

# PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting D. Pharm course

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

(SIF-A)

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.  
(BLOCK LETTERS)

2.

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	AGNIHOTRI INSTITUTE OF PHARMACY, Bapuji Wadi, Sindi (Meghe), Wardha 07152 252536 232548 <a href="mailto:drmundhada@yahoo.com">drmundhada@yahoo.com</a>
Year of starting of the course	2003-2004
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Private Enclosed as Annexure - I
<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:	JAI MAHAKALI SHIKSHAN SANSTHA Bapuji Wadi, Sindi (Meghe) Wardha. 442 001 Enclosed as Annexure - I (07152) 254785,232548,241075,242575 232548 <a href="mailto:drmundhada@yahoo.com">drmundhada@yahoo.com</a> <a href="http://www.agnihotrigroup.org">www.agnihotrigroup.org</a>
<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	Dr. Dharmendra R. Mundhada Agnihotri institute of pharmacy , ramnagar, Wardha - 442001 (07152) 232548,252536 232548 248968 9423882961 232548 <a href="mailto:drmundhada@yahoo.com">drmundhada@yahoo.com</a>
<b>A - I. 4</b> Name and Address of the Head of the Institution	Dr. Dharmendra R. Mundhada Agnihotri institute of pharmacy , Wardha - 442 001
<b>A - I. 4 a)</b> Whether the jan Aushadhi Medical Store has been opened by your institute	√Yes / No

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
D. Pharm	2016 - 2017	29174	22/07/2016

**b. APPROVAL STATUS:**

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVERNMENT	Remarks of the Inspectors
D. Pharm	2017 - 2018	Approval Letter No and Date	17-607/2011-PCI IR No. 6 <sup>th</sup> Surprise (June 2016)	2003 149/03 – 2 11/08/02	
		Approval Intake	60	60	
		Actually Admitted	60	60	

**c. STATUS OF APPLICATION**

Course	Extension of Approval		Increase in Intake of Seats		Remarks	
	Yes	No	Yes	No	Current Intake	Proposed increase in Intake
D. Pharm	Yes ✓	No	Yes	No	60	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 status

Yes  No

**A – I. 6 a**

Status of the Pharmacy Course:	
Independent Building	<input checked="" type="checkbox"/>
Wing of another college	<input type="checkbox"/>
Separate Campus	<input type="checkbox"/>
Multi Institutional Campus	<input type="checkbox"/>

Examining Authority : Maharashtra State Board of Technical Education  
 With complete postal : Government Polytechnic Bldg., 4<sup>th</sup> floor 49,  
 Address, Telephone No. : Kherwadi, Bandra (East) Mumbai – 400 051.  
 STD Code : 022 – 26471255 Fax – 022 - 26473980

Signature of the Head of the Institution

Signature of the Inspectors

**B - DETAILS OF THE INSTITUTION**

<b>B -I.1</b> Name of the Principal		Dr. Dharmendra R. Mundhada			
<b>Qualification/ Experience</b>	<b>Qualification</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm	M. Pharm	5 Years	17 Year	
	PhD (Desirable)	--	2 Years		

\* Documentary evidence should be provided

**B -I.2**

For institution seeking continuation of approval

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
D. Pharm	22 <sup>th</sup> Oct. 2016	1. No deficiency has been pointed out in the report	NA	NA

\* Enclose Documents

**B -I.3**

Pay Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
Teaching Staff	AICTE /UGC/State Govt. Yes	Yes	Yes	Yes	
Non-Teaching Staff	State Government Yes	Yes	Yes	Yes	

**B -I.4**

D. Pharm Course: Admission statement for the past three years

ACADEMIC YEAR	Year 2014-2015	Year 2015- 2016	Year 2016- 2017
Sanctioned	60	60	60
No. of Admissions	60	60	60
Unfilled Seats	Nil.	Nil.	Nil.
No. of Excess Admissions	Nil.	Nil.	Nil.

**B -I.5**

Academic information: Percentage of D. Pharm results for the past three years:

ACADEMIC YEAR	Year 2014-2015	Year 2015- 2016	Year 2016- 2017
D. Pharm – I	47 : 00 %	51 : 72 %	68 : 04 %
D. Pharm – II	43 : 42 %	45 : 16 %	44 : 00 %

Signature of the Head of the Institution

Signature of the Inspectors

**B – II****Co – Curricular Activities / Sports Activities**

Whether college has NSS Unit (Yes/No)? If no give reasons	No	D. Pharm course is affiliated to Maharashtra state board of technical education Mumbai & NSS is not prescribed in MSBTE curriculum
NSS Programme Officer's Name		----
Programme conducted (mention details)		----
Whether students participating in University level cultural activities / Co- curricular/sports activities		----
Physical Instructor		Available
Sports Ground		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
Sr. No.	Particulars	Amount	Sr. No.	Particulars	Amount	
1.	Grants a. Government b. Others	---	<b>CAPITAL EXPENDITURE</b>			
2.	Tuition Fee	7990000	1.	Building	391500	
3.	Library Fee	---	2.	Equipment	231758.06	
4.	Sports Fee	---	3.	Others	---	
5.	Union Fee	---	<b>REVENUE EXPENDITURE</b>			
6.	Others	1925988.58	1	Salary	5509232	
			2.	<b>MAINTENANCE EXPENDITURE</b>		
				i	College	3510137
				ii	Others	---
			3.	University Fee (If any)	---	
			4.	Apex Bodies Fee	273360	
			5.	Government Fee	---	
			6.	Deposit held by the College	---	
			7.	Others	---	
			8.	Misc.Expenditure	---	
			<b>Total</b>		<b>9915987.06</b>	
	<b>Total</b>	<b>9915988.58</b>				

**Note: Enclose relevant documents (Enclosed Audit Statement)**

Signature of the Head of the Institution

Signature of the Inspectors

**PART- II PHYSICAL INFRASTRUCTURE**

1. a. Building :  Own/Rented/Leased
- b. Land :  
 i) Leased or own Leased  Own
- Sale / Agreement deed (records to be enclosed) : **Enclosed/Not available**
- c. Building: Leased  Rented
- i) Leased/Rented † (Record to be enclosed) : **Enclosed/Not available**  
 ii) If Own (Approved Building plan & sale deed to be enclosed) :  **Enclosed/Not available**
- d. Total Area of the college building in Sq.mts : Built up Area   
 Amenities and Circulation Area

**2. Class rooms:**

**Total Number of Class rooms provided**

Class	Required	Available	Required Area * for each class room	Available Area in Sq. mts	Remarks of the Inspectors
D. Pharm	02	02	90 Sq. mts	98.59	

(\* To accommodate 60 students)

**3. Laboratory requirement**

Sl. No.	Name of Infrastructure	Requirement as per Norms	Available		Remarks/ Deficiency
			No.	Area in Sq. mts	
1	Laboratory Area for D.Pharm Course	50 Sq mts x n (n=05)	05	381.28	
2	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Biochemistry & Clinical Pathology Pharmacognosy Total no. of Labs for D. Pharm Course *Animal House	01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory <b>05 Laboratories</b> 01 (10 sq.mts)	01 01 01 01 01 05 *	80.32 80.32 80.32 80.32 60.00 -- --	
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 Sq. mts (minimum)	02	19.24 each	
4	Area of the Machine Room	100 Sq mts	01	123	
5	Aseptic Room	25 Sq mts	01	<b>25</b>	
6	Store Room – I	1 (Area 20 Sq mts)	01	20	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01	20	

\* Not required if computer simulated software are available (Available)

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 workbenches 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:**

Sr. 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	20 Sq mts	01	20	
2.	Office – I Including Confidential Room	01	40 Sq mts	01	40	
3.	Staff / Faculty Rooms for D. Pharm course	01	30 Sq mts	01	35	
4.	Library with computer and reprographic facilities	01	100 Sq mts	01	100	
5.	Museum	01	30 Sq mts (May be attached to the Pharmacognosy Lab)	01	65.40	
6.	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	300 seating capacity	
7.	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	Adequate	

Signature of the Head of the Institution

Signature of the Inspectors

### 5. Student Facilities:

Sr. No.	Name of infrastructure	Requirement in number	Requirement in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1.	Girl's Common Room (Essential)	01	40 Sq mts	01	40	
2.	Boy's Common Room (Essential)	01	40 Sq mts	01	40	
3.	Toilet Blocks for Boys	01	25 Sq mts	01	25	
4.	Toilet Blocks for Girls	01	25 Sq mts	01	25	
5.	Canteen (Desirable)	01	100 Sq mts	01	100	
6.	Drinking Water facility Water Cooler (Essential)	01		01		
7.	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single occupancy	30	300	
8.	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy)	30	300	
9.	Power Backup Provision (Desirable)	01	Generator	01		

### 6. Computer and other Facilities:

Name	Required	Available	Available		Remarks of the Inspectors
			No.	Area in Sq. mts	
Computer (latest Configuration)	1 system for every 10 students	Available	20	60 Sq.M.	
Printers	1 printer for every 10 computers	Available	03		
Xerox Machine	01	Available	01		
Multi Media Projector	02	Available	02		

### 7. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	--	--		
Staff quarters	6 x 80 Sq. mts	--	--		
Parking Area for staff and students		✓	1000		
Bank Extension Counter		✓	60		
Co operative Stores		--	100 each		
Guest House	80 Sq. mts	02	200 Sq. M.		
Transport Facilities for students		✓			
Medical Facility (First Aid)		✓			

Signature of the Head of the Institution

Signature of the Inspectors



### 8. 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:

Sr. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Titles	Numbers	
1	Number of books	75	750 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	352	3252	
2	Annual addition of books		75 books per year			
3	Periodicals Hard copies / online		<b>06 National Journals</b> Indian Journal of Pharmaceutical Sciences Indian Journal of Pharmaceutical Education and Research Journal of Hospital Pharmacy Indian Journal of Pharmacology CIMS, MIMS Indian Journal of Experimental Biology.	06		
4	<b>Library Timings</b>		<b>8: 00 am to 8: 00 p.m.</b>			

### 8.B. Subject wise Classification:

Sr. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I	20	225	
2	Pharmaceutical Chemistry – I	10	174	
3	Pharmacognosy	10	149	
4	Biochemistry and Clinical Pathology	10	134	
5	Human Anatomy and Physiology	10	95	
6	Health Education and Community Pharmacy	10	104	
7	Pharmaceutics – II	10	120	
8	Pharmaceutical Chemistry – II	10	130	
9	Pharmacology and Toxicology	10	107	
10	Pharmaceutical Jurisprudence	10	82	
11	Drug Store and Business Management	10	95	
12	Hospital and Clinical Pharmacy	05	105	

### 8.C. Library Staff:

	Staff:	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	B. Lib	01	01	
2	Library Attendance	10+ 2 /PUC	01	01	

**Note: The information provided will be assessed in giving the period of approval**

Signature of the Head of the Institution

Signature of the Inspectors

**PART III ACADEMIC REQUIREMENTS**

**Course Curriculum:**

**1. Student Staff Ratio:**

**Theory**

60:1

**Practicals**

20:1

(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. Date of Commencement of session:**

<b>Commencement</b>	<b>Completion</b>
<b>20/06/2016</b>	<b>08/05/2016</b>

**3. Vacation:**

**Summer:**

45

**No of Days**

**Winter:**

08

**No of Days**

**4. Total Number of working days:**

180

**5. Time Table:**

(Tick✓)

Time Table for I and II D. Pharm Enclosed

Yes

No

**6. Whether the prescribed numbers of classes are being conducted as per PCI norms**

Class / Subject	Theory		Practicals				Remarks of the Inspectors
	Prescribed No of Hours	No of Hours Conducted	Prescribed No. of Hours	No of Hours Conducted	Prescribed Number of Classes	No of Classes conducted	
<b>I D. Pharm</b>							
Pharmaceutics – I	75	84	100	124	25	31	
Pharmaceutical Chemistry – I	75	75	75	84	25	28	
Pharmacognosy	75	86	75	87	25	29	
Biochemistry and Clinical Pathology	50	57	75	78	25	26	
Human Anatomy and Physiology	75	77	50	50	25	25	
Health Education and Community Pharmacy	50	50	----	----	----	----	
<b>II D. Pharm</b>							
Pharmaceutics – II	75	96	100	148	25	37	
Pharmaceutical Chemistry – II	100	103	75	93	25	31	
Pharmacology and Toxicology	75	99	50	66	25	33	
Pharmaceutical Jurisprudence	50	61	----	----	----	----	
Drug Store and Business Management	75	90	----	----	----	----	
Hospital and Clinical Pharmacy	75	98	50	66	25	33	

Signature of the Head of the Institution

Signature of the Inspectors

**7. Whether Internal Assessments are conducted periodically as per PCI norms**  
(Enclosed Time Table Copies as annexure)

Yes  No

**8. 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	
<b>I D. Pharm</b>	---	<b>02</b>	<b>14</b>	<b>22</b>	<b>14</b>	<b>12</b>	<b>11</b>	<b>03</b>	
<b>II D. Pharm</b>	---	<b>03</b>	<b>15</b>	<b>16</b>	---	---	---	---	

**9. Workload of Faculty members for D. Pharm**

Sr. No	Name of the Faculty	Subjects taught	D. Pharm				Total work load	Remarks of the Inspector
			D. Ph I		D. Ph II			
			Th	Pr	Th	Pr		
Enclosed as Annexure --								

Signature of the Head of the Institution

Signature of the Inspectors

**PART IV - PERSONNEL**

**TEACHING STAFF.**

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

Sr. No	Name	Designation	Qualification	Date of Joining	Teaching Experience		State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
					After UG	After PG			
Enclose as annexure									

**2. Qualification and number of Staff Members**

**Number of staff members required: 07**

Qualification			
B. Pharm	M. Pharm	PhD	Others - Full Time
02	04	01	--

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

Name of Faculty Member	Period	Percentage
Dr. D. R. Mundhada Mr. D. S. Wanjari	Duration 10yrs and more	
Ms. Swapnali S. Mankar	Duration 5 yrs and more	
Ms. Amrapali J. Mhaiskar Ms. Neha G. Shete Ms. Kamini G. Awathle Ms. Vaishnavi Sahu	Duration less than 5yrs	

**4. Details of Faculty Turnover**

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
	% of faculty retained in last 3 yrs		✓		

**5. No. of Non-teaching staff available for D. Pharm course for intake of 60 Students:**

Sr. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	02	D. Pharm	02	D. Pharm D.M.L.T	
2	Laboratory Assistants/ Attendance	04	SSC	04	S.S.C.	
3	Office Superintendent	01	Degree	01	B.Com	
4	Accountant cum Clark	01	Degree	01	B.Com	
5	Store keeper	01	D. Pharm	01	D. Pharm	
6	Computer Data Operator	01	10+2 with computer training	01	10+2	
7	Peon	02	SSC	02	SSLC	
8	Cleaning personnel	04	---	02	9 <sup>th</sup>	
9	Gardener	01	---	01	9 <sup>th</sup>	

Signature of the Head of the Institution

Signature of the Inspectors

**6. Scale of pay for teaching faculty (to be enclosed):**

Sr. No	Name	Qualification	Designation	Basic pay Rs.	DA Rs.	HRA Rs.	CCA Rs.	Other allowance Rs.	Deductions			Bank A/C No	PAN No	EPF A/c no.	Total	Signature
									P T	TDS	EPF					
Enclose as annexure																

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

**9. Scope for the promotion for faculty: Promotions**      Yes       No

**10. Gratuity Provided**      Yes       No

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

Sr. No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors
Enclose as annexure							

**12. Whether Supporting Staff (Technical and Administrative) are encouraged for Skill Up gradation Programs**

✓  
Yes/ No

Signature of the Head of the Institution

Signature of the Inspectors

## PART V - DOCUMENTATION

### Records Maintained: (Essential)

Sr. 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.	Acquaintance 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	NA		

Signature of the Head of the Institution

Signature of the Inspectors

**PART - VI**

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

Sr. No.	Expenditure in Rs. 2014 - 2015			Expenditure in Rs. 2015 - 2016			Expenditure in Rs. 2016 - 2017			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total Budget Sanctioned	Recurring	Non Returning	Total Budget Sanctioned	Recurring	Non Returning	
<b>1</b>	<b>1,00,00,000/-</b>	<b>75,00,000/-</b>	<b>25,00,000/-</b>	<b>1,00,00,000/-</b>	<b>75,00,000/-</b>	<b>25,00,000/-</b>	<b>1,00,00,000/-</b>	<b>75,00,000/-</b>	<b>25,00,000/-</b>	

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

Sr. No.	Expenditure in Rs. 2014 - 2015			Expenditure in Rs. 2015 - 2016			Expenditure in Rs. 2016 - 2017			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
<b>1</b>	<b>Chemicals</b>	<b>1,00,000/-</b>	<b>98,234/-</b>	<b>Chemicals</b>	<b>1500000/-</b>	<b>162930/-</b>	<b>Chemicals</b>	<b>50000/-</b>	<b>41461/-</b>	
<b>2</b>	<b>Glassware</b>	<b>1,00,000/-</b>	<b>1,03,796/-</b>	<b>Glassware</b>	<b>100000/-</b>	<b>73530/-</b>	<b>Glassware</b>	<b>50000/-</b>	<b>13979/-</b>	

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

Sr. No.	Expenditure in Rs. 2014 - 2015			Expenditure in Rs. 2015 - 2016			Expenditure in Rs. 2016 - 2017			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
<b>1</b>	<b>Equipment</b>	<b>1,00,000/-</b>	<b>1,13,270/-</b>	<b>Equipment</b>	<b>50,000/-</b>	<b>NIL.</b>	<b>Equipment</b>	<b>50,000/-</b>	<b>Nil</b>	

Signature of the Head of the Institution

Signature of the Inspectors

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

Sr. No.	Expenditure in Rs. 2014 - 2015			Expenditure in Rs. 2015 - 2016			Expenditure in Rs. 2016 - 2017			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	15,000/-	15,000/-	Books	15000/-	7000/-	Books	15000/-	7000/-	
2	Journals	7,000/-	7,000/-	Journals	10000/-	7000/-	Journals	10000/-	7000/-	

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

Signature of the Head of the Institution

Signature of the Inspectors



**PART VII – EQUIPMENT AND APPARATUS**  
**Department wise List of Minimum equipments required for D. Pharm**

**PHARMACEUTICS**

**Equipment:**

<b>Sr. No.</b>	<b>Name</b>	<b>Minimum required Nos.</b>	<b>Available Nos.</b>	<b>Working Yes / No</b>	<b>Remarks of the Inspectors</b>
1	Continuous Hot Extraction Equipment	05	05		
2	Conical Percolator	05	05		
3	Tincture Press	01	01		
4	Hand Grinding Mill	01	01		
5	Disintegrator	01	01		
6	Ball mill	01	01		
7	Hand operated Tablet machine	01	01		
8	Tablet Coating Pan unit with hot air blower laboratory size	01	01		
9	Polishing pan laboratory size	01	01		
10	Monsanto's hardness tester	01	01		
11	Pfizer type hardness tester	01	01		
12	Tablet disintegration test apparatus IP	01	01		
13	Tablet dissolution test apparatus IP	01	01		
14	Granulating sieve set	10	10		
15	Tablet counter – small size	05	05		
16	Friability tester	01	01		
17	Collapsible tube – Filling and sealing equipment	01	01		
18	Capsule filling machine – Lab size	01	01		
19	Digital balance	01	01		
20	Distillation unit for distilled water	02	02		
21	Deionization unit	01	01		
22	Glass distillation unit for water for injection	01	01		
23	Ampoule washing machine	01	01		
24	Ampoule filling and sealing machine	01	01		
25	Sintered glass filters for bacterial proof filtration (four different grades)	Adequate	Adequate (20)		
26	Millipore filter (3 grades)	Adequate	Adequate (03)		

**Signature of the Head of the Institution**

**Signature of the Inspectors**

27	Autoclave	01	01		
28	Hot air sterilizer	01	01		
29	Incubator	01	01		
30	Aseptic cabinet	01	01		
31	Ampoule clarity test equipment	01	01		
32	Blender	01	01		
33	Sieves set (Pharmacopoeial standard)	02	02		
34	Lab Centrifuge	01	01		
35	Ointment slab	Adequate	Adequate (40)		
36	Ointment spatula	Adequate	Adequate (40)		
37	Pestle and mortar porcelain	Adequate	Adequate (40)		
38	Pestle and mortar glass	Adequate	Adequate (10)		
39	Suppository moulds of three sizes	Adequate	Adequate (20)		
40	Refrigerator	01	01		

**NOTE: Adequate numbers of glassware commonly used in the laboratory should be provided in each laboratory and the department.**

#### **PHARMACEUTICAL CHEMISTRY**

##### **Equipment:**

<b>Sr. No.</b>	<b>Name</b>	<b>Minimum required Nos.</b>	<b>Available Nos.</b>	<b>Working Yes / No</b>	<b>Remarks of the Inspectors</b>
1	Refractometer	01	01		
2	Polarimeter	01	01		
3	Photoelectric colorimeter	01	01		
4	pH meter	01	01		
5	Atomic model set	02	02		
6	Electronic balance	01	01		
7	Periodic table chart	Adequate	Adequate		

**NOTE: Adequate numbers of glassware commonly used in the laboratory should be provided in each laboratory and the department.**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**PHYSIOLOGY & PHARMACOLOGY LABORATORY****Equipment:**

<b>Sr. No.</b>	<b>Name</b>	<b>Minimum required Nos.</b>	<b>Available Nos.</b>	<b>Working Yes / No</b>	<b>Remarks of the Inspectors</b>
1	Haemoglobinometer	20	20		
2	Haemocytometer	10	10		
3	Student's organ bath	1	1		
4	Sherington's rotating drum	1	1		
5	Frog board	Adequate	Adequate		
6	Tray (dissecting)	Adequate	Adequate		
7	Frontal writing lever	Adequate	Adequate		
8	Aeration tube	Adequate	Adequate		
9	Telethermometer	1	1		
10	Pole climbing apparatus	1	1		
11	Histamine chamber	1	1		
12	Simple lever	Adequate	Adequate		
13	Staring heart lever	Adequate	Adequate		
14	Aerator	Adequate	Adequate		
15	Histological Slides	Adequate	Adequate		
16	Sphygmomanometer (B.P. apparatus)	5	5		
17	Stethoscope	5	5		
18	First aid equipment	Adequate	Adequate		
19	Contraceptive device	Adequate	Adequate		
20	Dissecting (surgical) instruments	Adequate	Adequate		
21	Balance for weighing small Animals	1	1		
22	Kymograph paper	Adequate	Adequate		
23	Actophotometer	1	1		
24	Analgesiometer	1	1		
25	Thermometer	Adequate	Adequate		
26	Plastic animal cage	Adequate	Adequate		
27	Double unit organ bath with thermostat	1	1		
28	Refrigerator	1	1		
29	Single pan balance	1	1		
30	Charts	Adequate	Adequate		

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

31	Human skeleton	1	1		
32	Anatomical specimen (Heart, brain, eye, ear, reproductive system etc.,)	1 set	1 set		
33	Electro-convulsimeter	1	1		
34	Stop watch	Adequate	Adequate		
35	Clamp, boss heads, screw clips	Adequate	Adequate		
36	Syme's Cannula	Adequate	Adequate		

**NOTE: Adequate numbers of glassware commonly used in the laboratory should be provided in each laboratory and the department.**

### **PHARMCOGNOSY LABORATORY**

#### **Equipment:**

<b>Sr. No.</b>	<b>Name</b>	<b>Minimum required Nos.</b>	<b>Available Nos.</b>	<b>Working Yes / No</b>	<b>Remarks of the Inspectors</b>
1	Projection Microscope	01	01		
2	Charts (different types)	Adequate	Adequate		
3	Models (different types)	Adequate	Adequate		
4	Permanent Slides	Adequate	Adequate		
5	Slides and Cover Slips	Adequate	Adequate		

**NOTE: Adequate numbers of glassware commonly used in the laboratory should be provided in each laboratory and the department.**

### **PHARMACY PRACTICE LABORATORY**

#### **Equipment:**

<b>Sr. No.</b>	<b>Name</b>	<b>Minimum required Nos.</b>	<b>Available Nos.</b>	<b>Working Yes / No</b>	<b>Remarks of the Inspectors</b>
1	Colorimeter	2	2		
2	Microscope	Adequate	Adequate		
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)	Adequate	Adequate		
4	Watch glass	Adequate	Adequate		
5	Centrifuge	1	1		
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	Adequate		
7	Filtration equipment	2	2		

**Signature of the Head of the Institution**

**Signature of the Inspectors**

8	Filling Machine	1	1		
9	Sealing Machine	1	1		
10	Autoclave sterilizer	1	1		
11	Membrane filter	1 Unit	1 Unit		
12	Sintered glass funnel with complete filtering assemble	Adequate	Adequate		
13	Small disposable membrane filter for IV admixture filtration	Adequate	Adequate		
14	Laminar air flow bench	1	1		
15	Vacuum pump	1	1		
16	Oven	1	1		
17	Surgical dressing	Adequate	Adequate		
18	Incubator	1	1		
19	PH meter	1	1		
20	Disintegration test apparatus	1	1		
21	Hardness tester	1	1		
22	Centrifuge	1	1		
23	Magnetic stirrer	1	1		
24	Thermostatic bath	1	1		

**NOTE: Adequate numbers of glassware commonly used in the laboratory should be provided in each laboratory and the department.**

**Museum: Every Institution shall maintain a museum of crude drugs, herbarium sheets, botanical specimens of the drugs, and plants, mentioned in the course in addition the following are recommended.**

- 1. Colored slides of medicine plants.**
- 2. Display of popular patent medicines, and**
- 3. Containers of common usage in medicines.**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**Observation of the Inspectors:**

**Compliance of the last recommendations by Inspectors**

**Specific observations if not complied**

**Signature of Inspectors:**

**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**

# PHARMACY COUNCIL OF INDIA

## STAFF DECLARATION FORM

From

Teacher's Name: Dharmendra Ramgopalji Mundhada.....  
(as on university Degree certificate)

Photograph

Recent Passport size photo of the Employee  
Signed by Dean / Principal of the College.

Date of Birth & Age : 11/01/1974

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B. Pharm	I.P.E.R. Wardha R.T.M.N.U.	1997	33429	Maharashtra
M. Pharm	Department of Pharmacy, RTMNU	1998		
(Ph. D.) / others				

**Copies of Registration Certificate and University degree/PG/Ph.D. be attached.**

Present Designation: Principal

Department: Diploma in Pharmacy

College: Agnihotri Institute of Pharmacy, Wardha

City: Wardha

Nature of appointment: Permanent

**Signature of the Head of the Institution**

**Signature of the Inspectors**

Whether belongs to: Others

Permanent Residential

Address of employee: Near Lonare Hospital, Malgujaripura, Wardha

**Copy of Passport / Voter Card/Ration Card/PAN No./Electricity Bill/ Driving License Attached as a Proof of residence.**

Phone & Fax Number

Office : 07152-252536

Fax No. : 07152-232548

With Code

Residence : 07152-248968

E-mail address: Mundhada@yahoo.com

Date of joining present institution: 01/06/2005 As a Principal

(Designation)

Details of the previous appointments/teaching experience

<b>Position</b>	<b>Name of Institution</b>	<b>From</b>	<b>To</b>	<b>Total Experience in years</b>
Lecturer	Institute of Pharmaceutical Education and Research Centre Wardha	4 Aug. 1999	30/5/2005	5 Years 9 months
Reader/ Assistant Professor				
Principal				

- 1) Before joining present institution I was working at IPER Wardha and relieved on 30/5/2005 after resigning **(Relieving order is enclosed from the previous institution).**
- 2) I am not working in any other Pharmacy College/Medical College/Dental College/Industry/Community Pharmacy/Hospital Pharmacy /Govt. Service/any other service in the State or outside the State in any Capacity full – time/part – time other than the above.

**Signature of the Head of the Institution**

**Signature of the Inspectors**



3) I have drawn total emoluments from this college as under:-

	<b>Amount Received</b>	<b>TDS</b>
April, 2010	482444	4500
May, 2010	48244	4500
June, 2010	48244	4500
July, 2010	48244	4500
August,2010	48244	4500
September, 2010	48244	4500
October, 2010	48244	4500
November, 2010	48244	4500
December, 2010	48244	4500
January, 2011	48244	4500
February, 2011	48244	4500
March, 2011	48244	4500

(Copy of my form 16 (TDS certificate ) for financial year 2010-2011 is attached)

P.A.N. : AHCPM0865E

Circle : Nagpur

### **Declaration**

- 1) I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2010-2011
- 1) It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Register of Registered Pharmacists.)

Signature of the Employee:

Date :23/9/2011

Place : Wardha

### **Endorsement**

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. 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 declaring himself/herself for any such misdeclaration or misstatement.

Countersigned by the Director/Dean/  
Principal in respect of Teaching Staff

Date :23/9/2011

Place : Wardha

**Signature of the Head of the Institution**

**Signature of the Inspectors**

# PHARMACY COUNCIL OF INDIA

## STAFF DECLARATION FORM

From

Teacher's Name: Dinesh S. Wanjari  
(as on university Degree certificate)

Recent Passport size photo of the Employee  
Signed by Dean / Principal of the College.

Photograph

Date of Birth & Age 01/10/1972 (38yrs)

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B. Pharm	I.P.E.R. Wardha R.T.M.N.U.	1998	34142	Maharashtra
M. Pharm				
(Ph. D.) / others				

**Copies of Registration Certificate and University degree/PG/Ph.D. be attached.**

Present Designation: Lecturer

Department: Pharmacy (Diploma)

College: Agnihotri Institute of pharmacy

City: Wardha

Nature of appointment: Permanent

Whether belongs to: OBC

**Signature of the Head of the Institution**

**Signature of the Inspectors**

Permanent Residential

Address of employee: Near manas mandir ,behind Arvi naka, Wardha

**Copy of Passport / Voter Card/Ration Card/PAN No./Electricity Bill/ Driving License Attached as a Proof of residence.**

STD Code Phone No.  
Phone & Fax Number Office : 07152 254785  
With Code  
Residence: 07152 245385

E-mail address: wanjarids@rediffmail.com

Date of joining present institution: 22/08/2003\_as Lecturer  
(Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer	Shri Laxamanrao Mankar Institute of Pharmacy ,Amgaon	12/08/1999	30/04/2003	3yrs 2 Months
Reader/ Assistant Professor				
Principal				

- 1) Before joining present institution I was working at **Shri L.M.I.O.P** as **Lecturer** and relieved on **30/04/2003**\_after resigning.  
**(Relieving order is enclosed from the previous institution).**
- 2) I am not working in any other Pharmacy College/Medical College/Dental College/Industry/Community Pharmacy/Hospital Pharmacy /Govt. Service/any other service in the State or outside the State in any Capacity full – time/part – time other than the above.

**Signature of the Head of the Institution**

**Signature of the Inspectors**

3) I have drawn total emoluments from this college as under:-

	<b>Amount Received</b>	<b>TDS</b>
April, 2010	28056	1000
May, 2010	28056	1000
June, 2010	28056	1000
July, 2010	30302	1000
August,2010	30302	1000
September, 2010	30302	1000
October, 2010	30302	1000
November, 2010	30302	1000
December, 2010	30302	1000
January, 2011	30302	1000
February, 2011	30302	1000
March, 2011	30302	1000

(Copy of my form 16 (TDS certificate )30302 for financial year 2010-2011 is attached)

P.A.N. : AALPW0034B

Circle NAGPUR

### **Declaration**

- 1) I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2010-2011.
- 2) It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Register of Registered Pharmacists.)

Signature of the Employee:

Date :23/9/2011

Place : Wardha

### **Endorsement**

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. 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 declaring himself/herself for any such misdeclaration or misstatement.

Countersigned by the Director/Dean/

**Signature of the Head of the Institution**

**Signature of the Inspectors**

# PHARMACY COUNCIL OF INDIA

## STAFF DECLARATION FORM

From

Teacher's Name: Swapnali Suresh Rao Mankar  
(as on university Degree certificate)

Recent Passport size photo of the Employee  
Signed by Dean / Principal of the College.

Photograph

Date of Birth & Age 05/01/1986 ( 25 years)

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B. Pharm	Agnihotri College Of Pharmacy RTMNU	2009	86266	Maharashtra
M. Pharm				
(Ph. D.) / others				

**Copies of Registration Certificate and University degree/PG/Ph.D. be attached.**

Present Designation: Lecturer

Department: Pharmacy (Diploma)

College: Agnihotri Institute Of Pharmacy

City: Wardha

Nature of appointment: Temporary

Whether belongs to: OBC

Permanent Residential

**Signature of the Head of the Institution**

**Signature of the Inspectors**

Address of employee: Deolikar layout ,Sewagram road Mahila ashram Wardha

**Copy of Passport / Voter Card/Ration Card/PAN No./Electricity Bill/ Driving License Attached as a Proof of residence.**

Phone & Fax Number                      STD Code                                      Phone No.  
With Code                                      Office : 07152                                      254785  
Residence: 07152                                      249749

E-mail address: swapnamankar@rediffmail.com

Date of joining present institution: 09/07/2009 as Lecturer

(Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer				
Reader/ Assistant Professor				
Principal				

1) Before joining present institution I was working at \_\_\_\_\_ as \_\_\_\_\_ and relieved on \_\_\_\_\_ after resigning/retiring

**(Relieving order is enclosed from the previous institution).**

2) I am not working in any other Pharmacy College/Medical College/Dental College/Industry/Community Pharmacy/Hospital Pharmacy /Govt. Service/any other service in the State or outside the State in any Capacity full – time/part – time other than the above.

**Signature of the Head of the Institution**

**Signature of the Inspectors**

3) I have drawn total emoluments from this college as under:-

	<b>Amount Received</b>	<b>TDS</b>
April, 2010	22930	
May, 2010	22930	
June, 2010	22930	
July, 2010	24890	
August,2010	24890	1000
September, 2010	24890	1000
October, 2010	24890	1000
November, 2010	24890	1000
December, 2010	24890	1000
January, 2011	24890	1000
February, 2011	24890	1000
March, 2011	24890	1000

(Copy of my form 16 (TDS certificate ) for financial year 2010-2011 is attached)

P.A.N. : BHUPM9907J

Circle Nagpur

### **Declaration**

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2010-2011.
2. It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Register of Registered Pharmacists.)

Signature of the Employee:

Date :23/9/2011

Place : Wardha

### **Endorsement**

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. 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 declaring himself/herself for any such misdeclaration or misstatement.

Countersigned by the Director/Dean/  
Principal in respect of Teaching Staff

Date : 23/9/2011

Place : Wardha

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**Signature of the Head of the Institution**

**Signature of the Inspectors**



**Signature of the Head of the Institution**

**Signature of the Inspectors**