

PHARMACY COUNCIL OF INDIA

Standard Inspection Form (SIF-BP) for obtaining prior permission of
Pharmacy Council of India for conducting the Bachelor of Pharmacy (Practice) course.

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

(SIF-BP)

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.
(IN BLOCK LETTERS)
2.

| | |
|--|--|
| 1. Name of the Course Conducting Authority | |
| 2. Complete Postal Address of the Course Conducting Authority | |
| 3. Year of start of the course | |
| 4. Approval status of the Institution for conducting Bachelor of Pharmacy (B.Pharm) Course: (Copy of the latest approval to be enclosed) | |
| 5. No objection / consent of affiliation from Examining Authority (i.e, University) for starting the course: (Copy of the letter to be enclosed) | |
| 6. Deficiencies as pointed out in the last Inspection Report: (Use separate sheet) | |
| 7. Proposed date of commencement of the course: | |
| 8. Proposed intake capacity : (maximum permissible intake is 40) | |
| 9. Proposed Time schedule for conducting the course (To be indicated by the course conducting authority) | |
| 9 a) Whether the Jan Aushadhi Medical Store has been opened by your institution | Yes / No (Please tick (✓) the relevant portion) |

Signature of the Head of the Institution

Signature of the Inspectors

10. Details of teaching staff in the specified subject in the following format:

| Name of the Department | Sl. No. | Name of the Teachers | Working experience in the Institution | Qualification | Experience | Existing Teaching Load | Any Experience in Hospital/Community/Clinical Research/Practice | Remarks of Inspectors |
|------------------------|---------|----------------------|---------------------------------------|---------------|------------|------------------------|---|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| Pharmaceutics | | | | | | | | |
| Pharmacology | | | | | | | | |
| Pharmacy Practice | | | | | | | | |

**11. Declaration of the teachers for teaching the additional Course:
(Declarations from teachers to be enclosed)****12. Whether visiting/part-time teachers is appointed:
(If yes, furnish the details in the following proforma)**

| Sl.No. | Name of the Teacher | Qualification | Practice Experience | Present attachment | Remarks of Inspectors |
|--------|---------------------|---------------|---------------------|--------------------|-----------------------|
| | | | | | |

13. Enclose the acceptance from the visiting teachers as identified:**14. Whether the Institution/Trust is having a Model Community Pharmacy (80 sq.m.) :****15. If not, is there any planning to start the same in near future?**

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Minimum requirement for obtaining the approval of Pharmacy Council of India for conducting the Bachelor of Pharmacy (Practice) Course

PART I - PRINCIPAL

| Qualification/ Experience | Qualification | Teaching Experience | Available | Remarks of Inspectors |
|------------------------------|---------------|--|-----------|-----------------------|
| | M. Pharm | 15 years, out of which 5 years as Prof. /HOD | | |
| | Ph.D | 10 years, out of which at least 05 years as Asst. Prof | | |

PART II PHYSICAL INFRASTRUCTURE

1. Availability of Land (details)

a. Building : **Own/rented**

b. Total built up area of the college building in Sq.mts : **Built up Area**

c. Amenities and Circulation Area

2. **Class rooms:**

Total number of class rooms provided for D. Pharm and B. Pharm/Bachelor of Pharmacy (Practice) course

| Class | Required | Available numbers | Required Area * for each Class | Available | Remarks of Inspectors |
|---------------------------------|----------|-------------------|--|-----------|-----------------------|
| D. Pharm | 02 | | 90 Sq. mts each | | |
| B. Pharm | 04 | | 90 Sq. mts each (Desirable) 75 Sq. mts each (Essential) | | |
| Bachelor of Pharmacy (Practice) | 01 | | 40 Sq. mts each | | |

(* To accommodate 60 students)

3. **Laboratory requirement for both D. Pharm and B. Pharm and Bachelor of Pharmacy (Practice) course.**

| Sl. No. | Infrastructure for | Requirement as per Norms | Available | | Remarks of the Inspectors |
|---------|---|---|-----------|------------------|---------------------------|
| | | | Number | Area in Sq. mts. | |
| 1 | Laboratory Area for B. Pharm Course (10 Labs) Laboratory area for D. Pharm Course (03 Labs) | 90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts - Essential | | | |
| 2 | Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy | 03 Laboratories 03 Laboratories 01 Laboratory 03 Laboratories 02 Laboratories | | | |

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| Sl. No. | Infrastructure for | Requirement as per Norms | Available | | Remarks of the Inspectors |
|---------|--|--|-----------|------------------|---------------------------|
| | | | Number | Area in Sq. mts. | |
| | Pharmaceutical Biotechnology (Including Aseptic Room) Total No. Laboratories for B.Pharm and D.Pharm Course | 01 Laboratory 13 Laboratories * | | | |
| 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) | | | |
| 4 | Area of the Machine Room | 80-100 Sq.mts | | | |
| 5 | Central Instrument Room | 80 Sq.mts with A/ C | | | |
| 6 | Store Room – I | 1 (Area 100 Sq mts) | | | |
| 7 | Store Room – II (For Inflammable chemicals) | 1 (Area 20 Sq mts) | | | |

*For D. Pharm and B. Pharm both.

1. All the Laboratories should be well lit & ventilated.
2. All Laboratories should be provided with basic amenities and services like exhaust fans and fuming 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:

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

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5. Staff Facilities:

| Sl. No. | Name of infrastructure | Requirement as per Norms in number | Requirement as per Norms in area | Available | | Remarks of the Inspectors |
|---------|--|------------------------------------|--------------------------------------|-----------|------------------|---------------------------|
| | | | | Number | Area in Sq. mts. | |
| 1 | HODs rooms for B.Pharm Course | Minimum 4 | 20 Sq mts x 4 | | | |
| 2 | Faculty Rooms for D.Pharm & B.Pharm course | | 10 Sq mts × n (n=No. of Teachers) | | | |
| 3 | Faculty Rooms for Bachelor of Pharmacy (Practice) course | | 10 Sq mts × n (n=No. of teachers) | | | |

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 of the Inspectors |
|---------|---|------------------------------------|---|-----------|------------------|---------------------------|
| | | | | Number | Area in Sq. mts. | |
| 1 | Animal experimentation learning modules | 01 | | | | |
| 2 | Library | 01 | 150 Sq. mts | | | |
| 3 | Museum | 01 | 50 Sq. mts (May be attached to the Pharmacognosy lab) | | | |
| 4 | Model Pharmacy <u>Essential:</u> Running Model Community Pharmacy <u>Desirable</u> Drug Model Store | 01 | 80 Sq.mts (including 10 Sq.mt for Drug Information Centre & 10 Sq.mt. for Patient Counselling) | | | |
| 5 | Auditorium / Multi Purpose Hall (Desirable) | 01 | 250 – 300 Seating capacity | | | |
| 6 | Herbal Garden (Desirable) | 01 | Adequate number of medicinal Plants | | | |

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7. Student Facilities:

| Sl. No. | Name of infrastructure | Requirement as per Norms in number | Requirement as per Norms in area | Available | | Remarks of the Inspectors |
|---------|---|------------------------------------|---|-----------|------------------|---------------------------|
| | | | | Number | Area in Sq. mts. | |
| 1 | Girl's Common Room (Essential) | 01 | 60 Sqmts | | | |
| 2 | Boy's Common Room (Essential) | 01 | 60 Sq.mts | | | |
| 3 | Toilet Blocks for Boys | 01 | 24 Sq.mts | | | |
| 4 | Toilet Blocks for Girls | 01 | 24 Sq.mts | | | |
| 5 | Drinking Water facility – Water cooler (Essential). | 01 | - | | | |
| 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 | | | | |

8. Computer and other Facilities:

| Name | Required | Remarks of Inspectors |
|----------------------------------|---|-----------------------|
| Computer Room for B.Pharm Course | 01 system for every 2 students (with internet and Printer facilities) (Area 75 Sq | |
| Computer For Model Pharmacy | As required for teaching and practice purposes and for drug information services | |
| Computer (Latest configuration) | 1 system for every 10 students (UG & PG) | |
| Printers | 1 printer for every 10 computers | |
| Multi Media Projector | 01 | |
| Generator (5KVA) | 01 | |

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9. 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:

| Item | Titles (No) | Minimum Volumes (No) | Available | | Remarks of Inspectors |
|--|-------------|---|-----------|-----|-----------------------|
| | | | Titles | No. | |
| Number of books | 150 | 1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy | | | |
| Annual addition of books | | 150 books per year | | | |
| Periodicals Hard copies / online | | 10 National 05 International periodicals | | | |
| CDS | | Adequate Nos | | | |
| Internet Browsing Facility | | Yes/No (Minimum ten Computers) | | | |
| Reprographic Facilities: Photo Copier Fax Scanner | | 01 01 01 | | | |

10. A. Subject wise Classification:

| Sl. No | Subject | | | Remarks of Inspectors |
|--------|---|--------|---------|-----------------------|
| | | Titles | Numbers | |
| 1 | Pharmaceutics | | | |
| 2 | Pharmaceutical Chemistry | | | |
| 3 | Pharmacognosy | | | |
| 4 | Biochemistry and Clinical Pathology | | | |
| 5 | Human Anatomy and Physiology | | | |
| 6 | Health Education and Community Pharmacy | | | |
| 7 | Pharmacy Practice | | | |
| 8 | Pharmacology and Toxicology | | | |
| 9 | Pharmaceutical Jurisprudence | | | |
| 10 | Drug Store and Business Management | | | |
| 11 | Hospital and Clinical Pharmacy | | | |
| 12 | Social Pharmacy | | | |

10. B. Library Staff:

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

Signature of the Head of the Institution

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PART III ACADEMIC REQUIREMENTS**A. Faculty requirements:****1. Student Staff Ratio:**

(Required ratio --- Theory → 40:1 and Assignment → 10:1.

2. Minimum No. of working days for B. PHARM PRACTICE:

180

3. Staff Pattern for B. Pharm & B.Pharm (Practice) courses department wise:

Professor : Asst. Professor : Lecturer

| Department / Division | Name of the post | For strength of 60 students of B.Pharm & 40 students of B.Pharm (Practice) | Available | Remarks of Inspectors |
|---|------------------|--|-----------|-----------------------|
| Department of Pharmaceutics | Professor | 1 | | |
| | Asst. Professor | 1 | | |
| | Lecturer | 4 | | |
| Department of Pharmaceutical Chemistry (including Pharmaceutical Analysis) | Professor | 1 | | |
| | Asst. Professor | 1 | | |
| | Lecturer | 4 | | |
| Department of Pharmacology | Professor | 1 | | |
| | Asst. Professor | 1 | | |
| | Lecturer | 5 | | |
| Department of Pharmacognosy | Professor | 1 | | |
| | Asst. Professor | 1 | | |
| | Lecturer | 2 | | |
| Department of Pharmacy Practice | Professor | 1 | | |
| | Asst.professor | 2 | | |
| | lecturer | 2 | | |

4. Teaching Staff required year wise exclusively for B. Pharm (Practice) for intake of 40 Students.

| | Staff required for I B. Pharm Practice | Staff required for II B. Pharm Practice | Available | | Remarks of Inspectors |
|---|--|---|-----------|-----------|-----------------------|
| | | | Ist Year | IInd Year | |
| Principal | 1 | 1 | | | |
| Pharmacology | 1 | 1 | | | |
| Pharmaceutics | 1 | 1 | | | |
| Pharmacy Practice | 2 | 2 | | | |
| Part time teaching Staff For pathophysiology and pharmacotherapeutics | As required | As required | | | |

At least 2 teachers shall possess M.Pharm (Pharmacy Practice) or Pharm D. Qualification.

Signature of the Head of the Institution

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5. Number of non-teaching staff available for D. Pharm and B. Pharm course for intake of 60 students:

| Sl. No. | Designation | Required Number | Required Qualification | Available | | Remarks of the Inspectors |
|---------|----------------------------------|--------------------------|-------------------------------------|-----------|---------------|---------------------------|
| | | | | Number | Qualification | |
| 1 | Laboratory Technician | 1 for each Dept | D. Pharm | | | |
| 2 | Laboratory Assistants/ Attenders | 1 for each Lab (minimum) | SSLC | | | |
| 3 | Office Superintendent | 1 | Degree | | | |
| 4 | Accountant | 1 | Degree | | | |
| 5 | Store keeper | 1 | D. Pharm/ Degree | | | |
| 6 | Computer Data Operator | 1 | BCA / Graduate with Computer Course | | | |
| 7 | First Division Assistant | 1 | Degree | | | |
| 8 | Second Division Assistant | 2 | Degree | | | |
| 9 | Peon | 2 | SSLC | | | |
| 10 | Cleaning personnel | Adequate | --- | | | |
| 11 | Gardener | Adequate | --- | | | |

B. DOCUMENTATION

Records to be maintained: Essential

| Sl. No | Records | Available | Remarks of 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 | | |
| 17. | Record of submission of Assignments by students | | |
| 18. | Record of Case presentation/Seminars conducted | | |

PART IV – EQUIPMENT AND APPARATUS

The institution shall comply fully by having all equipments as prescribed for B.Pharm course.

Signature of the Head of the Institution

Signature of the Inspectors

PHARMACY COUNCIL OF INDIA
STAFF DECLARATION FORM

From

Teacher's Name
(as on University Degree certificate)Recent Passport size photo of the Employee
Signed by Dean/Principal of the College.

Photograph

Date of Birth & Age

| Qualification | College & University | Year | Registration No. with State Pharmacy Council | Name of the State Pharmacy Council |
|----------------|----------------------|------|--|------------------------------------|
| B.Pharm | | | | |
| M.Pharm | | | | |
| (Ph.D.)/others | | | | |

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

Present Designation : _____

Department : _____

College : _____

City : _____

Nature of appointment : Permanent/Temporary/Adhoc/Honorary/Part-time

Whether belongs to : O.G./SC/ST/OBC/Ex-service/Others

Contd. on page 2

Signature of the Head of the Institution

Signature of the Inspectors

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Permanent Residential
Address of employee : _____

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

Phone & Fax Number with Code Office : _____
Residence : _____

E-mail address : _____

Date of joining present institution : _____ as _____
(Designation)

Details of the previous appointments/teaching experience

| Position | Name of Institution | From | To | Total Experience in years |
|-----------------------------------|---------------------|------|----|---------------------------|
| Lecturer | | | | |
| Reader/ Assistant Professor | | | | |
| 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, hereby undertake that I have not given my name as teaching faculty in any other Pharmacy institution for teaching any Pharmacy course and not working in any where other than this institution 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.

Contd. on page 3

Signature of the Head of the Institution

Signature of the Inspectors

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- 3) I have drawn total emoluments from this college as under (Please fill the data of last academic session) :-

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

(Copy of my form 16 (TDS certificate) for the last financial year is attached)

P.A.N. : _____ Circle : _____

Declaration

- I have not worked at any other pharmacy college/institution or presented myself at any inspection during my employment in this college.
- 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 : _____ Place: _____

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 declarant himself/herself for any such misdeclaration or misstatement.

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

Date : _____ Place : _____

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