# 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

FILE No.: 17-1160

Inspection No.:

Date of Inspection:

NAME OF THE INSPECTORS: 1.

(BLOCK LETTERS)

PART – I GENERAL INFORMATION

W Tostando: Dix: Goswami	E-Mail
160281566 0	Mobile No. Fax No
02933/258567	Office Residence
Sict Pali (Ry)	Telephone No
Lenginera Lord Kensier	STD Code
Believe Mahance hospital,	
than singh, secretary	A-L3 Name Designation and Address of person to be
www. will Hove Colstop. Com	Te.
Sundaling & grand con	Fan No.
02933/258567	Telephone No:
(Kayasthan)	STD Code:
Kohwara - Rusenpur, Dist-Pale	(attach documentary evidence)
VISHINA BHARTI SIKSHAN SANS	A-I.2
0'0	Society/Trust)
(Rosa Copy Enclosed)	University / Autonomous / Aided / Private (Enclose
PRIVATE	Status of the course conducting body: Government /
2016-17	Year of starting of the course
BOGGIOTO 100 10 100 100 100 100 100 100 100 100	E-mail suridahiya @ gmail.com
Data - Town (Keyasilvar)	Fax No.
Lind road road rate of Day	Telephone No.
Balina Marahuer hospital,	STD code
of Plarmacy	Name of the Institution:
HILL Grove Cod's institute	A-I.1

3

Signature of the Head of the Institution

#### 1-1. :

# FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. Details of Affiliation Fee Paid

Name of the Course	Affiliation Fee paid up	Receipt No	Dated
	to	Domand Dray 140	
D. Pharm	2019-19	O BESTER	20 06 301

### b. APPROVAL STATUS:

		D. Pharm	Name of the Course
			Name of Approved the up to Course
Actually Admitted	Approved Intake	Approval Letter No and Date	Intake Approved and Admitted
20	60	2544-17-1160	PCI
		No and Date 2014-PCI/77357 DE-12/8/15 (APP)	STATE GOVERNMENT
			Remarks of the Inspectors

## c. STATUS OF APPLICATION

D. Pharm		Course
Yes		Extension of Approval
No		Approval
Yes		Increase in Intake of Seats
No		take of Seats
	Current Intake	Ren
	Proposed increase in Intake	narks

Note: Enclose relevant documents

A-I. 6

same Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the

Building / campus? If yes, give status

	1
No	
	7

Yes

A - I. 6 a

Status of the Pharmacy Course:

Independent Building

•

Wing of another college

Separate Campus

Multi Institutional Campus

and STD Code. With complete postal Address, Telephone No. Examining Authority: RAJASTHAN UNIVERSITY OF HEALTH SCIENCES 10+ KUMBHA TONIC -141-ROAD, MARY, SCITOR - 18, PRATAP NASAR COAD, JAIPUR - 302033 (RAJ.) 279550

Signature of the Head of the Institution

# B - DETAILS OF THE INSTITUTION

B-I.1 Name of the Principal Qualification/ Experience PhD M. Pharm (Desirable) Qualification\* Experience 05 years Teaching Required 02 years experience 20 Actual Remarks of the Inspectors

B-I.2

For institution seeking continuation of approval

ZO	Complete	ACCYCLA	Department of or or or Approved	n pharm /
last 03 years*	Troc Compines	Report Appendix Appen	nspection	
Intake reduced/Stopped in the	Complied (Not Complied	Remarks of the	st	Course D

Enclose Documents

B-I.3

ning AICTE /UGC/State Govt. hing State Government	Pay Scales: Staff	Scale of pay	PF	Gratuity	
hing State Government  AICTE /UGC/State Govt. Yes / No					
hing State Government	Teaching Staff	AICTE /UGC/State Govt.	Yes / No		Yes / No
	Non- Teaching	State Government Yes / No	Yes / No		Yes / No

#### B-I.4

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

ACADEMIC VEAR	200-	200-	200-
ACADEMIC LEIST			
Sanctioned			
No. of Admissions			
Unfilled Seats			
No. of Excess Admissions			

#### B-I.5

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

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

Signature of the Head of the Institution

Signature of the Inspectors

w

Documentary evidence should be provided

B-II  Co - Curricular Activities / Sports Activities (NE)  Whether college has NSS Unit (Yes/No)?	WLY STARTED) I'YGAR
If no give reasons  NSS Programme Officer's Name	
Programme conducted (mention details)	LYES/NO
Whether students participating in University level cultural activities / Co- curricular/sports activities	Available / Not available
Physical Instructor	Individual / Shared

#### C - FINANCIAL STATUS OF THE INSTITUTION

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

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

-	3	Dlagge	- warrida	Callarring	Information
	.4	riease	provide	lonowing	muor manon

	Receipts			Expenditur	e	Remarks
SI. No.	Particulars	Amount	Sl. No.	Particulars	Amount	of the Inspectors
1.	Grants a. Government b. Others		CAPI	TAL EXPENDITUI	RE.	
2.	Tuition Fee		1.	Building		
3.	Library Fee		2.	Equipment		
4.	Sports Fee		3.	Others		
5.	Union Fee		REVI	ENUE EXPENDIUT	RE	
6.	Others		1	Salary		
			2.	MAINTENANCE EXPENDITURE		
				i College		
				ii Others		
			3.	University Fee (If any)		
			4.	Apex Bodies Fee		
			5.	Government Fee		
			6.	Deposit held by the College		
			7.	Others		
	Total		8.	Misc.Expenditure		
				Total		

Note: Enclose relevant documents

Signature of the Head of the Institution

#### PART- II PHYSICAL INFRASTRUCTURE

Own/Rented/Leased

9	Ru	ild	ing
a.	Du	IIU	1116

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

Enclosed/Not available

be enclosed)

d. Total Area of the college building in Sq.mts

: Built up Area

166B

Amenities and Circulation Area

1073

#### 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	7	90 Sq. mts	100	

#### (\* To accommodate 60 students)

#### 3. Laboratory requirement

SI.	Name of Infrastructure	Requirement as per	Avai	Remarks/ Deficiency	
No.		Norms	No.	Area in Sq. mts	Deficiency
1	Laboratory Area for D.Pharm Course	50 Sq mts x n (n=05)	4	476	
2	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy Total no. of Labs for D. Pharm Course *Animal House	01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 05 Laboratories 01 (10 sq.mts)		119999	
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	10	
4	Area of the Machine Room	100 Sq mts		29	
5	Aseptic Room	25 Sq mts		46	
6	Store Room – I	1 (Area 20 Sq mts)		20	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)		20	

<sup>\*</sup> Not required if computer simulated software are available

Signature of the Head of the Institution

#### † 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:

SI.	Name of	Requirement	Requirement	Av	ailable	Remarks/ Deficiency
No.	infrastructure	as per Norms in number	as per Norms in area	No.	Area in Sq. mts	Deficiency
1	Principal's Chamber	01	20 Sq mts	1	28	
2	Office – I Including Confidential Room	01	40 Sq mts	1	150	
3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq mts	1	30	
4	Library with computer and reprographic facilities	01	100 Sq mts	,	180	
5	Museum	01	30 Sq mts (May be attached to the Pharmacogno sy Lab)	1	30	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250 - 300 seating capacity	-		
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	+	yes	

Signature of the Head of the Institution

#### 5. Student Facilities:

SI.	Name of infrastructure	Requirement	Requirement in	Av	ailable	Remarks/	
SI. No. 1 2 3 4 5 6		in number	area	No.	Area in Sq. mts	Deficiency	
1	Girl's Common Room (Essential)	01	40 Sq mts	1	75		
2	Boy's Common Room (Essential)	01	40 Sq mts	1	3-2		
3	Toilet Blocks for Boys	01	25 Sq mts	1	25		
4	Toilet Blocks for Girls	01	25 Sq mts		25		
5	Canteen (Desirable)	01	100 Sq mts	1	150		
6	Drinking Water facility Water Cooler (Essential)	01		y	es.		
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single occupancy				
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy)				
9	Power Backup Provision (Desirable)	01		7	les.		

6. Computer and other Facilities:

Name	Required	Available	Ava	ailable	Remarks of
			No.	Area in Sq. mts	the Inspectors
Computer (latest Configuration)	1 system for every 10 students	15			
Printers	1 printer for every 10 computers	2			
Xerox Machine	01 ,	1			
Multi Media Projector	02 .	2			

#### 7. Amenities (Desirable)

Name	Requirement as	Avai	lable	Not	Remarks/
	per Norms in area	No.	Area in Sq. mts	Available	Deficiency
Principal quarters	80 Sq. mts				
Staff quarters	6 x 80 Sq. mts	_			
Parking Area for staff and students			500		
Bank Extension Counter					
Co operative Stores					
Guest House	80 Sq. mts			1	
Transport Facilities for students					
Medical Facility (First Aid)		5			

Signature of the Head of the Institution

#### 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:

SI.	Item	Titles	Minimum Volumes (No)	Av	ailable	Remarks
No.		(No)		Titles	Numbers	of the Inspectors
1	Number of books	75	750 adequate coverage of a large number of standard text books and titles in all disciplines of pharma cy		750	
2	Annual addition of books		75 books per year			
3	Periodicals Hard copies / online		O6 National Journals 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 Library Timings

#### 8.B. Subject wise Classification:

SI. No	Subject	Ava	ilable	Remarks of the	
		Titles	Numbers	Inspectors	
1	Pharmaceutics – I				
2	Pharmaceutical Chemistry - I				
3	Pharmacognosy				
4	Biochemistry and Clinical Pathology				
5	Human Anatomy and Physiology				
6	Health Education and Community Pharmacy				
7	Pharmaceutics - II				
8	Pharmaceutical Chernistry - II				
9	Pharmacology and Toxicology				
10	Pharmaceutical Jurisprudence				
11	Drug Store and Business Management				
12	Hospital and Clinica Pharmacy				

#### 8.C. Library Staff:

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

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

Signature of the Head of the Institution

Institute of the sacy

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PART III ACADEMIC REQUIREMENTS 2017-18

1	Course Curriculum:  1. Student Staff Ratio:	The	eory Pr	acticals	
	(Required ratio Theory → 60:1 and Practification of the Practical If more than 20 students in a batch 2 staff in		t provided the lab is s	pacious	
	2. Date of Commencement of session:	Commencement DD/MM/YY	Completion DD/MM/YY	No of Days	
	No of Days  3. Vacation:  Sum	mer:	Winter:		
	4. Total Number of working days:				
	5. Time Table:				
	Time Table for I and II D. Pharm Enclosed	1	Yes	No	

75

75

100

Pharmaceutical

Pharmaceutics - II

Pharmaceutical

Chemistry - I

6. Whether the prescribed numbers of classes are being conducted as per PCI norms Remarks of Practicals Theory the No of Prescribed No of Prescribed Prescribed No of Inspectors Classes Number of Class / Subject Hours No. of Hours No of Hours conducted Conducted Classes Hours Conducted I D. Pharm 25 100 75 Pharmaceutics - I

25

25

25 75 Pharmacognosy 25 75 50 Biochemistry and Clinical Pathology 25 50 75 Human Anatomy and Physiology 50 Health Education and ----Community Pharmacy II D. Pharm 25

100

75

75

Chemistry - II 25 50 75 Pharmacology and Toxicology 50 Pharmaceutical Jurisprudence 75 Drug Store and --

Business Management Hospital and Clinical 25 50 75 Pharmacy

Signature of the Head of the Institution

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

Yes	No
	NI.

8. Whether Evaluation of the internal assessments is Fair Yes

No		
No. of	Remarks	0

Class		andidates nore than	No. of Candidates scored between 60 - 80%		No. of Candidates scored between 50 - 60%  Th Pr		Cand Less the	Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	11		
I D. Pharm								
II D. Pharm								

f Faculty members for D. Pharm

9.Work	Name of the					Total work load	Remarks of the Inspector	
No	Faculty	taught	I D	. Ph	III	D. Ph		
			Th	Pr	Th	Pr		

#### TEACHING STAFF.

PART IV-PERSONNEL (Détails Guclosed)

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

SI No	Name	Designati	Qualifi	Date of Joining	Teaching Experience		State Pharmacy	Signature of the faculty	the	
					After UG	After PG	Council Reg No.			Inspectors

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

	Qualificat	ion	
B. Pharm	M. Pharm	PhD	Others - Full Tim

#### 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	
	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.	Designation	Required	Required	A	vailable	Remarks of the
No.		Number	Qualification	Number	Qualification	Inspection team
1	Laboratory Technician	02	D. Pharm	02	D Pharm,	
2	Laboratory Assistants/ Attenders	04	SSLC	. 04	SSLC	
3	Office Superintendent	01	Degree	01	Bsc.	
4	Accountant cum Clark	01	Degree	01	Bsc.	
5	Store keeper	01	D. Pharm	73 1	D Phaom,	
6	Computer Data Operator	01	10+2 with computer	01	10+2.	
			training			
7	Peon	02	SSLC	2	SSLC	
8	Cleaning personnel	04		4		
9.	Gardener	01		1		

Signature of the Head of the Institution

(Pet years started)

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

SI. No	Name	Qualification	Designation	Basic pay Rs.	DA Rs.	HRA Rs.	CCA Rs.	Other, allowance Rs.	Г	Deductio	ns	Bank A/C No	PAN No	EPF A/c no.	Total	Signature
			-	13.				*	PT	TDS	EPF					

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	e allowed to attend workshops and seminars?
	(Inspectors to verify documents	pertaining to the above)

10. Scope for the promotion for faculty: Promotions	Yes [	No	
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	Yes	7 . No [	
11. Gratuity Provided	res		

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

			T	D Claiming	Experience	Signature	Remarks of the
SI	Name	Designation	Qualification	Date of Joining	Experience	Signature	Inspectors
No							

13. Whether Supporting Staff (Technical and Administrative) are encouraged for Skill Upgrad ation Programs

Yes/ No

Signature of the Head of the Institution

Signature of the Inspectors

#### PART V - DOCUMENTATION

Records Maintained: (Essential)

SI. No	Records	Yes	No	Remarks of the Inspectors
1	Admissions Registers			
2.	Individual Service Register	V		
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	1		
11.	Log book for chemicals and Equipment costing more than Rupees one lakh	1.		
12.	Job Cards for laboratories	L .		
13.	Standard Operating Procedures (SOP's) for Equipment	e		
14.				
15.				
	Animal House Records as per CPCSEA			

Signature of the Head of the Institution

(Ist year started) 2017-10

PART - VI

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

SI 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

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

SI 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			Chemicals			Chemicals			
	Glassware			Glassware			Glassware			

3. Total amount spent on equipments for the past three years:

(Enclose purchase invoice)

SI 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	
9	Equipment			Equipment			Equipment			

Signature of the Head of the Institution

Signature of the Inspectors

(Det /2012)

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

S Z		3	
	Total budget allocated	Books	Journals
Expenditure in Rs.	Total Sanctioned Incurred budget Borated		
R.	Incurred		
5	Total budget allocated		
Expenditure in Rs.	Total Sanctioned Incurred budget allocated		
8	Incurred		
Ę.	Total budget allocated		
Expenditure in Rs	Sanctioned Incurred		
Remarks of the Inspectors*			

<sup>&</sup>quot;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 D. Pharm

#### PHARMACEUTICS

Equipment:

SI. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Continuous Hot Extraction Equipment	05	DE	yes.	Inspectors
2	Conical Percolator	05	00	4.00	
3	Tincture Press	01	0.5	7	
4	Hand Grinding Mill	01	0 1	11	
5	Disintegrator	01	01	1	
6	Ball mill	01	01	1,	
7	Hand operated Tablet machine	01	01		
8	Tablet Coating Pan unit with hot air blower laboratory size	01	01	yes.	
9	Polishing pan laboratory size	01	61	11	
10	Monsanto's hardness tester	01	01	,	
11	Pfizer type hardness tester	01	01	11	
12	Tablet disintegration test apparatus IP	01	01	• •	
13	Tablet dissolution test apparatus IP	01	61	+,	
14	Granulating sieve set	10	10	*/	
15	Tablet counter - small size	05	05	11	
16	Friability tester	01	01	11 +	
17	Collapsible tube - Filling and scaling equipment	01	01	• /	
18	Capsule filling machine - Lab size	01	01	1	
19	Digital balance	01	01	1,	
20	Distillation unit for distilled water	02	02	11	
21	Deionisation unit	01	01	11	
22	Glass distillation unit for water for injection	01	61	1	
23	Ampoule washing machine	01	01	11	
24	Ampoule filling and sealing machine	01	01	()	
25	Sintered glass filters for bacteria proof filtration (four different grades)	Adequate	Adequate	Ac.s	
26	Millipore filter (3 grades)	Adequate	Adequate	Yes.	

Signature of the Head of the Institution

Signature of the Inspectors

27	Autoclave	0.1		
28	Hot air sterilizer	01	01	yes
29	Incubator	01	01	11
30	Aseptic cabinet	01	01	1,
31	Ampoule clarity test equipmen:	01	0)	YRS
32	Blender	01	01	1/
33	Sieves set (Pharmacopoeial standard)	01	01	11
34	Lab Centrifuge	02	02	yes
35	Ointment slab	01	01	11
36	Ointment spatula:	Adequate	Adquate	720.
37	Pestle and mortar porcelain	Adequate	12	11
38	Pestle and mortar glass	Adequate	11	11
39	Suppository moulds of three sizes	Adequate	11	11
40	Refrigerator	01	0	yes.

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

#### PHARMACEUTICAL CHEMISTRY Equipment:

SI. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Refractometer	01	01	Yes	mapeetors
2	Polarimeter	01	201	100	
3	Photoelectric colorimeter	01	161		
4	pH meter	01	A	1100	
5	Atomic model set	02	0	yes.	
6	Electronic balance	01	01	U	
7	Periodic table chart	Adequate	Adequate	Yes	

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

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Signature of the Inspectors

PHYSIOLOGY & PHARMACOLOGY LABORATORY

SI No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the
1	Haemoglobinometer	20	20		Inspectors
2	Haemocytometer	10	1 1 1	yes	
3	Student's organ bath	1	10	yes.	
4	Sherington's rotating drura	1	1		
5	Frog board	Adequate	Ada of	- 4	
6	Tray (dissecting)	Adequate	Adequale	y	
7	Frontal writing lever	Adequate	1,		
8	Aeration tube	Adequate	1	700	
9	Telethermometer	l'	,	- 4	
10	Pole climbing apparatus	i		11	
11	Histamine chamber		1	11	
12	Simple lever	Adequate	1 1-	Yes	
13	Staring heart lever	Adequate	Adoquale	180	
14	Acrator	Adequate	1. 11	7	
15	Histological Slides	Adequate	1,	6	
16	Sphygmomanometer (B.P. apparatus)	5	1	21	
17	Stethoscope	5	-	4	
18	First aid equipment	Adequate	Adoguate	10	
19	Contraceptive device	Adequate	11	yes	
20	Dissecting (surgical) instruments	Adequate	1	14	
21	Balance for weighing small Animals	i		L)	
22	Kymograph paper	Adequate	Alegnale	e,	
23	Actophotometer	î	111	11	
24	Analgesiometer		1	Ly.	
2.5	Thermometer	Adequate	Adoquale	14	
26	Plastic animal cage	Adequate	111	Yes	
27	Double unit organ bath with thermostat		1	14	
28	Refrigerator	1	1	11	
29	Single pan balance	1	1	4	
30	Charts	Adequate	Adaquale	14	

Signature of the Head of the Institution

Signature of the Inspectors

31	Human skeleton	1	1	Yes	
32	Anatomical specimen  (Heart, brain, eye, ear, reproductive system etc.,)	1 set	1 Set	1,	
33	Electro-convulsiometer	i		",	
34	Stop watch	Adequate	Adequate	1/	
35	Clamp, boss heads, screw clips	Adequate	19	1/	
36	Syme's Cannula	Adequate	4	1,	

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

#### PHARMCOGNOSY LABORATORY

Equipment:

SI No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Projection Microscope	01	01	YRS	
2	Charts (different types)	Adequate	Adequate	11	
3	Models (different types)	Adequate	11	1,	
4	Permanent Slides	Adequate	4	1/	
5	Slides and Cover Slips	Adequate	1,	11	

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

#### PHARMACY PRACTICE LABORATORY Equipment:

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

Signature of the Head of the Institution

Signature of the Inspectors

Hill Macy
Kon Kon Acy