

# ॐ नमो नमः शिक्षा प्रसार एवं सामाजिक कल्याण समिति

66, प्रेमनगर, ग्वालियर (म.प्र.) मोबा. : 98263-14596

Ref. No. L-2017/PCF/08/01

Date: 30/08/17

To,  
The Registrar  
Pharmacy Council of India  
Combined Council's Building  
Lotla Road, Aiwan-E-Ghalib Marg  
New Delhi-110002

Sub: Submitting Application for Starting D Pharma Program from Session 2018-19.

Respected Sir,

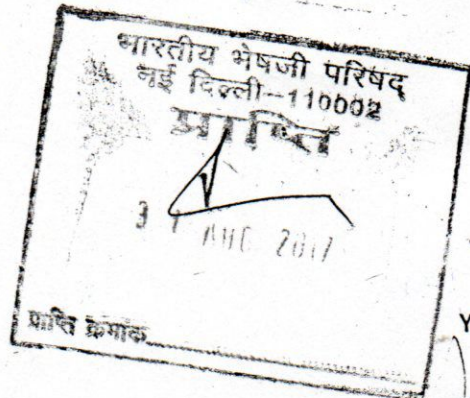
This is reference to mentioned above subject, please find proposal in three copies, for starting D Pharma program under the name and title of Vidyavati College of Pharmacy, Chitora Road Morar Gwalior (M.P) from session 2018-19.

Please find following enclosures along with this letter.

- ✓ Application Form
- ✓ Demand Draft of Rs.25000/- (Inspection Fee of first two inspection)
- ✓ Demand Draft of Rs.50000/- (Affiliation Fee)
- ✓ O/C of Application submitted at State Government [Directorate of Technical Education Bhopal (M.P)]
- ✓ Society Registration Certificate
- ✓ Society's Resolution Regarding Starting D Pharma Program.
- ✓ Land Registree, Khasra
- ✓ Land Diversion Documents
- ✓ Building Plan

Thanking You,

With Warm Regards,



Yours Sincerely

Amit Dubey

President

Om Namoh Namah Siksha Prasar Evam Samajik Kalyan Samiti, Gwalior (M.P)

Payee



भारतीय रिज़र्व बैंक

ISSUING BRANCH ALPHA CODE NO 04536

DHAGWA

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PAYABLE AT PAR AT ALL LOCAL BRANCHES

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PHARMACY COUNCIL OF INDIA \*\*\*\*\*

ON DEMAND PAY

रुपये Fifty Thousand only.\*\*\*\*\*

RURFES\*\*\*\*\*

या उनके आदेशपर  
OR ORDER

अदा करें। ₹ 50000.00

अदाकर्ता शाखा 02332-SSB DELHI  
DRAWEE BRANCH

मूल्य प्राप्त VALUE RECEIVED

A-1108  
ह.न.क्र.

*[Signature]*  
प्रधिकृत हस्ताक्षर

S.S. Nos.

AUTHORISED SIGNATORIES  
Please sign above

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# 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

<p><b>A - I. 1</b> Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail</p>	<p>VEDYAVATI COLLEGE OF PHARMACY CHITORA ROAD, BANARPURA MORAR, GWALIOR (M.P) 0751-2566340 vidyavati.college.gwalior@yahoo.in 2018-19 (Proposed)</p>
<p>Year of starting of the course Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)</p>	<p>PRIVATE COPY OF SOCIETY REGISTRATION ENCLOSED [Enclosure-1]</p>
<p><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:</p>	<p>OM NAMO NAMAH SIKSHA PRASAR EVAM SAMAJIK KALYAN SAMITI 66 PREM NAHAR GWALIOR (M.P); [Enclosure-2] amitdubey270579@gmail.com</p>
<p><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</p>	<p>AMIT DUBEY, PRESIDENT GIRLS SCHOOL GALI BHIND (M.P) Tel- 07534-240672 mob - 98262 70987 amitdubey270579@gmail.com</p>
<p><b>A - I. 4</b> Name and Address of the Head of the Institution</p>	<p>AMIT DUBEY, GIRLS SCHOOL GALI BHIND (M.P)</p>

Signature of the Head of the Institution

**Amit Dubey**

President

Om Namah Namah Siksha Prasara

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	to N/A		

**b. APPROVAL STATUS:**

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVERNMENT	Remarks of the Inspectors
D. Pharm		Approval Letter No and Date	N/A		/
		Approved Intake			
		Actually Admitted			

**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	NEW PROPOSAL	

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

Wing of another college

Separate Campus

Multi Institutional Campus

Examining Authority :  
With complete postal  
Address, Telephone No.  
and STD Code.

Signature of the Head of the Institution  
*Amal Dubey*  
Principal

Signature of the Inspectors

On: \_\_\_\_\_  
Even: \_\_\_\_\_

**B - DETAILS OF THE INSTITUTION**

B-I.1 Name of the Principal					
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm		05 years		
	PhD (Desirable)		02 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		N.A		

\* 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 / No	Yes / No	Yes / No	Yes / No	
Non-Teaching Staff	State Government Yes / No	Yes / No	Yes / No	Yes / No	

**B-I.4**

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

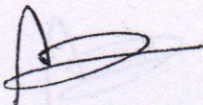
ACADEMIC YEAR	200-	200-	200-
Sanctioned			
No. of Admissions		N.A	
Unfilled Seats			
No. of Excess Admissions			

**B-I.5**

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

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
D. Pharm		N.A	

Signature of the ~~Head~~ **Principal** of the Institution



**Principal**

Dr. Narayan Prasad, Viksha Prasar  
Evan. Samajik Seva Samiti

Signature of the Inspectors

B - II

Co - Curricular Activities / Sports Activities

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

A. Government		CAPITAL EXPENDITURE	
B. Others			
1. Tuition Fee		1. Building	
3. Library Fee		2. Equipment	
4. Sports Fee		3. Others	
5. Union Fee		REVENUE EXPENDITURE	
6. Others		1. Salary	
		MAINTENANCE EXPENDITURE	
		1. College	
		2. Others	
		3. University Fee (if any)	
		4. Apart School Fee	
		5. Government Fee	
		6. Deposit before the College	
		7. Other	
		8. Total Expenditure	
		Total	

Note: Enclose relevant documents

Signature of the Head of Institution

Principal

Dr. Manoj Kumar, Viksha Prasar  
Even. Samalkhanda, Satna

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.	Grants a. Government b. Others		<b>CAPITAL EXPENDITURE</b>			/
2.	Tuition Fee		1.	Building		
3.	Library Fee		2.	Equipment		
4.	Sports Fee		3.	Others		/
5.	Union Fee		<b>REVENUE EXPENDITURE</b>			
6.	Others		1	Salary		
			2.	<b>MAINTENANCE EXPENDITURE</b>		
				i College		
				ii Others		
			3.	University Fee (If any)		
			4.	Apex Bodies Fee		
			5.	Government Fee		
			6.	Deposit held by the College		
			7.	Others		
			8.	Misc. Expenditure		
	<b>Total</b>			<b>Total</b>		

Note: Enclose relevant documents

Signature of the Head of the Institution  
**Amit Dubey**  
 Assistant  
 Director  
 Higher Education  
 Govt. of Bihar

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 **ENCLOSURE-2**
- c. Building: Leased  Rented
- i) Leased/Rented <sup>†</sup> (Record to be enclosed) : ~~Enclosed~~/Not available
- ii) If Own (Approved Building plan & sale deed to be enclosed) : ~~Enclosed~~/Not available **ENCLOSURE-3**
- d. Total Area of the college building in Sq.mts : Built up Area **3411-62**
- Amenities and Circulation Area **900**

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	01	90 Sq. mts	76	


(\* To accommodate 60 students)

[For 50 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)	04	76	
2	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy <b>Total no. of Labs for D. Pharm Course</b> *Animal House	01 Laboratory	01	76	
		01 Laboratory	01	76	
		01 Laboratory	01	76	
		01 Laboratory	01	76	
		01 Laboratory	01	76	
	<b>05 Laboratories</b>				
	<b>01 (10 sq.mts)</b>				
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)	04 x 10 = 40		
4	Area of the Machine Room	100 Sq mts	In Process		
5	Aseptic Room	25 Sq mts	01 Available x 25		
6	Store Room - I	1 (Area 20 Sq mts)	01 x 20		
7	Store Room - II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01 x 20		

\* Not required if computer simulated software are available

Signature of the Head of the Institution  
  
 President  
 Dr. Manoj Kumar Sriksha Prasad  
 Dr. Saranya Sarad

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:

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	20 Sq mts	01	25	
2	Office - I Including Confidential Room	01	40 Sq mts	01	67	
3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq mts	01	30	
4	Library with computer and reprographic facilities	01	100 Sq mts	01	150	
5	Museum	01	30 Sq mts (May be attached to the Pharmacognosy Lab)	01	30	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250 - 300 seating capacity	Provision		
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	200	

  
Amit Dubey

Signature of the Head of the Institution

Dr. Neelam Prasad  
Even. Smt. Prasad

Signature of the Inspectors

5. Student Facilities:

Sl. 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	← Available →			
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single occupancy	In Provision		
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy)	In Provision		
9	Power Backup Provision (Desirable)	01		01	Available	

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	08	01	75	
Printers	1 printer for every 10 computers	02	-NA	—	
Xerox Machine	01	01	-NA	—	
Multi Media Projector	02	02	-NA	—	

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					In Provision
Bank Extension Counter					
Co operative Stores					
Guest House	80 Sq. mts				
Transport Facilities for students					
Medical Facility (First Aid)					

Signature of the Head of the Institution  
 Amit Kumar  
 Principal  
 On: 10/10/2020  
 Even: 10/10/2020

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:

Sl. 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	150	1789	
2	Annual addition of books		75 books per year	- NA -		
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	Available	
4	Library Timings					

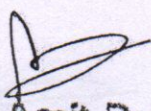
### 8.B. Subject wise Classification:

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics - I	35	390	
2	Pharmaceutical Chemistry - I	29	320	
3	Pharmacognosy	28	360	
4	Biochemistry and Clinical Pathology	27	312	
5	Human Anatomy and Physiology	22	310	
6	Health Education and Community Pharmacy	08	101	
7	Pharmaceutics - II			
8	Pharmaceutical Chemistry - II			
9	Pharmacology and Toxicology			
10	Pharmaceutical Jurisprudence			
11	Drug Store and Business Management			
12	Hospital and Clinical Pharmacy			

### 8.C. Library Staff:

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

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

  
 Signature of the Head of the Institution  
 Amit Dubey  
 President

Dr. Anil Kumar, Vikas Prasad,  
 Vikas Singh, Vikas Singh

Signature of the Inspectors

**PART III ACADEMIC REQUIREMENTS**

**Course Curriculum:**

1. Student Staff Ratio:

Theory  Practicals

(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>
DD/MM/YY	DD/MM/YY

No of Days

3. Vacation: No of Days

Summer:  Winter:

4. Total Number of working days:

5. Time Table:

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		100		25		
Pharmaceutical Chemistry - I	75		75		25		
Pharmacognosy	75		75		25		
Biochemistry and Clinical Pathology	50		75		25		
Human Anatomy and Physiology	75		50		25		
Health Education and Community Pharmacy	50		----		----		
<b>II D. Pharm</b>							
Pharmaceutics - II	75		100		25		
Pharmaceutical Chemistry - II	100		75		25		
Pharmacology and Toxicology	75		50		25		
Pharmaceutical Jurisprudence	50		----		----		
Drug Store and Business Management	75		----		----		
Hospital and Clinical Pharmacy	75		50		25		

*N.A*

*NEW COLLEGE*

Signature of the Head of the Institution

Signature of the Inspectors

*Dr. P. K. Prasad*  
 Off. Secy. to the Director, Higher Education  
 Govt. of Karnataka, Bangalore

7. Whether Internal Assessments are conducted periodically as per PCI norms

Yes  NA  No

8. Whether Evaluation of the internal assessments is Fair

Yes  NA  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 D. Pharm				NA					
II D. Pharm									

9. Workload of Faculty members for D. Pharm

Sl. No	Name of the Faculty	Subjects taught	D. Pharm				Total work load	Remarks of the Inspector
			I D. Ph		II D. Ph			
			Th	Pr	Th	Pr		

Signature of the Head of the Institution

**Amit Dubey**

President

Dr. Anil Kumar, Viksha Prasaar  
 Dr. B. Sarin, Aiyar Samiti

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:

Sl 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			

2. Qualification and number of Staff Members  
Number of staff members required: 07

Qualification			Others - Full Time
B. Pharm	M. Pharm	PhD	
	N/A		

3. Details of Faculty Retention for:

Name of Faculty Member	Period			Percentage
	Duration of 15 yrs. And above	Duration of 10 yrs. And above	Duration of 5 yrs. And above	
N/A			Less than 5 yrs.	

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:

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	02	D. Pharm			N/A
2	Laboratory Assistants/ Attenders	04	SSLC			
3	Office Superintendent	01	Degree			
4	Accountant cum Clark	01	Degree			
5	Store keeper	01	D. Pharm			
6	Computer Data Operator	01	10+2 with computer training			
7	Peon	02	SSLC			
8	Cleaning personnel	04	---			
9.	Gardener	01	---			

Signature of the Head of the Institution

**Amit Dubey**

Principal

Dr. S. K. Mishra, Biksha Prasad  
Dr. S. K. Mishra, Biksha Prasad

Signature of the Inspectors

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

Sl. No	Name	Qualification	Designation	Basic pay Rs.	DA Rs.	HRA Rs.	CCA Rs.	Other allowance Rs.	Deductions			EPF A/c no.	Total	Signature	
									PT	TDS	EPF				
					In										

8. Whether facilities for Research / Higher studies are provided to the faculty?  
(Inspectors to verify documents pertaining to the above)

9. Whether faculty members are allowed to attend workshops and seminars?  
(Inspectors to verify documents pertaining to the above)

10. Scope for the promotion for faculty: Promotions Yes  No

11. Gratuity Provided Yes  No

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

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors

13. Whether Supporting Staff (Technical and Administrative) are encouraged for Skill Upgradation Programs Yes/ No

Amir Puri  
Signature of the Head of the Institution

Signature of the Inspectors

Dr. Anil Kumar, Sushma Prasad  
Level: Sanjay, Ajeet, Sanjay

**PART V - DOCUMENTATION**

**Records Maintained: (Essential)**

Sl. No	Records	Yes	No	Remarks of the Inspectors
1	Admissions Registers	✓		
2.	Individual Service Register	✓		
3.	Staff Attendance Registers	✓		
4.	Sessional Marks Register	NA		
5.	Final Marks Register	NA		
6.	Student Attendance Registers	NA		
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	✓		

Signature of the Head of the Institution  
**Amit Dubey**

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)

Sl No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs.			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total Budget Sanctioned	Recurring	Non Returning	Total Budget Sanctioned	Recurring	Non Returning	
					NA					

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

Sl No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs.			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
				Chemicals	NA		Chemicals			
				Glassware			Glassware			

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

Sl No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs.			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
				Equipment	MM		Equipment			

*Amil Puri*  
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:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Continuous Hot Extraction Equipment	05	05	Yes	
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	01	"	
15	Tablet counter - small size	05	01	"	
16	Friability tester	01	06	"	
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	01	"	
21	Deionisation unit	01	02	"	
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	"	
26	Millipore filter (3 grades)	Adequate	Adequate	"	

Signature of the Head of the Institution

Principal

Dr. Smita, Janna, Siksha Prasaa  
 Evam, Samajik Seva, Samud

Signature of the Inspectors

27	Autoclave	01	01	yes
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	03	"
34	Lab Centrifuge	01	01	"
35	Ointment slab	Adequate	Adequate	"
36	Ointment spatula	Adequate	Adequate	"
37	Pestle and mortar porcelain	Adequate	Adequate	"
38	Pestle and mortar glass	Adequate	Adequate	"
39	Suppository moulds of three sizes	Adequate	Adequate	"
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:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Refractometer	01	01	yes	
2	Polarimeter	01	01	✓	
3	Photoelectric colorimeter	01	01	✓	
4	pH meter	01	01	✓	
5	Atomic model set	02	01	✓	
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

**Amir Puhay**

Dr. Amir Puhay  
 Ketua Jurusan Farmasi  
 Fakultas Farmasi Universitas Samudra

Signature of the Inspectors