KERALA UNIVERSITY OF HEALTH SCIENCES THRISSUR



INSPECTION PROFORMA: 2

INSPECTION PROFORMA FOR PROVISIONAL/CONTINUATION OF AFFILIATION FOR INSTITUTIONS CONDUCTING B. PHARM AND M.PHARM DEGREE COURSES



KERALA UNIVERSITY OF HEALTH SCIENCES

INSPECTION PROFORMA OF INSTITUTIONS FOR CONDUCTING B.PHARM AND M.PHARM DEGREE COURSES FOR THE ACADEMIC YEAR 202...- 202...

STARTING NEW COURSE IN.....

CONTINUATION OF PROVISIONAL AFFILIATION

ENHANCEMENT OF SEATS FOR.....

SURPRISE INSPECTION

I. A. BASIC INFORMATION

| 1 | Date of Inspection | |
|---|--|--|
| 2 | Order number and date | |
| 3 | Name of the Institution | |
| 4 | Name of the courses with intake applied/approved | |
| 5 | Affiliation for starting the course/ Continuation of provisional affiliation | |

I. B. DETAILS OF INSPECTORS

| Inspector Details | Inspector 1 | Inspector 2 | Academic Council Member (if appointed) |
|----------------------|-------------|-------------|---|
| Name | | | |
| Designation | | | |
| Official address | | | |
| Email-Id | | | |
| Mobile No. | | | |

I. C. DETAILS OF THE COLLEGE

| 1 | Name of the college | |
|----|---|--------|
| 2 | Name of the Principal/Head of the Institution | |
| 3 | Full postal address of the college | |
| 4 | Telephone number | |
| 5 | E mail id | |
| 6 | Administrative status of the Institution (society / trust/ any other) - (Annexure –I) | |
| 7 | (a) Approval or NOC from government – (Annexure-II) | |
| 7 | (b) PCI approval for the academic year 202202(Annexure-III) | |
| 8 | Website details of the college – (Annexure-IV) | |
| 9 | Last updated on- (date) | |
| 10 | Location of the college | |
| 11 | Distance from the nearest railway station | |
| 12 | Road route and distance from the Bus station | |
| 13 | Whether any other courses are being conducted in the same Premises/Building | Yes/No |
| 14 | If Yes, Mention the name of the course | |
| | and their durations | |
| 1 | | |

II. LAND & BUILDING DETAILS (as per PCI norms)

- A. Land available (in acres) :Land deed details (Annexure V)
- B. Building: Own / Lease
 Copy of Approved Building Plan Enclosed/Not available (Annexure VI)

III. INFRASTRUCTURE FACILITIES (as per PCI norms)

(Items under A, B, C, F, G and H should be tabulated as per the following format and endorsed by the Principal/Head of the institution – (Annexure VII)

A. CLASSROOMS

| Courses | Number of | Required | Carpet Area in Sq.m per Room | | | | | Total No. | Remarks | |
|------------------|--------------------------|-----------------|------------------------------|------|------|------|------|-----------|---------|---------------------|
| Courses | Students | (Sq.m) | No.1 | No.2 | No.3 | No.4 | No.5 | No.6 | | of the Inspector |
| B.Pharm (UG) | 60 | 75 | | | | | | | | |
| | 100 | 75/ 125* | | | | | | | | |
| M. Pharm (PG) | 15 per specialization | 36 | | | | | | | | |
| Tutorial room | | 33 | | | | | | | | |

*6 classrooms of 75 Sq.m each OR 4 classrooms of 125 Sq.m each.

B. LABORATORY (Details of Lab with Carpet Area in Sq. m)

| SL No. | Laboratory | Required Sq.m | Carpet Area in Sq.m per Room | Required No. | Available No. |
|-----------|---|------------------|------------------------------------|--------------|------------------|
| 1 | Pharmaceutics | 75 | | 3 | |
| 2 | Pharm. Chemistry | 75 | | 2 | |
| 3 | Pharm. Analysis | 75 | | 1 | |
| 4 | Pharmacology | 75 | | 2 | |
| 5 | Pharmacognosy | 75 | | 1 | |
| 6 | Pharm. Microbiology lab including aseptic room | 75 | | 1 | |

| 7 | Laboratory for PG course (M.Pharm) | 75 | 1 (one for each specialization) |
|-----|---------------------------------------|----|---|
| | reparation room for each lb | 10 | 1 for each lab or in between 2 labs |
| Ren | narks of the Inspector | | |

C. GENERAL

| SL. No. | Particulars | | Required (Sq.m) | Carpet Area in Sq.m. per Room | No. Available |
|---------|--|------|---|--|---------------|
| 1 | Central Instrumentation F (Air conditioned) | Room | 75 | | |
| 2 | Machine Room | | 75 | | |
| 3 | Computer lab inclusive or Language lab | f | 75 | | |
| 4 | Library and Reading room | n | 150 | | |
| 5 | | UG | 132 | | |
| | Seminar Hall | PG | 75 | | |
| 6 | Museum | | 50 | | |
| 7 | Central Chemical Store (Store room I) | | 100 | | |
| 8 | Store room for inflammable chemicals (Store room II) | | 20 | | |
| 9 | Examination Control Off | ice | 30 | | |
| | | 60 | 250 | | |
| 10 | Examination Hall | 100 | 250 + | | |
| | | | 100 | | |
| 11 | Animal house facility approved by IAEC (Mandatory for M.Pharm Pharmacology) | | Available/ Not IAEC approva valid up to | | 1 |
| | Remarks of the Inspector | | | | |

| | har hall (75sq.m) with multimedia projector for PG : hall may be shared for two M.Pharm branches) | Available/Not ava | ilable |
|----|--|-----------------------------|-----------|
| 1. | Whether all the laboratories are well lit & ventilated: | YES | NO |
| 2. | Whether all laboratories are provided with basic amenities and servic | es like exhaust fan | s and |
| | fuming chamber to reduce the pollution whenever necessary: | YES | NO |
| 3. | Whether all workbenches in the laboratories are smooth and easily clear | eanable preferably | made of |
| | non-absorbent material: | YES | NO 🗌 |
| 4. | Whether all water taps in the laboratories are non-leaking and directly drainage efficient: | v installed on sink. YES | Is the NO |
| 5. | Whether the Balance room is attached to the concerned laboratory: | YES | NO 🗌 |

| Sl. No. | | Requirement | Remarks (After Verification) | | |
|------------|--|---|---|--|--|
| 1 | Owner ship | Own Hospital of minimum 300 beds or MoU with a nearby hospital (Govt./Corporate) of minimum 300 beds | Own/Govt./Corporate | | |
| 2 | Bed Strength with % of Occupancy | Minimum 300, Average 50% of bed occupancy. | Bed Strength: | | |
| 3 | IP/OP | Minimum 300 OP/day | IP/ day: OP/ day: | | |
| 4 | Departments needed | General Medicine (Compulsory) and any three among the following Surgery, Pediatrics, Gynecology and Obstetrics, Psychiatry, Skin and VD, Orthopedics | Departments available: | | |
| | Exclusive requirement for the course | Housing Pharmacy practice department with minimum carpet area of 3 Sq.m. per student and to provide professional manpower to support the programme. (Consent in this regard should be included in the MOU wherever applicable) | Total area of Pharmacy Practice Dept. in hospital: MoU: Available/Not available Enclose Copy of MoU with Hospital (Annexure VIII) MoU Validity Period: | | |

D. HOSPITAL REQUIREMENT FOR M.PHARM PHARMACY PRACTICE

| | | | From to |
|---|---|--|-----------------------------------|
| 6 | Exclusive Equipment /labs needed for the course | One Classroom (exclusively for Pharmacy Practice with 45 Sq. m). Staff room, Library, Patient counselling and Drug Information Centre with 2 computers with internet, LCDs, standard software, should be available in the hospital (this facility may be shared if Pharm D programme is available in the institution). | Available/Not available |
| 7 | Hospital Staff Support | Support from physicians and other health care professional required | Yes/ No |
| 8 | Distance from Teaching Institution | Not more than 30 kms | Distance from the Institution: |

E. Details of HUMAN/ ANIMAL ETHICAL COMMITTEE available at the Hospital/College (Annexure IX)

F. ADMINISTRATIVE AREA

| Sl. No. | Particulars | Req. No. | Available No. | Required Area (Sq. M.) | Available Area (Sq. M.) |
|------------|---------------------------|----------|------------------|---------------------------|----------------------------|
| 1 | Principal's Chamber | 1 | | 30 | |
| 2 | Vice Principal's Chamber | 1 | | 20 | |
| 3 | Office | 1 | | 60 | |
| 4 | Confidential Room | 1 | | 30 | |
| | Remarks of the Inspectors | | | | |

G. STAFF FACILITIES

| Sl. No. | Particulars | Req. No. | Available No. | Required Area (Sq. M.) | Available Area (Sq. M.) |
|------------|---------------------------|---------------------|------------------|---------------------------|----------------------------|
| 1 | HOD Room | 1 per Department | | 20 | |
| 2 | Faculty Rooms | - | | 10/faculty | |
| 3 | Non-Teaching Staff Room | 1 | | 30 | |
| | Remarks of the Inspectors | | | | |

^{*}ANIMAL ETHICAL COMMITTEE: Mandatory after the commencement of M Pharm Pharmacology HUMAN ETHICAL COMMITTEE: Mandatory after the commencement of M Pharm Pharmacy Practice

H. STUDENT FACILITIES

| Sl. No. | Particulars | Req. No. | Available No. | Required Area (Sq. M.) | Available Area (Sq. M.) |
|------------|-----------------------------------|----------|------------------|---------------------------|----------------------------|
| 1 | Girl's Common Room | 1 | | 60 | |
| 2 | Boy's Common Room | 1 | | 60 | |
| 3 | Toilet Blocks for Boys | 1 | | 30 | |
| 4 | Toilet Blocks for Girls | 1 | | 30 | |
| 5 | Power Backup Provision (5 KVA) | 1 | | - | |
| 6 | Sick Room | 1 | | 10 | |
| 7 | Canteen | 1 | | - | |
| | Remarks of the Inspectors | | | | |

a) Drinking Water facility/Water cooler (One in each Floor) : Available / Not available

- b) Hostel facilities for the Boys : Available / Not available
- c) Hostel facilities for the Girls : Available / Not available

IV. ACADEMIC REQUIREMENTS (as per PCI norms)

A. STUDENT STAFF RATIO: THEORY/PRACTICAL

| Course | | Theory | | Pra | actical | Remarks of the | |
|---------|-----|----------|-----------|-----------|-----------|----------------|--|
| | | Required | Available | Required | Available | Inspector | |
| B Pharm | 60 | 1:60 | | 1:20/2:30 | | | |
| | 100 | 1:100 | | 1:20/2:30 | | | |
| M.Pharm | 15 | 1:15 | | 1:15 | | | |

B. Timetable: Timetable for B Pharm and M.Pharm to be enclosed: Yes/No (**Annexure X**) C.NUMBER OF GUEST LECTURES/SEMINARS/WORKSHOPS/SYMPOSIA/PRESENTATIONS CONDUCTED DURING LAST YEAR

| SL No. | Particulars | Number(s) conducted |
|--------|----------------|---------------------|
| 1 | Guest Lectures | |
| 2 | Seminars | |
| 3 | Workshops | |
| 4 | Symposia | |
| 5 | Presentations | |

(Details and proof to be attached, Annexure-XI)

- D. List of Research papers Presented/Published during the previous year by the faculty (**Annexure-XII**) (Title of the Article, Name of the Authors, Journal Details etc.)
- E. Total workload per week of faculty for B. Pharm and M.Pharm (Annexure XIII)
- F. Details of Industry–Institution Interaction: (Annexure XIV)
 - 1. Details and proof of Industrial visits, Industrial tour and Industrial training made available to the students.
 - 2. No. of Resource Persons from the Industry for Guest Lectures:
 - 3. No. of Collaboration projects with funding agency Central/State Industry:
- G. Whether professional society activities are conducted: Yes No
- H. Whether internal assessments are conducted periodically as per university norms Yes No

Attach Sessional Examination timetable for each course, (Annexure- XV)

V. LIBRARY – AS PER PCI NORMS (Annexure-XVI)

| Particulars | Requirements |
|----------------------------|---|
| Minimum area required | 150sq.m. |
| Reception & waiting | Separate area available/Not available |
| Property & Issue counter | Separate area available/Not available |
| Reading Room | Separate area available/Not available |
| Staff reading room | Separate area available/Not available |
| Reference section | Separate area available/Not available |
| Journal section | Separate area available/Not available |
| Photocopying facility | Minimum one : Available/Not available |
| Internet/computer facility | Minimum three : Available/Not available |
| Room for Librarian | Separate area available/Not available |

| Books needed | | - | | | | | | | |
|---|--|--------------|----------------|-----------------|-----------------|--|--|--|--|
| | Particulars | | | um required | | | | | |
| | | I Year | II Year | III Year | IV Year | | | | |
| | Total | 1500 | 1650 | 1800 | 1950 | | | | |
| | Volumes | | | | | | | | |
| | Total titles | 150 | 165 | 180 | 195 | | | | |
| | Available | | | | | | | | |
| | Not | | | | | | | | |
| | Available | | | | | | | | |
| | 150 volumes with at least 15 new titles have to be added annually: Yes/No | | | | | | | | |
| | Availability of latest edition of Indian Pharmacopoeia: | | | | | | | | |
| | | | | | e/Not Available | | | | |
| Journals needed | 10 National ar | nd 5 Interna | ational journa | uls : Available | e/Not Available | | | | |
| (Hard copy) | | | | | | | | | |
| No. of Journals subscribed | National: | | Intern | ational : | | | | | |
| (Hard copy) | | | | | | | | | |
| Number of E-journals & E-journal publisher | | | | | | | | | |
| Number of E-books & | | | | | | | | | |
| E-book publisher | | | | | | | | | |
| Total number of library | | | | | | | | | |
| books: | | | | | | | | | |
| No. of books added to the | | | | | | | | | |
| library in the previous year: | | | | | | | | | |
| Remarks of the inspectors | | | | | | | | | |

Computers and Internet connection (Broadband):

Number of Computers with Broadband connection:

Miscellaneous

a. Constitution of the semester program committee for B.Pharm and M.Pharm:

| | | Available/Not Available (Annexure XVII) |
|----|--|--|
| b. | Details of College council constitution: | Available/Not Available (Annexure XVIII) |
| c. | Details of PTA: | Available/Not Available (Annexure XIX) |
| d. | Anti ragging committee details: | Available/Not Available (Annexure XX) |
| e. | Practice School details: | Available/Not Available (Annexure XXI) |

f. Project work of students of B.Pharm and M.Pharm:

Available/ Not Available (Annexure XXII)

g. Documents of industrial/ hospital training for seventh semester students:

Available/Not Available (Annexure XXIII)

| Name of the Principal | | | | | | |
|---|--------------|--|--|--|--|--|
| Age & Date of Birth | | | | | | |
| Qualification | | | | | | |
| | a) Teaching: | | | | | |
| Experience | b) Industry: | | | | | |
| | c) Other: | | | | | |
| | Total: | | | | | |
| Remarks of the Inspectors | | | | | | |
| Note: Only teaching experience shall be counted. (For full time PhD programme, maximum of 3 years will be counted as teaching experience. This is applicable only for faculty doing PhD under FIP.) | | | | | | |

VI. PRINCIPAL DETAILS - (Annexure XXIV)

VII. STAFF PATTERN FOR B. PHARM & M.PHARM COURSES

Enclose group photographs of B.Pharm faculty and M.Pharm faculty (department wise) along with the Inspectors.

| Department | Designation | | No. actual | No. present | Shortfall | | |
|---|-------------------------------------|----------------------------|-------------------------------|------------------------------|---------------------------------|--------------------|----------|
| Department | Designation | I Year (Sem. I & II) | II Year (Sem. III & IV) | III Year (Sem. V & VI) | IV Year (Sem. VII & VIII) | in the institution | Shortian |
| Principal | | 1 | 1 | 1 | 1 | | |
| Department o | f Pharmaceut | ical Chen | nistry | | | | |
| | Professor | 0 | 1 | 1 | 1 | | |
| Pharmaceutical Chemistry (Including | Associate Professor | 1 | 1 | 1 | 1 | | |
| Pharmaceutical Analysis) | Assistant Professor/ Lecturer | 1 | 1 | 2 | 2 | | |
| | Total | 2 | 3 | 4 | 4 | | |
| M.Pharm Pharmaceutical Chemistry | Total | | 2 | - | - | | |
| M.Pharm Pharmaceutical Analysis | Total | | 2 | - | - | | |
| M.Pharm Pharmaceutical Quality Assurance | Total | | 2 | - | - | | |

A. FOR B.PHARM 60 STUDENTS INTAKE AND M.PHARM

Additional requirement for M.Pharm Pharmaceutical Chemistry

Two faculty members with M.Pharm qualification in Pharmaceutical Chemistry with more than 5 years teaching experience exclusively for running M.Pharm course. Available/Not Available Additional requirement for M.Pharm Pharmaceutical Analysis

Two faculty members with M.Pharm qualification in Pharmaceutical Analysis with more than 5 years teaching experience exclusively for running M.Pharm course Available/Not Available Additional requirement for M.Pharm Pharmaceutical Quality Assurance

Two faculty members with M.Pharm qualification in appropriate branch with more than 5 years teaching experience exclusively for running M.Pharm course. Available/Not Available

| Department of Pharmaceutics | | | | | | | | | |
|--|-------------------------------------|---|---|---|---|--|--|--|--|
| | Professor | 0 | 0 | 1 | 1 | | | | |
| Pharmaceutics | Associate Professor | 0 | 1 | 1 | 2 | | | | |
| | Assistant Professor/ Lecturer | 1 | 2 | 2 | 2 | | | | |
| | Total | 1 | 3 | 4 | 5 | | | | |
| M.Pharm Pharmaceutics | Total | | 2 | - | - | | | | |
| M.Pharm Pharmaceutical Regulatory Affairs | Total | | 2 | - | - | | | | |
| M.Pharm Industrial Pharmacy | Total | | 2 | - | - | | | | |

Additional requirement for M.Pharm Pharmaceutics

Two faculty members with M.Pharm qualification in Pharmaceutics with more than 5 yearsteaching experience exclusively for running M.Pharm course.Available/Not AvailableAdditional requirement for M.Pharm Pharmaceutical Regulatory Affairs

Two faculty members with M.Pharm qualification in appropriate branch with more than 5 years teaching experience exclusively for running M.Pharm course. Available/Not Available Additional requirement for M.Pharm Industrial Pharmacy

Two faculty members with M.Pharm qualification in appropriate branch with more than 5 years teaching experience exclusively for running M.Pharm course. Available/Not Available

| Department of Pharmacology | | | | | | | | | |
|----------------------------|-------------------------------------|---|---|---|---|--|--|--|--|
| | Professor | 0 | 0 | 1 | 1 | | | | |
| Pharmacology | Associate Professor | 0 | 1 | 1 | 1 | | | | |
| | Assistant Professor/ Lecturer | 1 | 1 | 1 | 1 | | | | |
| | Total | 1 | 2 | 3 | 3 | | | | |
| M.Pharm Pharmacology | Total | 2 | | - | - | | | | |

Additional requirement for M.Pharm Pharmacology

Two faculty members with M.Pharm qualification in Pharmacology with more than 5 years teaching experience exclusively for running M.Pharm course. Available/Not Available

| Department of Pharmacognosy | | | | | | | | |
|-----------------------------|-------------------------------------|---|---|---|---|--|--|--|
| Pharmacognosy | Professor | 0 | 0 | 1 | 1 | | | |
| | Associate Professor | 0 | 0 | 0 | 0 | | | |
| | Assistant Professor/ Lecturer | 0 | 1 | 1 | 1 | | | |
| | Total | 0 | 1 | 2 | 2 | | | |
| M.Pharm Pharmacognosy | Total | 2 | | - | - | | | |

Additional requirement for M.Pharm Pharmacognosy

Two faculty members with M.Pharm qualification in Pharmacognosy with more than 5 years teaching experience exclusively for running M.Pharm course. **One of the two is in the capacity of Professor.** Available/Not Available

| Department of Pharmacy Practice | | | | | | | | | |
|---------------------------------|-------------------------------------|---|---|---|---|--|--|--|--|
| | Professor | 0 | 0 | 0 | 0 | | | | |
| | Associate Professor | 0 | 0 | 0 | 0 | | | | |
| Pharmacy Practice | Assistant Professor/ Lecturer | 0 | 0 | 0 | 1 | | | | |
| | Total | 0 | 0 | 0 | 1 | | | | |
| M.Pharm Pharmacy Practice | Total | 2 | | - | - | | | | |

Additional requirement for M.Pharm Pharmacy Practice

Two faculty members with M.Pharm qualification in Pharmacy Practice with more than 5 years teaching experience exclusively for running M.Pharm course. **One of the two is in the capacity of Professor.** Available/Not Available

| | B.Pharm | 1+4=5 | 1 +9 = 10 | 1+13 = 14 | 1+15 =16 | |
|----------------|---------------|--|------------|-----------|----------|--|
| Total | | | | | | |
| | M.Pharm | Additional for each P specialisat intake of 0 | ion for an | - | - | |
| Part-Time Teac | hing staff | 0-3 | 0-3 | 0-3 | 0-3 | |
| Remarks of ins | spection tear | n | | | | |

| | | | No. act | ually require | d | No. Present | |
|--|-------------------------------------|-------------|--------------|---------------|-----------|--------------------|-----------|
| Department | Designation | + I Year | + II Year | + 111 Year | + IV Year | in the institution | Shortfall |
| Principal | | 1 | 1 | 1 | 1 | | |
| Department o | f Pharmaceu | tical Ch | emistry | | | | • |
| Dhammaaantiaal | Professor | 1 | 1 | 1 | 1 | | |
| Pharmaceutical Chemistry (Including Pharmaceutical Analysis) | Associate Professor | 2 | 2 | 2 | 2 | | |
| | Assistant Professor/ Lecturer | 3 | 4 | 4 | 4 | | |
| | Total | 6 | 7 | 7 | 7 | | |
| M.Pharm Pharmaceutical Chemistry | Total | | 2 | - | - | | |
| M.Pharm Pharmaceutical Analysis | Total | | 2 | - | - | | |
| M.Pharm Pharmaceutical Quality Assurance | Total | | 2 | - | - | | |

B. FOR B.PHARM 100 STUDENTS INTAKE AND M.PHARM

Additional requirement for M.Pharm Pharmaceutical Chemistry

Two faculty members with M.Pharm qualification in Pharmaceutical Chemistry with more than 5 years teaching experience exclusively for running M.Pharm course.

Available/Not Available

Additional requirement for M.Pharm Pharmaceutical Analysis

Two faculty members with M.Pharm qualification in Pharmaceutical Analysis with more than 5 years teaching experience exclusively for running M.Pharm course.

Available/Not Available

Additional requirement for M.Pharm Pharmaceutical Quality Assurance

Two faculty members with M.Pharm qualification in appropriate branch with more than 5 years teaching experience exclusively for running M.Pharm course.

Available/Not Available

| Department of | Pharmaceu | tics | | | | |
|--|-------------------------------------|------|---|---|---|--|
| | Professor | 1 | 1 | 1 | 1 | |
| Pharmaceutics | Associate Professor | 2 | 2 | 2 | 2 | |
| | Assistant Professor/ Lecturer | 2 | 3 | 4 | 5 | |
| | Total | 5 | 6 | 7 | 8 | |
| M.Pharm Pharmaceutics | Total | | 2 | - | - | |
| M.Pharm Pharmaceutical Regulatory Affairs | Total | | 2 | - | - | |
| M.Pharm Industrial Pharmacy | Total | | 2 | - | - | |

Additional requirement for M.Pharm Pharmaceutics

Two faculty members with M.Pharm qualification in Pharmaceutics with more than 5 years teaching experience exclusively for running M.Pharm course. Available/Not Available Additional requirement for M.Pharm Pharmaceutical Regulatory Affairs

Two faculty members with M.Pharm qualification in appropriate branch with more than 5 years teaching experience exclusively for running M.Pharm course.

Available/Not Available

Additional requirement for M.Pharm Industrial Pharmacy

Two faculty members with M.Pharm qualification in appropriate branch with more than 5 years teaching experience exclusively for running M.Pharm course.

Available/Not Available

| Department of | of Pharmacol | ogy | | | | |
|-------------------------|-------------------------------------|-----|---|---|---|--|
| | Professor | 1 | 1 | 1 | 1 | |
| Pharmacology | Associate Professor | 1 | 1 | 1 | 1 | |
| | Assistant Professor/ Lecturer | 2 | 2 | 3 | 3 | |
| | Total | 4 | 4 | 5 | 5 | |
| M.Pharm Pharmacology | Total | | 2 | - | - | |

Additional requirement for M.Pharm Pharmacology

Two faculty members with M.Pharm qualification in Pharmacology with more than 5 years teaching experience exclusively for running M.Pharm course. Available/Not Available

| Department | of Pharmac | cognosy | | | | |
|--------------------------|-------------------------------------|---------|---|---|---|--|
| | Professor | 1 | 1 | 1 | 1 | |
| Pharmacognosy | Associate Professor | 0 | 0 | 1 | 1 | |
| | Assistant Professor/ Lecturer | 1 | 2 | 2 | 2 | |
| | Total | 2 | 3 | 4 | 4 | |
| M.Pharm Pharmacognosy | Total | 2 | 2 | - | - | |

Additional requirement for M.Pharm Pharmacognosy

Two faculty members with M.Pharm qualification in Pharmacognosy with more than 5 years teaching experience exclusively for running M.Pharm course. **One of the two is in the capacity of Professor.** Available/Not Available

Department of Pharmacy Practice

| 2 epai emeni | of I murmu | ey i ractice | | | | |
|---------------------------------|-------------------------------------|--------------|---|---|---|--|
| | Professor | 0 | 0 | 0 | 0 | |
| Pharmacy Practice | Associate Professor | 0 | 0 | 0 | 1 | |
| Tructice | Assistant Professor/ Lecturer | 1 | 1 | 1 | 0 | |
| | Total | 1 | 1 | 1 | 1 | |
| M.Pharm Pharmacy Practice | Total | 2 | | - | - | |

Additional requirement for M.Pharm Pharmacy Practice

Two faculty members with M.Pharm qualification in Pharmacy Practice with more than 5 years teaching experience exclusively for running M.Pharm course. **One of the two is in the capacity of Professor.** Available/Not Available

| Total | B.Pharm | 1+18= 19 | | | 1+25 =26 | |
|-----------------|---------------|-----------------------|---|-----|----------|--|
| | M.Pharm | for ea specialisat | two faculty ch PG tion for an f 03 to 15 | - | - | |
| Part-Time Te | eaching staff | 0-3 | 0-3 | 0-3 | 0-3 | |
| Remarks of team | inspection | | | | | |

VIII. TEACHING FACULTY DETAILS

(Enclose teaching staff details (department wise) as per the given format as Annexure-XXV)

| Sl. No Sl. No Designation Place Pharmacy Council Registration No. Whether M. Pharmacy Council Registration in KSPC Registration Pharm is added as additional qualification in KSPC Registration Pate of Joining in Institution Experience in the institution Signature |
|--|
|--|

same Institution/Campus : YES NO

If Yes, enclose the details of all teaching faculty (B. Pharm, M. Pharm & D. Pharm) as per the above format, (Annexure-XXVI)

IX. FACULTY STABILITY

A. DETAILS OF FACULTY RETENTION*

| Period in the institution | No. of faculty stayed for the period in the institution (x) | Total No. of faculty currently present in the institution (y) | % of faculty retention = $\underline{x} \times 100$ y |
|---------------------------|--|---|---|
| 10 yrs and above | | | |
| 5 -10 yrs. | | | |
| Less than 5 yrs. | | | |

*Not applicable for institutions which are new/ less than 5 year old.

B. DETAILS OF FACULTY TURNOVER*

| No. of faculty currently present (a) | No. of faculty present before 3 yrs. (b) | • | No. of faculty left the institution during the period of 3 yrs (d) | % of faculty turnover in last 3 yrs. <u>d</u> ×100 c |
|---|---|---|--|--|
| | | | | |

*Not applicable for new institutions

X. SALARY/REMUNERATION DETAILS OF TEACHING FACULTY

(Enclose the Salary/Remuneration details of teaching faculty as per the given format as **Annexure-XXVII**)

| SI. No | Qualification | Designation | Basic Pay Rs. | Total Pay Rs. | Bank A/c No. | EPF A/c No. | PAN No. | Signature |
|-----------|---------------|-------------|---------------------|---------------------|--------------------|-------------------|------------|-----------|
| | | | | | | | | |

| А | Proof of providing facilities for Research/Higher studies: | YES | NO |
|----|--|-----|----|
| В | Proof of provisions for attending Seminars/ workshops: | YES | NO |
| С | Proof of scope for the promotion for faculty: | YES | NO |
| D | Proof of Gratuity Provided: | YES | NO |
| E | Proof of EPF Provided: | YES | NO |
| F | Health Insurance Provided: | YES | NO |
| Re | emarks of inspection team | | |

| Post-holder |] | Required | Present Status |
|--------------------------------|--------------------------|----------------------------------|--------------------------|
| | Minimum No. | Qualification | |
| Librarian | 1 | M.Lib / M.Li.Sc | Available/ Not Available |
| Asst. Librarian | 1 | B.Lib | Available/ Not Available |
| Laboratory Technician | 1 for each Department | D.Pharm / B.Pharm | Available/ Not Available |
| Laboratory Assistants | 1 for each lab | SSLC | Available/ Not Available |
| Office Superintendent | 1 | Degree | Available/ Not Available |
| Accountant | ccountant 1 | | Available/ Not Available |
| Store Keeper | 1 | D.Pharm / B.Pharm | Available/ Not Available |
| Computer Operator | 1 | Graduate with Computer Course | Available/ Not Available |
| Office Staff I | 1 | Degree | Available/ Not Available |
| Office Staff II | 2 | Degree | Available/ Not Available |
| Office Assistant | 2 | SSLC | Available/ Not Available |
| Sweeper/ Cleaning Personnel | Adequate | - | Available/ Not Available |
| Gardener | Adequate | - | Available/ Not Available |

XI. DETAILS OF NON-TEACHING STAFF

XII. EQUIPMENT AND APPARATUS FOR B. PHARM AND M.PHARM (AS PER PCI NORMS)

B.Pharm: Department wise list of equipment (for a batch of 20 students)

a) DEPARTMENT OF PHARMACOLOGY

EQUIPMENT:

| | | M: | B.Pha | arm | |
|------------|--------------------------------------|-------------------------|------------------|--------------------|---------|
| Sl. No. | Particulars | Minimum No. Required | No. Available | Working Yes/ No | Remarks |
| 1 | Microscopes | 20 | | | |
| 2 | Haemocytometer with Micropipettes | 20 | | | |
| 3 | Sahli's haemocytometer | 20 | | | |
| 4 | Hutchinson's spirometer | 01 | | | |
| 5 | Spygmomanometer | 05 | | | |
| 6 | Stethoscope | 05 | | | |
| 7 | Permanent Slides for | One pair of each | | | |
| | various tissues | tissue organs and | | | |
| | | endocrine glands. | | | |
| | | One slide of each | | | |
| | | organ system | | | |
| 8 | Models for various | One model of each | | | |
| | organs | organ system | | | |
| 9 | Specimen for various | One model for each | | | |
| | organs and systems | organ system | | | |
| 10 | Skeleton and bones | One set of skeleton | | | |
| | | and one set of spare | | | |
| | | bone | | | |
| 11 | Different Contraceptive | One set of each | | | |
| | Devices and Models | device | | | |
| 12 | Muscle electrodes | 01 | | | |
| 13 | Lucas moist chamber | 01 | | | |
| 14 | Myographic lever | 01 | | | |
| 15 | Stimulator | 01 | | | |
| 16 | Centrifuge | 01 | | | |
| 17 | Digital Balance | 01 | | | |
| 18 | Physical /Chemical | 01 | | | |
| | Balance | | | | |
| 19 | Sherrington's | 20 | | | |
| | Kymograph | | | | |

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

APPARATUS:

| C1 | Particulars | Minimum No. Required | B.Ph | | |
|------------|--|-------------------------|------------------|--------------------|---------|
| Sl. No. | | | No. Available | Working Yes/ No | Remarks |
| 1 | Folin-Wu tubes | 60 | | | |
| 2 | Dissection Tray and Boards | 10 | | | |
| 3 | Haemostatic artery forceps | 10 | | | |
| 4 | Hypodermic syringes and needles of size 15, 24,26G | 10 | | | |
| 5 | Levers, Cannulae | 20 | | | |

Additional Equipment & Instruments for M.Pharm Pharmacology

| SI. | Particulars | Minimum No. Required | M.Pharm | | |
|-----|---|-------------------------|------------------|--------------------|---------|
| No | | | No. Available | Working Yes/ No | Remarks |
| | Sherrington recording drum with drum cylinder | 1/student | | | |

| 2 | Auto analyzer | 1 | | |
|----|---|----------|--|--|
| 3 | Horizontal/Vertical gel electrophoresis apparatus unit | 1 | | |
| 4 | Langendroff apparatus | 1 | | |
| 5 | Cages and feeding devices for small laboratory animals | Adequate | | |
| 6 | CCTV camera with one month back up for the animal house | 3 | | |
| 7 | Tail cuff rodents BP apparatus | 1 | | |
| 8 | Maze apparatus | 1 | | |
| 9 | Active/Passive avoidance shuttle box | 1 | | |
| 10 | Microcentrifuge | 1 | | |
| 11 | Tissue homogeniser | 1 | | |
| 12 | Metabolic cages | 1 | | |

Availability of adequate number of glassware commonly used in Pharmacology laboratory:

Available/Not available

b) DEPARTMENT OF PHARMACOGNOSY

EQUIPMENT:

| Sl. | | Minimum No. | | B.Pharm | | |
|-----|-------------------------------------|-------------|-----------|----------------|---------|--|
| Ν | Particulars | Required | No. | Working | Remarks | |
| 0. | | Kequite | Available | Yes/ No | | |
| 1 | Microscope | 20 | | | | |
| 2 | Digital Balance (10 mg sensitivity) | 01 | | | | |
| 3 | Digital Balance (1 mg sensitivity) | 01 | | | | |
| 4 | Hot air oven | 01 | | | | |
| 5 | Refrigerator | 01 | | | | |
| 6 | Digital pH meter | 01 | | | | |
| 7 | Camera Lucida | 20 | | | | |
| 8 | Eye piece micrometer | 20 | | | | |
| 9 | Stage micrometer | 20 | | | | |
| 10 | Incinerator | 01 | | | | |
| 11 | Moisture balance | 01 | | | | |
| 12 | Heating mantle | 20 | | | | |

| 13 | Electric bunsen burner | 10 | | |
|----|----------------------------|----|--|--|
| 14 | Vacuum pump | 02 | | |
| 15 | Projection Microscope | 01 | | |
| 16 | UV Chamber | 01 | | |
| 17 | Muffle Furnace | 01 | | |
| 18 | Vacuum filtration assembly | 01 | | |

APPARATUS:

| Sl. | | Minimum No. | B.Pha | arm | |
|---------|-----------------------------|-------------|------------------|--------------------|---------|
| No · | Particulars | Required | No. Available | Working Yes/ No | Remarks |
| 1 | Reflux flask with condenser | 20 | | | |
| 2 | Water bath | 20 | | | |
| 3 | Clevenger apparatus | 10 | | | |
| 4 | Soxhlet apparatus | 10 | | | |
| 5 | TLC chamber and sprayer | 10 | | | |
| 6 | Distillation unit | 01 | | | |

Additional Equipment & Instruments for M.Pharm Pharmacognosy

| SI. | | Minimum No. | M.Ph | arm | |
|-----|--------------------------------------|-------------|------------------|--------------------|---------|
| No. | Particulars | Required | No. Available | Working Yes/ No | Remarks |
| 1 | UV Fluorescent Analysis Chamber | 01 | | | |
| 2 | Electric Bunsen Burner | 10 | | | |
| 3 | Hot plate | 02 | | | |
| 4 | Standard Sieves (Sieve No.18 and 60) | 03 each | | | |
| 5 | Abbe Refractometer | 01 | | | |
| 6 | Digital Melting point Apparatus | 01 | | | |
| 7 | UV Visible Spectrophotometer | 01 | | | |
| 8 | Mechanical Shaker | 01 | | | |
| 9 | Digital Balance (10 mg sensitivity) | 01 | | | |

| 10 | Digital Balance (1 mg sensitivity) | 01 | | |
|----|---|--------|--|--|
| 11 | Top loading Balance | 01 | | |
| 12 | Dispensing Balance | 01 | | |
| 13 | Analytical Weighing Balance | 01 | | |
| 14 | Suction pump | 01 | | |
| 15 | Mixer Grinder | 01 | | |
| 16 | Buchner Funnel (Medium & Large) | 5 each | | |
| 17 | Desiccator | 10 | | |
| 18 | Lipstick Mould | 10 | | |
| 19 | Crucible (Silica & Platinum) | 40 | | |
| 20 | Reflux flask condenser with single neck | 05 | | |
| 21 | Reflux flask condenser with double neck | 05 | | |
| 22 | Tissue culture station (Desirable) | 1 | | |
| 23 | Laminar air flow (Desirable) | 1 | | |

Availability of adequate number of glassware commonly used, charts of medicinal plants and specimen of

crude drugs in Pharmacognosy laboratory:

Available/Not available

c) DEPARTMENT OF PHARMACEUTICAL CHEMISTRY

EQUIPMENT:

| Sl. | | Minimum No. | B.Ph | arm | |
|---------|---------------------------------------|-------------|------------------|--------------------|---------|
| N 0. | Particulars | Required | No. Available | Working Yes/ No | Remarks |
| 1 | Hot plates | 05 | | | |
| 2 | Hot air oven | 02 | | | |
| 3 | Refrigerator | 01 | | | |
| 4 | Analytical Balances for demonstration | 05 | | | |
| 5 | Digital balance (10 mg sensitivity) | 05 | | | |
| 6 | Digital Balance (1mg sensitivity) | 01 | | | |
| 7 | Suction pumps | 04 | | | |
| 8 | Muffle Furnace | 01 | | | |

| 9 | Mechanical Stirrers | 10 | | |
|----|-------------------------|----|--|--|
| 10 | Magnetic Stirrers with | 10 | | |
| | Thermostat | | | |
| 11 | Vacuum Pump | 01 | | |
| 12 | Digital pH meter | 01 | | |
| 13 | Microwave Oven | 02 | | |
| 14 | Colorimeter | 01 | | |
| 15 | Precision Melting point | 01 | | |
| | Apparatus | | | |

APPARATUS:

| Sl. | | Minimum No. B.Pharm | | | |
|---------|--|---------------------|------------------|--------------------|---------|
| No · | Particulars | Required | No. Available | Working Yes/ No | Remarks |
| 1 | Distillation Unit | 02 | | | |
| 2 | Reflux flask and condenser single necked | 20 | | | |
| 3 | Reflux flask and condenser double /triple necked | 20 | | | |
| 4 | Burettes | 40 | | | |
| 5 | Arsenic Limit Test Apparatus | 10 | | | |
| 6 | Nesslers Cylinders | 40 | | | |

Additional Equipment & Instruments for M.Pharm Pharmaceutical Chemistry

| Sl. | | Minimum No. | M.P | M.Pharm | |
|-----|--------------------------------------|-------------|------------------|-------------------|---------|
| No. | Particulars | Required | No. Available | Working Yes/No | Remarks |
| 1 | Hotplates | 1 | | | |
| 2 | Oven | 1 | | | |
| 3 | Refrigerator | 1 | | | |
| 4 | Analytical balance for demonstration | 1 | | | |
| 5 | Digital balance (10 mg sensitivity) | 1 | | | |
| 6 | Digital balance (1 mg sensitivity) | 1 | | | |
| 7 | Suction Pumps | 2 | | | |
| 8 | Muffle Furnace | 1 | | | |

| 9 | Mechanical Stirrers | 1 | | |
|----|--------------------------------------|---|--|--|
| 10 | Magnetic Stirrers with Thermostat | 2 | | |
| 11 | Vacuum Pump | 1 | | |
| 12 | Digital pH meter | 1 | | |
| 13 | Microwave Oven | 1 | | |

Availability of adequate number of glassware commonly used in Pharmaceutical Chemistry laboratory: Available/Not available

| SI. | | Minimum No. | M.Ph | arm | |
|-----|---|-------------|---------------|-------------------|---------|
| No. | Particulars | Required | No. Available | Working Yes/No | Remarks |
| 1 | Karl Fischer Apparatus | 1 | | | |
| 2 | Digital pH meter | 1 | | | |
| 3 | UV-Visible Spectrophotometer | 1 | | | |
| 4 | Spectrofluorimeter | 1 | | | |
| 5 | Digital balance (1 mg sensitivity) | 1 | | | |
| 6 | Gas Chromatography | 1 | | | |
| 7 | Flame Photometer | 2 | | | |
| 8 | Potentiometer | 1 | | | |
| 9 | Conductivity Meter | 1 | | | |
| 10 | Fourier Transform Infra- Red Spectrophotometer | 1 | | | |
| 11 | HPLC | 1 | | | |
| 12 | HPTLC (Desirable) | 1 | | | |
| 13 | Atomic Absorption Spectrophotometer(Desir able) | 1 | | | |
| 14 | Biochemical Analyzer(Desirable) | 1 | | | |
| 15 | Polarimeter (Desirable) | 1 | | | |

Additional Equipment & Instruments for M.Pharm Pharmaceutical Analysis

Availability of adequate number of glassware commonly used in Pharmaceutical Analysis laboratory: Available/Not available

| Sl. | | Minimum No. | M.Ph | arm | |
|------------|---|-------------|---------------|--------------------|---------|
| 51. No. | Particulars | Required | No. Available | Working Yes/ No | Remarks |
| 1 | Karl Fischer Apparatus | 1 | | | |
| 2 | Digital pH meter | 1 | | | |
| 3 | UV-Visible Spectrophotometer | 1 | | | |
| 4 | Spectrofluorimeter | 1 | | | |
| 5 | Digital balance (1 mg sensitivity) | 1 | | | |
| 6 | Gas Chromatography | 1 | | | |
| 7 | Flame Photometer | 2 | | | |
| 8 | Potentiometer | 1 | | | |
| 9 | Conductivity Meter | 1 | | | |
| 10 | Fourier Transform Infra- Red Spectrophotometer | 1 | | | |
| 11 | HPLC | 1 | | | |
| 12 | HPTLC (Desirable) | 1 | | | |
| 13 | Atomic Absorption Spectrophotometer (Desirable) | 1 | | | |
| 14 | Biochemical Analyzer(Desirable) | 1 | | | |
| 15 | Polarimeter (Desirable) | 1 | | | |

Additional Equipment & Instruments for M.Pharm Pharmaceutical Quality Assurance

Availability of adequate number of glassware commonly used in Pharmaceutical Quality Assurance laboratory: Available/Not available

d) DEPARTMENT OF PHARMACEUTICS

EQUIPMENT:

| S1 | Particulars | Minimum No. | B.Ph | | |
|------------|--|-------------|------------------|-------------------|---------|
| Sl. No. | | Required | No. Available | Working Yes/No | Remarks |
| 1 | Mechanical stirrers | 10 | | | |
| 2 | Homogenizer | 05 | | | |
| 3 | Digital balance (10 mg sensitivity) | 04 | | | |
| 4 | Digital balance (1 mg sensitivity) | 01 | | | |
| 5 | Microscopes | 10 | | | |

| 6 | Stage micrometres | 10 | | |
|----|---------------------------|---------|--|---|
| 7 | Eye piece | 10 | | |
| | micrometers | | | |
| 8 | Tray dryer | 01 | | |
| 9 | Ball mill | 01 | | |
| 10 | Sieve shaker | 01 | | |
| 11 | Standard sieves, | 10 sets | | |
| | sieve no. 8, | | | |
| | 10,12,22,24, 44,66, | | | |
| | 80 | | | |
| 12 | Double cone blender | 01 | | |
| 13 | Propeller type | 05 | | |
| | mechanical agitator | | | |
| 14 | Steam distillation | 01 | | |
| | still | | | |
| 15 | Vacuum Pump | 01 | | |
| 16 | Tablet punching | 01 | | |
| | machine | | | |
| | (Single/Multiple | | | |
| 17 | punch) Capsule filling | 01 | | |
| 1/ | machine | 01 | | |
| 18 | Ampoule washing | 01 | | |
| 10 | machine | 01 | | |
| 19 | Ampoule filling and | 01 | | |
| 17 | sealing machine | 01 | | |
| 20 | Tablet disintegration | 01 | | |
| _ | test apparatus IP | | | |
| 21 | Tablet dissolution | 01 | | |
| | test apparatus IP | | | |
| 22 | Monsanto's hardness | 01 | | |
| | tester | | | |
| 23 | Pfizer type hardness | 01 | | |
| | tester | | | |
| 24 | Friability test | 01 | | |
| | apparatus | | | |
| 25 | Clarity test apparatus | 01 | | |
| 26 | Ointment filling | 01 | | |
| | machine | | | |
| 27 | Collapsible tube | 01 | | |
| | crimping machine | | | ļ |
| 28 | Tablet coating pan | 01 | | |

| 29 | Magnetic stirrer, | 10 | | |
|----|-----------------------|----|--|--|
| | 500ml and 1 liter | | | |
| | capacity with speed | | | |
| | control | | | |
| 30 | Digital pH meter | 01 | | |
| 31 | Bottle washing | 01 | | |
| | Machine | | | |
| 32 | Bottle Sealing | 01 | | |
| | Machine | | | |
| 33 | Bulk Density | 02 | | |
| | Apparatus | | | |
| 34 | Conical Percolator | 02 | | |
| | (glass/ copper/ | | | |
| | stainless steel) | | | |
| 35 | Capsule Counter | 02 | | |
| 36 | Energy meter | 02 | | |
| 37 | Hot Plate | 02 | | |
| 38 | Humidity Control | 01 | | |
| | Oven | | | |
| 39 | Liquid Filling | 01 | | |
| | Machine | | | |
| 40 | Mechanical stirrer | 02 | | |
| | with speed regulator | | | |
| 41 | Distillation Unit | 01 | | |
| 42 | All-purpose | 01 | | |
| | equipment with all | | | |
| | accessories | | | |
| | (desirable) | | | |
| 43 | Autoclave (desirable) | 01 | | |
| 44 | Lyophilizer | 01 | | |
| | (Desirable) | | | |

APPARATUS:

| Sl. | | | B.Pharm | | |
|-----|-----------------------|----------------------|------------------|-------------------|---------|
| No | Particulars | Minimum No. Required | No. Available | Working Yes/No | Remarks |
| 1 | Ostwald's | 20 | | | |
| | viscometer | | | | |
| 2 | Stalagmometer | 20 | | | |
| 3 | Desiccator | 05 | | | |
| 4 | Suppository moulds | 20 | | | |

| 5 | Buchner Funnels (Small, Medium, Large) | 05 each | | |
|---|--|---------|--|--|
| 6 | Filtration assembly | 01 | | |
| 7 | Permeability Cups | 05 | | |
| 8 | Andreason's Pipette | 03 | | |
| 9 | Lipstick moulds | 10 | | |

PHARMACEUTICAL MICROBIOLOGY

| Sl. | | | B.Pha | arm | |
|-----|----------------------------|-------------------------|-----------|---------|---------|
| Ν | Particulars | Minimum No. Required | No. | Working | Remarks |
| 0. | | | Available | Yes/ No | |
| 1 | Aseptic Cabinet | 01 | | | |
| 2 | Laminar air flow | 01 | | | |
| 3 | Microscope | 20 | | | |
| 4 | Gel Electrophoresis | 01 | | | |
| | (Vertical and | | | | |
| | Horizontal) | | | | |
| 5 | Phase | 01 | | | |
| | contrast/Trinocular | | | | |
| | Microscope | | | | |
| 6 | Diagnostic kits to | 01 | | | |
| | identify infectious | | | | |
| | agents | | | | |
| 7 | Viscometer | 01 | | | |
| 8 | Micropipettes (single | 01 | | | |
| | / multi channeled) | | | | |
| 9 | BOD Incubator | 01 | | | |
| 10 | Paper Electrophoresis | 01 | | | |
| | Unit | | | | |
| 11 | Autoclave | 01 | | | |
| 12 | Refrigerator | 01 | | | |
| 13 | Filtration Assembly | 01 | | | |
| 14 | Digital pH meter | 01 | | | |
| 15 | Colony counter | 01 | | | |
| 16 | Zone reader | 01 | | | |
| 17 | Orbital shaker | 01 | | | |
| | incubator | | | | |
| 18 | Tissue culture station | 01 | | | |
| | (Desirable) | | | | |

| 19 | Fermenters of | 01 | | |
|----|--------------------|----|--|--|
| | different capacity | | | |
| | (Desirable) | | | |
| 20 | Incubator water | 01 | | |
| | bath(Desirable) | | | |
| 21 | Micro Centrifuge | 01 | | |
| | (Desirable) | | | |
| 22 | Refrigerated | 01 | | |
| | Centrifuge | | | |
| | (Desirable) | | | |

Availability of adequate number of glassware commonly used in Pharmaceutical Microbiology laboratory:

Available/Not available

| Sl. | | Minimum | M.Pł | M.Pharm | |
|-----|------------------------------------|--------------|---------------|--------------------|---------|
| No. | Particulars | No. Required | No. Available | Working Yes/ No | Remarks |
| 1 | Rotary tablet punching machine | 1 | | | |
| 2 | Tablet dissolution apparatus | 1 | | | |
| 3 | Tablet disintegration apparatus | 1 | | | |
| 4 | Brookfield Viscometer | 1 | | | |
| 5 | Digital balance (1 mg sensitivity) | 1 | | | |
| 6 | Franz Diffusion Cell | 1 | | | |

Additional Equipment & Instruments for M.Pharm Pharmaceutics

Availability of adequate number of glassware commonly used in Pharmaceutics laboratory:

Available/Not available

Additional Equipment & Instruments for M.Pharm Industrial Pharmacy

| Sl. | | Minimum | M.Pha | | | |
|-----|--------------------------------|--------------|---------------|--------------------|---------|--|
| No. | Particulars | No. Required | No. Available | Working Yes/ No | Remarks | |
| 1 | Rotary tablet punching machine | 1 | | | | |
| 2 | Tablet dissolution apparatus | 1 | | | | |

| 3 | Tablet disintegration | 1 | | |
|---|-----------------------|---|--|--|
| | apparatus | | | |
| 4 | Brookfield Viscometer | 1 | | |
| 5 | Digital balance | 1 | | |
| | (1 mg sensitivity) | | | |
| 6 | Franz Diffusion Cell | 1 | | |

Availability of adequate number of glassware commonly used in Industrial Pharmacy laboratory:

Available/Not available

Additional Equipment & Instruments for M.Pharm Pharmaceutical Regulatory Affairs

| SI. | | Minimum | M.Pha | - · | |
|-----|---|-----------------|------------------|--------------------|---------|
| No. | Particulars | No. Required | No. Available | Working Yes/ No | Remarks |
| 1 | Regulatory Affairs software | 2 | | | |
| 2 | Computers in PG lab with Internet connectivity | 5 | | | |
| 3 | Printer | 1 | | | |

Additional Equipment & Instruments for M.Pharm Pharmacy Practice

| | Particulars | | Minimum No. | M. | | |
|---------|--|---|-------------|------------------|--------------------|---------|
| Sl. No. | | | Required | No. Available | Working Yes/ No | Remarks |
| 1. | Filtration e | quipment | 2 | | | |
| 2. | Ampoule Fi | lling machine | 1 | | | |
| 3. | Ampoule Se | ealing machine | 1 | | | |
| 4. | Autoclave s | sterilizer | 1 | | | |
| 5. | Membrane f | ilter | Adequate | | | |
| 6. | Sintered glass funnel with complete filtering assembly | | 1 | | | |
| 7. | Small disposable membrane filter for IV admixture filtration | | Adequate | | | |
| 8. | Vacuum pur | mp | 1 | | | |
| 9. | Oven | | 1 | | | |
| Other] | Requirement | s for Pharmacy Practice Lab | | | | |
| | Counselling aids | Various charts, Placebos, patient information leaflet etc. | Adequate | | | |
| | Forms | Treatment Chart Review form/ Case Report form, Medication History Interview form, Patient Medication Counselling form, Drug | Adequate | | | |

| Information Query form, Poison Information Query | | |
|---|--|--|
| form, adverse drug reactions | | |
| form, and medication errors | | |
| reporting form. | | |

Availability of adequate number of glassware commonly used in Pharmacy Practice laboratory:

Available/Not available

| Sl | Name | Minimum | B.Ph | arm | Remarks |
|----|-----------------------------------|----------------------|-----------|---------|---------|
| No | | Required Nos. | Available | Working | |
| | | | Nos | Yes/ No | |
| 1 | Colorimeter | 01 | | | |
| 2 | Digital pH meter | 01 | | | |
| 3 | UV- Visible Spectrophotometer | 01 | | | |
| 4 | Flourimeter | 01 | | | |
| 5 | Digital Balance (1mg sensitivity) | 01 | | | |
| 6 | Nephelo Turbidity meter | 01 | | | |
| 7 | Flame Photometer | 01 | | | |
| 8 | Potentiometer | 01 | | | |
| 9 | Conductivity meter | 01 | | | |
| 10 | Ion- Exchanger | 01 | | | |
| 11 | HPLC | 01 | | | |
| 12 | Sonicator (bath type) | 01 | | | |
| 13 | Biochemical Analyzer | 01 | | | |
| | (Desirable) | | | | |
| 14 | Carbon, Hydrogen, Nitrogen | 01 | | | |
| | Analyzer (Desirable) | | | | |
| 15 | Deep Freezer (Desirable) | 01 | | | |
| 16 | Atomic Absorption and Emission | 01 | | | |
| | spectrophotometer (Desirable) | | | | |
| 17 | HPTLC (Desirable) | 01 | | | |
| 18 | Fourier Transform Infra Red | 01 | | | |
| | Spectrometer (Desirable) | | | | |
| 19 | Brookefield's viscometer | 01 | | | |
| | (Desirable) | | | | |

Central Instrumentation Room (Air Conditioned)

XIII. EXAMINATION HALL

| Sl. No. | Particulars | Inspectors Remark |
|---------|---------------------------------|-------------------------------|
| 1 | Seating arrangement and spacing | Satisfactory/Not satisfactory |
| 2 | Extension of landline | Yes/No |
| 3 | CCTV | Available / Not available |
| 4 | Mobile Jammer | Available / Not available |
| 5 | Drinking water facilities | Yes/No |
| 6 | Toilet facility | Yes/No |

XIV. EXAMINATION CONTROL ROOM

| Sl. No. | Particulars | Inspectors Remark |
|---------|--------------------------|---------------------------|
| 1 | Two Computers | Available/ Not available |
| 2 | Two internet connections | Available/ Not available |
| 3 | Two Printers | Available/ Not available |
| 4 | Fax Machine | Available/ Not available |
| 5 | CCTV | Available/ Not available |
| 6 | Mobile Jammer | Available / Not available |
| 7 | Generator | Available / Not available |
| 8 | UPS | Available / Not available |

XV. STUDENT DETAILS

| Course | Approved Intake | I Year | II Year | III Year | IV Year | Remark of Inspectors | |
|--|--------------------|-----------|------------|-------------|------------|-------------------------|--|
| | Intakt | ICai | I cui | I cai | Icai | Inspectors | |
| B. Pharm | | | | | | | |
| | Approved | IY | ear | Ш | lear | | |
| M.Pharm | Intake | | | | | | |
| Specialization | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4 | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| Grand total of students admitted for various pharmacy courses: | | | | | | | |

XVI. PAST THREE YEARS UNIVERSITY RESULT OF B.PHARM & M.PHARM

(Give details of the University Examination result as per the given format, Annexure-XXVIII)

| Semester | Regular/ Supplementary Year | | No. of students registered (a) | No. of students passed (b) | Pass Percentage (b/a × 100) |
|----------|--------------------------------|--|--------------------------------------|----------------------------------|--------------------------------|
| | Regular | | | | |
| | Supplementary | | | | |

XVII. LIST OF ELIGIBLE EXAMINERS

| | Minimu | n No. of Eligib | le Examiners | Required | No. Available |
|-------------------|-------------------------|----------------------------|---------------------------|------------------------------|-----------------------|
| Department | I Year (Sem. I & II) | II Year (Sem. III & IV) | III Year (Sem. V & VI) | IV Year (Sem. VII & VIII) | in the Institution |
| Pharmaceutical | | | | | |
| Chemistry | 2 | 2 | 2 | 2 | |
| (Including | | | | | |
| Pharmaceutical | | | | | |
| Analysis) | | | | | |
| Pharmaceutics | | | | | |
| | 1 | 3 | 3 | 3 | |
| Pharmacology | | | | | |
| | 1 | 2 | 2 | 2 | |
| Pharmacognosy | | | | | |
| | 0 | 1 | 1 | 1 | |
| Pharmacy Practice | | | | | |
| | 0 | 0 | 0 | 1 | |
| Remarks of the | | | | | |
| Inspectors | | | | | |
| | | | | | |

FOR B.PHARM 60 STUDENTS INTAKE

For M. Pharm: Two faculties with five years experience eligible for examinership.

Available / Not available

FOR B.PHARM 100 STUDENTS INTAKE

| | Minimu | ım No. of Eligi | ble Examiner | s Required | No. Available |
|------------------------------|----------|-----------------|--------------|------------|--------------------|
| Department | + I Year | + II Year | + 1II Year | + IV Year | in the institution |
| Pharmaceutical | | | | | |
| Chemistry | 4 | 4 | 4 | 4 | |
| (Including | | | | | |
| Pharmaceutical | | | | | |
| Analysis) | | | | | |
| Pharmaceutics | 3 | 5 | 5 | 5 | |
| Pharmacology | 3 | 4 | 4 | 4 | |
| Pharmacognosy | 1 | 2 | 2 | 2 | |
| Pharmacy Practice | 1 | 1 | 1 | 1 | |
| Remarks of the Inspectors | | | | | |

For M. Pharm: Two faculties with five years experience eligible for examinership.

Available / Not available

List of eligible examiners should be submitted in the given format as **Annexure-XXIX**

| Sl. | Semester | Subject | | De | tails of Eli | gible Exar | niners | |
|-----|----------|---------|------|-------------|------------------------|----------------|--|-----------|
| No | | | Name | Designation | Age (Years) & D.O.B | Specialization | Total Teaching Experience (Years) | Signature |
| | | | | | | | | |

XVIII. DOCUMENTATION

RECORDS MAINTAINED:

| Sl No. | Records | Yes | No | Remarks of the Inspectors |
|--------|---|-----|----|------------------------------|
| 1. | Admission Registers | | | |
| 2. | Individual Service Register | | | |
| 3. | Staff Attendance Registers | | | |
| 4. | Sessional Marks Register | | | |
| 5. | Final Marks Register | | | |
| 6. | Examination Register | | | |
| 7. | Register for Theory evaluation | | | |
| | and Practical examination duty of faculty | | | |
| 8. | Register for distribution of remuneration of KUHS | | | |
| | examination | | | |
| 9. | Stock register for answer books | | | |
| 10. | Student Attendance Registers | | | |
| 11. | Minutes of Meetings – Teaching Staff | | | |
| 12. | Minutes of Programme committee meeting for | | | |
| | B. Pharm and M. Pharm | | | |
| 13. | College Council Constitution | | | |
| 14. | Student Support and Guidance Programme Register | | | |
| 15. | Academic Monitoring Cell Register | | | |
| 16. | PTA constitution | | | |
| 17. | Fee Paid Register | | | |
| 18. | Acquittance Register | | | |

| 19. | Accession Register for books and Journals in Library |
|-----|---|
| 20. | Log book for chemicals and Equipment cost more than Rupees one lakh |
| 21. | Job Cards for Laboratories |
| 22. | Standard Operating Procedures (SOP's) for Equipment |
| 23. | Laboratory Manuals |
| 24. | Stock Register for Equipment |
| 25. | Animal House Records as per IAEC for M.Pharm Pharmacology |
| 26. | Practice School Records/Registers |
| 27. | Project work Records/Registers |
| 28. | Seminar/Assignment Register (M.Pharm Semester I and II) |
| 29. | Journal Club Presentation Register (M.Pharm Semester III and IV) |
| 30. | Minutes of Research Monitoring Committee (M.Pharm Semester III and IV) |
| 31. | Co curricular activities Register (M.Pharm Semester I to IV) |

Note: Countersign the last page of the Stock registers/Ledgers.

XIX. REPORT OF INTERACTION WITH STUDENTS (Annexure-XXX)

(Detailed discussion regarding the following areas: Regular classes, both theory and practical, Timetable, Free hours, Library hours, Internet usage, Sports, Arts and Cultural events, Ragging, Cooling water facilities, Toilets and its cleanliness, Noise pollution, Unethical interference of any faculty member, Industrial tour, Industrial/hospital training, Workshops/Seminars to be conducted, Medical camps/Awareness programs conducted, Timing of sessional examinations, Discipline of the college, Hostel facilities, Transportation, Vacation, Fee concession, Student Grievance cell, PTA meetings, Extra and Co-curricular activities, Staff rotation and Stability details, Steps needed to improve the standards etc....)

XX. REPORT OF INTERACTION WITH FACULTY MEMBERS (Annexure-XXXI)

(Detailed discussion regarding the following areas: Regular classes both theory and practical, Timetable, Free hours, Library hours, Internet usage, Salary/Wages, Incentives, Staff Grievance activities, Anti- ragging, Cooling water facilities, Toilets and its cleanliness, Noise pollution, Industrial tour,

Industrial/Hospital training, Workshops/Seminars conducted, Medical camps/Awareness programs conducted, Timing of sessional examinations, Discipline of the college, Hostel facilities, transportation, Leaves including duty leaves, Vacation, PTA meetings, Extra and Co-curricular activities, Staff rotation and Stability details, Steps needed to improve the standards etc....)

XXI. A copy each of the audited balance sheet (By Charted accountants) of the trust/society for past three years are to be furnished (**Annexure-XXXII**)

CARDINAL DEFICIENCIES

(Separate sheet may be attached for writing detailed report of deficiencies)

- Infrastructure
- Equipment
- Clinical material
- Faculty
- Academic training

FINAL SUMMARY OF FINDINGS BY THE INSPECTORS

| Sl. No. | Particulars | Yes/ No | Remarks of the inspectors |
|------------|---|------------|---------------------------|
| 1 | Is the Inspection Proforma filled completely, no column left unfilled and each page signed by both/all the inspectors | | • |
| | Has the permission/approval order been checked and found correct? | | |
| 2 | (a) State Government NOC | | |
| | (b) PCI | | |
| | Have the following details of the documents been checked and found correct. | | |
| 3 | (a) Trust | | |
| C | (b) Land | | |
| | (c) Infrastructure | | |
| | Whether Weekly Timetable for all the courses has been checked? | | |
| 4 | (a) B.Pharm (b) M.Pharm | | |
| | Have the following details with respect to Pharmacy faculty been checked? | | |
| | a. Qualification | | |
| 5 | b. Teaching Experience | | |
| 5 | c. Relieving certificates from the previous Institutions | | |
| | d. State Pharmacy Council Registration Certificate | | |
| | e. IT Returns, Previous Year | | |
| 6 | Whether subject wise list of eligible examiners attached | | |
| 7 | Journals/Books/e-journals other facilities of library verified | | |
| 8 | Availability of equipment & apparatus verified and found adequate | | |
| 9 | Whether any case of ragging has been reported in the Institution during the past one year, if yes, action taken there on | | |
| 10 | Whether the College fulfills all the requirements of faculty and infrastructure to conduct the courses. | | |
| 11 | Whether group photographs have been attached for each course with inspectors | | |
| 12 | Whether duly filled faculty proforma attached | | |
| 13 | Whether the submitted documents are recorded in Digital Format in a CD | | |

DECLARATION

We hereby declare that all the columns in the proforma have been duly filled and all the parameters have been physically verified and that the Report is complete in all respect. We will maintain the confidentiality of the report.

| | Inspector 1 | Inspector 2 | Academic Council Member (if appointed) |
|------------|-------------|-------------|---|
| Signature: | | | |
| Name: | | | |
| Place: | | | |
| Date: | | | |

Note:

- 1. Do not write any comments like Recommended / Not Recommended.
- 2. Do not use white fluid for correction. Strike off and sign in case of any correction.
- 3. The key areas may be photographed and submitted in CD.

LIST OF ANNEXURES

| Serial No. | Desument | Attached | | |
|-----------------|--|----------|----|--|
| Serial No. | Document | Yes | No | |
| Annexure I | Details of Administrative status of the Institution/College | | | |
| Annexure II | Approval / NOC from Government | | | |
| Annexure III | PCI approval for the Academic Year 20 -20 | | | |
| Annexure IV | Website details of the College | | | |
| Annexure V | Details of land deed | | | |
| Annexure VI | Approved Building Plan | | | |
| Annexure VII | Infrastructure facilities endorsed by the Principal/HOI | | | |
| Annexure VIII | MoU of Institution with the Hospital | | | |
| Annexure IX | Details of Human/ Animal Ethical Committee | | | |
| Annexure X | Time table for B. Pharm, M. Pharm course | | | |
| Annexure XI | Details of guest lecturers, seminars and workshops conducted | | | |
| Annexure XII | List of papers presented / published during 20 -20 | | | |
| Annexure XIII | Total work load per week of faculty members | | | |
| Annexure XIV | Details of Industry – Institution interactions. | | | |
| Annexure XV | Details of sessional exam timetable | | | |
| Annexure XVI | List of library books | | | |
| Annexure XVII | Details of programme committee | | | |
| Annexure XVIII | College council details | | | |
| Annexure XIX | PTA details | | | |
| Annexure XX | Details of anti-ragging committee | | | |
| Annexure XXI | Details of Practice school | | | |
| Annexure XXII | Details of Project work of B.Pharm and M. Pharm students | | | |
| Annexure XXIII | Documents for industrial/ hospital training | | | |
| Annexure XXIV | Curriculum vitae of the Principal | | | |
| Annexure XXV | Details of the B. Pharm and M. Pharm teaching faculty | | | |
| Annexure XXVI | Details of all teaching faculty including D.Pharm | | | |
| Annexure XXVII | Scale of Pay for Teaching Faculty | | | |
| Annexure XXVIII | Past three years university examination result | | | |
| Annexure XXIX | List of eligible examiners | | | |
| Annexure XXX | Report of interaction with students | | | |
| Annexure XXXI | Report of interaction with faculty members | | | |
| Annexure XXXII | Copy of the audited balance sheet (by charted accountant) | | | |

KERALA UNIVERSITY OF HEALTH SCIENCES, THRISSUR – 680596

FACULTY PROFORMA

TO BE SUBMITTED BY THE FACULTY AT THE TIME OF INSPECTION

| NAME | E OF THE COLLEGE: | | |
|------|---|--|--|
| | | | (Paste recent passport size |
| DATE | OF INSPECTION: | | photo of the employee duly signed by the Principal / Head) |
| | DECLARATIO | N FORM | i iicuu) |
| 1. | BASIC DETAILS (IN BLOCK LET | TERS): | |
| (a) | Name of the Faculty Member: | Dr./Mr./Ms. | |
| (b) | Present Designation: | | |
| (c) | Department: | | |
| (d) | Mobile number & E-mail id: | | |
| (e) | KUHS Faculty Enrollment number: | | |
| (f) | Date of Birth & Age: | | |
| (g) | Nature of the appointment: | Permanent/ Temporary/ Honorary/ 1 | Part-time/ Guest |
| (h) | Whether belongs to: | SC / ST / Ex-service / Others | |
| (i) | PHOTO ID PROOF Submit Original photo ID proof issu LICENSE/ PAN CARD/VOTER ID/ | ued and attach self-attested Copy of F AADHAR CARD) | PASSPORT /DRIVING |
| (j) | Residential address of the Faculty: (Attach self-attested copy of Passport/Voter Card/ Ration Card/ Electricity Bill/Driving license as a Proof of Residence) | | |
| (k) | Date of joining the present institution: | On as | |

2. EDUCATIONAL QUALIFICATIONS

| Name of Qualification | Name of College & University | Month & Year | Kerala State Pharmacy Council Registration No. with Date |
|-------------------------------------|---------------------------------|-----------------|---|
| Under Graduate Degree: | | | |
| Post Graduate Degree: | | | |
| Additional Qualification, if any | | | |

Note: (i) Subject of specialization should be written within bracket after the name of the PG degree. (ii) Submit Original Degree certificates and State Pharmacy Council registration certificates for verification. (iii) Self-attested Copies of degree certificates, UG, PG & Ph.D (if awarded), and State Pharmacy Council registration, both UG & PG to be attached.

3. DETAILS OF THE PREVIOUS APPOINTMENTS/TEACHING EXPERIENCE:

(Attach additional statement if necessary and supporting Self-attested copies of experience certificates)

| No. | Name of the Institution | Designation | From DD/MM/YY | To DD/MM/YY | Total in Years/ Months |
|--------------|---|----------------------|-------------------|--------------------|------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ••••• | efore joining present institution I v a: | s | | | |
| 5. N deta | Number of Research Publications ils) | s in Journals durir | ig the last three | academic years: | (furnish |
| (a |) International Journals: | (b) National Journ | als: (c | c) State/ Other Jo | urnals: |
| | | | | | |
| 6. V | Vhether any Research Projects o | on hand: (if yes, fu | rnish details) | | |
| | | | | | |

7. (a) I am having PAN Card and my PAN is / I am not having PAN Card. (b) Total emoluments drawn from the college as Salary: Assessment year Financial year

| Month & Year | Amount Received | TDS |
|--------------|-----------------|-----|
| April 20 | | |
| May 20 | | |
| June 20 | | |
| July 20 | | |
| August 20 | | |
| September 20 | | |
| October 20 | | |
| November 20 | | |
| December 20 | | |
| January 20 | | |
| February 20 | | |
| March 20 | | |

Note: Self-attested Copy of PAN & Form 16 (TDS certificate) of previous financial year to be attached.

DECLARATION

I have not worked at any other college/ institution or presented myself for any form of inspection from onwards till date.

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 be treated as a gross misconduct, thereby rendering the undersigned liable for necessary disciplinary action.

It is also declared that the undersigned shall abide by all the rules and regulations notified by the Kerala University of Health Sciences from time to time for the smooth conduct of the UG/PG Degree courses and examinations.

Date:

Signature of the Faculty

Place:

Name & Designation

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 endorse 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 faculty 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: | Counter signed by the Principal |
|--------|---------------------------------|
| Place: | Office Seal |

| CHECK LIST | FOR | FACULTY |
|------------|-----|---------|
|------------|-----|---------|

| No. | Documents Submi | | nitted |
|-----|---|-----|--------|
| 1 a | Recent passport size photo of the faculty, signed by Dean/Principal of the College | Yes | No |
| b | Photo ID proof issued by Govt. Authorities Passport/ Driving License/ Voter ID / Aadhar Card* | Yes | No |
| с | Copy of Passport/ Voter Card/ Ration Card/ Electricity Bill/ Driving License attached as a proof of residence | Yes | No |
| 2 a | Copy of Degree certificates of UG, PG &Ph. D (if awarded)* | Yes | No |
| b | Copy of Kerala State Pharmacy Council registration certificates of UG and PG degrees* | Yes | No |
| 3 | Copy of Experience certificates for all faculty appointments held before joining the present Institution* | Yes | No |
| 4 | Relieving order from the previous Institution* | Yes | No |
| 5 | Details of Research Publications and Projects, if any | Yes | No |
| 6 a | Copy of PAN Card* | Yes | No |
| b | Copy of Form 16 (TDS Certificate) for financial year | Yes | No |

(*SUBMIT ORIGINAL FOR VERIFICATION)

| Signed by the faculty (To be signed in presence | Counter signed by the Principal | Signed by the Inspectors |
|--|------------------------------------|--------------------------|
| of the Inspectors) | | 1. |
| | | 2. |
| | | 3. |
| Date: | Date: | Date: |

NOTE:

(i) The Declaration Form will not be accepted and the person will not be counted as faculty if any of the above documents are not enclosed/ attached with the declaration form.

(ii) The person will not be counted as a faculty if the original of Photo ID proof, Registration Certificate / Degree Certificates / PAN Card (if issued) are not produced for verification at the time of Inspection.

(iii) All the faculty must submit the revised declaration form in this format only.