

Inspection Proforma for Provisional Affiliation of College To Start/Extension of Various Pharmacy Courses for the Academic Year

Date of inspection: _____ :
Name of inspectors :1) _____ 2) _____
Name and Address of the College : _____
Name of Principal: _____
Name of the agency running the College: _____

I . SCRUTINY OF REQUISITE PERMISSIONS

- Name & Address of the Pharmacy College : _____
- Email Address for Correspondence : _____
- Telephone & Fax No : _____
- College Website Address : _____
- Status : Govt. / Private
- Year of Establishment : _____
- PCI/AICTE Recognition letter No. & Date : _____
- State Government NOC : No& Date: _____

Valid up to: _____

II. PHYSICAL INFRASTRUCTURE

- 1. a. Availability of Land
 - a) 2.5 acres District HQ/Corporation/Municipality limit
 - b) 0.5 acre for City / Metros
- b. Building : Own/Rented/Leased
- c. Land Details to be in name of Trust and Society
- Records to be enclosed
- Sale deed : Enclosed/Not available
- d. Building:
 - i) Approved Building plan, to be Enclosed : Enclosed/Not available
- e. Total Built Area of the college building in Sq.mts : Built up Area

	Required	Available	Required	Available	Required	Available	Remarks of inspectors
Infrastructure for	Carpet area in Sq. M. per room		No for new institution		Total no		
UG Class Rooms	75		1		4		
UG Class Rooms (for a class of 100 Students)	125		1		4		
Tutorial Rooms	33		1		1		
Pharm.D Class Rooms	75		1		3 class rooms(At College)+ 2 class rooms(at Hospital)		
PG (for each specialization for a class of maximum 15 students)	36		1		1		

PG Research Lab (for each specialization for a class of maximum 15 students)	75				1 X No of Branches		
Laboratory for UG	75		5 Pharmaceutics – 1 Pharm. Chemistry – 2 Pharmacology – 1 Pharmacognosy – 1		10 Pharmaceutics – 2 Pharm. Chemistry – 3 Pharm. Analysis – 1 Pharmacology – 2 Pharmacognosy – 1 Pharm. Biotech – 1		
Laboratory for Pharm.D & Pharm.D (PB)	75		3 Pharmaceutics – 1 Pharm.		Pharmaceutics and Pharmacokinetics Lab -2		

			Chemistry – 2		Life Science Pharmacology Physiology Pathophysiology-2 Phytochemistry or Pharmaceutical Chemistry-2 Pharmacy Practice-2		
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Preparation room for each lab	10						
Instrumentation Room (air conditioned)	80		-		1		
Machine Room	80		-		1		
Research Laboratory	75		-		1		
Animal house	80		-		1		
Computer Lab	75		1		1		
Library and	150		1		1		

Reading room							
Seminar Hall	132		1		1		
Museum	50		1		1		
Central Chemical store	100						
Store room for inflammable Chemicals	20		1				
Examination Control Office	30		1				

For Pharm.D Colleges	300 bedded hospital. Tertiary Care Hospital desirable						
Hospital with teaching facility – (Please tick) Own	Medicine (Compulsory) (Any three of the below) *Surgery 1 *Pediatrics 1 *Gyne cology and Obstetrics 1* Psychiatry 1 * Skin and VD Orthopedics						
Teaching Hospital approved by MCI* or University *							
Govt. Hospital * Corporate type * * Attach a copy of MOU between institution & Hosnital							
Deptt. of Pharmacy Practice/Clinical Pharmacy in Hospital	3 Sq.mts. per student						

III. ACADEMIC REQUIREMENTS

- **Student Staff Ratio:** Theory Practicals

(Required ratio --- Theory → 60:1 and Practicals → 20:1): B.Pharm

(Required ratio --- Theory → 15:1 and Practicals → 15:1): M.Pharm

(Required ratio --- Theory → 30:1 and Practicals → 30:1): Pharm.D,

If more than 20 students in a batch 2 staff members to be present provided the lab is spacious.

2.Time Table: Time Table for B. Pharm/ PHARM.D, Pharm.D(PB), M .Pharm, course Enclosed : Yes / No

3.Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last year (Details to be attached)

Guest Lectures

Seminars

Workshops

Symposia

3.Papers Presented / Published during last year

Inspector Remark

National

international

Published

Presented

4.Total Work load per week of Faculty members for B. Pharm, M.Pharm, Pharm.D, Pharm.D (PB): Details to be attached

5. Industry – Institution Interaction (Details to be attached)

No. of Industrial visits

Industrial Tour

Industrial Training

No. of Resource Persons from the Industry for Guest Lectures

No. of Collaboration projects with funding agency-Central/State, Industry

6. Whether Professional Society Activities are Conducted - Yes / No

(Enclose Details:, IPA, KPGA, APTI etc.)

7. Library

Total number of library books-

No of titles

Volume

No. of journals- National

International

E-journal publisher & Number of e-journals

(Required Total number of books for a new institutions – 1500, International journals – 05, National journals – 10)

Whether Internal Assessments are conducted periodically as per university norms

Yes No

Class	I Sessional Dates		II Sessional Dates		III Sessional Dates		Remarks of the Inspectors
	From	To	From	To	From	To	
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
I B. Pharm							
II B. Pharm							
III B. Pharm							
IV B. Pharm							

Class	I Sessional Dates		II Sessional Dates		III Sessional Dates		Remarks of the Inspectors
	From	To	From	To	From	To	
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
I Pharm.D							
II Pharm.D							
III Pharm.D							
IV Pharm.D							
V Pharm.D							

Class	I Sessional Dates		II Sessional Dates		III Sessional Dates		Remarks of the Inspectors
	From	To	From	To	From	To	
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
I M Pharm							

Year	Year 200-	Year 200-	Year 200-
No. of students appeared for campus interview			
No. of students Placed			

IV. Principal Details

Name of the Principal:					
Qualification	Experience			Total experience	Remarks of the inspectors
	Essential: 15 years experience in teaching or research out of which 5 years must be as Professor/HOD in a PCI approved/ recognized pharmacy college. Desirable: Administrative experience in a responsible position				
	Teaching	Industry	Others		

Staff pattern for B.Pharm courses department wise/division wise: Professor Asst.Professor: lecturer

NB: Enclose Staff Group Photo with Inspectors

	No. of staff required for I *B.Pharm	Available	No. of staff required for II B.Pharm	Available	No. of staff required for III B.Pharm	Available	No. of staff required for IV B.Pharm	Available
Principal	1		1		1		1	
Pharmaceutical Chemistry	1		2		3		4	
Pharmaceutical Analysis	1		-		-		1	
Pharmacology	1		2		3		4	
Pharmacognosy	1		2		3		3	
Pharmaceutics	1		2		3		4	
Total	6		9		13		17	
Part time teaching Staff	3		-		-		-	
Remarks of the Inspection Team								

*Part time teaching staff for Mathematics, Biology and Computer Science can be appointed.

- Staff pattern for M.Pharm courses department wise/division wise: HOD/Professor: Assistant/Associate Professor

NB: Enclose Staff Group Photo with Inspectors

Department/ Division	Name of the post	For strength of 15 students	Provided by the institution	Remarks of inspection team
Pharmaceutics	Professor	1		
	Assistant/Associate	2		

	Professor			
Pharma. Chemistry	Professor	1		
	Assistant/Associate Professor	2		
Pharma. Analysis	Professor	1		
	Assistant/Associate Professor	2		
Pharmacology	Professor	1		
	Assistant/Associate Professor	2		
Pharmacognosy	Professor	1		
	Assistant/Associate Professor	2		

Staff pattern for Pharm.D and Pharm.D (Post Baccalaurate) course department wise full duration of courses (Professor/Asst.Professor/Lecturer):

Enclose Staff Group Photo with Inspectors

Professor: Asst. Professor: Lecturer				
Department/Division	Name of the post	No. Required	Provided by the institution	Remarks of the Inspectors
Department of Pharmaceutics	Professor	1		
	Asst. Professor	1		
	Lecturer	2		
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1		
	Asst. Professor	1		
	Lecturer	3		
Department of Pharmacology	Professor	1		
	Asst. Professor	1		
	Lecturer	2		
Department of Pharmacognosy	Professor	1		
	Asst. Professor	1		
	Lecturer	1		
Department of Pharmacy Practice	Professor	1		
	Asst. Professor	2		
	Lecturer	3		

* Yearwise availability will be assessed.

• **Number of Non-Teaching Staff Requirements:**

Designation	Minimum No. Required	Minimum Qualification	Available	Remarks of Inspectors
Librarian	1	M.Lib/M.Li.Sc		
Asst. Librari	1	B.Lib/		

an		Degree		
Laboratory Technician	1 for each Department	B. Pharm / D. Pharm / BSc		
Laboratory attenders	1 for each lab	SSLC		
Office Superintendent	1	Degree		
Accountant	1	Degree		
Store Keeper	1	D. Pharm / Degree		
Computer Operator	1	Graduate with Computer Course		
Office Staff I	1	Degree		
Office Staff II	2	Degree		
Office Assistant	2	SSLC		
Sweeper/Cleaning Personnel	Adequate			
Gardener	Adequate			

Courses	Approved Intake	I Year	II Year	III Year	IV Year	V Year	VI Year	Remark of Inspectors
B.Pharm								
Pharm.D								
Pharm.D(PB)								
M.Pharm								
Total								
Grand total of whole students admitted for various courses								

Student Details

VI. DOCUMENTATIONS

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

EQUIPMENT AND APPARATUS

B.Pharm - As per PCI Norms

Pharm.D & Pharm. D (PB) – PCI Norms

Refer Website: www.pci.nic.in

Minimum instruments for M.Pharm Pharmaceuticals

Name	Minimum Nos Required	Available	Remarks of Inspectors
Rotary tablet punching machine	1		
Tablet dissolution apparatus	6 basket		
Tablet disintegration apparatus	1		
Brookfield Viscometer	1		
Digital balance(1 mg sensitivity)	1		

Franz Diffusion cell	1		
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Minimum instruments for M.Pharm Pharmacognosy & Phytochemistry

Name	Minimum Nos Required	Available	Remarks of Inspectors
Soxhlet apparatus/condenser/RB flask	01/student		
Rotary Vacuum Evaporator	1		
TLC Chamber	1		
UV Chamber	1		

Minimum requirement & instruments for for M.Pharm Pharmacology

Important: Animal house and facilities approved by CPCSEA

Instruments

Name	Minimum Nos Required	Available	Remarks of Inspectors
Students Physiograph	1		
Auto Analyser	1		
Horizontal/Vertical gel electrophoresis apparatus unit	1		
Langendroff apparatus	1		
Tail cuff rodents BP apparatus	1		

Minimum requirements for M.Pharm Pharmacy Practice, Pharm.D & Pharm.D (Post Baccalaureate) at Hospital

Name	Available	Remarks of
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		Inspectors	
Hospital* with teaching facility			
Minimum 300 bedded Hospital			
Dispensary/Hospital Pharmacy			
Drug Information Centre & Patient Counselling centre			
Computer/Internet facility			
Library facility			
Computer software (Drug information softwares like Micromedex, Lexicomp etc-Mandatory)			
LCD Projectors			
Name	Minimum Nos Required	Available	Remarks of Inspectors
Class room cum seminar room	1		
Pharmacy Practice Lab	1		

XII. PAST 3 YEARS UNIVERSITY RESULT (attach result as annexure for all courses specifying the academic years)

YEAR	I YEAR	II YEAR	III YEAR	IV YEAR	V YEAR	VI YEAR	Remarks of Inspectors

XIII. EXAMINATION HALL

SI 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	Yes/No (Separate for Male & Female)

XIV. CONFIDENTIAL ROOM

1	Two Computer	Available/ Not available
2	Two internet connections	Available/ Not available
3	Printer	Available/ Not available
4	Fax Machine	Available/ Not available
5	CCTV	Available/ Not available
6	Mobile Jammer	Available / Not available
7	Net connection-wired & Wireless	Available / Not available
8	Generator	Available / Not available
9	UPS	Available / Not available
10	Other (Specify)	Available / Not available

XV. Whether provided required number of eligible examiners for evaluation as per Kerala University of Health Sciences Norms (List should be submitted with inspection report)

XVI. Cardinal Deficiencies

1. Infrastructure
2. Equipments
3. Clinical material
4. Faculty
5. Academic training

XVII. Report of interaction with Students

XVIII. A copy each of the audited balance sheet (By Chartered Accountants) of the trust/society for past three years are to be furnished.

CHECK LIST FOR THE INSPECTORS:

1. Is the Inspection Proforma filled Completely and each page signed by both the inspectors Yes No
2. Has the State Government NOC, AICTE, PCI affiliation orders has been checked and found in order ? (copies to be attached as annexure) Yes No
3. Has the details of trust, land and infrastructure documents etc. checked and found in order (copies to be attached as annexure) Yes No
4. Whether Weekly Time Table for all the courses have been checked ? (attach copy) Yes No
5. Have the following details with respect to Pharmacy faculty been checked?
 - a. Qualification Yes No
 - b. Teaching Experience Yes No
 - c. Relieving certificates from previous Institution (Copies to be attached as Annexure) Yes No
 - d. State Pharmacy Council Registration Certificate Yes No
 - e. IT Returns, Previous Year Yes No
6. Journals/Books /e-journals other facilities of library verified (List to be attached as annexure) Yes No
7. Availability of equipments & apparatus verified and found adequate Yes No
8. Whether any case of ragging has been reported in the Institution during the last one year, if yes action taken thereon Yes No
9. Whether the College fulfills all the requirements of faculty and infrastructure to conduct the Courses. Yes No
10. Whether attached group photo of each course with inspectors Yes No

We hereby declare that all the documents regarding Building /University Affiliation/Teaching Staff etc have been physically verified by us and the confidentiality of the inspection report will be maintained.

(Inspector are requested not to write recommended/ not recommended)

Name & Signature of Inspector 1

Name & Signature of Inspector 2

Place

Date

KUHS Teachers Proforma

KERALA UNIVERSITY OF HEALTH SCIENCES, THRISSUR – 680 596
PROFORMA TO BE SUBMITTED BY THE FACULTY AT THE TIME OF INSPECTION

Name of the college: _____

Date of Inspection: _____

DECLARATION FORM

Photograph

- 1.(a) Dr./Mr./Mrs. _____
1.(b) Date of Birth & Age _____
1.(c) Recent Passport size photo of the employee
Signed by Dean/ Principal of the college
1.(d) Submit photo ID proof issued by Govt. Authorities:



Photo Number ID _____ submitted: Passport copy / Issued Driving by _____
License / PAN card / Photograph Vter ID / Aadhar Card
Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.

- 1.(e) i. Present Designation : _____
1.(e) ii. Department: _____
1.(e) iii. College: _____
1.(e) iv. City: _____
1.(e) v. Nature of the appointment: Permanent / Temporary / Adhoc / Honorary / Part-time / Guest
1.(e) vi. Whether belongs to : SC / ST / Ex-service / Others
1.(f) vii. Residential Address of employees:

1.(g) Copy of passport / Voter Card / Ration Card / Electricity Bill / Driving License Attached as a proof of residence.

1.(h) Phone & Fax Number With Code: Office: _____
Residence: _____
E-Mail address: _____
Mobile Number: _____

1.(i) Date of joining present institution: _____ as

2. Qualification:

Qualification	College & Uni.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduate Degree :				
Post-Graduate Degree :				
Additional Qualification				

Note: For PG-Post PG qualification additional Registration certificate particulars be furnished and subject be furnished within brackets after scoring out whichever is not applicable.

2. (a) Copies of degree certificates of UG and PG degree to be attached. 2. (b) Copies of Registration of UG and PG degree to be attached.

3. Details of the previous appointments/ teaching experience:

		DD/MM/YY	DD/MM/YY	
Registrar/Sr.Resident				

4. (a) Before joining present institution I was working at as and relieved on after resigning / retiring

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

5.(a). International Journals:

5.(b). National Journals: 5.(c). State / Other Journals:

5.(c). State / Other Journals:

6. Number of Research Projects on hand: _____

7.(a) I am having PAN Card and my PAN is / I am not having PAN Card.

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

	Amount Received	TDS
July.....		
August		
September.....		
October.....		
November.....		
December.....		
January.....		
February.....		
March.....		
April.....		
May.....		

7.(c) [Copy of my PAN & Form 16(TDS Certificate) for financial year are attached]

Declaration

1. I have not worked at any other colleges/institution or presented myself at any inspection from onwards till date.
2. It is declared that each statement and/or contents of this declaration and/or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action.

Date:

Place:

Signature of the employee:

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 certificate / documents as submitted by the teacher to the institute and with the concerned institute and have found them to be correct and authentic.**

In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself / herself for any such misdeclaration or misstatement.

Date:

Place:

Office Seal

Countersigned by the

Principal

Sl No.	Documents	Submitted	
		Yes	No
1. a	Recent Passport size photo of the employee, Signed by Dean/ Principal of the college	Yes	No
b	Photo ID proof issued by Govt. Authorities: Passport / Driving License / PAN Card Voter ID/ Adar 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)	Copies of degree certificate of UG and PG degree	Yes	No
[b]	Copies of Registration of UG and PG degree	Yes	No
3.	Copy of experience certificate for all teaching appointments held before joining present institute.	Yes	No
4.	Relieving order from the previous institution	Yes	No
5.	PAN Card	Yes	No
6.	Form 16 (TDS certificate) for financial year	Yes	No

Signed by the teacher:

Date:

Countersigned by
Principal

Date:

Signed by the Inspector

Date:

NOTE:

1. The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed / attached with the declaration form.
2. The person will not be counted as a teacher if the original of Photo ID proof, Registration Certificate / Degree Certificate / PAN Card (if issued) are not produced for verification at the time of inspection.
3. All the teachers must submit the revised declaration form in this format only. (Any declaration form submitted in an old format will not be accepted and he will not be counted as a teacher.)