

# 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>KALKA PHARMACY INSTITUTE FOR ADVANCED STUDIES PARTAPUR BY PASS ROAD, MEERUT. -250203, Ph. No. 2440817 anilmpersonal@gmail.com</p>
<p>Year of starting of the course</p>	<p>2018</p>
<p>Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)</p>	<p>PRIVATE</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>KALKA EDUCATIONAL SOCIETY M3, KALKAJI NEW DELHI -110019 011-47672200 011-26278671 anilmpersonal@gmail.com www.kalkaeducational.society.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>ANIL MEHROTRA, HONY. SECRETARY M3, KALKAJI NEW DELHI -110019 011-47672200  98111025</p>
<p><b>A - I. 4</b> Name and Address of the Head of the Institution</p>	<p>ANKIT GUPTA</p>
<p><b>A - I. 4 a)</b> Whether the Jan Aushadhi Medical Store has been opened by your institution</p>	<p style="text-align: center;">Yes / No ✓ (Please tick (✓) the relevant portion)</p>

Signature of the Head of the Institution

Signature of the Inspectors

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KALKA EDUCATIONAL SOCIETY  
M-3, KALKA JI, NEW DELHI 19

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	NEW ESTABLISHED	/ 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	APPLIED	APPLIED	
		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 EST./N.A.	

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 checked="" type="checkbox"/>
Multi Institutional Campus	<input type="checkbox"/>

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

BOARD OF TECHNICAL EDUCATION, (U.P.)  
GURU GOVIND SINGH MARG,  
BANS MANDI CHAURAMA  
CHAR BAGH, LUCKNOW, UTTAR PRADESH.  
0522-2630243; 2630063

Signature of the Head of the Institution

Signature of the Inspectors

2.

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**B - DETAILS OF THE INSTITUTION**

B-I.1 Name of the Principal		ANGIT GUPTA		
Qualification/ Experience	Qualification*	Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	05 years	ANKIT 09 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	←	NEW EST. / 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	← NEW EST. / N.A. →
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	← NEW EST. / 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	← NEW EST. / N.A. →		

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	
NSS Programme Officer's Name	← NEW EST. / N.A. →
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

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**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	210	

(\* 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	477	
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 Laboratory 01 Laboratory 01 Laboratory <b>05 Laboratories</b> 01 (10 sq.mts)	01 01 01 01 01	102 91 100 91 93 80 sq.mt	
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)	05	50 sq.mt	
4	Area of the Machine Room	100 Sq mts	01	136 sq.mt	
5	Aseptic Room	25 Sq mts	01	45 sq.mt	
6	Store Room – I	1 (Area 20 Sq mts)	01	38 sq.mt	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01	30 sq.mt	

\* Not required if computer simulated software are available

Signature of the Head of the Institution

Signature of the Inspectors

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**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>					
	Total	← NEW EST / N.A. →				NEW EST. / N.A.	

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

  
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 M-3, KALKA JI, NEW DELHI

\*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	55	
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	115	
5	Museum	01	30 Sq mts (May be attached to the Pharmacognosy Lab)	01	50	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	250	
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	2023	

Signature of the Head of the Institution



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	48	
2	Boy's Common Room (Essential)	01	40 Sq mts	01	48	
3	Toilet Blocks for Boys	01	25 Sq mts	08	80	
4	Toilet Blocks for Girls	01	25 Sq mts	04	40	
5	Canteen (Desirable)	01	100 Sq mts	01	150	
6	Drinking Water facility Water Cooler (Essential)	01		01		
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single occupancy	01		
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy)	01		
9	Power Backup Provision (Desirable)	01		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		10		
Printers	1 printer for every 10 computers		05		
Xerox Machine	01		01		
Multi Media Projector	02		03		

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	01	80		
Staff quarters	6 x 80 Sq. mts	16	1240		
Parking Area for staff and students		01	1000		
Bank Extension Counter		01	own campus		
Co operative Stores		01	own campus		
Guest House	80 Sq. mts	01	80		
Transport Facilities for students		04			
Medical Facility (First Aid)		01	own hostel within campus		

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:

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	80	835	
2	Annual addition of books		75 books per year	NEW	EST./NA.	
3	Periodicals Hard copies / online		06 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.	← SUBSCRIBED →		
4	Library Timings	8:A.M To 6:00 P.M.				

### 8.B. Subject wise Classification:

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics - I	15	200	
2	Pharmaceutical Chemistry - I	04	80	
3	Pharmacognosy	04	42	
4	Biochemistry and Clinical Pathology	04	40	
5	Human Anatomy and Physiology	08	120	
6	Health Education and Community Pharmacy	05	100	
7	Pharmaceutics - II	10	80	
8	Pharmaceutical Chemistry - II	10	60	
9	Pharmacology and Toxicology	10	50	
10	Pharmaceutical Jurisprudence	02	10	
11	Drug Store and Business Management	03	06	
12	Hospital and Clinical Pharmacy	05	47	

### 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

Signature of the Inspectors

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**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:

Commencement DD/MM/YY	Completion DD/MM/YY
--------------------------	------------------------

NEW EST./N.A.

No of Days

No of Days

3. Vacation:

Summer: N.A.

Winter: N.A.

4. Total Number of working days: N.A.

5. Time Table:

Time Table for I and II D. Pharm Enclosed

Yes

No  ← NEW EST./N.A.

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	NEW EST./	25		NEW EST.
Health Education and Community Pharmacy	50	NEW/EST.	---	N.A.	---		N.A.
<b>II D. Pharm</b>							
Pharmaceutics -- II	75	N.A.	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	↓	

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Signature of the Inspectors



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

Yes

No  ← NEW EST./N.A.-

8. Whether Evaluation of the internal assessments is Fair Yes

No  ← NEW EST./N.A.

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									
II D. Pharm	← NEW EST./N.A. →								

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		
							← NEW EST./N.A. →	

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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			
← IDENTIFIED →									

2. Qualification and number of Staff Members

Number of staff members required: 07

Qualification			
B. Pharm	M. Pharm	PhD	Others - Full Time
06	01	—	—

3. Details of Faculty Retention for:

Name of Faculty Member	Period	Percentage
← NEW EST./N.A. →	Duration of 15 yrs. And above	NEW EST./N.A.
	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	NEW EST./N.A.			

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	02	D. Pharm	
2	Laboratory Assistants/ Attenders	04	SSLC	04	SSLC	
3	Office Superintendent	01	Degree	01	B.A.	
4	Accountant cum Clark	01	Degree	01	M. Com.	
5	Store keeper	01	D. Pharm	01	B.A.	
6	Computer Data Operator	01	10+2 with computer training	01	B.C.A.	
7	Peon	02	SSLC	02	8 <sup>th</sup>	
8	Cleaning personnel	04	---	04	5 <sup>th</sup>	
9.	Gardener	01	---	01	5 <sup>th</sup>	

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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			Bank A/C No	PAN No	EPF A/c no.	Total	Signature
									P T	TDS	EPF					
				NEW EST.												

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

9. Whether faculty members are allowed to attend workshops and seminars? **NEW EST. / N.A.**  
(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
			NEW EST.				

13. Whether Supporting Staff (Technical and Administrative) are encouraged for Skill Upgradation Programs Yes/ No **NEW EST. / N.A.**



Signature of the Head of the Institution

Signature of the Inspectors

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			
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			

NEW EST. /

RECORDS WILL BE

MAINTAINED AS

PER PCI NORMS

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)

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	
				NEW EST.						


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			2,50,000/-		2,00,000/-	
				Glassware			2,25,000/-		1,50,000/-	
							2017-2018			

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			14,50,000/-		13,00,000/-	
							2017-2018			

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4. Total amount spent on Books and Journals 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	
1								3,00,000/-	275,000/-	
2								30,000/-	25,000/-	

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

Signature of the Head of the Institution

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M-3, KALKA JI, NEW DELHI-19

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	YES	
3	Tincture Press	01	01	YES	
4	Hand Grinding Mill	01	01	YES	
5	Disintegrator	01	01	YES	
6	Ball mill	01	01	YES	
7	Hand operated Tablet machine	01	01	YES	
8	Tablet Coating Pan unit with hot air blower laboratory size	01	01	YES	
9	Polishing pan laboratory size	01	01	YES	
10	Monsanto's hardness tester	01	01	YES	
11	Pfizer type hardness tester	01	01	YES	
12	Tablet disintegration test apparatus IP.	01	01	YES	
13	Tablet dissolution test apparatus IP	01	01	YES	
14	Granulating sieve set	10	01	YES	
15	Tablet counter – small size	05	01	YES	
16	Friability tester	01	01	YES	
17	Collapsible tube – Filling and sealing equipment	01	01	YES	
18	Capsule filling machine – Lab size	01	01	YES	
19	Digital balance	01	01	YES	
20	Distillation unit for distilled water	02	02	YES	
21	Deionisation unit	01	01	YES	
22	Glass distillation unit for water for injection	01	01	YES	
23	Ampoule washing machine	01	01	YES	
24	Ampoule filling and sealing machine	01	01	YES	
25	Sintered glass filters for bacterial proof filtration (four different grades)	Adequate	ADEQUATE	ADEQUATE	
26	Millipore filter (3 grades)	Adequate	ADEQUATE	ADEQUATE	

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

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	YES	
3	Photoelectric colorimeter	01	01	YES	
4	pH meter	01	01	YES	
5	Atomic model set	02	02	YES	
6	Electronic balance	01	01	YES	
7	Periodic table chart	Adequate	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:

Sl No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Haemoglobinometer	20	20	YES	
2	Haemocytometer	10	10	YES	
3	Student's organ bath	1	01	YES	
4	Sherrington's rotating drum	1	01	YES	
5	Frog board	Adequate	ADEQUATE	ADEQUATE	
6	Tray (dissecting)	Adequate	ADEQUATE	ADEQUATE	
7	Frontal writing lever	Adequate	ADEQUATE	ADEQUATE	
8	Aeration tube	Adequate	ADEQUATE	ADEQUATE	
9	Telethermometer	1	01	YES	
10	Pole climbing apparatus	1	01	YES	
11	Histamine chamber	1	01	YES	
12	Simple lever	Adequate	ADEQUATE	ADEQUATE	
13	Staring heart lever	Adequate	ADEQUATE	ADEQUATE	
14	Aerator	Adequate	ADEQUATE	ADEQUATE	
15	Histological Slides	Adequate	ADEQUATE	ADEQUATE	
16	Sphygmomanometer (B.P. apparatus)	5	05	YES	
17	Stethoscope	5	05	YES	
18	First aid equipment	Adequate	ADEQUATE	ADEQUATE	
19	Contraceptive device	Adequate	ADEQUATE	ADEQUATE	
20	Dissecting (surgical) instruments	Adequate	ADEQUATE	ADEQUATE	
21	Balance for weighing small Animals	1	01	YES	
22	Kymograph paper	Adequate	ADEQUATE	ADEQUATE	
23	Actophotometer	1	01	YES	
24	Analgesiometer	1	01	YES	
25	Thermometer	Adequate	ADEQUATE	ADEQUATE	
26	Plastic animal cage	Adequate	ADEQUATE	ADEQUATE	
27	Double unit organ bath with thermostat	1	01	YES	
28	Refrigerator	1	01	YES	
29	Single pan balance	1	01	YES	
30	Charts	Adequate	ADEQUATE	ADEQUATE	

Signature of the Head of the Institution

Signature of the Inspectors

31	Human skeleton	1	01	YES	
32	Anatomical specimen (Heart, brain, eye, ear, reproductive system etc.,)	1 set	01	YES	
33	Electro-convulsimeter	1	01	YES	
34	Stop watch	Adequate	ADEQUATE	ADEQUATE	
35	Clamp, boss heads, screw clips	Adequate	ADEQUATE	ADEQUATE	
36	Syme's Cannula	Adequate	ADEQUATE	ADEQUATE	

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

#### PHARMCOGNOSY LABORATORY

Equipment:

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

Sl No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	2	02	YES	
2	Microscope	Adequate	ADEQUATE	ADEQUATE	
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)	Adequate	ADEQUATE	ADEQUATE	
4	Watch glass	Adequate	ADEQUATE	ADEQUATE	
5	Centrifuge	1	01	YES	
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	ADEQUATE	ADEQUATE	
7	Filtration equipment	2	02	YES	

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

**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



HONY SECRETARY  
KALKA EDUCATIONAL SOCIETY  
M-3, KALKA JI, NEW DELHI 19

Signature of the Inspectors

**Observation of the Inspectors:**

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

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

**Note:**

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

**Signature of the Head of the Institution**



**Signature of the Inspectors**

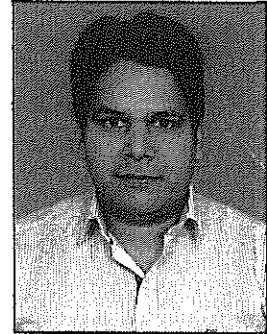
# PHARMACY COUNCIL OF INDIA

## STAFF DECLARATION FORM

From

Teacher's Name ANKIT GUPTA  
(as on University Degree certificate)

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



Date of Birth & Age 30/04/1984, 33 years

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	<u>MIET, Meerut</u> <u>UPTU, Lucknow</u>	<u>2006</u>	<u>UPPC</u> <u>49256</u>	<u>Uttar Pradesh</u> <u>Lucknow</u>
M.Pharm	<u>Dr. K.N.MIPER,</u> <u>Modinagar,</u> <u>UPTU, Lucknow</u>	<u>2008</u>		
(Ph.D.)/others				

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

Present Designation : Associate Professor

Department : Pharmacy <sup>Research &</sup>


College : Kalka ~~Pharmacy~~ Institute For Advanced Studies

City : Meerut

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

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

Contd. on page 2

  
HONY SECRETARY  
KALKA EDUCATIONAL SOCIETY  
M-3, KALKA II, NEW DELHI 110019

Permanent Residential Address of employee : OPP. K.N. Modi Complex, Dr. Rajesh Sharma wali Gali, Adarshnagar, Modinagar

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 with Code	Office : <u>0121</u>	<u>2440817</u>
	Residence : <u>01232</u>	<u>221561</u>


E-mail address : ankitgupta3004@gmail.com  
 Date of joining present institution : 22/09/2006 as Lecturer  
 (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 NA 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.

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**HONY SECRETARY**  
**KALKA EDUCATIONAL SOCIETY**  
**M-3, KALKA JI, NEW DELHI-19**



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

	Amount Received	TDS
April, 2016	24,000/-	NIL
May, 2016	24,000/-	
June, 2016	24,000/-	
July, 2016	24,000/-	
August, 2016	24,000/-	
September, 2016	27,000/-	
October, 2016	27,000/-	
November, 2016	27,000/-	
December, 2016	27,000/-	
January, 2017	27,000/-	
February, 2017	27,000/-	
March, 2017	27,000/-	

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

P.A.N. : AOTPG1487C Circle : Ghaziabad

**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).

*Ankit Gupta*

Signature of the Employee:

Date : 30/08/17 Place : Meerut

**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]*