

## PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting B. Pharm. for 100 adms.

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

(SIF-B-1)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No. :

NAME OF THE INSPECTORS: 1. Dr. A. RAMESH  
(BLOCK LETTERS)

2. Dr. AMBATI  
SAMBASIVA RAO

### PART – I

#### A - GENERAL INFORMATION

<b>A – I .1</b> Name of the Institution: Complete Postal address STD code Telephone No. Fax No. E-mail	<b>Loknete Shri Dadapatil Pharate College of Pharmacy A/P- Mandavgan Pharata Tal- Shirur Dist – Pune Pin – 412211 Ph – 02137-262222 E-Mail- lsdpcop@gmail.com</b>
Year of Establishment	<b>2015</b>
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	<b>Private</b>
<b>A – I .2</b> Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	<b>Shri Wagheshwar Gramvikas Pratishthan A/P- Mandavgan Pharata Tal- Shirur Dist – Pune Pin – 412211 Ph – 02137-262222 E-Mail- rajivpharate@gmail.com Web Site – www.swgp.org.in</b>
<b>A – I .3</b> Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No., Fax No E-Mail	<b>Mr. Rajiv Vasanttrao Pharate- Patil Chairman A/P- Mandavgan Pharata Tal- Shirur Dist – Pune Pin – 412211 Ph &amp; Fax No.– 02137-262222 07875939090 E-Mail- rajivpharate@gmail.com</b>
<b>A – I .4</b> Name and Address of the Head of the Institution	<b>Dr. Atul Arjun Baravkar Principal A/P- Mandavgan Pharata Tal- Shirur Dist – Pune Pin – 412211 Ph – 02137-262222 07798485278 E-Mail- atul200678@rediffmail.com</b>

Signature of the Head of the Institution

Signature of the Inspectors

**A –I . 5**

**FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL a. Details of Affiliation Fee Paid**

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B. Pharm	2016-17	RTGS	26/11/2016	

**b. APPROVAL STATUS:**

Name of the Course	Approved Up to 2016	Intake Approved and Admitted	PCI	State Govt	University	Remarks of the Inspectors
B. Pharmacy		Approved Letter No & Date	-	TEM-2015/Proposal No. 271/Tech. Edu.-4	CA 1517 13/6/2016	
		Approved Intake	120	120	120	
		Actually Admitted	100	100	100	

**c. STATUS OF APPLICATION**

COURSES INSPECTED FOR				
Faculty / Subject	Extension of Approval	Increase in Intake of Seats	Remarks	
			Current Intake	Proposed increase in Intake
B. Pharm	New Institute	New Institute	100	-

Note: Enclose relevant documents

**A –I. 6**

**Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same Building / campus? If Yes, Give Details – No**

**A – I. 6 a**

Status of the Pharmacy Course	
<b>Independent Building</b>	Yes
<b>Wing of another college</b>	No
<b>Separate Campus</b>	Yes
<b>Multi Institutional Campus</b>	No

<b>Examining Authority: With complete postal Address, Telephone No. and STD Code.</b>	Savitibai Phule Pune University Ganeshkhind, Pune-411007. Maharashtra. 020-25691233, 25601258
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**Signature of the Head of the Institution**

**Signature of the Inspectors**

**B - DETAILS OF THE INSTITUTION**

**B - I.1**

Name of the Principal – Dr. Atul Arjun Baravkar

Qualification / Experience	Qualification		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	Yes	15 years, out of which 5 years as Prof. / HOD		
	PhD	Yes	10 years, out of which at least 05 years as Asst. Prof		

\* Documentary evidence should be provided

**B –I .2**

For institution seeking continuation of affiliation

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
<b>B. Pharm</b>			New Institute	

\* Enclose

Documents

**B –I .3**

<b>Status of Governing Council:</b>	<b>Trust/Society</b>
<b>Details of the Governing Body</b>	<b>List Attached</b>
<b>Minutes of the last Governing council Meeting</b>	-

**B –I .4**

Pay Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
Teaching Staff	AICTE /UGC/State Govt. Yes	Yes	No	No	
Non-Teaching Staff	State Government Yes	No	No	No	

**B –I .5**

**B. Pharm Course: Admission Statement for the Past Three Years**

ACADEMIC YEAR	Year 2015-16	Year 2016-2017	Year 200-
Sanctioned	120		-
No. of Admissions	100	In process	-
Unfilled Seats	00		-
No. of Excess Admission	00		-

Signature of the Head of the Institution

Signature of the Inspectors

**B –I .6**

**Academic information: Percentage of UG results for the past three years based on University Calendar**

<b>ACADEMIC YEAR</b>	<b>Year 2015-2016</b>	<b>Year 200-</b>	<b>Year 200-</b>
<b>1<sup>st</sup> year</b>	Awaited		
<b>2<sup>nd</sup> year</b>			
<b>3<sup>rd</sup> year</b>			
<b>Final year</b>			
<b>Pass % (Final Year)</b>			

**B – II**

**Co – Curricular Activities / Sports Activities**

Whether college has NSS Unit (Yes/No)? If no give reasons	New Institute ( To Be Applied )
NSS Programme Officer's Name	New Institute
Programme conducted (mention details)	New Institute
Whether students participating in University level cultural activities / Co- curricular/sports activities	No
Physical Instructor Available / Not available	Not available
Sports Ground Individual / Shared	Individual

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**C - FINANCIAL STATUS OF THE INSTITUTION**

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

**C .1 Resources and funding agencies (give complete list)**

**C .2 Please provide following Information**

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	<b>Grants</b> a. Government b. Others	Nil 1842000	<b>CAPITAL EXPENDITURE</b>			
2.	<b>Tuition Fee</b>	7000000	1.	<b>Building</b>	50000000	
3.	<b>Library Fee</b>		2.	<b>Equipment</b>	1051630	
4.	<b>Sports Fee</b>		3.	<b>Others</b>		
5.	<b>Union Fee</b>		<b>REVENUE EXPENDITURE</b>			
6.	<b>Others</b>		1	<b>Salary</b>		
			2.	<b>MAINTENANCE EXPENDITURE</b>		
				i	<b>College</b>	
				ii	<b>Others</b>	
			3.	<b>University Fee (If any)</b>	67000	
			4.	<b>Apex Bodies Fee</b>		
			5.	<b>Government Fee</b>	75000	
			6.	<b>Deposit held by the College</b>	2700000	
			7.	<b>Others</b>		
			8.	<b>Misc.Expenditure</b>	100000	
			<b>Total</b>			
	<b>Total</b>	8842000				

**Note: Enclose relevant documents**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

## PART- II PHYSICAL INFRASTRUCTURE

1. **a. Availability of Land (B. Pharm courses)** : Available  
 a) 2.5 acres District HQ/Corporation/Municipality limit 2 Acre  
 b) 0.5 acre for City / Metros
- b. Building** : Own
- c. Land Details to be in name of Trust and Society** Gift Dead  
 Records to be enclosed  
 Sale deed : **Enclosed**
- d Building<sup>†</sup>:**  
 i) Approved Building plan, to be Enclosed : **Enclosed**
- e. Total Built Area of the college building in Sq.mts** : Built up Area 

2335.97
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 Amenities and Circulation Area 

949.72
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### 2. Class Rooms

Total Number of Class rooms provided at the end of 4 Year Course					
Class	Required	Available Numbers	Required Area * for each class room	Available Area in Sq. mts	Remarks of the Inspectors
<b>B.Pharm</b>	06	4	90 sq. mts each (Desirable) 75 sq. mts each (Essential)	75 Sq. Mt. x 4 class rooms	

### 3. Laboratory requirement at the end of 4 Years

Sr. No.	Infrastructure for	Requirement As Per Norms	Available Nos.	Remarks or Deficiency
<b>1</b>	<b>Laboratory Area for B. Pharm Course</b>	90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts – Essential	<b>6</b>	
<b>2</b>	<b>Pharmaceutics</b>	03 Laboratories	<b>3</b>	
<b>3</b>	<b>Pharmaceutical Chemistry</b>	02 Laboratories	<b>2</b>	
<b>4</b>	<b>Pharmaceutical Analysis</b>	01 Laboratory	<b>1</b>	
<b>5</b>	<b>Pharmacology</b>	02 Laboratories	<b>2</b>	
<b>6</b>	<b>Pharmacognosy</b>	01 Laboratories	<b>1</b>	
<b>7</b>	<b>Pharmaceutical Biotechnology</b>	01 Laboratory	<b>0</b>	
<b>8</b>	<b>Preparation Room for each lab</b>	10 sq mts (minimum)	<b>10*6=40</b>	
<b>9</b>	<b>Area of the Machine Room</b>	80-100 Sq.mts	<b>0</b>	
<b>10</b>	<b>Central Instrumentation Room</b>	80 Sq.mts with A/ C	<b>75</b>	
<b>11</b>	<b>Store Room I</b>	1 (Area 100 Sq mts)	<b>32.43</b>	
<b>12</b>	<b>Store Room II</b>	1 (Area 20 Sq mts)	-	

Signature of the Head of the Institution

Signature of the Inspectors

† **The Institutions will not be permitted to run the courses in rented building on or after 31.12.2008**

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

**4. Administration Area:**

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Principal's Chamber	01	30 Sq. mts	1	30.15	
2	Office – I - Establishment	01	60 Sq. mts	1	155.84	
3	Office – II – Academics					
4	Confidential Room					

**5. Staff Facilities:**

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4	1	22.11	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	1	44.22	

**6. Museum, Library, Animal House and other Facilities**

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Animal House	01	80 Sq mts	1	75.70	
2	Library	01	150 Sq mts	1	203.8	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	1	75	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	1	0	
5	Seminar Hall	01		01	157.85	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	0	0	

Signature of the Head of the Institution

Signature of the Inspectors

### 7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Girl's Common Room (Essential)	01	60 Sq.mts	1	137.82	
2	Boy's Common Room (Essential)	01	60 Sq.mts	1	83.68	
3	Toilet Blocks for Boys	01	24 Sq.mts	1	24	
4	Toilet Blocks for Girls	01	24 Sq.mts	1	24	
5	Drinking Water facility – Water Cooler (Essential).	01		02		
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy			
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)			
8	Power Backup Provision (Desirable)	01		1	Yes	

### 8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	1	100.50	
Computer (Latest Configuration)	1 system for every 10 students	40	40	
Printers	1 printer for every 10 computers	5	5	
Multi Media Projector	01	3	NA	
Generator (5KVA)	01	1	NA	

Signature of the Head of the Institution

Signature of the Inspectors



### 9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available ✓	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	1	67.20	✓	
Staff quarters	16 x 80 Sq. mts	--		✓	
Canteen	100 Sq. mts	1	150	-	
Parking Area for staff and students				✓	
Bank Extension Counter		--	--	✓	
Co operative Stores		--	--	-	
Guest House	80 Sq. mts	1	21.10 Sq. mts	-	
Transport Facilities for students	Yes	--	--	✓	
Medical Facility (First Aid)	Yes	1	NA	-	

### 10. A. Library books and periodicals

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	Numbers	
1	Number of books	110	2000 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	274	1489	
2	Annual addition of books		150 to 200 books per year	377		
3	Periodicals Hard copies / online		10 National 05 International periodicals		09	
4	CDS		Adequate Nos	Adequate		
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	Yes [Speed 4 MBPS]		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	1 0 1		
7	Library Automation and Computerized System: Available					
8	Library Timings - 9.00 Am to 6.00 PM					

### 10.B. Library Staff:

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

Signature of the Head of the Institution

Signature of the Inspectors

**PART III ACADEMIC REQUIREMENTS**

**Course Curriculum:**

**1. Student Staff Ratio Theory Practicals Remarks of the Inspectors**

(Required ratio --- Theory → 60:1 and Practicals → 20:1) If more than 20 students in a batch 2 staff members

to be present provided the lab is spacious.

2. Scheme of B. Pharm Course: Semester

3. Date of Commencement of session / sessions:

<b>Commencement</b>	<b>Completion</b>
27/07/2015	10/06/2016

No of Days

No of Days

4. Vacation: Summer:  Winter:

5. Total No. of working days:

**6. Time Table:**

Time Table for B. Pharm course Enclosed

Yes  No

7. Whether the prescribed numbers of classes are being conducted as per university norms

**I B. Pharm:**

Subject	No of Theory Classes		Practicals			Remarks of The Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
PH-I	45	45	50	39	3*12	
MDP	45	45	43	39	3*12	
PIC	45	45	47	45	3*12	
POC-I	45	45	41	45	3*12	
HAP-I	45	45	41	42	3*12	
CSSD	45	45	40	-	NA	
PH II	45	45	45	-	NA	
DFD	45	45	44	39	3*12	
PA I	45	45	49	48	3*12	
POC II	45	45	45	45	3*12	
HAP-II	45	45	47	45	3*12	
PGY	45	45	42	45	3*12	

II B. Pharm : In Process

I II B. Pharm : NA

IV B. Pharm : NA

Yes

8. Whether Tutorials are being conducted (if any, as per university norms) :-

9. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last Three years.

A.

Name of the Event	Year 2015	Year 2014	Year 2013
Guest Lectures	2	NA	NA
Seminars	NA	NA	NA
Workshops	NA	NA	NA
Symposia	NA	NA	NA

B. Papers Presented / Published during last three years

	Year 2015		Year 2014		Year 2013	
	National	International	National	International	National	International
Published	NA	NA	NA	NA	NA	NA
Presented	NA	NA	NA	NA	NA	NA

10. Whether Internal Assessments are conducted periodically as per university norms

Yes  No

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	
I B. Pharm	29/2/2016 to 5/3/2016	29/2/2016 to 5/3/2016	NA	NA	
II B. Pharm	NA	NA	NA	NA	
III B. Pharm	NA	NA	NA	NA	
IV B. Pharm	NA	NA	NA	NA	

11. Whether Evaluation of the internal assessments is Fair Yes  No

Class		No. of Candidates scored more than 80%		No. of Candidates scored between 60 - 80%		No. of Candidates scored between 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
		Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I B. Pharm	Sem I	02	05	57	61	31	24	09	09	
	Sem II	03	07	62	58	20	29	19	07	
II B. Pharm		NA	NA	NA	NA	NA	NA	NA	NA	
III B. Pharm		NA	NA	NA	NA	NA	NA	NA	NA	
IV B. Pharm		NA	NA	NA	NA	NA	NA	NA	NA	

Signature of the Head of the Institution

Signature of the Inspectors

## 12. Work load of Faculty members for B. Pharm

Sl. No	Name of the Faculty	Subjects Taught	B. Pharm		Total work load	Specific Remarks of the Inspector
			Th	Pr		
1	Dr. Baravkar A. A.	POC-I & POC-III	03	15	18	
2	Ms. Bhalerao M. R	PIC & POC-I	06	15	21	
3	Mr. Satpute V. M	MDP & Biochemistry	03	18	21	
4	Ms. Mehetre G. S.	PPH-I & Biochemistry	03	18	21	
5	Mrs. Patani S. D.	Microbiology & POC-I	03	18	21	
6	Ms. Deshmukh M. D.	PH-I & Biochemistry	06	12	18	
7	Mr. Navale S. D	PGY-I	03	12	15	
8	Mr. Joshi S.A.	HAP-I & Cology	06	12	18	

## 13. Percentage of students qualified in GATE in the last Three Years

Details	Year 200-	Year 200-	Year 200-
No. of Students Appeared	NA	NA	NA
No. of Students Qualified	NA	NA	NA
Percentage	NA	NA	NA

14. Whether the Institution has an Industry – Institution Interaction cell Yes  No

If applicable please give the details for the previous Year

Events	Details for the Previous Year
No. of Industrial visits	1
Industrial Tour	Yes
Industrial Training	NA
No. of Resource Persons from the Industry for Guest Lectures	Nil
No. of Collaboration projects with Industry	Nil

## 15. Percentage of students Placed through the College Placement Cell in the Last Three Years

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

16. Whether Professional Society Activities are Conducted (Enclose Details)  No

(ISTE, IPA, APTI, ICTA and Related Societies)

Signature of the Head of the Institution

Signature of the Inspectors

**TEACHING STAFF:****1. Details of Teaching Faculty for B.Pharm Course to be enclosed in the format mentioned below:**

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Experience After PG	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
1	Dr. Baravkar A.A.	Principal	M.Pharm. Ph.D	20.8.2015	09 Years	52430		
2	Ms. Bhalerao M.R.	Assistant Professor	M.Pharm	15.7.2015	2.5 Years	171954		
3	Mr.Satpute V.M	Assistant Professor	M.Pharm	15.7.2015	2.5 Years	111253		
4	Ms. Mehetre G. S.	Assistant Professor	M.Pharm	21.1.2016	6 month	149596		
5	Mr. Joshi S. A.	Assistant Professor	M.Pharm	21.1.2016	Fresh	126848		
6	Ms. Patani S. D.	Assistant Professor	M.Pharm	14.3.2016	6 month	94162		
7	Ms. Deshmukh M. D.	Assistant Professor	M.Pharm	24.6.2016	Fresh	147113		
8	Mr. Navale S. D.	Assistant Professor	M.Pharm	21.1.2016	6 month	123071		

Signature of the Head of the Institution

Signature of the Inspectors

## PART IV - PERSONNEL

### 2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others - Full Time
7	1	08

### 3. Teaching Staff required year wise exclusively for B.Pharm for intake of 100 Students.

	No. of staff required
1. Pharmaceutical Chemistry	7
2. Pharmaceutical Analysis	2
3. Pharmacology	4
4. Pharmacognosy	4
5. Pharmaceutics	6
6. Pharmacy Practice	1
7. Principal	1
<b>Total</b>	<b>25</b>
<b>*Part time teaching Staff</b>	<b>3</b>
<b>Remarks of the Inspection Team</b>	

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

Signature of the Head of the Institution

Signature of the Inspectors

4. **Staff Pattern for B. Pharm courses Department wise / Division wise:**

Professor: Asst. Professor: Lecturer

Department / Division	Name of the post	For strength of 100 Students	Provided by the institution	Remarks of inspection team
Department of Pharmaceutics	Professor	1		
	Asst. Professor	2	3	
	Lecturer	3		
Department of Pharmaceutical Chemistry	Professor	1		
	Asst. Professor	3	1	
	Lecturer	3		
Department of Pharmacology	Professor	1		
	Asst. Professor	2	1	
	Lecturer	1		
Department of Pharmacognosy	Professor	1		
	Asst. Professor	1	1	
	Lecturer	2		
Department of Pharmacy Practice	Asst. Professor	1	1	
	Lecturer	1		
Department of Pharmaceutical Analysis	Asst. Professor	1	1	
	Lecturer	1		

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

a.	Whether Recruitment Committee has been formed	Yes
b.	Whether Advertisement for vacancy is notified in the Newspapers	Yes
c.	Whether Demonstration Lecture has been conducted	Yes
d.	Whether opinion of Recruitment Committee Recorded	Yes

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

Name of Faculty Member	Period	%
Dr. Baravkar A.A. , Ms. Bhalerao M.R. ,Ms Deshmukh m. D. , Mr. Satpute V.M., Ms Mehetre G. S., Ms. Patani S. D., Mr. Joshi S. A., Mr. Navale S. D.	<b>Duration of 15 yrs. and above</b>	No
	<b>Duration of 10 yrs. And above</b>	
	<b>Duration of 5 yrs. And above</b>	
	<b>Less than 5 yrs.</b>	75

7. **Details of Faculty Turnover:**

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
Dr. Baravkar A.A. , Ms. Bhalerao M.R. ,Ms deshmkh m. D. , Mr. Satpute V.M., Ms Mehetre G. S., Ms. Patani S. D., Mr. Joshi S. A., Mr. Navale S. D.	% of faculty retained in last 1 yrs	New Institute			

Signature of the Head of the Institution

Signature of the Inspectors

**8.Number of Non-teaching staff available for B. Pharm course for intake of 100 Students:**

Sl. No.	Designation	Required (Minimum)	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	4	BSC & D. Pharm	
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC	0	-	
3	Office Superintendent	1	Degree	0	-	
4	Accountant	1	Degree	1	B.Com JDC&A	
5	Store keeper	1	D. Pharm/ Degree	1	B.Sc.	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	1	MCA	
7	Office Staff I	1	Degree	1	B.A.	
8	Office Staff II	2	Degree	0	-	
9	Peon	2	SSLC	2	SSC	
10	Cleaning personnel	Adequate	---	4	SSC	
11	Gardener	Adequate	---	1	SSC	

**9. Scale of pay for Teaching faculty (to be enclosed):**

Sr .No	Name of Staff	Designation	A/C No./Cash Pay	Pay in Band	AGP	D.A	T.A.	HRA	Special Allowances	Gross Salary of the Month	Gross Salary of Working day	P.T.	P.F.	Income Tax	Total deduction	Net Pay
1	Dr. Baravkar A.A	Principal	Cheque Pay	39100	7000	9220	-	1841	-	57164	57164	200	-	-	200	56964
2	Ms Bhalariao M.R.	Asst. Prof.	Cheque Pay	15600	6000	8640	-	1880	-	35176	35176	200	-	-	200	34976
3	Mr. Satpute V. M.	Asst. Prof.	Cheque Pay	15600	6000	8640	-	1880	-	35176	35176	200	-	-	200	34976
4	Ms. Mehetre G. S.	Asst. Prof.	Cheque Pay	15600	6000	8640	-	1880	-	35176	35176	200	-	-	200	34976
5	Mr. Joshi S. A	Asst. Prof.	Cheque Pay	15600	6000	8640	-	1880	--	35176	35176	200	-	-	200	34976
6	Ms. Patani S. D.	Asst. Prof.	Cheque Pay	15600	6000	8640	-	1880	-	35176	35176	200	-	-	200	34976
7	Ms. Deshmukh M. D	Asst. Prof.	Cheque Pay	15600	6000	8640	-	1880	-	35176	35176	200	-	-	200	34976
8	Mr. Navale S. D.	Asst. Prof.	Cheque Pay	15600	6000	8640	-	1880	-	35176	35176	200	-	-	200	34976

Signature of the Head of the Institution

Signature of the Inspectors



**10. Whether facilities for Research / Higher studies are provided to the faculty? Yes**

(Inspectors to verify documents pertaining to the above)

**11. Whether faculty members are allowed to attend workshops and seminars? Yes**

(Inspectors to verify documents pertaining to the above)

**Scope for the promotion for faculty:****12. Promotions**

Yes

No

**13. Gratuity Provided**

Yes

No

**14. Details of Non-teaching staff members (list to be enclosed):**

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of Inspector
1	Mr. Kirte N. B.	Librarian	M.Lib	11/9/2015	1 Years		
2	Mr. Dhavale V.R.	Clerk	B.A.	1/7/2015	Fresh		
3	Mr.Tupe P.J.	Lab. Asst.	BSc.	1/7/2015	Fresh		
4	Ms. Shinde C.Y.	Lab Asst.	B.SC	2/11/2015	Fresh		
5	Mr Jadhav R. S.	Peon	SSC	1/7/2015	Fresh		
6	Mr. Mane G. B.	Comp.Data Operator	MCA	1/4/2016	Fresh		
7	Mr. Gaikwad P. H.	Accountant	GDC & A	1/4/2016	Fresh		
8	Mr. Raut M. D.	Lab Asst.	B. Sc	1/7/2016	Fresh		
9	Mr. Mokate S. L.	Lab. Asst.	B. Sc	1/7/2016	Fresh		
10	Mr. Jadhav D. J.	clerk	M. A.	1/4/2016	Fresh		

15 Whether Supporting Staff (Technical and Administrative )are encouraged for skill up gradation programs. :- Yes

**Signature of the Head of the Institution****Signature of the Inspectors**

**PART V - DOCUMENTATION****Records Maintained: Essential**

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

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Signature of the Inspectors

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

Sr. No	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs. 2015-16			Remarks of the Inspectors
	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Recurring	
	Not Applicable			Not Applicable			30000000	2231905	27768095	

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

Sr. No	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs. 2015-16			Remarks of the Inspectors
	Total budget allocated	sanctioned	Incurred	Total budget allocated	sanctioned	Incurred	Total budget allocated	sanctioned	Incurred	
	Chemicals	N.A.		Chemicals	N.A.		Chemicals	100000	173765	
	Glassware	N.A.		Glassware	N.A.		Glassware	500000	352981	

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

Sr. No	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs. 2015-16			Remarks of the Inspectors
	Total budget allocated	sanctioned	Incurred	Total budget allocated	sanctioned	Incurred	Total budget allocated	sanctioned	Incurred	
	Equipment	N.A.		Equipment	N.A.		Equipment	500000	1031506	

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

Sr. No	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs. 2015-16			Remarks of the Inspectors
	Total budget allocated	sanctioned	Incurred	Total budget allocated	sanctioned	Incurred	Total budget allocated	sanctioned	Incurred	
	Books	N.A.		Books	N.A.		Books	500000	656253	
	Journals	N.A.		Journals	N.A.		Journals	100000	17400	

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

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## PART VII – EQUIPMENT AND APPARATUS

Department wise list of minimum equipments required for B. Pharm (for a batch of 20 students)

### DEPARTMENT OF PHARMACOLOGY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	20	20	Yes	
2	Haemocytometer with Micropipettes	20	22	Ye	
3	Sahli's haemocytometer	20	22	Ye	
4	Hutchinson's spirometer	01	00	Na	
5	Spygmomanometer	10	10	Yes	
6	Stethoscope	10	15	Yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	✓	Yes	
8	Models for various organs	One model of each organ system	✓	Yes	
9	Specimen for various organs and systems	One model for each organ system	✓	Yes	
10	Skeleton and bones	One set of skeleton and one spare bone	✓	Yes	
11	Different Contraceptive Devices and Models	One set of each device	01	Yes	
12	Muscle electrodes	01	00	NA	
13	Lucas moist chamber	01	00	NA	
14	Myographic lever	01	00	NA	
15	Stimulator	01	00	NA	
16	Centrifuge	01	1	Yes	
17	Digital Balance	01	01	Yes	
18	Physical /Chemical Balance	01	00	NA	
19	Sherrington's Kymograph Machine / Polyrite	10	00	NA	
20	Sherrington Drum	10	00	NA	

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22	Aerators	10	00	NA	
23	Computer with LCD	01	00	NA	
24	Software packages for experiment	01	00	NA	
25	Standard graphs of various drugs	Adequate number	00	NA	
26	Actophotometer	01	00	NA	
27	Rotarod	01	00	NA	
28	Pole climbing apparatus	01	00	NA	
29	Analgesiometer (Eddy's hot plate and radiant heat methods)	01	00	NA	
30	Convulsiometer	01	00	NA	
31	Plethysmograph	01	00	NA	
32	Digital pH meter	01	01	Yes	

Apparatus

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Folin-Wu tubes	60	00	NA	
2	Dissection Tray and Boards	10	00	NA	
3	Haemostatic artery forceps	10	00	NA	
4	Hypodermic syringes and needles of size 15,24,26G	10	05	Yes	
5	Levers, cannulae	20	00	NA	

**NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory**

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## DEPARTMENT OF PHARMACOGNOSY

### Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	20	20	Yes	
2	Digital Balance	02	01	Yes	
3	Autoclave	02	01	Yes	
4	Hot air oven	02	01	Yes	
5	B.O.D.incubator	01	01	Yes	
6	Refrigerator	01	00	NA	
7	Laminar air flow	01	00	NA	
8	Colony counter	02	01	Yes	
9	Zone reader	01	00	NA	
10	Digital pH meter	01	01	Yes	
11	Sterility testing unit	01	00	NA	
12	Camera Lucida	20	20	Yes	
13	Eye piece micrometer	20	20	Yes	
14	Incinerator	01	00	NA	
15	Moisture balance	01	00	NA	
16	Heating mantle	20	20	Yes	
17	Flourimeter	01	00	NA	
18	Vacuum pump	02	01	Yes	
19	Micropipettes (Single and multi channeled)	05	05	Yes	
20	Micro Centrifuge	01	00	NA	
21	Projection Microscope	01	01	Yes	

### Apparatus

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Reflux flask with condenser	20	16	Yes	
2	Water bath	20	20	Yes	
3	Clavengers apparatus	10	05	Yes	
4	Soxhlet apparatus	10	10	Yes	
6	TLC chamber and sprayer	10	00	NA	
7	Distillation unit	01	01	Yes	

**NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory**

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**DEPARTMENT OF PHARMACEUTICAL CHEMISTRY****Equipment**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Hot plates	05	05	Yes	
2	Oven	03	01	Yes	
3	Refrigerator	01	01	Yes	
4	Analytical Balances for demonstration	05	00	NA	
5	Digital balance 10mg sensitivity	10	08	Yes	
6	Digital Balance (1mg sensitivity)	01	01	Yes	
7	Suction pumps	06	00	NA	
8	Muffle Furnace	01	00	NA	
9	Mechanical Stirrers	10	05	Yes	
10	Magnetic Stirrers with Thermostat	10	05	Yes	
11	Vacuum Pump	01	01	Yes	
12	Digital pH meter	01	05	Yes	
13	Microwave Oven	02	00	NA	

**Apparatus**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02	02	Yes	
2	Reflux flask and condenser single necked	20	20	Yes	
3	Reflux flask and condenser double / triple necked	20	08	Yes	
4	Burettes	100	100	Yes	
5	Arsenic Limit Test Apparatus	25	04	Yes	
6	Nessler's Cylinders	50	44	Yes	

**NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory**

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## DEPARTMENT OF PHARMACEUTICS

### Equipment

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Mechanical stirrers	20	09	Yes	
2	Homogenizer	10	00	NA	
3	Digital balance	05	02	Yes	
4	Microscopes	10	10	Yes	
5	Stage and eye piece micrometers	15	14	Yes	
6	Brookfield's viscometer	01	00	NA	
7	Tray dryer	01	00	NA	
8	Ball mill	01	00	NA	
9	Sieve shaker with sieve set	01	01	Yes	
10	Double cone blender	01	00	NA	
11	Propeller type mechanical agitator	05	00	NA	
12	Autoclave	01	01	Yes	
13	Steam distillation still	01	01	Yes	
14	Vacuum Pump	01	01	Yes	
15	Standard sieves, sieve no. 8, 10, 12, 22, 24, 44, 66, 80	10 sets	04 sets	Yes	
16	Tablet punching machine	01	00	NA	
17	Capsule filling machine	01	00	NA	
18	Ampoule washing machine	01	00	NA	
19	Ampoule filling and sealing machine	01	00	NA	
20	Tablet disintegration test apparatus IP	02	01	Yes	
21	Tablet dissolution test apparatus IP	01	00	NA	
22	Monsanto's hardness tester	02	02	Yes	
23	Pfizer type hardness tester	01	01	Yes	
24	Friability test apparatus	01	01	Yes	
25	Clarity test apparatus	01	00	NA	
26	Ointment filling machine	01	00	NA	
27	Collapsible tube crimping machine	01	00	NA	
28	Tablet coating pan	01	00	NA	
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH	00	NA	
30	Digital pH meter	01	01	Yes	

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31	BOD Incubator	02	01	Yes	
32	All purpose equipment with all accessories	01	00	NA	
33	Aseptic Cabinet	01	00	NA	
34	Bottle washing Machine	01	00	NA	
35	Bottle Sealing Machine	01	00	NA	
36	Bulk Density Apparatus	02	02	Yes	
37	Conical Percolator (glass/ copper/ stainless steel)	10	10	Yes	
38	Capsule Counter	02	00	NA	
39	Energy meter	02	00	NA	
40	Hot Plate	02	01	Yes	
41	Humidity Control Oven	01	00	NA	
42	Liquid Filling Machine	01	00	NA	
43	Mechanical stirrer with speed regulator	09	09	Yes	
44	Precision Melting point Apparatus	01	01	Yes	
45	Distillation Unit	01	00	NA	

#### Apparatus

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	20	18	Yes	
2	Stalagmometer	20	24	Yes	
3	Desiccator*	10	02	Yes	
4	Suppository moulds	20	20	Yes	
5	Buchner Funnels (Small, medium, large)	05 each	05	Yes	
6	Filtration assembly	01	01	Yes	
7	Permeability Cups	05	05	Yes	
8	Andreason's Pipette	05	05	Yes	
9	Lipstick moulds	10	10	Yes	

**NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

## PHARMACEUTICAL BIOTECHNOLOGY

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Orbital shaker incubator	01	00	NA	
2	Lyophilizer (Desirable)	01	00	NA	
3	Gel Electrophoresis	01	00	NA	
	(Vertical and Horizontal)				
4	Phase contrast/Trinocular Microscope	01	00	NA	
5	Refrigerated Centrifuge	01	00	NA	
6	Fermenters of different capacity (Desirable)	01	00	NA	
7	Tissue culture station	01	00	NA	
8	Laminar airflow unit	01	00	NA	
9	Diagnostic kits to identify infectious agents	01	00	NA	
10	Rheometer	01	00	NA	
11	Viscometer	01	01	Yes	
12	Micropipettes (single and multi channeled)	01 each	00	NA	
13	Sonicator	01	01	Yes	
14	Respinometer	01	00	NA	
15	BOD Incubator	01	00	NA	
16	Paper Electrophoresis Unit	01	00	NA	
17	Micro Centrifuge	01	00	NA	
18	Incubator water bath	01	00	NA	
19	Autoclave	01	00	NA	
20	Refrigerator	01	00	NA	
21	Filtration Assembly	01	00	NA	
22	Digital pH meter	01	00	NA	

**NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory**

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**Signature of the Inspectors**

**CENTRAL INSTRUMENTATION ROOM:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01	01	Yes	
2	Digital pH meter	01	01	Yes	
3	UV- Visible Spectrophotometer	01	01	Yes	
4	Flourimeter	01	00	NA	
5	Digital Balance (1mg sensitivity)	01	00	NA	
6	Nephelo Turbidity meter	01	00	NA	
7	Flame Photometer	01	00	NA	
8	Potentiometer	01	00	NA	
9	Conductivity meter	01	01	Yes	
10	Fourier Transform Infra Red Spectrometer	01	00	NA	
	(Desirable)		00	NA	
11	HPLC	01	00	NA	
12	HPTLC (Desirable)	01	00	NA	
13	Atomic Absorption and Emission spectrophotometer	01	00	NA	
	(Desirable)		00	NA	
14	Biochemistry Analyzer (Desirable)	01	00	NA	
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01	00	NA	
16	Deep Freezer (Desirable)	01	00	NA	
17	Ion- Exchanger	01	00	NA	
18	Lyophilizer (Desirable)	01	00	NA	

**Signature of the Head of the Institution****Signature of the Inspectors**

**Observation of the Inspectors**

<b>Compliance of the last recommendations by Inspectors</b>
<b>Specific observations if not complied</b>

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

**Note:**

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**