

PHARMACY COUNCIL OF INDIA
Standard Inspection Form-E (SIF-E) for M.Pharm course
(To be submitted to PCI by an authority seeking approval)

(SIF-E)

To be filled up by inspectors

- a) **Name of the Inspectors:**
(Block letters)
1. _____
2. _____
- b) **Date of Inspection:**

PART – I

A - DETAILS OF APPLICATION

A – 1.1 Application is for -

<ul style="list-style-type: none">• Permission to start M.Pharm course.• First time approval u/s 12.• Extension of approval.• Increase in intake upto 15 seats.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p>Please tick (✓) the relevant box.</p>
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PART – II

B - GENERAL INFORMATION

To be filled by institution

B – 1.1

Name of the Institution:

Complete postal address:	Amrapali Township, Petlad- Khambhat Road, Dharmaj-388430, Taluka: Petlad, Dist: Anand, Gujarat STD Code: 02697 T.No.245808 Fax No. : 245808 E.Mail: ddpc@rediffmail.com Website: www.ipcprc.org
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B – 1.1 a) Whether the Jan Aushadhi Medical Store has been opened by your institution	Yes / No (Please tick (✓) the relevant portion)
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<p>B – 1.2 - Course conducting body:</p> <ul style="list-style-type: none"> • Status - Central Govt. <input type="checkbox"/> - State Govt. <input type="checkbox"/> - Union Territory <input type="checkbox"/> - Autonomous body <input type="checkbox"/> - Society <input type="checkbox"/> - Trust <input type="checkbox"/> 	<p>Please tick (✓) the relevant box.</p>
<p>B – 1.3 Name of the Society/Trust/ Management</p> <p>Complete postal address:</p>	<p><u>Sanskriti Sanraksha Charitable Trust</u></p> <p><u>Amrapali Township, Petlad- Khambhat Road, Dharmaj-388430,</u> <u>Taluka: Petlad, Dist: Anand, Gujarat</u></p> <p>STD Code: <u>02697</u> T.No. : <u>245808</u></p> <p>Fax No. : <u>245808</u></p> <p>E.Mail: <u>ddpc@rediffmail.com</u></p> <p>Website : <u>www.ssctrust.com</u></p>
<p>B – 1.4 Name of the Examining Authority</p> <p>Complete postal address:</p>	<p><u>Gujarat Technological University</u></p> <p><u>Nr. Vishwakarma Engineering College,</u> <u>Nr. Visat Three Road, Chandkheda, Ahmedabad</u></p> <p>STD Code: <u>079</u> T.No. : <u>23267521</u></p> <p>Fax No. : <u>23267564</u></p> <p>E.Mail: <u>info@gtu.ac.in</u></p> <p>Website : <u>www.gtu.ac.in</u></p>
<p>B – 1.5 Other courses run by the institution</p> <ul style="list-style-type: none"> - D.Pharm - B.Pharm - Pharm.D. 	<p><u>Approval status</u></p> <p>_____</p> <p>_____</p> <p>_____</p>

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

PART- III
PHYSICAL INFRASTRUCTURE

1. Accommodation

- a. Availability of land for the pharmacy college : _____ 3.92 _____ acres
- b. Building : **Own/ Leased/Rented**
(enclose documentary evidence as Annexure-A)
- c. Built up Area of the college building : _____ 5598 _____ Sq.m.

2. Class rooms

Name of the course	No. Required	No. Available	Area required for each class room (Sq.m.)	Available (Sq.m.)	Remarks of the Inspectors
B.Pharm	4	4	75 (essential) 90 (desirable)	384	
M.Pharm Specialization -					
Pharmaceutics	1	1	36	40	
Industrial Pharmacy	1	NA	36	NA	
Pharmaceutical Technology	1	NA	36	NA	
Pharmaceutical Chemistry	1	NA	36	NA	
Pharmaceutical Analysis	1	NA	36	NA	
Pharmaceutical Quality Assurance	1	1	36	40	
Regulatory Affairs	1	NA	36	NA	
Pharmaceutical Biotechnology	1	NA	36	NA	
Pharmacy Practice	1	NA	36	NA	
Pharmacology	1	NA	36	NA	
Pharmacognosy	1	NA	36	NA	
Phytopharmacy and Phytomedicine	1	NA	36	NA	

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3. Laboratory

Name of the course	No. Required	No. Available	Area required for each laboratory (Sq.m.)	Available (Sq.m.)	Remarks of the Inspectors
B.Pharm -					
Pharmaceutics Lab.	2	2	75 (essential) 90 (desirable)	96*2	
Pharmaceutical Chemistry Lab.	2	2	75 (essential) 90 (desirable)	96*2	
Pharmaceutical Analysis Lab.	1	1	75 (essential) 90 (desirable)	96	
Pharmacology Lab.	2	2	75 (essential) 90 (desirable)	96*2	
Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Lab.	1	1	75 (essential) 90 (desirable)	144	
M.Pharm Specialization -					
Pharmaceutics	1	1	75 each	96	
Industrial Pharmacy	1	NA	75 each	NA	
Pharmaceutical Technology	1	NA	75 each	NA	
Pharmaceutical Chemistry	1	NA	75 each	NA	
Pharmaceutical Analysis	1	NA	75 each	NA	
Pharmaceutical Quality Assurance	1	1	75 each	96	
Regulatory Affairs	1	NA	75 each	NA	
Pharmaceutical Biotechnology	1	NA	75 each	NA	
Pharmacy Practice	1	NA	75 each	NA	
Pharmacology	1	NA	75 each	NA	
Pharmacognosy	1	NA	75 each	NA	
Phytopharmacy and Phytomedicine	1	NA	75 each	NA	

Preparation room with minimum 10 sq.m. with each lab. is required.

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4. Other Facilities

Facility for B.Pharm and M.Pharm	No. Required	No. Available	Area required (Sq.m.)	Available (Sq.m.)	Remarks of the Inspectors
Machine Room	1	1	80 - 100	112	
Central Instrumentation Room	1	1	80	80	
Store Room-I	1	1	100	100	
Store Room-II	1	1	20	20	
Animal House		1	80	90	
Library		1	150	192	
Museum		1	50	75	
Auditorium / Multi Purpose Hall (Desirable) 250-300 seating capacity				00	
Seminar Hall		1		132	
Herbal Garden (Desirable)		1		150	
Computer (Latest Configuration) With Internet Browsing Facility	1 system for every 6 students (for M.Pharm course) 1 system for every 10 students (for B.Pharm course)	YES		YES	
Printers	1 Printer for every 6 computers (for M.Pharm course) 1 Printer for every 10 computers (for B.Pharm course)	YES		YES	
Multi Media Projector	3 (1 for B.Pharm course, 1 for M.Pharm course and 1 for Library)	3		3	
Generator (5KVA)	01	01		5KVA	
Girl's Common Room (Essential)	01	01	20	94.25	
Boy's Common Room	01	01	10	86	
Toilet Blocks for Boys	01	01		90	

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Facility for B.Pharm and M.Pharm	No. Required	No. Available	Area required (Sq.m.)	Available (Sq.m.)	Remarks of the Inspectors
Toilet Blocks for Girls	1	1		40	
Drinking Water facility – Water Cooler	1	YES		10	
Boy's Hostel (Desirable)	1	1		120 capacity	
Girl's Hostel (Desirable)	1	1		120 capacity	
Power Backup Provision	1	YES		5 KVA	

5. Administrative Area for B.Pharm and M.Pharm

Facility for B.Pharm and M.Pharm	No. Required	No. Available	Area required (Sq.m.)	Available (Sq.m.)	Remarks of the Inspectors
Principal's Chamber	1	1	75 (essential) 90 (desirable)	75	
Office – I - Establishment	1	1	75	100	
Office – II - Academics	1	1	80-100	80	
Confidential Room	1	1	80	80	
Store Room – I	1	1	100	100	
Store Room – II	1	1	20	20	
H.O.D Room	1	1	20 Sq.m. Per Faculty	60	
Faculty Rooms	1	1	10 Sq.m. Per Faculty	160	

6. Library facilities for B.Pharm and M.Pharm

Item	Ref. Titles (No)	Available	Remarks of the Inspectors
Books (1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy)	150	1738 6189	
Annual addition of Books	150	150	
Periodicals Hard copies /online	10 National 05 International periodicals	Online available	
CDs	Adequate Nos	Available	
Reprographic Facilities: Photo Copier Scanner	01 each	Yes	

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Signature of the Inspectors with dates

7. Non-teaching staff

Designation	No. Required	No. Available	Qualification Required	Qualification Available	Remarks of the Inspectors
Laboratory Technician	1 for each Dept	0	D. Pharm	B.Pharm	
Laboratory Assistants or Laboratory Attenders	1 for each Lab (minimum)	5	SSLC	B.Sc	
Office Superintendent	1	1	Degree	BCA	
Accountant	1	1	Degree	B.Com	
Store keeper	1	1	D.Pharm or a Bachelor degree.	B.Sc	
Computer Data Operator	1	1	BCA or Graduate with Computer Course	B.Com, PGDCA	
Office Staff I	1	1	Degree	B.Com	
Office Staff II	2	2	Degree	B.Com	
Peon	2	2	SSLC	SSLC	
Cleaning personnel	Adequate	4	---		
Gardener	Adequate	2	---		

8. Teaching Staff

For institution running B.Pharm and M.Pharm

For B.Pharm

Designation	Qualification Required	Qualification Available	Experience Required	Experience Available	Remarks of the Inspectors
Director/Principal/Head of Institution	First Class B.Pharm with Master's degree in Pharmacy (M.Pharm) in appropriate branch of specialization in Pharmacy or Pharm.D (Qualifications must be PCI recognized). With Ph.D degree in any of Pharmacy subjects.	M. Pharm, Ph.D	Essential 15 years experience in teaching or research out of which 5 years must be as Professor/HOD in a PCI approved/recognized pharmacy college. Desirable Administrative experience in a responsible position	17 yrs	

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

Department	Designation	No. required for 60 seats	No. available	No. required for 100 seats	No. available	Remarks of the Inspectors
Pharmaceutics	Professor/ Associate Professor	1	0	1	NA	
	Asst. Professor	1	0	2	NA	
	Lecturer	2	2	3	NA	
Pharmaceutical Chemistry including Pharmaceutical analysis	Professor/ Associate Professor	1	1	1	NA	
	Asst. Professor	1	1	2	NA	
	Lecturer	3	3	3	NA	
Pharmacology	Professor/ Associate Professor	1	0	1	NA	
	Asst. Professor	1	2	1	NA	
	Lecturer	2	0	3	NA	
Pharmacognosy	Professor/ Associate Professor	1	0	1	NA	
	Asst. Professor	1	1	1	NA	
	Lecturer	1	0	1	NA	
Pharmacy Practice & related subjects	Professor/ Associate Professor	-	0	1	NA	
	Asst. Professor	1	0	1	NA	
	Lecturer	1	1	1	NA	

Additional staff required for M.Pharm per specialization

- i) In addition to the minimum requirement of staff for conduct of the B.Pharm and Pharm.D Courses (if the institution is also conducting Pharm.D programme) the department in which the M.Pharm Course is being introduced shall have two additional staff who shall be PG teachers per specialization and the department should have minimum of 5 faculty in the said department.
- ii) The number seats approved for admission to the M.Pharm course shall be 3 students per PG teacher (1:3)
- iii) Teaching workload for UG/PG teacher shall not be more than 16 hours per week at any given time inclusive of all the teaching assignment.

Department	Designation	No. available	Remarks of the Inspectors
Department of Pharmaceutics	Asso. Prof.	1	
	Asst. Professor/Lecturer	2	
Department of Pharmaceutical Chemistry	Asso. Prof.	NA	
	Asst. Professor/Lecturer	NA	

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Department	Designation	No. available	Remarks of the Inspectors
Department of Pharmacology	Asso. Prof.	NA	
	Asst. Professor/Lecturer	NA	
Department of Pharmacognosy	Asso. Prof.	NA	
	Asst. Professor/Lecturer	NA	
Department of Pharmacy Practice	Asso. Prof.	NA	
	Asst. Professor/Lecturer	NA	
Department of Industrial Pharmacy	Asso. Prof.	NA	
	Asst. Professor/Lecturer	NA	
Department of Pharmaceutical Technology	Asso. Prof.	NA	
	Asst. Professor/Lecturer	NA	
Department of Pharmaceutical Analysis	Asso. Prof.	NA	
	Asst. Professor/Lecturer	NA	
Pharmaceutical Quality Assurance	Asso. Prof.	01	
	Asst. Professor/Lecturer	03	
Department of Regulatory Affairs	Asso. Prof.	NA	
	Asst. Professor/Lecturer	NA	
Department of Pharmaceutical Biotechnology	Asso. Prof.	NA	
	Asst. Professor/Lecturer	NA	
Department of Phytopharmacy & Phytomedicine	Asso. Prof.	NA	
	Asst. Professor/Lecturer	NA	

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Faculty details

Designation	Qualification Required	Experience Required	Remarks of the Inspectors
Professor	First Class B.Pharm with Master's degree in Pharmacy (M.Pharm) in appropriate branch of specialization in Pharmacy or Pharm.D (Qualifications must be PCI recognized). With Ph.D degree in any of Pharmacy subjects (Ph.D. Qualifications must be PCI recognized).	Essential 10 years experience in teaching in PCI approved/ recognized Pharmacy College or research experience out of which 5 years must be as Associate Professor in PCI approved/recognized Pharmacy College.	

S.No.	Name of Professor	Qualification Available	Experience Available	Remarks of the Inspectors
1.	Dr. Nehal Shah	M. Pharm, Ph. D	17 yrs	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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Designation	Qualification Required	Experience Required	Remarks of the Inspectors
Associate Professor	<p>First Class B.Pharm with Master's degree in Pharmacy (M.Pharm) in appropriate branch of specialization in Pharmacy (Qualification must be PCI recognized).</p> <p>A PCI recognized Pharm.D degree holder shall also be eligible for the posts of Associate Professor in the subjects of pathophysiology, pharmacology and pharmacy practice.</p> <p>Associate Professor shall acquire PCI recognized Ph.D in any of Pharmacy subjects within 7 years to become eligible for the post of Professor.</p>	3 years experience in teaching or research at the level of Assistant Professor or equivalent in PCI approved / recognized Pharmacy College.	

S.No.	Name of Associate Professor	Qualification Available	Experience Available	Remarks of the Inspectors
1.	Dr. Mayank Bapna	M. Pharm, Ph. D	11 Yrs	
2.	Dr. Akshay H Shah	M. Pharm, Ph. D	09 Yrs	
3.	Dr. Rajiv Kukkar	M. Pharm, Ph. D	12 Yrs	
4.	Dr. Upma Trivedi	M. Pharm, Ph. D	09 Yrs	
5.				
6.				
7.				
8.				
9.				
10.				

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Designation	Qualification Required	Experience Required	Remarks of the Inspectors
Lecturer/Assistant Professor	<p>First Class B.Pharm with Master's degree in Pharmacy (M.Pharm) in appropriate branch of specialization in Pharmacy (Qualification must be PCI recognized).</p> <p>A PCI recognized Pharm.D degree holder shall also be eligible for the posts of Lecturer/Assistant Professor in the subjects of pathophysiology, pharmacology and pharmacy practice.</p>	A lecturer will be re-designated as Assistant Professor after 2 years of teaching experience in PCI approved/recognized Pharmacy College.	

S.No.	Name of Lecturer/ Assistant Professor	Qualification Available	Experience Available	Remarks of the Inspectors
1.	Mr. Jignesh Patel	M.Pharm	08 Yrs	
2.	Ms. Heta Patel	M.Pharm	01 Yrs	
3.	Ms. Sneha Vaghela	M.Pharm	01 Yrs	
4.	Ms. Mital Parmar	M.Pharm	02 Yrs	
5.	Ms. Vaishali Patel	M.Pharm	01 Yrs	
6.	Mr. Chirag Parmar	M.Pharm	Fresher	
7.				
8.				
9.				
10.				

PHARMACY COUNCIL OF INDIA**STAFF DECLARATION FORM**

From

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

Photograph

Date of Birth & Age

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

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

Present Designation : _____

Department : _____

College : _____

City : _____

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

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

Contd. on page 2

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Permanent Residential
Address of employee : _____

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

STD Code _____ Phone No. _____
Phone & Fax Number Office : _____
with Code Residence : _____

E-mail address : _____

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

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer				
Reader/ Assistant Professor				
Professor				
Principal				

- 1) Before joining present institution I was working at _____ as _____ and relieved on _____ after resigning/retiring (**relieving order is enclosed from the previous institution**).
- 2) I, hereby undertake that I have not given my name as teaching faculty in any other Pharmacy institution for teaching any Pharmacy course and not working in any where other than this institution Pharmacy College/Medical College/Dental College/Industry/Community Pharmacy/Hospital Pharmacy/Govt. Service/any other service in the State or outside the State in any capacity full-time/part-time other than the above.

Contd. on page 3

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

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

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

P.A.N. : _____ Circle : _____

Declaration

- I have not worked at any other pharmacy college/institution or presented myself at any inspection during my employment in this college.
- It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Register of Registered Pharmacists).

Signature of the Employee:

Date : _____ Place: _____

Endorsement

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

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

Date : _____ Place : _____