

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. | <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input checked="" type="checkbox"/></div> <div><input type="checkbox"/></div> <p>Please tick (✓) the relevant box.</p> |
|--|---|

PART – II

B - GENERAL INFORMATION

To be filled by institution

B – 1.1

Name of the Institution:

Srikrupa Institute of Pharmaceutical Sciences

| | |
|--------------------------|--|
| Complete postal address: | Vill: Velikatta, Mdl: Kondapak, Dist: Siddipet, Telangana. PIN : 502277 |
| | STD Code : _____ T.No. : 9866686758 |
| | Fax No. : _____ E.Mail: skips04@yahoo.co.in |
| | Website : www.srikrupaips.com |

B – 1.1 a)

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

Yes / No
(Please tick (✓) the relevant portion)

| | |
|---|---|
| B – 1.2 - Course conducting body: <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 checked="" type="checkbox"/> - Trust <input type="checkbox"/> | Please tick (✓) the relevant box. |
| B – 1.3 Name of the Society/Trust/ Management Complete postal address: | Gurukrupa Education Society # 8-4-80, Kanchari bazar, Siddipet, Telangana. PIN : 502103 STD Code : 08457 T.No. : 224617 Fax No. : E.Mail: shashidharkotta9@yahoo.co.in Website : www.srikrupaips.com |
| B – 1.4 Name of the Examining Authority Complete postal address: | The Registrar Osmania University, Hyderabad. PIN : 500007 STD Code : 040 T.No. : 27090979 Fax No. : 040-27090020 E.Mail: registrar@osmania.ac.in Website : www.osmania.ac.in |
| B – 1.5 Other courses run by the institution <ul style="list-style-type: none"> - D.Pharm - B.Pharm - Pharm.D. | <u>Approval status</u> - NA - Approved upto 2017-18 - NA - |

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 | 2008 | 14 (2016-17) | |
| Industrial Pharmacy | | | |
| Pharmaceutical Technology | | | |
| Pharmaceutical Chemistry | | | |
| Pharmaceutical Analysis (Pharmaceutical Analysis and Quality Assurance) | 2011 | 10 (2016-17) | |
| Pharmaceutical Quality Assurance | | | |
| Regulatory Affairs | | | |
| Pharmaceutical Biotechnology | | | |
| Pharmacy Practice | | | |
| Pharmacology | | | |
| 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 : 2.5 acres
- b. Building : ✓ Own/ Leased/Rented
(enclose documentary evidence as Annexure-A)
- c. Built up Area of the college building : 5582 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 | 10 | 75 (essential) 90 (desirable) | 772.8 | |
| M.Pharm Specialization - | | | | | |
| Pharmaceutics | 1 | 01 | 36 | 40 | |
| Industrial Pharmacy | 1 | | 36 | | |
| Pharmaceutical Technology | 1 | | 36 | | |
| Pharmaceutical Chemistry | 1 | | 36 | | |
| Pharmaceutical Analysis | 1 | 01 | 36 | 40 | |
| Pharmaceutical Quality Assurance | 1 | | 36 | | |
| Regulatory Affairs | 1 | | 36 | | |
| Pharmaceutical Biotechnology | 1 | | 36 | | |
| Pharmacy Practice | 1 | | 36 | | |
| Pharmacology | 1 | | 36 | | |
| 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 | 02 | 75 (essential) 90 (desirable) | 194.5 | |
| Pharmaceutical Chemistry Lab. | 2 | 02 | 75 (essential) 90 (desirable) | 193.5 | |
| Pharmaceutical Analysis Lab. | 1 | 01 | 75 (essential) 90 (desirable) | 75 | |
| Pharmacology Lab. | 2 | 02 | 75 (essential) 90 (desirable) | 240 | |
| Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Lab. | 1 | 02 | 75 (essential) 90 (desirable) | 245 | |
| M.Pharm Specialization - | | | | | |
| Pharmaceutics | 1 | 02 | 75 each | 200 | |
| Industrial Pharmacy | 1 | | 75 each | | |
| Pharmaceutical Technology | 1 | | 75 each | | |
| Pharmaceutical Chemistry | 1 | | 75 each | | |
| Pharmaceutical Analysis | 1 | 02 | 75 each | 216 | |
| Pharmaceutical Quality Assurance | 1 | | 75 each | | |
| Regulatory Affairs | 1 | | 75 each | | |
| Pharmaceutical Biotechnology | 1 | | 75 each | | |
| Pharmacy Practice | 1 | | 75 each | | |
| Pharmacology | 1 | | 75 each | | |
| 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

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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 | 01 | 80 - 100 | 100 | |
| Central Instrumentation Room | 1 | 01 | 80 | 100 | |
| Store Room-I | 1 | 01 | 100 | 34 | |
| Store Room-II | 1 | | 20 | | |
| Animal House | | 01 | 80 | 153 | |
| Library | | 01 | 150 | 200 | |
| Museum | | 01 | 50 | 50 | |
| Auditorium / Multi Purpose Hall (Desirable) 250-300 seating capacity | | 01 | | 250 | |
| Seminar Hall | | 01 | | 100 | |
| Herbal Garden (Desirable) | | 01 | | Available | |
| 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) | 10 40 10 mbps | | | |
| Printers | 1 Printer for every 6 computers (for M.Pharm course) 1 Printer for every 10 computers (for B.Pharm course) | 02 04 | | | |
| Multi Media Projector | 3 (1 for B.Pharm course, 1 for M.Pharm course and 1 for Library) | 03 | | | |
| Generator (5KVA) | 01 | 01 | | 01 (20 KVA) | |
| Girl's Common Room (Essential) | | 01 | 20 | 75 | |
| Boy's Common Room | | 01 | 10 | 100 | |
| Toilet Blocks for Boys | | 05 | | 162.8 | |

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 | | 02 | | 50 | |
| Drinking Water facility – Water Cooler | | 02 | | Available | |
| Boy's Hostel (Desirable) | | Not Available | | | |
| Girl's Hostel (Desirable) | | Not Available | | | |
| Power Backup Provision | | Available | | Available | |

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 | 01 | 75 (essential) 90 (desirable) | 75 | |
| Office – I - Establishment | 1 | 01 | 75 | 50 | |
| Office – II - Academics | 1 | 01 | 80-100 | 80 | |
| Confidential Room | 1 | 01 | 80 | 80 | |
| Store Room – I | 1 | 01 | 100 | 34 | |
| Store Room – II | 1 | - | 20 | - | |
| H.O.D Room | 1 | 01 | 20 Sq.m. Per Faculty | 60 | |
| Faculty Rooms | | 01 | 10 Sq.m. Per Faculty | 100 | |

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 | 592 | |
| Annual addition of Books | 150 | 160 | |
| Periodicals Hard copies /online | 10 National 05 International periodicals | 88 | |
| CDs | Adequate Nos | 07 | |
| Reprographic Facilities: Photo Copier Scanner | 01 each | 01 | |

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 | 04 | D. Pharm | M.Sc. | |
| Laboratory Assistants or Laboratory Attenders | 1 for each Lab (minimum) | 06 | SSLC | SSLC | |
| Office Superintendent | 1 | 01 | Degree | B.Com., M.B.A., | |
| Accountant | 1 | 01 | Degree | B.Com., M.B.A., | |
| Store keeper | 1 | 01 | D.Pharm or a Bachelor degree. | B.Sc. | |
| Computer Data Operator | 1 | 01 | BCA or Graduate with Computer Course | B.Sc., HDSE., PGDCA | |
| Office Staff I | 1 | 01 | Degree | B.Com., M.B.A | |
| Office Staff II | 2 | 02 | Degree | B.A / B.Sc. | |
| Peon | 2 | 02 | SSLC | SSLC | |
| Cleaning personnel | Adequate | 02 | --- | | |
| Gardener | Adequate | 01 | --- | | |

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 | 22 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 | | 1 | 02 | |
| | Asst. Professor | 1 | | 2 | 02 | |
| | Lecturer | 2 | | 3 | 03 | |
| Pharmaceutical Chemistry including Pharmaceutical analysis | Professor/ Associate Professor | 1 | | 1 | 02 | |
| | Asst. Professor | 1 | | 2 | 02 | |
| | Lecturer | 3 | | 3 | 02 | |
| Pharmacology | Professor/ Associate Professor | 1 | | 1 | 02 | |
| | Asst. Professor | 1 | | 1 | 00 | |
| | Lecturer | 2 | | 3 | 03 | |
| Pharmacognosy | Professor/ Associate Professor | 1 | | 1 | 01 | |
| | Asst. Professor | 1 | | 1 | 01 | |
| | Lecturer | 1 | | 1 | 01 | |
| Pharmacy Practice & related subjects | Professor/ Associate Professor | - | | 1 | 01 | |
| | Asst. Professor | 1 | | 1 | 01 | |
| | Lecturer | 1 | | 1 | 01 | |

Additional staff required for M.Pharm per specialization

- 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.
- The number seats approved for admission to the M.Pharm course shall be 3 students per PG teacher (1:3)
- 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. | 05 | |
| | Asst. Professor/Lecturer | | |
| Department of Pharmaceutical Chemistry | Asso. Prof. | | |
| | Asst. Professor/Lecturer | | |

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. | | |
| | Asst. Professor/Lecturer | | |
| Department of Pharmacognosy | Asso. Prof. | | |
| | Asst. Professor/Lecturer | | |
| Department of Pharmacy Practice | Asso. Prof. | | |
| | Asst. Professor/Lecturer | | |
| Department of Industrial Pharmacy | Asso. Prof. | | |
| | Asst. Professor/Lecturer | | |
| Department of Pharmaceutical Technology | Asso. Prof. | | |
| | Asst. Professor/Lecturer | | |
| Department of Pharmaceutical Analysis (Pharmaceutical Analysis & Quality Assurance) | Asso. Prof. | 05 | |
| | Asst. Professor/Lecturer | | |
| Pharmaceutical Quality Assurance | Asso. Prof. | | |
| | Asst. Professor/Lecturer | | |
| 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.Rami Reddy | M.Pharm., Ph.D., | 12.5 yrs | |
| 2. | Dr.S.Y.Manjunath | M.Pharm., Ph.D., | 22 yrs | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 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. | Dr.M.Santhosh Kumar | M.Pharm., Ph.D., | 9.8 yrs | |
| 2. | Mr.Ganesh Kuamr | M.Pharm., (Ph.D) | 8.5 Yrs | |
| 3. | Mr.C.Santhosh Kumar | M.Pharm., (Ph.D) | 7.4 Yrs | |
| 4. | Mrs. A. Sravanthi | M.Pharm., (Ph.D) | 7 Yrs | |
| 5. | Dr.Sandip Sen | M.Pharm., Ph.D., | 9 yrs | |
| 6. | Mr.Krishanu Pal | M.Pharm., | 7.3 Yrs | |
| 7. | Mr.Krishnamurthy | M.Pharm., | 5.6 yrs | |
| 8. | Mr.Gobikrishna | M.Pharm., | 5.1 Yrs | |
| 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 |
|------------------------------|--|---|---------------------------|
| 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. | - | | | |
| 2. | - | | | |
| 3. | - | | | |
| 4. | - | | | |
| 5. | - | | | |
| 6. | - | | | |
| 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

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

: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
 with Code

Office : _____

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 : _____