

KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR



INSPECTION PROFORMA: I

**INSPECTION PROFORMA FOR PROVISIONAL/CONTINUATION OF AFFILIATION
FOR INSTITUTIONS CONDUCTING B. PHARM DEGREE COURSE**



KERALA UNIVERSITY OF HEALTH SCIENCES

INSPECTION PROFORMA OF INSTITUTIONS FOR CONDUCTING B. PHARM DEGREE COURSE 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 for starting the course	
5	Affiliation/ 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.			
Signature			

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)	
	(b) PCI approval for the academic year 202....-202...(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.	

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 D E & F should be tabulated as per the following format and endorsed by the Principal/Head of the institution – (Annexure VII)

A. CLASSROOMS

Courses		Required (Sq. M)	Carpet area in Sq.M per room						Total No.	Remarks of the inspector
			No.1	No.2	No.3	No.4	No.5	No.6		
B. Pharm (UG) Students	60	75								
	100	75/125*								
Tutorial rooms		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.	Department	Required (Sq.M)	Carpet area in Sq.M. per	Req.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	
	Pharm. Microbiology Lab including aseptic room	75		1	
	Preparation room for each lab	10		1 for each lab or in between 2 lab	
Remarks of the Inspector					

C. GENERAL

SL No.	Particulars	Required (Sq.M)	Carpet area in Sq.M. per room	No.available
1	Central Instrumentation Room (air conditioned)	75		
2	Machine Room	75		
3	Computer Lab inclusive of Language	75		
4	Library and Reading Room	150		
5	Seminar Hall	132		
6	Museum	50		
7	Central Chemical Store	100		
8	Store room for inflammable Chemicals	20		
9	Examination Control Office	30		

10	Examination Hall	60	250		
		100	250 + 100		
Remarks of the Inspectors					

- 1 Whether all the Laboratories are well lit & ventilated YES ☐ NO ☐
- 2 Whether all Laboratories are provided with basic amenities and services like exhaust fans and fuming chamber to reduce the pollution whenever necessary YES ☐ NO ☐
- 3 Whether the workbenches are smooth and easily cleanable preferably made of non-absorbent material YES ☐ NO ☐
- 4 Whether all water taps in the lab are non-leaking and directly installed on sink YES ☐ NO ☐
- 5 Whether the drainage are efficient YES ☐ NO ☐
- 6 Whether the balance room are attached to the concerned laboratories YES ☐ NO ☐

D. ADMINISTRATIVE AREA

SL No.	Particulars	Required (Sq.M)	Carpet area in Sq.M. per room	Req.No.	Available No.
1	Principal's Chamber	30		1	
2	Vice Principal's Chamber	20		1	
3	Office	60		1	
4	Confidential Room	30		1	
Remarks of the Inspector					

E. STAFF FACILITIES

SL No.	Particulars	Required (Sq.M)	Carpet area in Sq.M. per room	Req.No.	Available No.
1	HOD Room	20		1 per Department	
2	Faculty Rooms	10/faculty		-	
3	Non-Teaching Staff Room	30		1	
Remarks of the Inspector					

F. STUDENT FACILITIES

Sl. No	Particulars	Required Number	Available Number	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 Inspector					

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		Practical		Remarks of the Inspector
		Required	Available	Required	Available	
B Pharm	60	1:60		1:20/2:30		
	100	1:100		1:20/2:30		

B. Time Table: Time Table for B Pharm to be Enclosed: Yes/No (**Annexure VIII**)

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 to be attached, **Annexure-IX**)

D. List of Papers Presented/Published during last year by the Faculty (**Annexure-X**)
(Title of the article, Name of the authors, Journal details etc)

E. Total workload per week of faculty members for B Pharm (**Annexure XI**)

F. Details of Industry–Institution Interaction: (**Annexure XII**)

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 details of time table of sessional exam of each course, (**Annexure- XIII**)

V. LIBRARY(as per PCI norms) (**Annexure-XIV**)

Particulars	Requirements				
Total area required (minimum)	150 Sq.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				
Photo copying 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	Minimum required			
		Ist Year	IInd Year	IIIrd Year	IVth Year
	Total Number of Volumes	1500	1650	1800	1950
	Total number of titles	150	165	180	195
	Available				
	Not Available				
	150 volumes with at least 15 new titles have to be added annually: Yes/No Latest edition of Indian Pharmacopoeia : Available/Not Available				
Journals needed (hard copy)	10 national and 5 international journals : Available/Not Available				

No. of Journals –	National:	International :
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:- Available/Not Available
(**Annexure- XV**)
- b. Details of College council constitution :- Available/Not Available (**Annexure XVI**)
- c. Details of PTA :- Available/Not Available (**Annexure – XVII**)
- d. Anti ragging committee details:- Available/Not Available (**Annexure XVIII**)
- e. Practice School Details :- Available/Not Available (**Annexure XIX**)
- f. Project work of students:-Available/ Not Available(**Annexure XX**)
- g. Documents of industrial/ hospital training for seventh semester students:- Available/Not Available(**Annexure XXI**)

VI. PRINCIPAL DETAILS - (Annexure XXII)

Name of the Principal	
Age & Date of Birth	
Qualification	
Experience	a) Teaching: 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.)

VII. STAFF PATTERN FOR B. PHARM COURSE

Enclose Group Photo of faculty with Inspectors

A. For 60 Students intake

Department	Designation	No. actually required				Number present in the institution	Shortfall
		I Year (Sem I & II)	II Year (Sem III & IV)	III Year (Sem V & VI)	IV Year (Sem VII & VIII)		
Principal		1	1	1	1		
Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	0	1	1	1		
	Associate Professor	1	1	1	1		
	Assistant Professor/ Lecturer	1	1	2	2		
	Total	2	3	4	4		
Pharmaceutics	Professor	0	0	1	1		
	Associate Professor	0	1	1	2		
	Assistant Professor/ Lecturer	1	2	2	2		
	Total	1	3	4	5		
Pharmacology	Professor	0	0	1	1		
	Associate Professor	0	1	1	1		
	Assistant Professor/ Lecturer	1	1	1	1		
	Total	1	2	3	3		
Pharmacognosy	Professor	0	0	1	1		
	Associate Professor	0	0	0	0		
	Assistant Professor/ Lecturer	0	1	1	1		
	Total	0	1	2	2		
Pharmacy Practice	Professor	0	0	0	0		
	Associate Professor	0	0	0	0		
	Assistant Professor/ Lecturer	0	0	0	1		
	Total	0	0	0	1		
Total		1 +4 = 5	1 +9 = 10	1+13 = 14	1+15 =16		
Part-Time Teaching staff		0-3	0-3	0-3	0-3		

B. For 100 Students intake

Department	Designation	No. actually required				Number Present in the institution	Shortfall
		+ I Year	+ II Year	+ III Year	+ IV Year		
Principal		1	1	1	1		
Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1	1	1	1		
	Associate Professor	2	2	2	2		
	Assistant Professor/ Lecturer	3	4	4	4		
	Total	6	7	7	7		
Pharmaceutics	Professor	1	1	1	1		
	Associate Professor	2	2	2	2		
	Assistant Professor/ Lecturer	2	3	4	5		
	Total	5	6	7	8		
Pharmacology	Professor	1	1	1	1		
	Associate Professor	1	1	1	1		
	Assistant Professor/ Lecturer	2	2	3	3		
	Total	4	4	5	5		
Pharmacognosy	Professor	1	1	1	1		
	Associate Professor	0	0	1	1		
	Assistant Professor/ Lecturer	1	2	2	2		
	Total	2	3	4	4		
Pharmacy Practice	Professor	0	0	0	0		
	Associate Professor	0	0	0	1		
	Assistant Professor/ Lecturer	1	1	1	0		
	Total	1	1	1	1		
Total		1+18= 19	1+21 =22	1+24=25	1+25 =26		
Part-Time Teaching staff		0-3	0-3	0-3	0-3		

Remarks of inspection team	
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VIII. TEACHING FACULTY DETAILS

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

Sl. No	Name	Designation	Qualification with subject specialisation	Total Teaching Experience	Kerala State Pharmacy Council Registration No.	Whether M. Pharm is added as additional qualification in KSPC Registration Yes / No	Date of Joining in the Institution	Experience in the institution	Signature

Whether D. Pharm Course is being run in the same Institution/ Campus

: YES

☐

NO

☐

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

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 $= \frac{x}{y} \times 100$
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 years (b)	Average No. of faculty at the start and at the end of the last 3 years $c = \frac{a + b}{2}$	No. of faculty left the institution during the period of 3 years (d)	Percentage of faculty turnover in last 3 years. $\frac{d}{c} \times 100$

*Not applicable for new institutions

X. SALARY/REMUNERATIONDETAILS OF TEACHING FACULTY

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

Sl. No.	Name	Qualification	Designation	Basic Pay Rs.	Total Pay Rs.	Bank A/c No.	EPF A/c No.	PAN No.	Signature

A. Proof of providing facilities for Research/

Higher studies :

YES

☐

NO

☐
B. Proof of provisions for attending Seminars/ workshops :

YES ☐

NO

☐
C. 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

☐

Remarks of inspection team	
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XI. DETAILS OF NON-TEACHING STAFF

Designation	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	1	Degree	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

Remarks of inspection team	
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XII. EQUIPMENT AND APPARATUS (as per PCI norms)

- B Pharm

Department wise list of equipment (for a batch of 20 students)

a) Department of Pharmacology

Equipment:

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

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

Apparatus:

Sl No	Name	Minimum Required Nos.	B.Pharm		Remarks
			Available Nos	Working Yes/ No	
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			

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

Available/Not available

b) Department of Pharmacognosy

Equipment:

Sl No	Name	Minimum Required Nos.	B.Pharm		Remarks
			Available Nos	Working 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 No	Name	Minimum Required Nos.	B.Pharm		Remarks
			Available Nos	Working Yes/ No	
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			

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 No	Name	Minimum Required Nos.	B.Pharm		Remarks
			Available Nos	Working Yes/ No	
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 Thermostat	10			
11	Vacuum Pump	01			
12	Digital pH meter	01			
13	Microwave Oven	02			
14	Colourimeter	01			
15	Precision Melting point Apparatus	01			

Apparatus

Sl No	Name	Minimum Required Nos.	B.Pharm		Remarks
			Available Nos	Working Yes/ No	
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	Nessler's Cylinders	40			

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

d) Department of Pharmaceutics

Equipment:

Sl No	Name	Minimum Required Nos.	B.Pharm		Remarks
			Available Nos	Working Yes/ No	
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 micrometres	10			
8	Tray dryer	01			
9	Ball mill	01			
10	Sieve shaker	01			

11	Standard sieves, sieve no. 8, 10,12,22,24, 44,66, 80	10 sets			
12	Double cone blender	01			
13	Propeller type mechanical agitator	05			
14	Steam distillation still	01			
15	Vacuum Pump	01			
16	Tablet punching machine (Single/Multiple punch)	01			
17	Capsule filling machine	01			
18	Ampoule washing machine	01			
19	Ampoule filling and sealing machine	01			
20	Tablet disintegration test apparatus IP	01			
21	Tablet dissolution test apparatus IP	01			
22	Monsanto's hardness tester	01			
23	Pfizer type hardness tester	01			
24	Friability test apparatus	01			
25	Clarity test apparatus	01			
26	Ointment filling machine	01			
27	Collapsible tube crimping machine	01			
28	Tablet coating pan	01			
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	10			
30	Digital pH meter	01			
31	Bottle washing Machine	01			
32	Bottle Sealing Machine	01			
33	Bulk Density Apparatus	02			
34	Conical Percolator (glass/ copper/ stainless steel)	02			
35	Capsule Counter	02			
36	Energy meter	02			
37	Hot Plate	02			

38	Humidity Control Oven	01			
39	Liquid Filling Machine	01			
40	Mechanical stirrer with speed regulator	02			
41	Distillation Unit	01			
42	All-purpose equipment with all accessories (desirable)	01			
43	Autoclave (desirable)	01			
44	Lyophilizer (Desirable)	01			

Apparatus:

Sl No	Name	Minimum Required Nos.	B.Pharm		Remarks
			Available Nos	Working Yes/ No	
1	Ostwald's viscometer	20			
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			

Availability of adequate number of glassware commonly used in Pharmaceutics laboratory:
Available/Not Available

e) Pharmaceutical Microbiology

Sl No	Name	Minimum Required Nos.	B.Pharm		Remarks
			Available Nos	Working Yes/ No	
1	Aseptic Cabinet	01			
2	Laminar air flow	01			
3	Microscope	20			
4	Gel Electrophoresis (Vertical and Horizontal)	01			
5	Phase contrast/Trinocular Microscope	01			
6	Diagnostic kits to identify infectious agents	01			
7	Viscometer	01			

8	Micropipettes (single / multi channeled)	01			
9	BOD Incubator	01			
10	Paper Electrophoresis Unit	01			
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 incubator	01			
18	Tissue culture station (Desirable)	01			
19	Fermenters of different capacity (Desirable)	01			
20	Incubator water bath(Desirable)	01			
21	Micro Centrifuge (Desirable)	01			
22	Refrigerated Centrifuge (Desirable)	01			

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

f) Central Instrumentation Room (Air Conditioned)

Sl No	Name	Minimum Required Nos.	B.Pharm		Remarks
			Available Nos	Working Yes/ No	
1	Colorimeter	01			
2	Digital pH meter	01			
3	UV- Visible Spectrophotometer	01			
4	Fluorimeter	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 (Desirable)	01			
14	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01			
15	Deep Freezer (Desirable)	01			
16	Atomic Absorption and Emission	01			

	spectrophotometer (Desirable)				
17	HPTLC (Desirable)	01			
18	Fourier Transform Infra Red Spectrometer (Desirable)	01			
19	Brookefield's viscometer (Desirable)	01			

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
B. Pharm						
Total No. of students :						

XVI. PAST THREE YEARS UNIVERSITY RESULTS

(Attach the University Examination result as per the given format as **Annexure-XXIV**)

Semester	Regular/Supplementary	Year	No. of students registered (a)	No. of students passed (b)	PassPercentage (b/a X 100)
First	Regular				
	Supplementary				
Second	Regular				
	Supplementary				
Third	Regular				
	Supplementary				
Fourth	Regular				
	Supplementary				
Fifth	Regular				
	Supplementary				
Sixth	Regular				
	Supplementary				
Seventh	Regular				
	Supplementary				
Eighth	Regular				
	Supplementary				

XVII. LIST OF ELIGIBLE EXAMINERS**For 60 Students intake**

Department	Minimum No. of Eligible Examiners Required				No. present in the institution
	I Year (Sem I & II)	II Year (Sem III & IV)	III Year (Sem V & VI)	IV Year (Sem VII & VIII)	
Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	2	2	2	2	
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 100 Students intake

Department	Minimum No. of Eligible Examiners Required				No. present in the institution
	+ I Year	+ II Year	+ III Year	+ IV Year	
Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	4	4	4	4	
Pharmaceutics	3	5	5	5	
Pharmacology	3	4	4	4	
Pharmacognosy	1	2	2	2	
Pharmacy Practice	1	1	1	2	
Remarks of the Inspectors					

Lists of eligible examiners should be submitted as per the given format as **Annexure-XXVII**

Sl. No	Semester	Subject	Details of Eligible Examiners					
			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			
13.	College council constitution			
14.	Student Support and Guidance Programme			
15.	Academic Monitoring cell			
16.	PTA constitution			
17.	Fee Paid Registers			
18.	Acquittance Registers			
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			
23.	Laboratory Manuals			
24.	Stock Register for Equipment			
25.	Animal House Records as per IAEC			
26.	Practice School Records/Registers			
27.	Project work Records/Registers			

Note : The key areas may be photographed and submitted in CD

XIX. Report of interaction with Students (Annexure-XXVIII)

(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-XXIX)

(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 to be 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 Chartered accountants) of the trust/society for past three years are to be furnished (**Annexure-XXX**)

Cardinal 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 and each page signed by both the inspectors		
2	Has the affiliation orders been checked and found in order? (a) State Government NOC (b) PCI		
3	Has the following details of the documents been checked and found in order. (a) Trust (b) Land (c) Infrastructure		
4	Whether Weekly Time Table for all the courses have been checked? (a) B Pharm		
5	Have the following details with respect to Pharmacy faculty been checked? a. Qualification b. Teaching Experience c. Relieving certificates from previous Institution 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 last 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 attached group photo of each course with inspectors		
12	Whether duly filled teachers' proforma attached		
13	Whether submitted documents 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 :

Signature :

Signature :

Name :

Name :

Name :

Place :

Place :

Place :

Date :

Date :

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

LIST OF ANNEXURES *

Serial No.	Document	Attached	
		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	Time table for B Pharm course		
Annexure IX	Details of guest lectures seminars and workshops conducted		
Annexure X	List of papers presented / published during 20 -20		
Annexure XI	Total work load per week of faculty members		
Annexure XII	Details of industry – institution interactions.		
Annexure XIII	Details of sessional Exam time table		
Annexure XIV	List of library books		
Annexure XV	Details of programme committee		
Annexure XVI	College council details		
Annexure XVII	PTA details		
Annexure XVIII	Details of anti-ragging committee		
Annexure XIX	Practice school details		
Annexure XX	Project work of students details		
Annexure XXI	Documents for industrial/ hospital training		
Annexure XXII	Curriculum vitae of Principal		
Annexure XXIII	Details of the B. Pharm teaching staff		
Annexure XXIV	Details of all teaching faculty including D. Pharm		
Annexure XXV	Scale of Pay for Teaching Faculty		
Annexure XXVI	Past Three year university examination result		
Annexure XXVII	List of eligible examiners		
Annexure XXVIII	Report of interaction with Students		
Annexure XXIX	Report of interaction with faculty members		
Annexure XXX	Copy of the audited balance sheet (By Chartered accountants)		

KERALA UNIVERSITY OF HEALTH SCIENCES, THRISSUR – 680596

FACULTY PROFORMA

TO BE SUBMITTED BY THE FACULTY AT THE TIME OF INSPECTION

NAME OF THE COLLEGE:		<i>(Paste recent passport size photo of the employee duly signed by the Principal / Head)</i>
DATE OF INSPECTION:		
DECLARATION FORM		
1.	BASIC DETAILS (IN BLOCK LETTERS):	
(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/ Part-time/ Guest
(h)	Whether belongs to:	SC / ST / Ex-service / Others
(i)	PHOTO ID PROOF <i>Submit Original photo ID proof issued and attach self-attested Copy of PASSPORT /DRIVING LICENSE/ PAN CARD/VOTER ID/AADHAR CARD)</i>	
(j)	Residential address of the Faculty: <i>(Attach self-attested copy of Passport/Voter Card/ Ration Card/ Electricity Bill/Driving license as a Proof of Residence)</i>	
(k)	Date of joining the present institution:	On..... as.....

2. EDUCATIONAL QUALIFICATIONS

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

4. Before joining present institution I was working in.....
 as and relieved on
 after resigning / retiring.

5. Number of Research Publications in Journals during the last three academic years: (furnish details)

(a) International Journals:	(b) National Journals:	(c) State/ Other Journals:

6. Whether any Research Projects on hand: (if yes, furnish 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	Submitted	
		Yes	No
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
c	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 of the Inspectors)	Counter signed by the Principal	Signed by 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.