-VSKP | 1975  5.1.13 | 1977  Till date | 2y  4.7 y |

**Unit wise Medical Staff**

Unit: Department of Obstetrics and Gynecology Bedstrength: 40

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S.  No. | Designation | Name with  Date of Birth | Nature of  Employment Fulltime/part time/Hon. | UG/PGQUALIFICATION | | | **Experience**  Date wise teaching/Professional experience with designation  &Institution | | | | |
|  |  |  |  | Subject  With Year of passing | Institution | University | Designation | Institution | From | To | Period |
| 1. | Professor | Dr.B Sudha Rani  22/8/55 | Full time | MBBS-79  MD-83 | AMC-VSKP  AMC-VSKP | AU VSKP  AU VSKP | 1..Resident  2.Asst prof  3.professor | AMC-VSKP  AMC-VSKP  GVP-HCMT-VSKP | 1980  1994  2013 | 1983  2008  Till date | 3y  14y 2m  3.5y |
| 2. | Assoc Prof | Dr.ND RajaShree  30/11/74 | Full time | MBBS-96  MD-2002  DNB-2003 | Dr.VVMC-Sholapur  KIMS-Kharad  NBE-Delhi | Shivaji University- Kolhapur  Shivaji University- Kolhapur  NBE-Delhi | 1.Resident  2.Asst prof  3Assoc prof | KIMS-Kharad  MIMER-Pune  KIMS-kharad  MIMS-VZM  GIMS-SKLM  GVP-HCMT-VSKP | 1.1.98  17.7.02  14.6.05.  17.3.08  1.7.10  8.10.15 | 31.2.01  13.6.05  6.12.05  30.6.10  8.2013  Till date | 3yrs  2.11y  6m  2.3y  3y  1.10yrs |
| 4 | Asst Prof | Dr.J.Sushma  30/11/78 | Full time | MBBS-2005  MS-2009  DNB-2010 | JIPMER-Pondicherry  OMC-HYD  NBE-NewDelhi | Pondicherry University  Dr.NTRUHS VJZ  NBE-New Delhi | 1.Resident  2.Asst Prof | OMC-HYD  MIMS VZM  GVP-HCMT-VSKP | 15.6.2006  31.1.12  23.6.14 | 14.6.09  23.7.12  Till Date | 3y  6m  3.1yrs |
| 5 | Asst Prof | Dr.A.Neeharika  12/8/81 | Full time | MBBS-2002  DCH-07 | GMC- Guntur  AMC VSKP | Dr.NTRUHS VJZ  Dr.NTRUHS VJZ | 1. Sr.Resident | AMC-VSKP  MIMS-VZM  GVP-HCMT-VSKP | 27.5.05  3.5.09  1.5.14 | 30.5.07  20.07.10  Till date | 2y  1y 2m,  3.2y |
| 3 | Asst Prof | Dr.N.SriVidya  12/7/83 | Full time | MBBS-2007  MS-2011 | AMC-VSKP  AMC-VSKP | Dr.NTRUHS VJZ  Dr.NTRUHS VJZ | 1.Resident  2.Asst Prof | AMC-VSKP  MIMS-VZM  GVP-HCMT-VSKP | 6.2008  30.8. 2011  23.6.14 | 6.2011  31.10.14  Till Date | 3y  5m  3.1y |
| 4 | Sr.Resident | Dr.M.Vamsi 01/6/82 | Full time | MBBS-06  MD-2010 | AMC-VSKp  PIGMER Chandigarh | Dr.NTRUHS VJZ  PIGMER Chandigarh | 1.Resident | PIGMER Chandigarh  GVP-HCMT-VSKP | 30.4.07  21.9.16 | 29.4.10  Till date | 3y  11m |
| 5 | Sr.Resident | Dr.D Mary Manjula  24/2/81 | Full time | MBBS-2004  MS-2012 | AMC-VSKp    MIMS-VZM | Dr.NTRUHS VJZ  Dr.NTRUHS VJZ | 1.Resident | MIMS-VZM  GVP-HCMT-VSKP | 5.2006  9.12.15 | 5.2009  Till Date | 3y  1.8y |
| 6 | Jr.Resident | Dr.B. Balaji | Full time | MBBS-2013 | MIMS-VZM | Dr.NTRUHS VJZ | 1.Resident | GVP-HCMT-VSKP | 12.11.2014 | Till date | 2.8yrs |
| 7 | Jr.Resident | Dr.k Pavani | Full time | MBBS-2014 | MIMS-VZM | Dr.NTRUHS VJZ | 1.Resident | GVP-HCMT-VSKP | 9.11.2015 | Till date | 1.9yrs |

# Other Ancillary staff available.

Epidemiologist √



Statistician √

Physiotherapist √

# Available Clinical Material:

* Average daily OPD 634
* Average daily IPD. 24

Average daily bed occupancy rate: 179

Average daily operations: Major: 11 Minor: 14-15

Year-wise available clinical materials(during previous three years).

# Intensive Care facilities

I. ICU

* No. of beds : 5

Equipment: Maximum available as per norms

Average bed occupancy: 3

1. ICCU

* No. of beds: 5

Equipment: available as per MCI norms

Average bed occupancy: 2

1. NICU

* No. of Beds : 5
* Equipment: available as per MCI norms

Average bed occupancy: 2

1. PICU

* No. of beds : 5
* Equipment: available as per MCI norms
* Average bed occupancy: 2

1. Dialysis : NA

* No. of beds

Equipment

Average bed occupancy

# Specialty clinics and services being provided by the department.

Gastroenterology, Nephrology, Neurology and Cardiology

# Details for Pharm.D. students and faculty.

1. Accommodation

|  |  |
| --- | --- |
| Faculty | Area in Sq.mtr. |
| Pharmacy Practice Area | 165 Sq.mtr. |
| Dispensary | 48 Sq.mtr. |
| Drug Information Centre | 16 Sq.mtr. |
| Computer/Internet facility | 54 Sq.mtr. |

1. Library– Departmental Library standard text and references Indexing and Abstracting services for DI services should be included as separate annexure.

**Total Books**: 4044 (at GVPIHCMT)

Titles: 916

Journals: National ( printed) -13

Internet: 28

1. Pharmacy Practice staff details at the hospital–

|  |  |  |
| --- | --- | --- |
| Name | Qualification | Signature of Faculty |
| Dr.M Savitri | M.Pharm, Ph.D - Pharmacology |  |
| Nagaraju srilakshmi | Pharmacy Practice |  |
| Moogi . Divya Swapna | Pharm D |  |

**The faculty mebers identified to conduct Pharmacy practice at Hospital are Nagaraju srilakshmi and Moogi . Divya Swapna.**

### STANDARD INSPECTION FORM (Pharm.D.)

**TEACHING PROGRAMME/INTERNSHIP PROGRAMME.**

* 1. Prescribed mode of admission to Scheduled Pharm.D. Course.
  2. Academic Activities, please mention the frequency with which each activity is held Case presentation.

Journal Club. Seminar

Subject Review

ADR meeting

Lectures (separately held for Pharm.D students) Guest lectures

* Video
* film

Others.

* 1. Log book of Pharm.D. students: Maintained/Not maintained.
  2. Whether Pharm.D. students participate in bedside counseling or not?……………………..

### Summary of Inspection report–(checklist) to be completed by the Inspector.

### Date of inspection:-

**Name of Inspector:-**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | **Name of the institution** | Name and other particulars of Institution(Principal/Head) | |
|  |  | Qualification detail. |
| Experience: Adequate/Inadequate |
| Age |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2 | **Name of the institution** | | | Name and other particulars of Institution(Principal/Head) | | | | | |
|  | | |  | | | Qualification detail. | | |
| Experience: Adequate/Inadequate | | |
| Age | | |
| 3 | **Date of last inspection of the institution:** | | | | | | | | |
| **Number of admission at B.Pharm.** | | | |  | | | | |
|  | **Staff position for B.Pharm.** | | | | **Sufficient/Insufficient** | | | | |
|  | **Other deficiency, if any** | | | | **Yes/No** | | | | |
| 4 | **Total Teachers in the Pharmacy Practice Department(with requisite qualifications**  **&Experience** | | | | | | | | |
|  | Designation | | Number | | | Name | | | Total Experience |
|  | Professors | |  | | |  | | |  |
|  | Asst. Professors | |  | | |  | | |  |
|  | Lecturers | |  | | |  | | |  |
| * All teachers should be physically identified. * Detailed proforma (with photograph affixed) in respect of every teacher must be obtained signed by the concerned teacher, HOD and Head of institution * To ensure that staff is fulltime, paid and not working in any other institution simultaneously. | | | | | | | | | |
| 5 | | **Requisite important information of the Hospital** | | | | | | | |
|  | | Number of department in the Hospital | | | | | |  | |
|  | | Teaching complement in each Dept. | | | | | | Full/Partial | |
|  | | Total number of beds Dept. wise | | | | | | Data Enclosed | |
|  | | Instruments and other expected facilities | | | | | | Adequate/Inadequate | |
|  | | Bed side teaching | | | | | | Yes/No | |
|  | | Laboratory Technician | | | | | | Number and Names | |
|  | | Department Research Laboratory | | | | | | Yes/No | |
|  | | Departmental Library–Book/Journals | | | | | | Adequate/Inadequate | |
|  | | Central Library– Books/Journals pertaining to the department | | | | | |  | |
| 6 | | Space for Pharmacy Practice Department at the Hospital | | | | | | Adequate/Inadequate | |
|  | | Indoor wards (Units/Department)&OPD space | | | | | | Adequate/Inadequate | |
|  | | Offices for Faculty members | | | | | | Adequate/Inadequate | |
|  | | Class Rooms and seminar rooms | | | | | | Adequate/Inadequate | |
|  | | Dept. Library in the hospital supporting Drug Information Services | | | | | |  | |
| 7 | | Clinical Material | | | | | | Adequate/Inadequate | |
| 8 | | No of publications from the department during 3 years | | | | | |  | |
| 9 | | Examination conduct | | | | | | As per norms of PCI/Not  as per norms of PCI | |
|  | | Standard of Examination | | | | | | √Satisfactory/Notsatisfactory | |

SignatureoftheHeadoftheInstitution SignatureoftheInspectors

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10 | Year-wisenumberofPharm.Dstudentsadmittedandavailablestaffduringthelast 5years | Year | No. of Pharm.D students admitted | No. of staff available |
|  | 2008 |  |  |  |
|  | 2009 |  |  |  |
|  | 2010 |  |  |  |
|  | 2011 |  |  |  |
|  | 2012 |  |  |  |
| 11 | Other relevant facilities in the Institution | | |  |

1. **Specific remarks if any by the Inspector:** (No recommendations regarding permission/recognition be made)Give factual position only).

**Signature of the Inspector**

**\_\_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_\_\_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_**Note: **Specific mention of required facilities as per PCI norms and commensurate with the degree under consideration must be made specifying whether these are Available/Not**

**available.**

**Compliance of deficiencies reflected in last Inspection Report**

**Specific observations if not rectified**

### Observation of the Inspectors:

|  |  |
| --- | --- |
| **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.**

**Name of the College:**

**Date of Inspection: STAFF DECLARATIONFORM–2017–2019.**

1.(a)Name………………………………………………………………

1.(b) Date of Birth & Age…………………………………………………… Photograph1.(c)Recent Passport size photo of the Employee

Signed by Dean/Principal of the college.

1.(d)Submit Photo ID proof issued by Govt. Authorities:

**Photo ID submitted: Passport copy/ DrivingLicence/ PANCard/ VoterID/ MCISmart ID Card/ State Pharmacy Council ID.**

Number………………………Issued by ……………………………Photograph

Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.

1.(e)i. Present Designation:

1.(e)(i)a Certified copies of present appointment order at present institute attached.

1.(e)ii.Department

1.(e)iii.College:

1.(e)iv.City:

1.(e)v .Nature of appointment:Permanent/Temporary/Adhoc/Honorary/Part-time1.(e)vi.Whether belongs to :SC/ST/OBC/Ex-service/Others.

1.(f) Residential Address of employee:

1.(g) **Copy of Passport/VoterCard/Ration Card/Electricity Bill/Driving License Attached as a proof of residence.**

1.(h) Phone & Fax Number With Code: Office: \_

Residence: \_

E-mail address: \_

Mobile Number:\_

1.(i) Date of joining present institution:\_

SignatureoftheHeadoftheInstitution SignatureoftheInspectors

1.(i)aJoining report at the present institute attached.

2.Qualifications:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualification | College &Univ. | Year | Registration  No.with SPC | Name of the State  Pharmacy Council |
| B.Pharm |  |  |  |  |
| M.Pharm |  |  |  |  |
| Ph.D. |  |  |  |  |

2.(a) **Copies of Degree certificates of UG and PG/and Ph.D. degree attached.**

2.(b) **Copies of valid State Pharmacy Council Registration Certificate to be attached.**

1. Details of the previous appointments/teaching experience

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Designation | Department | Name of Institution | From  DD/MM/YY | To  DD/MM/YY | Total  Experience in years & months |
| Lecturer |  |  |  |  |  |
| Assistant  Professor |  |  |  |  |  |
| Associate Professor |  |  |  |  |  |
| Professor |  |  |  |  |  |

4.(a) Before joining present institution I was working at as

And relieved on after resigning/retiring **(Relieving order is enclosed fromthe previous institution)**.

4.(b) I am not working any where else in the State or outside the State in any capacity full-time/part-time.

Signature of the Head of the Institution Signature of the Inspectors

* 1. Number of Research publications in Journals during the last 3(Three) academic years :5.(a) International Journals:

5.(b) National Journals:

5.(c) State/Other Journals:

* 1. Number of Research Projects on hand:

7.(a) I am having PAN Card and my PAN No.is /I am not having PAN Card.

7.(b) I have drawn total emoluments from this college as under:-

|  |  |  |
| --- | --- | --- |
|  | **Amount Received** | **TDS** |
| **July,2016** |  |  |
| **August,2016** |  |  |
| **September,2016** |  |  |
| **October,2016** |  |  |
| **November,2016** |  |  |
| **December,2016** |  |  |
| **January,2016** |  |  |
| **February,2017** |  |  |
| **March,2017** |  |  |
| **April,2017** |  |  |
| **May,2017** |  |  |
| **June,2017** |  |  |

7.(c)(Copy of my PAN &Form16(TDS certificate)for financial year are attached)

Declaration

1. I have not worked at any other Pharmacy college/Industry or presented my self at any inspection from October2007 onwards till date.
2. It is declared that each statement and/or contents of this declaration and/or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. 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 Pharmacy Register).

Date: Place:

Endorsement

Signature of the Employee:

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 above mentioned declaration as true and correct.

SignatureoftheHeadoftheInstitution SignatureoftheInspectors

**I have verified the certificates/documents submitted by the candidate with the original certificates/documents as submitted by the teacher to the institute and with the concerned institute and have found them to be correct and authentic.**

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.

Remarks

Date: Place: Countersigned by the Director/Dean/Principal

|  |  |  |
| --- | --- | --- |
| **S.No** | **Documents** | **Submitted** |
| 1.(c) | Recent Passport size photo of the Employee, Signed by Dean/  Principal of the college. | **Yes/ No** |
| 1.(d) | **Photo ID proof issued by Govt. Authorities: Passport/**  **DrivingLicence/PANCard/VoterID/PCISmartIDCard/StatePharmacyCouncil ID** | **Yes/ No** |
| 1.(e)(i)a | Certified copies of present appointment order at present institute. | **Yes/No** |
| 1.(g) | **Copy of Passport /Voter Card /Ration Card/Electricity Bill**  **/ Driving License Attached as a proof of residence.** | **Yes/ No** |
| 1.(i)a | Joining report at the present institute. | **Yes/No** |
| 2. | **Copies of Degree certificates B.Pharm./M.Pharm./Ph.D.** | **Yes/ No** |
| 3. | **Copy of experience certificate for all teaching appointments**  **Held before joining present institute.** | **Yes/ No** |
| 4.(a) | **Relieving order from the previous institution**. | **Yes/ No** |
| 7.(a) | **PAN Card** | **Yes/ No** |
| 7.(c) | **Form16(TDS certificate) forfinancialyear2006-2007** | **Yes/ No** |

**Signed by the Teacher: Counter signed by Dean/Principal.**

**Date: Date:**

**Signed b ythe Inspector: Date:NOTE:**

* 1. **The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed/attached with the Declaration Form.**
  2. **The person will not be counted as a teachers if the original of Photo ID proof, Registration Certificates/Degree certificates/PAN Card are not produced for verification at the time of inspection.**

Signature of the Head of theI nstitution Signature of the Inspectors