

PHARMACY COUNCIL OF INDIA

STANDARD INSPECTION FORM

- PHARM.D
- PHARM.D. and PHARM.D (POST BACCALAUREATE)

General Information pertaining to :-

1. College and **teaching hospital** (Pharmacy Practice site)
2. Courses of Study leading to :-

Pharm.D. course

Name of Institution :KLE University's College of Pharmacy, Bangalore

Place and Address : 2nd Block, Rajajinagar, Bangalore-560010

Principal/Dean: Dr.S.M.Hipparagi

Tel. No. Off. ...080-23325611 Res....080-23723321 Fax080-23425373 Mobile No. :

09448374502.....

email : ...princpharmblr@kleuniversity.edu.in.....

Name and address of Affiliating University : KLE University, JNMC Campus, Nehrunagar,

Belgaum - 590010

Date :

Signature of Dean/Principal

----- This form shall be precisely filled in, verified and signed by the Head/Principal, of the institution and forwarded in triplicate to the Secretary, Pharmacy Council of India. The entries should be as required under the PCI (Pharm.D.) regulations and norms.

Signature of the Head of the Institution

Signature of the Inspectors

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for

- Pharm. D. Programme or
- Pharm.D. and Pharm. D. (Post Baccalaureate) Programmes

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

(SIF-D)

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

A – I .1 Applicant is for Pharm.D. <input type="checkbox"/> Pharm.D. and Pharm.D. (Post Baccalaureate) ✓ <input type="checkbox"/> (Tick the relevant Box)	
A – I .2 Year of Establishment	1992
A – I .3 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	KLE UNIVERSITY'S COLLEGE OF PHARMACY, 2 nd Block, Rajajinagar, Bangalore – 560 010 080 – 23325611 / 23425373 princpharmblr@kleuniversity.edu.in
A – I .4 Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Constituent of Deemed University: KLE University, Belgaum
A – I .5 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	KLE University JNMC Campus, Nehrunagar, Belgaum – 590 010 0831 2444444 0831-2493777 info@kleuniversity.edu.in http://www.kleuniversity.edu.in

Signature of the Head of the Institution

Signature of the Inspectors

<p>A – I .6 Name, Designation and Address of person to be contacted Name Designation Address STD Code Telephone No. Office Residence Mobile No. Fax No. E-Mail</p>	<p>Dr.S.M.Hipparagi Principal KLE University's, College of Pharmacy, 2nd Block, Rajajinagar, Bangalore – 560 010 080-23325611 080-23723321 9448374502 080-23425373 chemsmh@yahoo.co.in prinepharmblr@kleuniversity.edu.in</p>
<p>A – I .7 Name and Address of the Head of the Institution</p>	<p>As above</p>
<p>A – I .8 Name of the Examining Authority Complete Postal address: STD code Telephone No. Fax No. E-mail Website</p>	<p>The Controller of Examinations, KLE University JNMC Campus, Nehrunagar, Belgaum – 590 010 0831 2444444 0831-2493777 info@kleuniversity.edu.in http://www.kleuniversity.edu.in</p>

Signature of the Head of the Institution

Signature of the Inspectors

A – I.9

APPLICATION FOR INSTITUTION SEEKING APPROVAL FOR PHARM. D. OR PHARM. D. AND PHARM.D. (POST BACCALAUREATE) PROGRAMME (Tick appropriate box)

a. DETAILS OF INSPECTION/AFFILIATION FEE PAID

Name of the Course	Affiliation Fee/Inspection fee for/up to the year	D.D. No	Dated
(a) Pharm. D.	2014 – 2015		
(b) Pharm. D. Post Baccalaureate	2014 – 2015		

b. APPROVAL STATUS OF THE INSTITUTION

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVT	UNIVERSITY	Remarks of the Inspectors
D.Pharm.		Approval Letter No. and Date		Not applicable		
		Approved Intake				
		Actually Admitted				
B.Pharm.		Approval Letter No. and Date	17-1/2010-PCI/13180-309 17-08-2010	HFW 131 PTD 2004 28-02-2004	-----	
		Approved Intake	60	60	-----	
		Actually Admitted	27	27	-----	

Note: Enclose relevant documents : Latest PCI approval letter to be enclosed.

A –I. 10

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. 10 a

Status of the Pharmacy Course:

- Independent Building
- Wing of another college
- Separate Campus
- Multi Institutional Campus
- Any Other, please specify

A – I. 10 b

STATUS OF APPLICATION

Course	Intake	Remarks
	Permissible	Proposed Intake
Pharm. D.	30	30
Pharm. D. (P.B)	10	10

Signature of the Head of the Institution

Signature of the Inspectors

B - Details of the Institution

B –I .1 Name of the Principal/Head		Dr. S.M. HIPPARAGI			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	√	15 years in teaching or Research out of which 5 years should be as Professor.	30 Yrs.	
	PhD	√			

* Documentary evidence should be provided : Attach xerox copies of Degree Certificates.

B –I .2

For institution seeking extension of approval

Course	Date of last Inspection	Remarks of the last Inspection Report	Deficiencies rectified / Not rectified	Intake reduced/ Stopped in the last 03 years*
(a) Pharm. D.				
(b) Pharm.D. Post Baccalaureate	N.A.			

* Enclose Documents (write NA if not applicable)

B –I .3

Type of Institution	Government/Trust/Society/Individual/Constituent of University
Details of the Governing Body	√ Enclosed / Not Enclosed
Minutes of the last Governing council Meeting	√ Enclosed / Not Enclosed

B –I .4 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	√ AICTE /UGC/State Government √ Yes / No	√ Yes / No	√ Yes / No	√ Yes / No	

B –I .5 Co – Curricular Activities / Sports Activities

Whether college has NSS Unit (Yes/No)?	YES
NSS Programme Officer's Name	Dr. MAMATHA.A.
Whether students participating in University level cultural activities / Co- curricular/sports activities	√ Yes/ No
Physical Instructor	√ Available / Not available
Sports Ground	Individual / Shared √

Signature of the Head of the Institution

Signature of the Inspectors

C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

C –1.1 Resources and funding agencies (give complete list) -2012-13

C –1.2 Please provide following Information -

Receipts			Expenditure			Remarks of the Inspecto rs
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others		CAPITAL EXPENDITURE			
2.	Tuition Fee	1,23,91,700	1.	Building	-	
3.	Library Fee	1,30,300	2.	Equipment	45,000	
4.	Sports Fee	64,100	3.	Others	3,65,520	
5.	Union Fee		REVENUE EXPENDIUTRE			
6.	Others	1,42,27,454	1	Salary	1,34,21,620	
			2.	MAINTENANCE EXPENDITURE		
				i	College	
				ii	Others	
			3.	University Fee (If any)		
			4.	Apex Bodies Fee	1,15,000	
			5.	Government Fee	-	
			6.	Misc.Expenditure	19,52,646	
			Total		1,58,99,786	

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land for the Pharmacy College : 2.7 acres
 - b. Building : Own/~~Rented/Leased~~
 - c. Land Details to be in the name of Trust and Society
 - i) Own – Records to be enclosed
Sale deed/relevant document : Enclosed/~~Not available~~
 - d. Building:
 - i) Approved Building plan, : Enclosed/~~Not available~~
 - e. Total Built up Area of the college building in Sq.mts : Built up Area
 - f. Amenities and Circulation Area in Sq.mts. : **5418.16 Sq.Mtrs. & 2324,01 Sq.Mtrs.**
2. **Class rooms:**

Total Number of Class rooms available and number provided for Pharm. D. or Pharm.D. and Pharm. D. (Post Baccalaureate) Programme

Class	Required	Available Numbers	Required Area for each Class Room	Available Area in Sq.mts.	Remarks of the Inspectors
D.Pharm./B.Pharm.		3		199.35	
Pharm. D. *	2	2	90 Sq.mts. each (Desirable) 75 Sq.mts. each (Essential)	172.86	
Pharm. D. Post Baccalaureate		1		66.26	

(* To accommodate 30 students for Pharm D and 10 for Pharm. D. Post Baccalaureate)

3. **Laboratory requirement for both Pharm. D. or Pharm.D. and Pharm.D. (Post Baccalaureate) Programme***

Sl. No.	Infrastructure for	Minimum requirement as per Norms	Available No. & Area in Sq.mts.	Remarks of the Inspectors
1	Laboratory Area (8 Labs)	75 Sq.mts. each	804.64	
2	- Pharmaceutics and Pharmacokinetics Lab - Life Science (Pharmacology, Physiology, Pathophysiology) - Phytochemistry or Pharmaceutical Chemistry - Pharmacy Practice	2 2 2 2	214.12 201.15 213.17 176.20	
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)	15.61	

* Yearwise requirement will be considered.

Signature of the Head of the Institution

Signature of the Inspectors

4	Area of the Machine Room	80-100 Sq.mts	80	
5	Central Instrument Room	80 Sq.mts with AC	80	
6	Store Room – I	1 (Area 100 Sq mts)	100	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	20	
8	Hospital with teaching facility – (Please tick)	300 bedded hospital. Tertiary Care Hospital desirable Medicine (Compulsory) (Any three of the below)		
a)	Own <input type="checkbox"/>			
b)	Teaching Hospital approved by MCI* or University <input type="checkbox"/>			
c)	* Govt. Hospital * <input type="checkbox"/>	<ul style="list-style-type: none"> • Surgery • Pediatrics • Gynecology and Obstetrics • Psychiatry • Skin and VD • Orthopedics 		
d)	√Corporate type * <input type="checkbox"/>			
	* Attach a copy of MOU between institution & Hospital.			
9.	Deptt. of Pharmacy Practice/Clinical Pharmacy in Hospital	3 Sq.mts. per student	120	

The Institutions will not be permitted to run the above course in rented/leased building.

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. All the laboratories should be provided with safety measures like fire safety, chemical exposure safety and bio safety.
4. The workbenches should be smooth and easily cleanable preferably made of non-absorbent material.
5. The water taps should be non-leaking and directly installed on sinks Drainage should be efficient.
6. 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
				No.	Area in Sq .mts	
1	Principal's Chamber	01	30 Sq .mts	01	37.29	
2	Office – I – Establishment	01	60 Sq. mts	01	124.24	
3	Office – II – Academics					
4	Confidential Room					

Signature of the Head of the Institution

Signature of the Inspectors

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
				No.	Area in Sq. mts	
1	HODs for Pharm. D. and Post Baccalaureate Programme	Minimum 4	20 Sq mts x 4	4	88.5	
2	Faculty Rooms for Pharm. D. and Pharm.D. Post Baccalaureate Programme		10 Sq mts x n (n=No of teachers)	1	51.3	

6. Museum, Library, Animal House [should have approval of the Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA)] 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
				No.	Area in Sq. mts	
1	Animal House	01	80 Sq. mts	01	80.00	
2	Library	01	150 Sq. mts	01	171.24	
3	Museum	01	50 Sq. mts (May be attached to the Pharmacognosy lab)	01	74.44	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	02	136.08	
5	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	55.98	

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
				No.	Area in Sq. mts	
1	Girl's Common Room (Essential)	01	60 Sq. mts	02	148.37	
2	Boy's Common Room (Essential)	01	60 Sq. mts	01	60.00	
3	Toilet Blocks for Boys	01	24 Sq. mts	01	24.00	
4	Toilet Blocks for Girls	01	24 Sq. mts	01	24.00	
5	Drinking Water facility – Water cooler (Essential).	01	-	05		
6	Boy's Hostel (Desirable)	01	9 Sq. mts/ Room Single occupancy	01	3170.40	
7	Girl's Hostel (Desirable)	01	9 Sq. mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	01	3072.60	
8	Power Backup Provision (Essential)	01		01		

Signature of the Head of the Institution

Signature of the Inspectors

8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room	100 Sq.mts.	01	100	
Computer (Latest configuration)	1 system for every 10 students	70		
Printers	1 printer for every 10 computers	08		
Multi Media Projector	01	06		
Generator (5KVA)	01	01		

9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks of the Inspectors
		No.	Area in Sq. mts		
Principal's quarter	20 Sq. mts			√	
Staff quarters	100 Sq. mts			√	
Canteen	100 Sq. mts	01	50		
Parking Area for staff and students		01			
Bank Extension Counter		01	77		
Co operative Stores		-	-		
Guest House	80 Sq. mts	02	120		
Auditorium		02	136.08		
Seminar Hall		01	61.34		
Transport Facilities for students		1 Bus			
Medical Facility (First Aid)		01	12.56		

10. 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
				Title	No.	
1	Number of books	150	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	1672	10078	
2	Annual addition of books		150 books per year	10	150	
3	Periodicals Hard copies / online		20 National 10 International periodicals		15 National 08 International 93 Online	

Signature of the Head of the Institution

Signature of the Inspectors

4	CDS			187		
5	Internet Browsing Facility		Yes/No (Minimum ten Computers)	Yes		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	03 01 02		
7	Library Automation and Computerized System (desirable) : Partially automated					
8	Library Timings : 9.00 am to 6.00 pm					

10.B. Subject wise Classification of books available :

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmacy Practice	12	148	
2	Human Anatomy & Physiology	129	749	
3	Pharmaceutics (Dispensing & General Pharmacy)	403	2223	
4	Pharmacognosy	117	1199	
5	Pharmaceutical Organic Chemistry	228	1145	
6	Pharmaceutical Inorganic Chemistry	7	23	
7	Pharmaceutical microbiology	35	162	
8	Pathophysiology	20	124	
9	Applied Biochemistry & Clinical Chemistry	38	265	
10	Pharmacology	190	1198	
11	Pharmaceutical Jurisprudence	32	299	
12	Pharmaceutical Dosage Forms	3	5	
13.	Community Pharmacy	3	16	
14.	Clinical Pharmacy	13	119	
15.	Hospital Pharmacy	3	32	
16.	Pharmacotherapeutics	4	6	
17.	Pharmaceutical analysis	6	28	
18.	Medicinal Chemistry	50	250	
19.	Biology	17	82	
20.	Computer Science or Computer Application in pharmacy	2	61	
21	Mathematics/Statistics	7	49	

10.C. Library Staff:

	Staff	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	M. Lib	1	01	
2	Assistant Librarian	B. Lib	1	01	
3	Library Attenders	10 +2 / PUC	2	02	

Signature of the Head of the Institution

Signature of the Inspectors

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

First year Pharm D:

N.A.

Subject 1	No of Theory Classes		Practicals		Tutorials		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Human Anatomy and Physiology	3		3		1			
Pharmaceutics	2		3		1			
Medicinal Biochemistry	3		3		1			
Pharmaceutical Organic Chemistry	3		3		1			
Pharmaceutical Inorganic Chemistry	2		3		1			
Remedial Mathematics/ Biology	3		3**		1			
Total hours	16		18		6 = (40)			

* Write NA if not Applicable

** for Biology

Signature of the Head of the Institution

Signature of the Inspectors

Second Year Pharm D: :

N.A.

Subject 1	No of Theory Classes		Practicals		Tutorials		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Pathophysiology	3		-		1			
Pharmaceutical Microbiology	3		3		1			
Pharmacognosy & Phytopharmaceuticals	3		3		1			
Pharmacology-I	3		-		1			
Community Pharmacy	2		-		1			
Pharmacotherapeutics-I	3		3		1			
Total Hours	17		9		6 = 32			

Signature of the Head of the Institution

Signature of the Inspectors

Third year Pharm D: :

N.A.

Subject 1	No of Theory Classes		Practicals		Tutorials		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Pharmacology-II	3		3		1			
Pharmaceutical Analysis	3		3		1			
Pharmacotherapeutics-II	3		3		1			
Pharmaceutical Jurisprudence	2		-		-			
Medicinal Chemistry	3		3		1			
Pharmaceutical Formulations	2		3		1			
Total hours	16		15		5 = 36			

Signature of the Head of the Institution

Signature of the Inspectors

Fourth year Pharm D: :

N.A.

Subject 1	No of Theory Classes		No. of Hours of Practical/Hospital Posting		Tutorials		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Pharmacotherapeutics-III	3		3		1			
Hospital Pharmacy	2		3		1			
Clinical Pharmacy	3		3		1			
Biostatistics & Research Methodology	2		-		1			
Biopharmaceutics & Pharmacokinetics	3		3		1			
Clinical Toxicology	2		-		1			
Total hours	15		12		6 = 33			

Signature of the Head of the Institution

Signature of the Inspectors

Fifth year Pharm D: :

N.A.

Subject 1	No of Theory Classes		No. of Hours of Hospital Posting *		Seminars		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Clinical Research	3		-		1			
Pharmacoepidemiology and Pharmacoeconomics	3		-		1			
Clinical Pharmacokinetics & Pharmacotherapeutic Drug Monitoring	2		-		1			
Clerkship *	-		-		1			
Project work (Six Months)	-		20		-			
Total hours	8		20		4 = 32			

* Attending ward rounds on daily basis.

11. Work load of Faculty members for Pharm. D. and Pharm.D. Post Baccalaureate :

N.A.

Sl. No	Name of the Faculty	Subjects taught	Pharm. D.		Pharm. D. Post Baccalaureate		Total work load		Remarks of the Inspector
			Th	Pr	Th	Pr			

Signature of the Head of the Institution

Signature of the Inspectors

12. Work load of Faculty members per week for Pharm.D. : N.A.

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

13. Workload of Faculty members per week for Pharm.D. and Pharm.D. (Post Baccalaureate) N.A.

Sl. No	Name of the Faculty	Subjects taught	Pharm.D. and Pharm.D. (Post Baccalaureate)						Total work load	Remarks of the Inspector
			I		II		III			
			Th	Pr	Th	Pr	Th	Pr		

14. Percentage of students qualified in GATE in the last Three Years

Details	Year 2011	Year 2012	Year 2013
No. of Students Appeared	44	12	-
No. of Students Qualified	19	06	-
Percentage	43.18	50	-

15. Whether Professional Society Activities are Conducted (Enclose details)

√
Yes No

Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF.

1. Details of Teaching Faculty available with the institution for teaching for D.Pharm., B.Pharm. and M.Pharm. Courses 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
Copy enclosed								

2. Details of Teaching Faculty exclusively available teaching for Pharm. D. 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
N.A.								

3. Details of Teaching Faculty available for teaching for Pharm. D. and Pharm.D. (Post Baccalaureate) 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			
Copy enclosed									

4. Qualification and number of Staff Members

Qualification					
B. Pharm		M. Pharm		PhD	Others
					Part Time
NIL		23		08	02

Signature of the Head of the Institution

Signature of the Inspectors

5. Staff Pattern for Pharm. D. or Pharm.D. and Pharm. D. (Post Baccalaureate) courses department wise for full duration of course/courses*:::

Professor: Asst. Professor: Lecturer

Department/Division	Name of the post	No. Required	Provided by the institution	Remarks of the Inspectors
Department of Pharmaceutics	Professor	1		
	Asst. Professor	1	01	
	Lecturer	2		
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1		
	Asst. Professor	1	01	
	Lecturer	3		
Department of Pharmacology	Professor	1		
	Asst. Professor	1	01	
	Lecturer	2		
Department of Pharmacognosy	Professor	1		
	Asst. Professor	1		
	Lecturer	1		
Department of Pharmacy Practice	Professor	1	01	
	Asst. Professor	2		
	Lecturer	3		

* Yearwise availability will be assessed.

Signature of the Head of the Institution

Signature of the Inspectors

6. Selection criteria and Recruitment Procedure for Faculty:

a.	Whether Recruitment Committee has been formed	√ Yes / No
b.	Whether Advertisement for vacancy is notified in the Newspapers	√ Yes / No
c.	Whether Demonstration Lecture has been conducted	√ Yes / No
d.	Whether opinion of Recruitment Committee Recorded	√ Yes / No

7. Details of Faculty Retention for:

Name of Faculty Member	Period	Percentage
Prof. Y.D.Satyanarayana & Dr.S.M.Hipparagi, Dr. Purnima Ashok, Dr.G.P.Rajani, Dr.G.S.Prasanna, Dr.H.N.Shivakumar, Dr. Subash Karki	Duration of 15 yrs. And above	30.43%
Dr. Vanitha Somasekhar, Mrs. K.P.Anasuya, Mrs. G.B.Preethi.	Duration of 10 yrs. And above	13.04%
Dr.A.J Rajamma, Dr.Mamatha A, Sujeetkumar	Duration of 5 yrs. And above	13.04%
Mrs. Nandini.P.T., Miss. Ritu B. Pote, Mrs. Resha Lotleker,, Mrs. Shilpa Murthy, Mr.Arun Kumar.S., Mrs. Shilpa Jatti, Miss. Dhanya Poulse, Mr. Shivanand Tatawati, Miss.N.Pallavi, Mr. Dinesh Sarur.	Less than 5 yrs.	43.47%

8. Details of Faculty Turnover

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

9. Number of Non-teaching staff available for Pharm. D. or Pharm.D. and Pharm.D (Post Baccalaureate course) for full duration of course/courses*.

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspectors
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	04	D.Pharm.	
2	Laboratory Assistants or Laboratory Attenders	1 for each Lab (minimum)	SSLC	06	SSLC	
3	Office Superintendent	1	Degree	01	B.A.	
4	Accountant	1	Degree	01	B.A., Tally	
5	Store keeper	1	D.Pharm or a Bachelor degree	01	B.Sc., D.Pharm.	
6	Computer Data Operator	1	BCA or Graduate with Computer Course	01	BCA	

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Signature of the Inspectors

7	Office Staff I	1	Degree	01	B.A.	
8	Office Staff II	2	Degree	02	B.Com.	
9	Peon	2	SSLC	02	SSLC	
10	Cleaning personnel	Adequate	---	02		
11	Gardener	Adequate	---	02		

- Inspectors to verify whether the Non teaching staff requirements for D.Pharm., B.Pharm. and M.Pharm. courses conducted by the institution are complied with or not.

* Yearwise availability will be assessed.

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10. 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					
Copy enclosed																

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

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

14. Gratuity Provided Yes No

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

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

18. Whether Supporting Staff (Technical and Administrative) are encouraged for skill up gradation programs. Yes/ No

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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	√		

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Signature of the Inspectors

PART – VI

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

Sl	Expenditure in Rs. 2010-11			Expenditure in Rs. 2011-12			Expenditure in Rs. 2012-13			Remarks of the Inspectors*
No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	Non Returning	
	25479232	19398268	740669	29325318	18317017	1551970	30659318	16962749	392037	

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

Sl	Expenditure in Rs. 2010-11			Expenditure in Rs. 2011-12			Expenditure in Rs. 2012-13			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals	987000	401347	Chemicals	1020000	561862	Chemicals	1122000	192210	
	Glassware			Glassware			Glassware			

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

Sl	Expenditure in Rs. 2010-11			Expenditure in Rs. 2011-12			Expenditure in Rs. 2012-13			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment	575000	340093	Equipment	810000	725130	Equipment	380000	45000	

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

Sl No.	Expenditure in Rs. 2010-11			Expenditure in Rs. 2011-12			Expenditure in Rs 2012-13			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	700000	302651	Books	700000	260014	Books	400000	938	
2	Journals	150000	61489	Journals	400000	388526	Journals	425000	337999	

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

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Signature of the Inspectors

PART VII – EQUIPMENT AND APPARATUS

Department wise List of Minimum equipments required for Pharm.D. and Pharm.D. Post Baccalaureate

A. DEPARTMENT OF PHARMACOLOGY : I.

Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	15	15	yes	
2	Haemocytometer with Micropipettes	20	20	yes	
3	Sahli's haemocytometer	20	20	yes	
4	Hutchinson's spirometer	01	01	yes	
5	Spygmomanometer	05	05	yes	
6	Stethoscope	05	05	yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	Available		
8	Models for various organs	One model of each organ system	Available		
9	Specimen for various organs and systems	One model for each organ system	Available		
10	Skeleton and bones	One set of skeleton and one spare bone	Available		

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11	Different Contraceptive Devices and Models	One set of each device	Available		
12	Muscle electrodes	01	01	yes	
13	Lucas moist chamber	01	01	yes	
14	Myographic lever	01	01	yes	
15	Stimulator	01	01	yes	
16	Centrifuge	01	01	yes	
17	Digital Balance	01	01	yes	
18	Physical /Chemical Balance	01	01	yes	
19	Sherrington's Kymograph Machine or Polyrite	10	10	yes	
20	Sherrington Drum	10	10	yes	
21	Perspex bath assembly (single unit)	10	10	yes	
22	Aerators	10	10	yes	
23	Computer with LCD	01	01	yes	
24	Software packages for experiment	01	01	yes	
25	Standard graphs of various drugs	Adequate number	Available		
26	Actophotometer	01	01	yes	
27	Rotarod	01	01	yes	
28	Pole climbing apparatus	01	01	yes	
29	Analgesiometer (Eddy's hot plate and radiant heat methods)	01	01	yes	
30	Convulsiometer	01	01	yes	
31	Plethysmograph	01	01	yes	
32	Digital pH meter	01	01	yes	

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Signature of the Inspectors

II. Apparatus:

S.No	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Folin-Wu tubes	60	60	yes	
2	Dissection Tray and Boards	10	10	yes	
3	Haemostatic artery forceps	10	10	yes	
4	Hypodermic syringes and needles of size 15,24,26G	10	10	yes	
5	Levers, cannulae	20	20	yes	

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

B. DEPARTMENT OF PHARMACOGNOSY :

I. Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	15	15	yes	
2	Digital Balance	02	02	yes	
3	Autoclave	02	02	yes	
4	Hot air oven	02	02	yes	
5	B.O.D.incubator	01	01	yes	
6	Refrigerator	01	01	yes	
7	Laminar air flow	01	01	yes	
8	Colony counter	02	02	yes	
9	Zone reader	01	01	yes	
10	Digital pH meter	01	01	yes	
11	Sterility testing unit	01	01	yes	
12	Camera Lucida	15	15	yes	
13	Eye piece micrometer	15	15	yes	
14	Incinerator	01	01	yes	
15	Moisture balance	01	01	yes	

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16	Heating mantle	15	15	yes	
17	Flourimeter	01	01	yes	
18	Vacuum pump	02	02	yes	
19	Micropipettes (Single and multi channeled)	02	02	yes	
20	Micro Centrifuge	01	01	yes	
21	Projection Microscope	01	01	yes	

II. Apparatus:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Reflux flask with condenser	20	20	yes	
2	Water bath	20	20	yes	
3	Clavengers apparatus	10	10	yes	
4	Soxhlet apparatus	10	10	yes	
6	TLC chamber and sprayer	10	10	yes	
7	Distillation unit	01	01	yes	

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

C. DEPARTMENT OF PHARMACEUTICAL CHEMISTRY : I.

Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Hot plates	05	05	yes	
2	Oven	03	03	yes	
3	Refrigerator	01	01	yes	
4	Analytical Balances for demonstration	05	05	yes	

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5	Digital balance 10mg sensitivity	10	10	yes	
6	Digital Balance (1mg sensitivity)	01	01	yes	
7	Suction pumps	06	06	yes	
8	Muffle Furnace	01	01	yes	
9	Mechanical Stirrers	10	10	yes	
10	Magnetic Stirrers with Thermostat	10	10	yes	
11	Vacuum Pump	01	01	yes	
12	Digital pH meter	01	01	yes	
13	Microwave Oven	02	02	yes	

II. Apparatus:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02	02	yes	
2	Reflux flask and condenser single necked	20	20	yes	
3	Reflux flask and condenser double/ triple necked	20	20	yes	
4	Burettes	40	40	yes	
5	Arsenic Limit Test Apparatus	20	20	yes	
6	Nessler's Cylinders	40	40	yes	

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

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D. DEPARTMENT OF PHARMACEUTICS :**I. Equipment:**

S.No	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Mechanical stirrers	10	10	yes	
2	Homogenizer	05	05	yes	
3	Digital balance	05	05	yes	
4	Microscopes	05	05	yes	
5	Stage and eye piece micrometers	05	05	yes	
6	Brookfield's viscometer	01	01	yes	
7	Tray dryer	01	01	yes	
8	Ball mill	01	01	yes	
9	Sieve shaker with sieve set	01	01	yes	
10	Double cone blender	01	01	yes	
11	Propeller type mechanical agitator	05	05	yes	
12	Autoclave	01	01	yes	
13	Steam distillation still	01	01	yes	
14	Vacuum Pump	01	01	yes	
15	Standard sieves, sieve no. 8, 10, 12, 22, 24, 44, 66, 80	10 sets	10 sets	yes	
16	Tablet punching machine	01	01	yes	
17	Capsule filling machine	01	01	yes	
18	Ampoule washing machine	01	01	yes	
19	Ampoule filling and sealing machine	01	01	yes	
20	Tablet disintegration test apparatus IP	01	01	yes	
21	Tablet dissolution test apparatus IP	01	01	yes	
22	Monsanto's hardness tester	01	01	yes	
23	Pfizer type hardness tester	01	01	yes	

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24	Friability test apparatus	01	01	yes	
25	Clarity test apparatus	01	01	yes	
26	Ointment filling machine	01	01	yes	
27	Collapsible tube crimping machine	01	01	yes	
28	Tablet coating pan	01	01	yes	
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH 10	10	yes	
30	Digital pH meter	01	01	yes	
31	All purpose equipment with all accessories	01	01	yes	
32	Aseptic Cabinet	01	01	yes	
33	BOD Incubator	02	02	yes	
34	Bottle washing Machine	01	01	yes	
35	Bottle Sealing Machine	01	01	yes	
36	Bulk Density Apparatus	02	02	yes	
37	Conical Percolator (glass/copper/ stainless steel)	10	10	yes	
38	Capsule Counter	02	02	yes	
39	Energy meter	02	02	yes	
40	Hot Plate	02	02	yes	
41	Humidity Control Oven	01	01	yes	
42	Liquid Filling Machine	01	01	yes	
43	Mechanical stirrer with speed regulator	02	02	yes	
44	Precision Melting point Apparatus	01	01	yes	
45	Distillation Unit	01	01	yes	

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II. Apparatus:

S.No	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	15	15	yes	
2	Stalagmometer	15	15	yes	
3	Desiccator*	05	05	yes	
4	Suppository moulds	20	20	yes	
5	Buchner Funnels (Small, medium, large)	05 each	15	yes	
6	Filtration assembly	01	01	yes	
7	Permeability Cups	05	05	yes	
8	Andreason's Pipette	03	03	yes	
9	Lipstick moulds	10	10	yes	

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

E. DEPARTMENT OF PHARMACEUTICAL BIOTECHNOLOGY:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Orbital shaker incubator	01	01	yes	
2	Lyophilizer (Desirable)	01	01	yes	
3	Gel Electrophoresis (Vertical and Horizontal)	01	01	yes	
4	Phase contrast/Trinocular Microscope	01	01	yes	
5	Refrigerated Centrifuge	01	01	yes	
6	Fermenters of different capacity (Desirable)	01	01	yes	
7	Tissue culture station	01	01	yes	
8	Laminar airflow unit	01	01	yes	
9	Diagnostic kits to identify infectious agents	01	01	yes	

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10	Rheometer	01	01	yes	
11	Viscometer	01	01	yes	
12	Micropipettes (single and multi channeled)	01 each	02	yes	
13	Sonicator	01	01	yes	
14	Respinometer	01	01	yes	
15	BOD Incubator	01	01	yes	
16	Paper Electrophoresis Unit	01	01	yes	
17	Micro Centrifuge	01	01	yes	
18	Incubator water bath	01	01	yes	
19	Autoclave	01	01	yes	
20	Refrigerator	01	01	yes	
21	Filtration Assembly	01	01	yes	
22	Digital pH meter	01	01	yes	

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and de partment.

F. DEPARTMENT OF PHARMACY PRACTICE :

Equipment:

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

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8	Filling Machine	1	01	yes	
9	Sealing Machine	1	01	yes	
10	Autoclave sterilizer	1	01	yes	
11	Membrane filter	1 Unit	One unit	yes	
12	Sintered glass funnel with complete filtering assemble	Adequate	Adequate	yes	
13	Small disposable membrane filter for IV admixture filtration	Adequate	Adequate	yes	
14	Laminar air flow bench	1	01	yes	
15	Vacuum pump	1	01	yes	
16	Oven	1	01	yes	
17	Surgical dressing	Adequate	Adequate		
18	Incubator	1	01	yes	
19	PH meter	1	01	yes	
20	Disintegration test apparatus	1	01	yes	
21	Hardness tester	1	01	yes	
22	Centrifuge	1	01	yes	
23	Magnetic stirrer	1	01	yes	
24	Thermostatic bath	1	01	yes	

NOTE:

1. Computers and Internet connection (Broadband), six computers for students with internet and staff computers as required.
2. Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and the department.

G. CENTRAL INSTRUMENTATION ROOM:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01	01	yes	
2	Digital pH meter	01	01	yes	
3	UV- Visible Spectrophotometer	01	01	yes	

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4	Flourimeter	01	01	yes	
5	Digital Balance (1mg sensitivity)	01	01	yes	
6	Nephelo Turbidity meter	01	01	yes	
7	Flame Photometer	01	01	yes	
8	Potentiometer	01	01	yes	
9	Conductivity meter	01	01	yes	
10	Fourier Transform Infra Red Spectrometer (Desirable)	01	01	yes	
11	HPLC	01	01	yes	
12	HPTLC (Desirable)	01	--		
13	Atomic Absorption and Emission spectrophotometer (Desirable)	01	--		
14	Biochemistry Analyzer (Desirable)	01	01	yes	
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01	--		
16	Deep Freezer (Desirable)	01	01	yes	
17	Ion- Exchanger	01	01	yes	
18	Lyophilizer (Desirable)	01	--		

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Signature of the Inspectors

H. Hospital Requirements for running Pharm D or Pharm.D. and Pharm.D. (Post Baccalaureate) courses :-

Hospital Details

S.No.	Name/ Infrastructure	Minimum required Nos.	Provided	Remarks of the Inspectors
1	Hospital* with teaching facility Minimum 300 bedded Hospital	<u>Nature of Hospital</u> - Own - Teaching hospital recognised by MCI or University - Govt. Hospital not below the level of district Hospital - Corporate Hospital √	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2	Place for Pharmacy Practice Department ⁺	Minimum carpet area of 3 sq.mts. per student along with consent to provide the professional manpower to support the programme.	Provided	
3	Available specialties ⁺⁺	Medicine (Compulsory) √ (Any three of the following) ▪ Surgery√ ▪ Pediatrics√ ▪ Gynecology and Obstetrics√ ▪ Psychiatry ▪ Skin and VD ▪ Orthopedics√	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4	Location of the Hospital Give details.	Within the same limits of Corporation or Municipality or Campus with Medical Faculty involvement as adjunct faculty	Within the same limits of Corporation	

* Approval letter of the Hospital Authority to be annexed alongwith MOU.

⁺ Inspectors are required to personally verify the space provided at the hospital and meet the hospital administrators for interaction.

⁺⁺ to be certified by the Dean/Director/Medical Supdt. of the hospital.

Signature of the Head of the Institution

Signature of the Inspectors

Unit wise Medical Staff:

Unit _____

Bed strength _____

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	UG/PG QUALIFICATION			Experience Date wise teaching/Professional experience with designation & Institution					
				Subject with Year of passing	Institution	University	Designation	Institution	From	To	Period	

Signature of the Head of the Institution

Signature of the Inspectors

Signature of the Head of the Institution

Signature of the Inspectors

V. Dialysis

- No. of beds
- Equipment
- Average bed occupancy

Specialty clinics and services being provided by the department.

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Details for Pharm.D. student and faculty.

A. Accommodation

Faculty	Area in Sq. mtr.
Pharmacy Practice Area	120
Dispensary	
Drug Information Centre	
Computer/Internet facility	

B. Library – Departmental Library standard text and references Indexing and Abstracting services for DI services should be included as separate annexure.

C. Pharmacy Practice staff details at the hospital –

Name	Qualification	Signature of Faculty
Dr.G.P.Rajani	M.Pharm., Ph.D.	

STANDARD INSPECTION FORM (Pharm.D.)**TEACHING PROGRAMME/INTERNSHIP PROGRAMME.**

1. Prescribed mode of admission to Scheduled Pharm.D. Course.
2. Academic Activities, please mention the frequency with which each activity is held.

- Case presentation.
- Journal Club.
- Seminar
- Subject Review
- ADR meeting
- Lectures (separately held for Pharm.D students)
- Guest lectures
- Video film
- Others.

3. Log book of Pharm.D. students: Maintained/ Not maintained.

4. Whether Pharm.D. students participate in bedside counselling or not ?

Summary of Inspection report – (check list) to be completed by the Inspector.

Date of inspection:-

Name of Inspector:-

1	Name of the institution	Name and other particulars of Institution (Principal/Head)	
	KLE University,s College of Pharmacy, Bangalore	Dr.S.M.Hipparagi, M.Pharm., Ph.D.	Qualification detail.
			30 yrs Experience: Adequate/Inadequate
			Age 56yrs

Signature of the Head of the Institution

Signature of the Inspectors

	Name of the institution	Name and other particulars of Institution (Principal/Head)			
2	KLE University,s College of Pharmacy, Bangalore	Dr.S.M.Hipparagi, M.Pharm., Ph.D.	Qualification detail.		
			Experience: 30 yrs Adequate/Inadequate		
			Age: 56yrs		
3	Date of last inspection of the institution :				
	Number of admission at B.Pharm.	27			
	Staff position for B.Pharm.	Sufficient/Insufficient			
	Other deficiency, if any	Yes/No			
4	Total Teachers in the Pharmacy Practice Department (with requisite qualifications & Experience				
	Designation	Number	Name	Total Experience	
	Professors	01	Dr.G.P.Rajani	21 yrs	
	Asst. Professors	03	Mrs.Shilpa Murthy	08 yrs	
			rrRMmmsMsMs. Resha	05 yrs	
			Mr.Shivanand Tatawati	02 yrs	
Lecturers					
<ul style="list-style-type: none"> - All teachers should be physically identified. - Detailed proforma (with photograph affixed) in respect of every teacher must be obtained signed by the concerned teacher, HOD and Head of institution - To ensure that staff is full time, paid and not working in any other institution simultaneously. 					
5	Requisite important information of the Hospital				
	Number of department in the Hospital				
	Teaching complement in each Dept.		Full/Partial		
	Total number of beds Dept. wise				
	Instruments and other expected facilities		Adequate/Inadequate		
	Bed side teaching		Yes/No		
	Laboratory Technician		Number and Names		
	Department Research Laboratory		Yes/No		
	Departmental Library – Book/Journals		Adequate/Inadequate		
	Central Library – Books/Journals pertaining to the department				
	6	Space for Pharmacy Practice Department at the Hospital		Adequate/Inadequate	
		Indoor wards(Units/Department) & OPD space		Adequate/Inadequate	
		Offices for Faculty members		Adequate/Inadequate	
		Class Rooms and seminar rooms		Adequate/Inadequate	
		Dept. Library in the hospital supporting Drug Information			
		Clinical Material		Adequate/Inadequate	
7	Clinical Material		Adequate/Inadequate		
8	No of publications from the department during 3 years				
9	Examination conduct		As per norms of PCI/Not as per norms of PCI		
	Standard of Examination		Satisfactory/Not satisfactory		

Signature of the Head of the Institution

Signature of the Inspectors

10	Year-wise number of Pharm.D students admitted and available staff during the last 5 years	Year	No. of Pharm.D students admitted	No. of staff available
	2008			
	2009			
	2010			
	2011			
	2012			
11	Other relevant facilities in the Institution			

12. **Specific remarks if any by the Inspector:** (No recommendations regarding permission/recognition be made) Give factual position only).

available.

Compliance of deficiencies reflected in last Inspection Report

N.A

Specific observations if not rectified

N.A

Observation of the Inspectors:

1.

Signature of Inspectors:

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

Name of the College : _

Date of Inspection : _

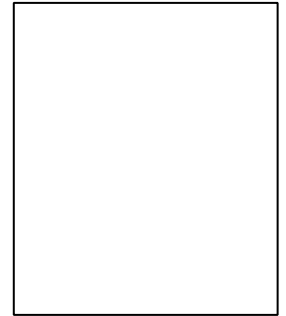
STAFF DECLARATION

1.(a) Name.....

1.(b) Date of Birth & Age Photograph

1.(c) Recent Passport size photo of the Employee
Signed by Dean / Principal of the college.

1.(d) Submit Photo ID proof issued by Govt. Authorities :



**Photo ID submitted :Passport copy / Driving Licence / PAN Card / Voter ID/MCI Smart ID Card/State
Pharmacy Council ID.**

Number Issued by Photograph

Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.

1.(e) i. Present Designation: _

1.(e)(i)a Certified copies of present appointment order at present institute attached.

1.(e)ii. Department_

1.(e) iii. College: _

1.(e) iv. City: _

1.(e) v. Nature of appointment: Permanent / Temporary / Adhoc / Honorary / Part-time

1.(e) vi. Whether belongs to : SC / ST / OBC / Ex-service / Others.

1.(f) Residential Address of employee :

1.(g) **Copy of Passport /Voter Card / Ration Card / Electricity Bill / Driving License Attached as a proof of residence.**

1.(h) Phone & Fax Number With Code: Office: ____ _ Residence: ____ _

E-mail address: ____ _

Mobile Number : ____ _

1.(i) Date of joining present institution : ____ _ as _

Signature of the Head of the Institution

Signature of the Inspectors

1.(i)a Joining report at the present institute attached.

2. Qualifications :

Qualification	College & Univ.	Year	Registration No. with SPC	Name of the State Pharmacy Council
B.Pharm				
M.Pharm				
Ph.D.				

2.(a) **Copies of Degree certificates of UG and PG/and Ph.D. degree attached.**

2.(b) **Copies of valid State Pharmacy Council Registration Certificate to be attached.**

3. Details of the previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Lecturer					
Assistant Professor					
Associate Professor					
Professor					

4.(a) Before joining present institution I was working at _ _ _ _ _ as
 - _ _ _ _ _ and relieved on _ _ _ _ _ after resigning / retiring (**Relie**

4.(b) I am not working anywhere else in the State or outside the State in any capacity full-time / part-time.

Signature of the Head of the Institution

Signature of the Inspectors

5. Number of Research publications in Journals during the last 3 (Three) academic years :
- 5.(a) International Journals: _
- 5.(b) National Journals: _
- 5.(c) State/Other Journals: _
6. Number of Research Projects on hand: _
- 7.(a) I am having PAN Card and my PAN No. is _ / I am not having PAN Card.
- 7.(b) I have drawn total emoluments from this college as under:-

	Amount Received	TDS
July, 2008		
August, 2008		
September, 2008		
October, 2008		
November, 2008		
December, 2008		
January, 2009		
February, 2009		
March, 2009		
April, 2009		
May, 2009		
June, 2009		

7.(c) (Copy of my PAN & Form 16 (TDS certificate) for financial year _ are attached)

Declaration

1. I have not worked at any other Pharmacy college/Industry or presented myself at any inspection from October 2007 onwards till date.
2. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted alongwith the declaration form, by the undersigned are absolutely true, correct and authentic. 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 Pharmacy Register).

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.

I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents as submitted by the teacher to the institute and with the concerned institute and have found them to be correct and authentic.

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.

Date:

Place:

Countersigned
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Remarks

S.No	Documents	Submitted
1.(c)	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	Yes / No
1.(d)	Photo ID proof issued by Govt. Authorities : Passport / Driving Licence / PAN Card / Voter ID/PCI Smart ID Card/State Pharmacy Council ID	Yes / No
1.(e)(i)a	Certified copies of present appointment order at present institute.	Yes/No
1.(g)	Copy of Passport /Voter Card / Ration Card / Electricity Bill / Driving License Attached as a proof of residence.	Yes / No
1.(i)a	Joining report at the present institute.	Yes/No
2.	Copies of Degree certificates B.Pharm./M.Pharm./Ph.D.	Yes / No
3.	Copy of experience certificate for all teaching appointments held before joining present institute.	Yes / No
4.(a)	Relieving order from the previous institution.	Yes / No
7.(a)	PAN Card	Yes / No
7.(c)	Form 16 (TDS certificate) for financial year 2006-2007	Yes / No

Signed by the Teacher :**Countersigned by Dean / Principal.****Date :****Date :****Signed by the Inspector :****Date : NOTE :**

1. The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed / attached with the Declaration Form.

2. The person will not be counted as a teachers if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card are not produced for verification at the time of inspection.

Signature of the Head of the Institution

Signature of the Inspectors

10.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
									PT	TDS	EPF					
01.	Dr.S.M.Hipparagi	M.Pharm. Ph.D.	Principal & Professor	22400	17696	2464	200	10000	20 0	200 0	780	8418101 0 81153	AAJPH 3726R	KN/9057/62	52760	
02.	Prof.Y.D. Satyanarayana	M.Pharm.	Vice-Principal & Professor	24400	19276	2684	200	10000	20 0	100 0	780	8418101 080432	ADOPS 6122J	KN/9057/05	56560	
03.	Dr.Purnima Ashok	M.Pharm. Ph.D.	Professor	21400	16906	2354	200	10000	20 0	150 0	780	8418101 0 80436	AEBPA 0027Q	KN/9057/55	50860	
04.	Dr. G.P. RAjani	M.Pharm. Ph.D.	Professor	19100	15089	2101	200	10000	20 0	150 0	780	8418101 0 80435	ABBPR 9832R	KN/9057/37	46490	
05.	Dr.H.N.Shivakumar	M.Pharm. Ph.D.	Professor	21900	17301	2409	200	10000	20 0	200 0	780	8418101 080441	AEFPS 2962G	KN/9057/148	51810	
06.	Dr.S.S.Karki	M.Pharm. Ph.D.	Professor	20900	16511	2299	200	10000	20 0	150 0	780	8418101 080439	ACIPK 5279P	KN/9057/42	49910	
07.	Dr.Vanita Somasekhar	M.Pharm. Ph.D.	Professor	19550	15445	2151	200	10000	20 0	200 0	780	8418101 081909	ADOPS 6106J	KN/9057/90	47346	
08.	Dr.G.S.Prasanna	M.Pharm. Ph.D.	Professor	17300	13667	1903	200	8000	20 0	150 0	780	8418101 080437	ABVPP 2621C	KN/9057/39	41070	
09.	Smt. K. Anasuya Patil	M.Pharm.	Assistant Professor	13680	10807	1505	200	-	20 0	-	780	8418101 081723	AQJPP0 252A	KN/9057/81	26192	
10.	Smt. G.B. Preethi	M.Pharm.	Assistant Professor	13260	10475	1459	200	6000	20 0	500	780	8418101 0 81686	AJGPB 4112P	KN/9057/82	31394	
11.	Dr.Rajamma.A.J.	M.Pharm. Ph.D.	Associate Professor	16400	12956	1804	200	-	20 0	200	780	8418101 081961	AKQPR 8720C	KN/9057/98	31360	
12.	Dr.Mamatha.A.	M.Pharm. Ph.D.	Assistant Professor	14100	11139	1551	200	-	20 0	-	780	8418101 082506	ALXPM 7135J	KN/9057/105	26990	
13.	Sri Sujeet Kumar	M.Pharm.	Assistant Professor	12000	9480	1320	200	-	20 0	-	780	8418101 083009	BBNPK 4799M	KN/9057/131	23000	

14.	Mrs. Nandini.P.T.	M.Pharm.	Assistant Professor	10650	8414	1172	200	-	200	-	780	8418101083847	-	KN/9057/145	20436	
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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
15.	Miss. Ritu B.Pote	M.Pharm.	Assistant Professor	10325	8157	1136	200	-	200	-	780	8418101084670	-	KN/9057/152	19818	
16.	Mrs. Resha Lotlekar	M.Pharm.	Assistant Professor	10325	8157	1136	200	-	200	-	780	8418101083636	ACYPL 2832P	KN/9057/141	19818	
17.	Shilpa Ritish	M.Pharm.	Assistant Professor	19000	-	-	-	-	-	-	-	-	-	-	19000	
18.	Mr. Arun Kumar S.	M.Pharm.	Assistant Professor	19000	-	-	-	-	-	-	-	-	-	-	19000	
19.	Mrs. Shilpa Jatti	M.Pharm.	Assistant Professor	19000	-	-	-	-	-	-	-	-	-	-	19000	
20.	Dinesh Sarur	M.Pharm.	Assistant Professor	19000	-	-	-	-	-	-	-	-	-	-	19000	
21.	Mr. Shivanand Tatawati	M.Pharm.	Assistant Professor	19000	-	-	-	-	-	-	-	-	-	-	19000	
22.	Miss. Dhanya Poulse	M.Pharm.	Assistant Professor	19000	-	-	-	-	-	-	-	-	-	-	19000	
23.	Miss. N.Pallavi	M.Pharm.	Assistant Professor	19000	-	-	-	-	-	-	-	-	-	-	19000	

3. Details of Teaching Faculty available for teaching for Pharm. D. and Pharm.D. (Post Bacallaureate) Course to be enclosed in the format mentioned below:

SI 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			
01	Dr. G.P. Rajani	Professor	M.Pharm. Ph.D.	12-11-1992	21 Yrs.	6 Yrs.			
02	Mrs.Shilpa Murthy	Asst.professor	M.Pharm.	10-07-2013	08 Yrs.	-			
03	Mrs.Resha L	Asst.Professor	M.Pharm.	03-03-2010	03 Yrs.	-			
04	Mr. Shivanand Tatawati	Asst. Professor	M.Pharm.	10-07-2013	02 Yrs.	-			

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

Sl. No.	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors
01	Mr. C.S. Kanade	Office Superintendent	B.A.	02-09-1985	28 Years		
02	Mr. C.B. Rendale	FDC	B.A., DCA, Tally	02-11-1992	21 Years		
03	Mrs. Suvarna.S.	SDC	B.A. DCA	05-09-2011	2 Years		
04.	Mrs. Swetha Harobedi	Lbirarian	MLISC	06-11-2012	02 Years		
05.	Mr. I.S. Jatti	Store Keeper	B.Sc., D.Pharm.	01-09-2007	36 Years		
06.	Mr. J.N. Biradar	Lab Technician	M.Sc., MBA, D.Pharm.	05-08-1997	16 Years		
07.	Mr. S.S. Shirole	Lab Technician	B.Sc.,	01-07-2002	11 Years		
08.	Mr. C.R. Jayavibhava	Lab Technician	B.Sc.,	01-09-2003	10 Years		
09.	Mr. Parashuram Hakare	Lab Technician	B.Sc., in MLT	11-09-2006	07 Years		
10.	Mr. C.B.Somareddy	Peon	SSLC	16-07-1984	29 Years		
11.	Mr. B.N.Gurun Gowder	Peon	VIII Std.	04-06-1984	29 Years		
12.	Mr. S.S.Magudum	Peon	PUC	21-12-1989	24 Years		
13.	Mr. R.S. Ghali	Peon	PUC	24-07-1995	18 Years		

14.	Mr. R.B.Gayakwad	Peon	IX Std.	02-05-1997	16 Years		
15.	Mr. S.B. Aksharad	Peon	SSLC	12-07-2000	13 Years		

Sl. No.	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors
16.	Mr. Maruthi. B. Dhonwade	Peon	SSLC	01-06-2002	11 Years		
17.	Mr. B.S. Desai	Peon	SSLC	28-01-2003	10 Years		
18.	Mr. Ashok V. Sholapure	Peon	PUC	28-01-2003	10 Years		
19.	Mr. Umesh Chougale	Peon	SSLC	27-06-2010	03 Years		
20.	Mr. Saddam N. Jamadar	Peon	SSLC	01-02-2012	02 Years		
21.	Mr. Manjunath.S. Koth	Peon	SSLC	18-06-2009	04 Years		
22.	Mr. Sadashiva Mane	Peon	-	19-08-2011	02 Years		
23.	Mr. Sunil Pawar	Peon	Diploma in JOC	02-02-2013	01 Year		
24.	Smt. Sumangala Soudatti	Sweeper	VIII Std.	11-09-2002	11 Years		
25.	Smt. Sushilamma	Sweeper	SSLC	26-05-2006	07 Years		
26.	Smt. Sharada. R.	FDA	B.Com.	21-01-2006	07 Years		
27.	Smt. Shivagangamma	SDA	B.A.	01-01-2004	09 Years		