

## 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 :** Jawaharlal 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.

Signature of the Principal

Signature of the Inspector

(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**

**A- GENERAL INFORMATION**

<b>A-I.1</b> Applicant is for Pharm.D. <input checked="checked" type="checkbox"/> Pharm.D. and Pharm.D.(Post Baccalaureate) <input type="checkbox"/> (Tick the relevant Box)	
<b>A-I.2</b> Year of starting of the course	2018
<b>A-I.3</b> 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
<b>A-I.4</b> Status of the course conducting body: Government/University/Autonomous/Aided/Private (Enclose copy of Registration documents of Society/Trust)	Private
<b>A-I.5</b> Name, address of the Society/Trust/Management(attached documentary evidence) STD Code: Telephone No: Fax No: 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  <a href="mailto:vtcepl@yahoo.co.in">vtcepl@yahoo.co.in</a> ---

Signature of the Principal

Signature of the Inspector

<b>A– I.5 a)</b> Whether the Jan Aushadhi Medical Store has been opened by your institution	<div style="text-align: right;">✓</div> Yes / No (Please tick ( <input type="checkbox"/> )the relevant portion)
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Signature of the Principal

Signature of the Inspector

<b>A-I.6</b> 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 <a href="mailto:vtcepl@yahoo.co.in">vtcepl@yahoo.co.in</a>
<b>A-I.7</b> 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.
<b>A-I.8</b> Name of the Examining Authority Complete Postal address: STD code Telephone No. Fax No. Email Website	Jawaharlal Nehru Technological University Kakinada, KAKINADA, 533003, Andhra Pradesh, India.  0884-2300900 0884-2300901 <a href="mailto:registrar@jntuk.edu.in">registrar@jntuk.edu.in</a> <a href="http://www.jntuk.edu.in">www.jntuk.edu.in</a>

Signature of the principal

Signature of the Inspector

**A-I.9**

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

**c. DETAILS OF INSPECTION/AFFILIATION FEE PAID**

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

**b. APPROVAL STATUS OF THE INSTITUTION**

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATEGO VT	UNIVERSITY	Remarks of the
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/ViswanadhalPS/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	-

Signature of the principal

Signature of the Inspector

### B-Details of the Institution

<b>B-I.1</b> <b>Name of the Principal/Head</b>			Dr.P. UMA DEVI		
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks Of The Inspectors</b>
	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	Deficiencies rectified /Not rectified	Intake reduced/Stopped in the last 03years*
(a) Pharm.D.	NA	NA	NA	NA
(b) Pharm.D. Post Baccalaureate	NA	NA	NA	NA

\*Enclose Documents(write NA if not applicable)

#### B-I.3

<b>Type of Institution</b>	<b>Government/Trust/Society/Individual/University</b>
<b>Details of the Governing Body</b>	<b>√ Enclosed/Not Enclosed</b>
<b>Minutes of the last Governing Council Meeting</b>	<b>√ Enclosed/Not Enclosed</b>

#### B -I.4 Pay Scales:

Staff	Scale of pay	PF	Gratuity	Pension Benefit	Remarks of the Inspector
<b>Teaching Staff</b>	√AICTE/UGC/State Govt. √Yes/No	√Yes/No	Yes/No√	Yes/No√	
<b>Non-Teaching Staff</b>	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√

Signature of the principal

Signature of the Inspector

## 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			Remarks of the inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others	---	CAPITALEXPENDITURE			
2.	Tuition Fee	14177000	1.	Building		
3.	Library Fee		2.	Equipment		
4.	Sports Fee		3.	Others		
5.	Union Fee		REVENUEEXPENDITURE			
6.	Others	1554193	1	Salary	6606800	
			2.	MAINTENANCE EXPENDITURE		
				i	College	310658
				ii	Others	-
			3.	University Fee(If any)	533750	
			4.	Apex Bodie Fee	300000	
			5.	Government Fee		
			6.	Misc. Expenditure	1100598	
			Excess Income over Expenditure		6879387	
TOTAL		15731193	TOTAL		15731193	

Note:Enclose relevant documents

Signature of the Principal

Signature of the Inspector

## PART-II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land for the Pharmacy College :2.5 acres
  - b. Building :√Own/Rented/Leased
  - c. Land Details to be in the name of Trust and Society
    - i) Own– Records to be enclosed  
Sale deed/relevant document :√Enclosed/Not available
  - d. Building:
    - i) Approved Building plan, : √Enclosed/Not available
  - e. Total Built up Area of the college building in Sq.mts :Builtup Area 2030 Sq .M
  - f. Amenities and Circulation Area in Sq.mts. 498 Sq.M
2. Classrooms:

**Total Number of Classrooms available and number provided for Pharm.D.or Pharm.D. and Pharm. D.(Post Baccalaureate) Programme**

Class	Required	Available Numbers	Required Area for each Class Room	Available Area in Sq.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)

3. 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.	Remarks of 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.

Signature of the Principal

Signature of the Inspector



4	Area of the Machine Room	80-100Sq.mts	100Sq.mts	
5	Central Instrument Room	80Sq.mts with AC	80Sq.mts with	
6	Store Room–I	1 (Area100Sqmts)	Available	
7	Store Room–II (For Inflammable chemicals)	1 (Area20Sqmts)	Available	
8	Hospital with teaching facility– (Please tick)	300 bedded hospital.Tertiary Care Hospital desirable Medicine (Compulsory) (Any three of the below)		
a)	Own <input type="checkbox"/>			
b)	Teaching Hospital approved <b>✓</b> by MCI*or University* <input type="checkbox"/>			
c)	Govt. Hospital <input type="checkbox"/>	• Surgery	<b>✓</b>	
d)	*Corporatetype* <input type="checkbox"/>	• Pediatrics	<b>✓</b>	
		• Gynecology and Obstetrics	<b>✓</b>	
		• Psychiatry	<b>✓</b>	
		• Skin and VD	<b>✓</b>	
		• Orthopedics	<b>✓</b>	
	*Attach a copy of MOU between institution &Hospital.			
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.

#### 4. Administration Area:

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks of the Inspectors
				No.	Areain Sq.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					

Signature of the Principal

Signature of the Inspector

**5. Staff Facilities:**

Sl No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks of the Inspectors
				No.	Area in Sq.mts	
1	HODs for Pharm.D. and Post Baccalaureate Programme	Minimum 4	20 Sqmts x 4	4	150	
2	Faculty Rooms for Pharm.D. and Pharm.D. Post Baccalaureate Programme		10 Sqmts x n (n=No of teachers)	10	150	

**6. Museum, Library, Animal House [should have approval of the Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA)] and other Facilities:**

Sl No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks of the Inspectors
				No.	Area in Sq.mts	
1	Animal House	01	80 Sq.mts	--	---	
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	250	
5	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	Available	

**7. Student Facilities:**

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

Signature of the Principal

Signature of the Inspector

**8. Computer and other Facilities:**

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq.	
Computer Room	100 Sq.mts.	01	75	
Computer (Latest configuration)	1 system for every 10 students	30 pentium iv all in LAN	12	
Printers	1 printer for every 10 computers	6	2	
Multi Media Projector	01	1	-	
Generator(5KVA)	01	1	-	

**9. Amenities(Desirable)**

Name	Requirement as per Norms in area	Available		Not Available	Remarks of the Inspectors
		No.	Area in		
Principal's quarter	120 Sq.mts	-	-		
Staff quarters	16x80 Sq.mts	-	-		
Canteen	100 Sq.mts	1	150		
Parking Area for staff and students		1			
Bank Extension Counter		ATM			
Cooperative Stores		1			
Guest House	80 Sq.mts	-			
Auditorium		1			
Seminar Hall		2			
Transport Facilities for students		yes			
Medical Facility (First Aid)		yes			

**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	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 10 International periodicals	-	10 02	

Signature of the Principal

Signature of the Inspector

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

#### 10.B. 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	

#### 10.C. 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	

Signature of the Principal

Signature of the Inspector

## PART III ACADEMIC REQUIREMENTS

### Course Curriculum:

#### 1. Student Staff Ratio:

(Required ratio---Theory→30:1 and Practicals→30:1) If more than 20 students in a batch 2 staff 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			

#### 2. Academic Calendar: 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

#### 3. Vacation for PHARM.D.:

Summer:

NA

Winter:

NA

#### 4. Total No.

of working days for PHARM.D.: (Requirement not less than 200 working days/year)

#### 5. 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

#### 6. Vacation for Pharm.D. Post Baccalaureate:

Summer:

NA

Winter:

NA

#### 7. Total Number of working days for Pharm.D. Post Baccalaureate (Requirement not less than 200 working days/year)

NA

#### 8. Time Table copy Enclosed: (Tick✓)

a. Pharm.D. course

Yes

NA

No

b. Pharm.D. Post Baccalaureate Course

Yes

NA

No

Signature of the Principal

Signature of the Inspector

**10. 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	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No 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			
<b>Total hours</b>	<b>16</b>		<b>18</b>		<b>6=(40)</b>			

\*WriteNA if not Applicable

\*\*for Biology

Signature of the Principal

Signature of the Inspector

**Second Year PharmD: NA**

Subject  1	No of Theory Classes		Practicals		Tutorials		Total No.of classes conducted No.of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No 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&Ph ytopharmaceuticals	3		3		1			
Pharmacology-I	3		-		1			
Community Pharmacy	2		-		1			
Pharmaco therapeutics-I	3		3		1			
<b>Total Hours</b>	<b>17</b>		<b>9</b>		<b>6=32</b>			

Signature of the Principal

Signature of the Inspector

**Third year PharmD: NA**

Subject  1	No of Theory Classes		Practicals		Tutorials		Total No.of classes conducted No.of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Pharmacology-II	3		3		1			
Pharmaceutical Analysis	3		3		1			
Pharmacotherapeutics-II	3		3		1			
Pharmaceutical Jurisprudence	2		-		-			
Medicinal Chemistry	3		3		1			
Pharmaceutical Formulations	2		3		1			
<b>Total hours</b>	<b>16</b>		<b>15</b>		<b>5=36</b>			

Signature of the Principal

Signature of the Inspector



**Fourth year PharmD: NA**

Subject  1	No of Theory Classes		No.of Hours of Practical/Hospital Posting		Tutorials		Total No.of classes conducted No.of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No 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 &	3		3		1			
Clinical Toxicology	2		-		1			
<b>Total hours</b>	<b>15</b>		<b>12</b>		<b>6=33</b>			

Signature of the Principal

Signature of the Inspector

**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	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No 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		-			
<b>Total hours</b>	<b>8</b>		<b>20</b>		<b>4=32</b>			

\* Attendingwardroundsondailybasis.

**11. 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			

Signature of the Principal

Signature of the Inspector

**12. Workload of Faculty members per week for Pharm.D. NA**

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

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

Sl. No	Name of the Faculty	Subjects taught	Pharm.D. and Pharm.D. (PostBaccalaureate)						Total workload	Remarks of the Inspector
			I		II		III			
			Th	Pr	Th	Pr	Th	Pr		

**14. 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	-	-	-

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

Yes	No
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Signature of the Principal

Signature of the Inspector

## PART IV-PERSONNEL

### TEACHINGSTAFF.

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	Teaching Experience	State Pharmacy Council RegNo.	Signature of the faculty	Remarks of the Inspectors

2. DetailsofTeachingFacultyexclusivelyavailableteachingforPharm.D.Course to be enclosed in the format mentioned below:

Sl No	Name	Designation	Qualification	Date ofJoining	Teaching Experience	State Pharmacy Council RegNo.	Signature of the faculty	Remarks of the Inspectors

3. 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	Teaching Experience		State Pharmacy Council RegNo.	Signature of the faculty	Remarks of the Inspectors
					After UG	After PG			

#### 4. Qualification and number of Staff Members

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

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

Professor:Asst.Professor:Lecturer

<b>Department/Division</b>	<b>Name of the post</b>	<b>No. Required</b>	<b>Provided by the institution</b>	<b>Remarks of the Inspectors</b>
Department of Pharmaceutics	Professor	1		
	Asst.Professor	1	1	
	Lecturer	2		
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	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.

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

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

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

<b>Name of Faculty Member</b>	<b>Period</b>	<b>Percentage</b>
	<b>Duration of 15yrs.And above</b>	-
	<b>Duration of 10yrs.And above</b>	-
	<b>Duration of 5yrs.And above</b>	35%
	<b>Less than 5yrs.</b>	65%

**8. Details of Faculty Turn over**

<b>Name of Faculty Member</b>	<b>Period</b>	<b>Morethan 50%</b>	<b>50%</b>	<b>25%</b>	<b>Lessthan 25%</b>
	<b>%of faculty retained in last 3yrs</b>		√		

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

<b>Sl. No.</b>	<b>Designation</b>	<b>Required Number</b>	<b>Required Qualification</b>	<b>Available</b>		<b>Remarks of the</b>
				<b>Number</b>	<b>Qualification</b>	
1	Laboratory Technician	1 foreach Dept	D.Pharm	02 03	D.Pharm BSc	
2	Laboratory Assistant or Laboratory Attenders	1 foreach Lab (minimum)	SSLC	03	SSLC	
3	Office Superintendent	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.	

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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.

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**10. Scale of pay for Teaching faculty (to be enclosed): 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
									PT	TDS	EPF					

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

**13. Scope for the promotion for faculty Promotions**Yes √ No **14. Gratuity Provided**Yes No √ **15. 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

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**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		√	

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## PART-VI

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

Sl	Expenditure in Rs (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		1,93,917	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	

2. 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	

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**3. 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	
<b>1</b>	<b>Books</b>		<b>42,059</b>	<b>Books</b>		<b>30,858</b>	<b>Books</b>		<b>48,742</b>	
<b>2</b>	<b>Journals</b>		<b>22,865</b>	<b>Journals</b>		<b>11,665</b>	<b>Journals</b>		<b>17,400</b>	

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

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## PARTVII-EQUIPMENT AND APPARATUS

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

#### A. DEPARTMENT OF PHARMACOLOGY:

##### I. Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes/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's spirometer	01	01	01	
5	Sphygmomanometer	05	05	05	
6	Stethoscope	05	05	05	Yes
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands 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	

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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's shotplate)	01	01	Yes	
30	Convulsiometer	01	01	Yes	
31	Plethysmograph	01	01	Yes	
32	Digital pH meter	01	01	Yes	

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## II. Apparatus:

S.No	Name	Minimum required Nos.	Available Nos.	Working Yes/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 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.

## B. DEPARTMENT OF PHARMACOGNOSY:

### I. Equipment:

S.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	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	

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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	

## II. Apparatus:

S.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	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.

## C. DEPARTMENT OF PHARMACEUTICAL CHEMISTRY:

### I. Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes/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	

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5	Digital balance sensitivity	10mg	10	10	Yes	
6	Digital Balance (1mgsensitivity)		01	01	Yes	
7	Suction pumps		06	06	Yes	
8	Muffle Furnace		01	01	Yes	
9	Mechanical Stirrers	with	10	10	Yes	
10	Magnetic Stirrers Thermostat		10	10	Yes	
11	Vacuum Pump		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.	Working Yes/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	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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**D.D. DEPARTMENT OF PHARMACEUTICS:****I. Equipment:**

S.No	Name	Minimum required Nos.	Available Nos.	Working Yes/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	

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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	Magnetic stirrer, 500ml and 1lit ercapacity with speed control	05 EACH 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/stain)	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	

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## II. Apparatus:

S.No	Name	Minimumrequired Nos.	AvailableNos.	Working Yes/No	RemarksoftheI nspectors
1	Ostwald's viscometer	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.	Working Yes/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	

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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.

**ED DEPARTMENT OF PHARMACY PRACTICE:**

**Equipment:**

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes/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	

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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	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.	Working Yes/No	Remarks of the Inspectors
1	Colorimeter	01	01	Yes	
2	Digital Ph meter	01	01	Yes	
3	UV-Visible Spectrophotometer	01	01	Yes	

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4	Flourimeter	01	01	Yes	
5	Digital Balance(1mgsensitivit	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	--	--	

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

### Hospital Details

S.No.	Name/Inf rastructure	Minimum required Nos.	Provided	Remarks of the Inspectors
1	Hospital* with Teaching facility  Minimum300be ddedHospital	<u>Nature of Hospital</u> - Own - Teaching hospital recognized by MCI or University - Govt. Hospital not below the level of district Hospital - Corporate Hospital	<div> <input type="checkbox"/> </div> <div> <b>✓</b> <input type="checkbox"/> </div> <div> <input type="checkbox"/> </div>	
2	Place for Pharmacy Practice Department <sup>+</sup>	Minimum carpet area of 3sq.mts. per student along with consent to provide the professional manpower to support the programme.	<b>✓</b>	
3	Available specialties <sup>++</sup>	Medicine (Compulsory) (Any three of the following) 1.Surgery 2.Pediatrics 3.Gynecology and Obstetrics  4.Psychiatry 5.Skin and VD 6.Orthopedics	<div> <input type="checkbox"/> </div> <div> <b>✓</b> </div> <div> <b>✓</b> <input type="checkbox"/> </div> <div> <b>✓</b> <input type="checkbox"/> </div> <div> <b>✓</b> <input type="checkbox"/> </div> <div> <b>✓</b> <input type="checkbox"/> </div> <div> <b>✓</b> <input type="checkbox"/> </div> <div> <input type="checkbox"/> </div>	
4	Location of the Hospital Give details.	<b>Within the same limits of Corporation or Municipality or Campus with Medical Faculty involvement as adjunct faculty</b>	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.

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

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

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## 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			<u>Experience</u> 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	Dibrugarh University	1.Registrar/Resident	Assam Medical College-Dibrugagh	08-03-00	07-03-03	3yrs
							2.Asst professor	KIMS-Narketpally	01-01-04	12.07-04	6M 12D
								MIMS – Vizianagaram	15.6.05	2.12.09	4y 5m
							3.Assoc professor	MIMS – Vizianagaram & MMC-Khammam	3.12.09	15.9.10	9m 13 D
									20.9.10	8.12.12	2y 2m 19D
2	Assoc professor	Dr.Y. Seshagiri Rao- 28/1/56	Full time	MBBS-79 Md-91	Andhra medical college Visakhapatnam	AU-VSP	4.Professor	MMC-Khammam & GVPHCMT VSKP	9.12.12	31.12.14	2Y23D
									2.01.15	Till date	1y8M
											Total 14 yrs
							1.Registrar/Resident	RMC	1988	1991	3yrs
							2.Asst professor	RMC-KKD	3.5.91	21.11.913	6yrs
					RMC Kakinada	AU-VSP		AMC-VSKP	22.11.91	0.09.92	6Months
								RMC-KKD	08.02.94	30.6.94	
								AMC-VSKP	01.07.94	14.08.96	
								GVP-HCMT-VSKP	01.04.14	Till Date	

Signature of the principal

Signature of the inspector



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

Signature of the principal

Signature of the inspector

## 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			<b>Experience</b> 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	NRI Medical Guntur	Dr.NTRUHS VJZ	1.Resident	ASRAM- Eluru	5.5.12	4/5/15	3y
				DDVI 2012	AMC VSKP	AU		AMC VSKp	13/7/15	8/8/2016	1y
				DNB-2015	LTMMC Mumbai	NBE New Delhi	2.Asst Prof	GVP-HCMT-VSKP	1/9/2016	Till Date	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

Signature of the principal

Signature of the inspector

## 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			<b>Experience</b> 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	DMC-HYD	Dr.NTRUHS VJZ	1..Resident	MIMS-VZM	2010	2013	3y
				MD-2013	MIMS-VZM	Dr.NTRUHS VJZ	2.Asst Prof	GVP-HCMT-VSKP	1.1.2014	Till Date	3.8 yrs
2.	Sr.Resident	Dr.V.Ananth	Full time	MBBS-2002	GMC-Guntur	Dr.NTRUHS VJZ	1. .Resident	AMC-VSKP	27.5.05	30.5.07	2y
				DCH-07	AMC VSKP	Dr.NTRUHS VJZ		MIMS-VZM	3.5.09	20.07.10	1y 2m,
								GVP-HCMT-VSKP	1.5.14	Till date	3.2y
3	Sr.Resident	Dr.M.Hemasundar 20/6/85	Full time	MBBS-2009	RMC-KKD	Dr.NTRUHS VJZ	1..Resident	AMC-VSKP	10.5.10	9.5.13	3y
				MD-2013	AMC-VSKP	Dr.NTRUHS VJZ		GEMS-SKLM	2.12.14	8.5.14	5m
								GVP-HCMT-VSKP	9.5.15	Till Date	2.3y
4	Sr.Resident	Dr.Jaya Laxmi 31/5/46	Full time	MBBS-74	GMC-Guntur	AU-VSKP	1..Resident	AMC-VSKP	1975	1977	2y
				DCH-77	AMC-VSKP	AU-VSKP		GVP-HCMT-VSKP	5.1.13	Till date	4.7 y

Signature of the Principal

Signature of the Inspector

## 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			<b>Experience</b> 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

Signature of the Principal

Signature of the Inspector

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

Signature of the Principal

Signature of the Inspector

**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

**II. ICCU**

- No. of beds: 5
- Equipment: available as per MCI norms

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- Average bed occupancy: 2

### III. NICU

- No. of Beds : 5
- Equipment: available as per MCI norms
- Average bed occupancy: 2

### IV. PICU

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

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V. 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.**

A. 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.

B. 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

C. 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.**

Signature of the Principal

Signature of the Inspector



**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.

3. Log book of Pharm.D. students: Maintained/Not maintained.

4. 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	<b>Name of the institution</b>	Name and other particulars of Institution(Principal/Head)	
			Qualification detail.
			Experience: Adequate/Inadequate
			Age

Signature of the Principal

Signature of the Inspector

2	<b>Name of the institution</b>	Name and other particulars of Institution(Principal/Head)		
			Qualification detail.	
			Experience: Adequate/Inadequate	
			Age	
3	<b>Date of last inspection of the institution:</b>			
	<b>Number of admission at B.Pharm.</b>			
	<b>Staff position for B.Pharm.</b>	<b>Sufficient/Insufficient</b>		
	<b>Other deficiency, if any</b>	<b>Yes/No</b>		
4	<b>Total Teachers in the Pharmacy Practice Department(with requisite qualifications &amp;Experience</b>			
	Designation	Number	Name	Total Experience
	Professors			
	Asst. Professors			
	Lecturers			
<ul style="list-style-type: none"> <li>- All teachers should be physically identified.</li> <li>- Detailed proforma (with photograph affixed) in respect of every teacher must be obtained signed by the concerned teacher, HOD and Head of institution</li> <li>- To ensure that staff is fulltime, paid and not working in any other institution simultaneously.</li> </ul>				
5	<b>Requisite important information of the Hospital</b>			
	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	

Signature of the Principal

Signature of the Inspector

10	Year- wisenumeroofPharm.Dstudents admittedandavailablestaffdurin	Year	No. of Pharm.D students admitted	No. of staff available
	2008			
	2009			
	2010			
	2011			
	2012			
11	Other relevant facilities in the Institution			

12. **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.

<b>Compliance of deficiencies reflected in last Inspection Report</b>
<b>Specific observations if not rectified</b>

**Observation of the Inspectors:**

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

**Note:**

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

Name of the College: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**STAFF DECLARATION FORM-2017-2019.**

1.(a) Name: \_\_\_\_\_

1.(b) Date of Birth & Age: \_\_\_\_\_

Photograph

1.(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/ Driving Licence/ PAN Card/ Voter ID/ 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-

time 1.(e)vi. Whether belongs to : SC/ST/OBC/Ex-service/Others.

1.(f) Residential Address of employee:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1.(g) **Copy of Passport/Voter Card/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: \_\_\_\_\_

Signature of the Head of the Institution

Signature of the Inspectors

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.**

3. 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

5. 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:\_\_\_\_\_

6. 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).

Signature of the Employee:

Date:

Place:

#### Endorsement

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the above mentioned declaration as true and correct.

**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.

Date:

Place:

Countersigned by the  
Director/Dean/Principal

Remarks

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

**Signed by the Teacher:**

**Counter signed by Dean/Principal.**

**Date:**

**Date:**

**Signed by the 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 the Institution

Signature of the Inspectors