

PHARMACY COUNCIL OF INDIA

(SIF-E)

Standard Inspection Form-E (SIF-E) for M.Pharm course

(To be submitted to PCI by an authority seeking approval)

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 -

Permission to start M.Pharm course.	<input type="checkbox"/>
First time approval u/s 12.	<input type="checkbox"/>
Extension of approval.	<input checked="" type="checkbox"/>
Increase in intake upto 15 seats.	<input type="checkbox"/>

Please tick () the relevant box.

PART - II

B - GENERAL INFORMATION

To be filled by institution

B - 1.1

Name of the Institution:

Aditya Bangalore Institute for Pharmacy Education and Research

Complete postal address:

	No#12, Maruthinagar, 2nd division, Kogilu main road, Yelahanka, Bangalore 560064
	STD Code: <u>080</u> T.No. : <u>28571293</u>
	Fax No. <u>080-28571294</u> E.Mail: <u>pricipal.abiper@gmail.com.</u>
	Website : <u>www.adityapharmacy.com</u>

B - 1.1 Whether the Jan Aushadhi Medical Store has been opened by your institution

No
(Applied)

B – 1.2 - Course conducting body: 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 checked="" type="checkbox"/>	 Please tick () the relevant box.
B – 1.3 Name of the Society/Trust/ Management Complete postal address:	SSRMEDICAL EDUCATIONAL AND CHARITABLETRUST No#12, Maruthinagar, 2nddivision, Kogilu main road, Yelahanka, Bangalore 560064 <hr/> STD Code 080 T.No. 28571293: Fax No. : 080-2857194 E.Mail: pricipal.abiper@gmail.com Website : : www.adityapharmacy.com
B – 1.4 Name of the Examining Authority Complete postal address:	RGUHS, Bangalore <hr/> Jayanagar 4 th block, Bangalore 560041 STD Code : 080 T.N0 26961937 Fax - 080-2696 1929 E.Mail: registrar@rguhs.ac.in <hr/> Website : www.rguhs.ac.in
B – 1.5 Other courses run by the institution - D.Pharm - B.Pharm - Pharm.D.	<u>Approval status</u> <hr/> 2017-18 <hr/> 2017-18 <hr/> 2016-17

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

B – 1.6 M.Pharm specializations run / proposed to be run by an institution -

Name of specialization	Year of start	No. of admissions	Remarks of the Inspectors
Pharmaceutics	2010-11	03	
Industrial Pharmacy	2011-12		
Pharmaceutical Technology			
Pharmaceutical Chemistry			
Pharmaceutical Analysis	2014-15	01	
Pharmaceutical Quality Assurance	2014-15		
Regulatory Affairs			
Pharmaceutical Biotechnology			
Pharmacy Practice			
Pharmacology	2010-11	01	
Pharmacognosy			
Phytopharmacy and Phytomedicine			
Others * if any, (please specify)			
* M.Pharm specializations started prior to commencement of the Master of Pharmacy (M.Pharm) course Regulations, 2014 can continue only till the students admitted complete the said specialization.			

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 : 0.76 acres
- b. Building : **Own/ Leased/Rented**
(enclose documentary evidence as Annexure-A)
- c. Built up Area of the college building : 5000 Sqmts

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	04	75 (essential) 90 (desirable)	Each-150 sqmts	
M.Pharm Specialization -					
Pharmaceutics	1	1	36	Each-36 sqmts	
Industrial Pharmacy	1	1	36	Each-36 sqmts	
Pharmaceutical Technology	1		36		
Pharmaceutical Chemistry	1		36		
Pharmaceutical Analysis	1	1	36	Each 36 sqmts	
Pharmaceutical Quality Assurance	1	1	36	Each 36 sqmts	
Regulatory Affairs	1		36		
Pharmaceutical Biotechnology	1		36		
Pharmacy Practice	1		36		
Pharmacology	1	1	36	Each-36 sqmts	
Pharmacognosy	1		36		
Phytopharmacy and Phytomedicine	1		36		

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

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)	Each-77 sqmts	
Pharmaceutical Chemistry Lab.	2	2	75 (essential) 90 (desirable)	Each-77 sqmts	
Pharmaceutical Analysis Lab.	1	1	75 (essential) 90 (desirable)	Each-77 sqmts	
Pharmacology Lab.	2	2	75 (essential) 90 (desirable)	Each-77 sqmts	
Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Lab.	1	1	75 (essential) 90 (desirable)	Each-77 sqmts	
M.Pharm Specialization -					
Pharmaceutics	1	1	75 each	Each-75 sqmts	
Industrial Pharmacy	1	1	75 each	Each-75 sqmts	
Pharmaceutical Technology	1		75 each		
Pharmaceutical Chemistry	1		75 each		
Pharmaceutical Analysis	1	1	75 each	Each-75 sqmts	
Pharmaceutical Quality Assurance	1	1	75 each	Each-75 sqmts	
Regulatory Affairs	1		75 each		
Pharmaceutical Biotechnology	1		75 each		
Pharmacy Practice	1		75 each		
Pharmacology	1	1	75 each	Each-75 sqmts	
Pharmacognosy	1		75 each		
Phytopharmacy and Phytomedicine	1		75 each		

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

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

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	80 sqmts	
Central Instrumentation Room	1	1	80	81 sqmts With AC	
Store Room-I	1	1	100	100 sqmts	
Store Room-II	1	1	20	21 sqmts	
Animal House	1	1	80	80 Sqmts	
Library	1	1	150	155 Sqmts	
Museum	1	1	50	52 Sqmts	
Auditorium / Multi Purpose Hall (Desirable) 250-300 seating capacity	1	2	750	500 seating	
Seminar Hall		7		75	
Herbal Garden (Desirable)		1		100	
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)	15 nos 25 nos	13		
Printers	1 Printer for every 6 computers (for M.Pharm course) 1 Printer for every 10 computers (for B.Pharm course)	2 3			
Multi Media Projector	3 (1 for B.Pharm course, 1 for M.Pharm course and 1 for Library)	05		09	
Generator (5KVA)	01	01		10	
Girl's Common Room (Essential)			20	25	
Boy's Common Room			10	15	
Toilet Blocks for Boys		01		25	

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

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		01		25	
Drinking Water facility – Water Cooler		01		10	
Boy's Hostel (Desirable)		01		2000	
Girl's Hostel (Desirable)		01		2000	
Power Backup Provision		01		25	

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	120	
Office – II - Academics	1	1	80-100	90	
Confidential Room	1	1	80	80	
Store Room – I	1	1	100	100	
Store Room – II	1	1	20	30	
H.O.D Room	1	1	20 Sq.m. Per Faculty	20	
Faculty Rooms		03	10 Sq.m. Per Faculty	10	

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	580 titles 2859 books and HELINET	
Annual addition of Books	150	150	
Periodicals Hard copies /online	10 National 05 International periodicals	20 National 10 International periodicals and HELINET	
CDs	Adequate Nos	Adequate Nos	
Reprographic Facilities: Photo Copier Scanner	01 each	01 each	

Signature of the Head of the Institution with date

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	1 for each Dept	D. Pharm	D. Pharm	
Laboratory Assistants or Laboratory Attenders	1 for each Lab (minimum)	1 for each Lab	SSLC	SSLC	
Office Superintendent	1	1	Degree	Degree	
Accountant	1	1	Degree	Degree	
Store keeper	1	1	Bachelor degree.	Bachelor	
Computer Data Operator	1	1	Graduate with Computer Course	Graduate with Computer	
Office Staff I	1	1	Degree	Degree	
Office Staff II	2	2	Degree	Degree	
Peon	2	2	SSLC	SSLC	
Cleaning personnel	Adequate	Adequate	---		
Gardener	Adequate	Adequate	---		

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.	B.PHARM M.PHARM (PHARMACEUTICS) Ph.D(PCI RECOGNIZED)	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	25 YEARS	

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		1	1	
	Asst. Professor	1		2	2	
	Lecturer	2		3	3	
Pharmaceutical Chemistry including Pharmaceutical analysis	Professor/ Associate Professor	1		1	1	
	Asst. Professor	1		2	2	
	Lecturer	3		3	3	
Pharmacology	Professor/ Associate Professor	1		1	1	
	Asst. Professor	1		1	1	
	Lecturer	2		3	3	
Pharmacognosy	Professor/ Associate Professor	1		1	1	
	Asst. Professor	1		1	1	
	Lecturer	1		1	1	
Pharmacy Practice & related subjects	Professor/ Associate Professor	-		1	1	
	Asst. Professor	1		1	1	
	Lecturer	1		1	3	

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.	02	
	Asst. Professor/Lecturer	05	
Department of Pharmaceutical Chemistry	Asso. Prof.	02	
	Asst. Professor/Lecturer	05	

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

Department	Designation	No. available	Remarks of the Inspectors
Department of Pharmacology	Asso. Prof.	02	
	Asst. Professor/Lecturer	05	
Department of Pharmacognosy	Asso. Prof.	02	
	Asst. Professor/Lecturer	03	
Department of Pharmacy Practice	Asso. Prof.	02	
	Asst. Professor/Lecturer	04	
Department of Industrial Pharmacy	Asso. Prof.	02	
	Asst. Professor/Lecturer	05	
Department of Pharmaceutical Technology	Asso. Prof.		
	Asst. Professor/Lecturer		
Department of Pharmaceutical Analysis	Asso. Prof.	02	
	Asst. Professor/Lecturer	05	
Pharmaceutical Quality Assurance	Asso. Prof.	02	
	Asst. Professor/Lecturer	05	
Department of Regulatory Affairs	Asso. Prof.		
	Asst. Professor/Lecturer		
Department of Pharmaceutical Biotechnology	Asso. Prof.		
	Asst. Professor/Lecturer		
Department of Phytopharmacy & Phytomedicine	Asso. Prof.		
	Asst. Professor/Lecturer		

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

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. B A VISHWANATH	M.PHARM, Ph.D	25 YEARS	
2.	Dr. N VENKATESAN	M.PHARM, Ph.D	09YEARS	
3.	Dr. YOGISH KUMAR	M.PHARM, Ph.D	07 YEARS	
4.	Dr. KUMUDHA	M.PHARM, Ph.D	10 YEARS	
5.	Dr. A R SRIVIDYA	M.PHARM, Ph.D	17 YEARS	
6.	Dr. ANOOP KUMAR ROY	M.PHARM, Ph.D	25 YEARS	
7.				
8.				
9.				
10.				

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

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.	Mr. RAMKUMAR	M.Pharm ,M.B.A (Ph.D).	17 YEARS	
2.	Mrs. MYTHILI SHIVARAMA KRISHNAN	M.Pharm	29 YEARS	
3.	Mrs. PUSHPAVALLI	M.Pharm	10 YEARS	
4.	Mrs. SUCHITRA D	M.Pharm	07 YEARS	
5.	Mr. KIRUPAKAR	M.Pharm	11 YEARS	
6.	Mrs. SUDHA KESHAVARDHINI	M.Pharm	11 YEARS	
7.	Mr.NIDAGUNDI H S	M.Pharm	07 YEARS	
8.	Mrs.SUDHA MALLAPUR	M.Pharm	07 YEARS	
9.	Mr.KARTHIKEYAN	M.Pharm	11 YEARS	
10.	Mr.Sathish M	M.Pharm	6	

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

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.	Mrs. E M RAMYA SUDHA	M. PHARM	05	
2.	Mrs. NAGASREE	M. PHARM	05	
3.	Mrs. PADMASREE.M	M. PHARM	04	
4.	Mrs. DEEPA RANI	M. PHARM	07	
5.	Mrs.PINKI VARMA	M. PHARM	08	
6.	Mr.S S K PRASHANTH MADALA	M. PHARM	07	
7.	Mr.RAGHU.R	M. PHARM	07	
8.	Ms. Archana Raveendran	M. PHARM	05	
9.	Mr.S SRINIVASAN	M. PHARM	07	
10.	Mr.S KATHIRAVAN	M. PHARM	07	
11	Mr T Anand	M.Pharm	14	
12	Mr.Vishwaroop	M.Pharm	2	

13	Mr. Rajendraprasad	M.Pharm	2	
14	Dr.Praveen Kumar	Pharm.D	1	
15	Dr.Ritty Sara Cherian	Pharm.D	1	
16	Dr.Nagalatha	Pharm.D	1	
17	Mrs.Swami Jashree	M.Pharm	1	
18	Mrs.Ramya.K	M.Pharm	7	
19	Mrs.Bharathi K	M.Pharm	3	
20	Ms. Archana Raveendran	M.Pharm	5	
21	Mrs Akshatha R S	M.Pharm	2	
23	Mrs.Purvini.K	M.Pharm	1	
24	Mrs.Deepthi Swapna	M.Pharm	3	
25	Mrs.Sowjanya.M	M.Pharm	0	
26	Dr.Kalyani Katakam	Pharm.D	0	
27	Ms.Asmi Neupane	M.Pharm	0	
28	Ms.Anusha.N	M.pharm	0	
29	Ms.PadmaK.G	M.pharm	0	

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

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

:2::

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

:3:

- 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 : _____