



KALINGA UNIVERSITY

KU/Pharmacy/203

Date: 28/08/2017

To,
The Registrar-Cum-Secretary,
Pharmacy Council of India,
Combined Councils Building,
Kotla Road, Aiwan-E-Ghalib Marg,
New Delhi- 110002.

Sub: Application for the extension of approval of Degree (B. Pharmacy) and Diploma (D. Pharmacy) course at Kalinga University-Faculty of Pharmacy, Raipur (C.G.) for the Academic session 2018-19.

Respected Madam,

Please find enclosed herewith 3 set of application in the prescribed proforma (SIF-C) along with necessary documents for the extension of approval of Degree (B. Pharmacy) and Diploma (D. Pharmacy) course at Kalinga University- Faculty of Pharmacy, Raipur (C.G.) for the academic session 2018-2019.

We have also enclosed two bank drafts as per details given below-

S. No.	Particulars	Bank Draft No.	Dated	Drawn on	Amount in Rs.
01.	Annual Affiliation fees of B. Pharmacy for Academic session 2018-19	105047	11/08/2017	OBC Bank	1,00,000/-
02.	Annual Affiliation fees of D. Pharmacy for Academic session 2018-19	105053	25/08/2017	OBC Bank	50,000/-

We, therefore requesting you to kindly consider and acknowledge the same.

Thanking You,

Your Sincerely,

Principal
Kalinga University Faculty of Pharmacy
Raipur (C.G.)

Encl.: Duty filled SIF-C (in triplicate) along with necessary Annexure.



Campus:

Kalinga University, Village Kotni, Near Mantraia,
Naya Raipur - 492101, Chhattisgarh

Mob : 9303097001/8826825112
E-mail: kalingauniversity1@gmail.com
Website: www.kalingauniversity.ac.in



ओरियन्टल बैंक ऑफ कॉमर्स
ORIENTAL BANK OF COMMERCE
Not over ****1,00,001*

RAKHI |1744|RAKHI - DISTT. RAI

निर्गम की तारीख से तीन माह तक वैध
VALID FOR THREE MONTHS FROM THE DATE OF ISSUE
1 1 0 8 2 0 1 7
D D M M Y Y Y Y

माँगे जाने पर * PHARMACY COUNCIL OF INDIA ***

को या उनके आदेश पर
OR ORDER

ON DEMAND PAY TO
रुपये Rs. One Lakh only ***
RUPEES

प्राप्त मूल्य के बदले अदा करें
FOR VALUE RECEIVED

₹ *****1,00,000.00

एह	दह	एला	एक	दक	
OT	TT	OL	OC	TC	

105047/17 A/C Payee Only

कृते ओरियन्टल बैंक ऑफ कॉमर्स
For ORIENTAL BANK OF COMMERCE

हमारी सभी शाखाओं से सममूल्य पर देय
Payable at par at all our branches

NTSP/DD/A (CBS BRANCH)

अ.अ.सं. P.A. No. *
प्राधिकृत हस्ताक्षरकर्ता AUTHORISED SIGNATORIES
Please sign above

105047 0000220001

16



ओरियन्टल बैंक ऑफ कॉमर्स
ORIENTAL BANK OF COMMERCE
Not over *****50,001*

RAKHI |1744|RAKHI - DISTT. RAI

निर्गम की तारीख से तीन माह तक वैध
VALID FOR THREE MONTHS FROM THE DATE OF ISSUE
2 5 0 8 2 0 1 7
D D M M Y Y Y Y

माँगे जाने पर * PHARMACY COUNCIL OF INDIA, NEW DELHI ***

को या उनके आदेश पर
OR ORDER

ON DEMAND PAY TO
रुपये Rs. Fifty Thousand only ***
RUPEES

प्राप्त मूल्य के बदले अदा करें
FOR VALUE RECEIVED

₹ *****50,000.00

एह	दह	एला	एक	दक	
OT	TT	OL	OC	TC	

105053/17 A/C Payee Only

कृते ओरियन्टल बैंक ऑफ कॉमर्स
For ORIENTAL BANK OF COMMERCE

हमारी सभी शाखाओं से सममूल्य पर देय
Payable at par at all our branches

NTSP/DD/A (CBS BRANCH)

अ.अ.सं. P.A. No. *
प्राधिकृत हस्ताक्षरकर्ता AUTHORISED SIGNATORIES
Please sign above

105053 0000220001

16

INDEX

S. No	Documents Name	Annexure No.
1	Copy of Registration documents of society	01
2	Name and address of society	02
3	Details of affiliation fee paid	03
4	Approval status	04
5	Details of Principal	05
6	Previous inspection report	06
7	Details of governing body	07
8	Minutes of last Governing Council meeting	08
9	Land registry Documents	09
10	Approved Building plan	10
11	Time Table B. Pharmacy	11
12	Time Table D. Pharmacy	12
13	Details of prescribed No of classes	13
14	Sessional dates	14
15	Work Load of faculty members for D & B Pharm	15
16	Work Load of faculty members for B Pharmacy	16
17	Work Load of faculty members for D Pharmacy	17
18	Details of teaching Faculty for D & B Pharmacy	18
19	Details of teaching Faculty for B Pharmacy	19
20	Details of teaching Faculty for D Pharmacy	20
21	Scale of pay for teaching faculty	21
22	Details of Non Teaching staff members	22
23	Audit Report Past 3 years	23,24 & 25

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting B. Pharm and D. Pharm

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

(SIF-C)

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 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	Kalinga University - Faculty of Pharmacy Village - kotni, Near Mantralaya, Post - mandir Hasaud, New Raipur, Chhattisgarh, 49210 0771 4087024 kalingauniversity1@gmail.com
Year of starting of the course	Diploma <u>2014</u> & Degree <u>2016</u>
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Private (Enclosed as Annexure - 1)
A - I.2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	Bhagwan Sri Balasai Educational and charitable Society, Kalinga University Campus, Village - kotni, Near Mantralaya, New Raipur, Chhattisgarh, 4921 0771 4087024 0771-4087024 kalingauniversity1@gmail.com www.kalingauniversity.ac.in
A - I.3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	Dr. Sandeep Gandhi, Registrar Kalinga University, Village - kotni, Near Mantralaya, New Raipur, Chhattisgarh 492101. 0771 4087024 09303097043 kalingauniversity1@gmail.com
A - I.4 Name and Address of the Head of the Institution	Dr. Anand Mahawar, Kalinga University, Village - kotni, Near Mantralaya, New Raipur C.C.

Signature of the Head of the Institution
Kalinga University Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors

A-I.5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. DETAILS OF AFFILIATION FEE PAID

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
D. Pharm	2017-18	DD No-093401	26/08/2016	
B. Pharm	2017-18	DD No-093402	26/08/2016	

OBC Bank (Enclosed as Annexure-3)

b. APPROVAL STATUS

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVT	UNIVERSITY	Remarks of the Inspectors
B. Pharm		Approval Letter No and Date	Ref No-32-1200/15			
		Approved Intake	60 - PCI/2082C-			
		Actually Admitted	60	28 dt 28/7/16		
D. Pharm		Approval Letter No and Date			KU/2016/1052	
		Approved Intake	60		dt 24/08/2016	
		Actually Admitted	60	(Enclosed as Annexure-4)		

c. STATUS OF APPLICATION

Course	Extension of Approval		Increase in Intake of Seats		Remarks	
					Current Intake	Proposed increase in Intake
D. Pharm	Yes	No	Yes	No	60	
B. Pharm	Yes	No	Yes	No	60	

Note: Enclose relevant documents (Enclosed as Annexure-4)

A-I.6

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same

Building / campus? If yes, give status

Yes

☐

No

☒

A-I.6 a

Status of the Pharmacy Course:

Independent Building

☒

Wing of another college

☐

Separate Campus

☐

Multi Institutional Campus

☐

Examining Authority : For Diploma course

For Degree course

With complete postal
Address, Telephone No.
and STD Code.

Kalinga University
Village - Kohni, Near Mantralaya, New Raipur, Chhattisgarh
0771-4087024

Signature of Principal of the Institution
Kalinga University Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors

B - Details of the Institution

B-I.1

Name of the Principal

Dr. Anand Mahalwar

Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm		15 years, out of which 5 years as Prof. / HOD	13 years	
	PhD	✓	10 years, out of which at least 05 years as Asst. Prof		

* Documentary evidence should be provided (Enclosed as Annexure - 5)

B-I.2

For institution seeking continuation of affiliation

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
B. Pharm	15 and 16 Feb. 2016	Linear moist chamber Stimulator Refrigerator	Complied	— No —

* Enclose Documents

(Enclosed as Annexure - 6)

B-I.3

Status of Governing Council:	Government/Trust/Society/Individual/University
Details of the Governing Body	✓ Enclosed / Not Enclosed (Enclosed as f)
Minutes of the last Governing council Meeting	✓ Enclosed / Not Enclosed (Enclosed as f)

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	State Government ✓ Yes / No	Yes / No	Yes / No	Yes / No	

B-I.5

D. Pharm Course: Admission statement for the past three years

ACADEMIC YEAR	Year 200-17-18	Year 200-	Year 200-
Sanctioned	60		
No. of Admissions	60		
Unfilled Seats	— Nil —		
No. of Excess Admissions	— Nil —		

B-I.6

Academic information: Percentage of D. Pharm results for the past three years: — N.A. —

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
D. Pharm			

Signature of the Head of the Institution
Kalinga University Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors

B-I.7

B. Pharm Course: Admission statement for the past three years

ACADEMIC YEAR	Year 200-16-17	Year 200-17-18	Year 200-
Sanctioned	60	60	
No. of Admissions	60	60	
Unfilled Seats	Nil	Nil	
No. of Excess Admissions	Nil	Nil	

B-I.8

Academic information: Percentage of UG results for the past three years based on University Calendar

ACADEMIC YEAR	Year 200-16-17	Year 200-	Year 200-
1 st year B.Pharm 1 st Sem	62%		
2 nd year B.Pharm 2 nd Sem	48%		
3 rd year			
Final year			
Pass % (Final Year)			

B-II

Co - Curricular Activities / Sports Activities

Whether college has NSS Unit (Yes/No)?	Yes
If no give reasons	
NSS Programme Officer's Name	Mr. Sanjeev Yadav
Programme conducted (mention details)	Swachhata Abhiyan
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes/No
Physical Instructor	Available / Not available
Sports Ground	Individual / Shared ✓

C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

C .1 Resources and funding agencies (give complete list)

C .2 Please provide following Information

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others	— Nil —	CAPITAL EXPENDITURE			
2.	Tuition Fee	27,00,000/-	1.	Building	14,68,51737/-	
3.	Library Fee	— Nil —	2.	Equipment	22,93,342/-	
4.	Sports Fee	— Nil —	3.	Others	2,17,950/-	
5.	Union Fee	— Nil —	REVENUE EXPENDITURE			
6.	Others	5,56,200/-	1	Salary	21,60,000/-	
			2.	MAINTENANCE EXPENDITURE		
			i	College		
			ii	Others		
			3.	University Fee (If any)		
			4.	Apex Bodies Fee		
			5.	Government Fee	32726/-	
			6.	Deposit held by the College		
			7.	Others		
			8.	Misc. Expenditure	1200/-	
			Total		15,15,56,955/-	
Total		32,56,200/-				

Note: Enclose relevant documents

Signature of the Principal
Kalinga University - Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (D.Pharm / B.Pharm courses) : ☒ Available/Not Available
 - a) 2.5 acres District HQ/Corporation/Municipality limit
 - b) 0.5 acre for City / Metros
- 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 : ☒ Enclosed/Not available (Enclosed as Ann-1)
- d. Building:
 - i) Approved Building plan, sale deed to be enclosed) : ☒ Enclosed/Not available (Enclosed as Ann-1)
- e. Total Built Area of the college building in Sq.mts : Built up Area 13358.77 Sq.mts

Amenities and Circulation Area

25% of above

2. Class rooms:

Total Number of Class rooms provided for both D. Pharm and B. Pharm

Class	Required	Available Numbers	Required Area * for each Class Room	Available Area in Sq. mts	Remarks of the Inspectors
D. Pharm	02	02	90 Sq. mts each	90 Sq.mts	
B. Pharm	04	04	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	each	

(* To accommodate 60 students)

3. Laboratory requirement for both D. Pharm and B. Pharm

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq mts	Remarks/ Deficiency
1	Laboratory Area for B. Pharm Course (10 Labs) Laboratory area for D. Pharm Course (03 Labs)	90 Sq. mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts - Essential	13 Labs 90 Sq.mts each	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm and D.Pharm Course	03 Laboratories 03 Laboratories 01 Laboratory 03 Laboratories 02 Laboratories 01 Laboratory 13 Laboratories *	03, 90 Sq.mts 03, 90 Sq.mts 01, 90 Sq.mts 03, 90 Sq.mts 02, 90 Sq.mts 01, 90 Sq.mts 13 Laboratories	
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)	Available	
4	Area of the Machine Room	80-100 Sq.mts	01, 100 Sq.mts	
5	Central Instrument Room	80 Sq.mts with A/ C	01, 80 Sq.mts	
6	Store Room – I	1 (Area 100 Sq mts)	01, 100 Sq.mts	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01, 20 Sq.mts	

*No. of laboratories required for for both D. Pharm and B. Pharm

Signature of the Head of the Institution
Kalinga University - Faculty of Pharmacy
Bhubaneswar, Odisha

Signature of the Inspectors

† The Institutions will not be permitted to run the courses in rented building on or after 31.12.2008

1. All the Laboratories should be well lit & ventilated
2. All Laboratories should be provided with basic amenities and services like exhaust fans and fuming chamber to reduce the pollution wherever necessary.
3. The workbenches should be smooth and easily cleanable preferably made of non-absorbent material.
4. The water taps should be non-leaking and directly installed on sinks Drainage should be efficient.
5. Balance room should be attached to the concerned laboratories.

4. Administration Area:

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Principal's Chamber	01	30 Sq. mts	01	30 Sq. mts	
2	Office – I – Establishment	01	60 Sq. mts	01	60 Sq. mts	
3	Office – II – Academics					
4	Confidential Room					

5. Staff Facilities:

Sl No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4	04	20 Sq. mts for each	
2	Faculty Rooms for D.Pharm & B.Pharm course		10 Sq mts x n (n=No of teachers)	01	to 10 Sq. mts for each teacher	

6. Museum, Library, Animal House and other Facilities:

Sl No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Animal House	01	80 Sq. mts	01	80 Sq. mts	
2	Library	01	150 Sq. mts	01	150 Sq. mts	
3	Museum	01	50 Sq. mts (May be attached to the Pharmacognosy lab)	01	50 Sq. mts	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity			
5	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants			

Signature of the Principal of the Institution
Kalinga University-Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors

7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Girl's Common Room (Essential)	01	60 Sqmts	01	60 Sqmts	
2	Boy's Common Room (Essential)	01	60 Sq.mts	01	60 Sqmts	
3	Toilet Blocks for Boys	01	24 Sq.mts	01	24 Sqmts	
4	Toilet Blocks for Girls	01	24 Sq.mts	01	24 Sqmts	
5	Drinking Water facility – Water cooler (Essential).	01	-	- Adequate -		
6	Boy's Hostel (Desirable)	01	9 Sq mts/ Room Single occupancy			
7	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)			
8	Power Backup Provision (Desirable)	01		01	75 KVA	

8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	01	75 Sqmts	
Computer (Latest configuration)	1 system for every 10 students (UG & PG)	30		
Printers	1 printer for every 10 computers	03		
Multi Media Projector	01	01		
Generator (5KVA)	01	01	75 KVA	

Signature of ~~Principal~~ of the Institution
Kalinga University-Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors

9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts				
Staff quarters	16 x 80 Sq mts				
Canteen	100 Sq. mts	01	>100 Sq.mts		
Parking Area for staff and students		— Available Adequate —			
Bank Extension Counter					
Co operative Stores					
Guest House	80 Sq. mts				
Auditorium					
Seminar Hall		01	>100 Sq.mts		
Transport Facilities for students					
Medical Facility (First Aid)		— Available —			

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	222	3339	
2	Annual addition of books		150 books per year			
3	Periodicals Hard copies / online		10 National 05 International periodicals	10 National 05 International		
4	CDS		Adequate Nos	— Adequate —		
5	Internet Browsing Facility		Yes/No (Minimum ten Computers)			
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	01 01 01		
7	Library Automation and Computerized System		— Available —			
8	Library Timings		— 9:00 am to 5:00 pm —			

Signature of the Head of the Institution
Kalinga University-Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors

10.B. Subject wise Classification:

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I	03	53	
2	Pharmaceutical Chemistry – I	03	48	
3	Pharmacognosy	03	43	
4	Biochemistry and Clinical Pathology	01	30	
5	Human Anatomy and Physiology	04	90	
6	Health Education and Community Pharmacy	02	80	
7	Pharmaceutics – II	03	80	
8	Pharmaceutical Chemistry – II	01	40	
9	Pharmacology and Toxicology	02	40	
10	Pharmaceutical Jurisprudence	03	52	
11	Drug Store and Business Management	04	75	
12	Hospital and Clinical Pharmacy	04	80	

10.C. Library Staff:

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

Principal
Signature of the Head of Institution
Kalinga University - Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio:

(Required ratio --- Theory → 60:1 and Practicals → 20:1) If more than 20 students in a batch 2 staff members

to be present provided the lab is spacious.

Class	Theory	Practicals	Remarks of the Inspectors
B.Pharm	60:1	20:1	
D.Pharm	60:1	20:1	

2. Scheme of B. Pharm Course:

Annual ☐

Semester ☒

3. Date of Commencement of session / sessions for B.PHARM:

Commencement DD/MM/YY	Completion DD/MM/YY
01/07/2017	30/06/2018
No of Days	No of Days

4. Vacation for B.PHARM:

Summer:

Winter:

5. Total No. of working days for B.PHARM:

6. Date of Commencement of session for D.PHARM:

Commencement DD/MM/YY	Completion DD/MM/YY
01/07/2017	30/06/2018
No of Days	No of Days

7. Vacation for D.PHARM:

Summer:

Winter:

8. Total Number of working days for D.PHARM

9. Time Table copy Enclosed:

(Tick ✓)

a. B. Pharm course

☒ Yes

No ☐ — (Enclosed as Annexure -)

b. D.Pharm Course

Yes ☐

No — (Enclosed as Annexure -)

10. Whether the prescribed numbers of classes are being conducted as per university norms for

B. PHARM — Yes

I B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
					(Enclosed as Annexure - 13)	

Signature of ~~Principal~~ of the Institution
Kalinga University-Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors

II B. Pharm: — N.A. —

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		

III B. Pharm: — N.A. —

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		

IV B. Pharm: — N.A. —

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		

Signature of the Principal of the Institution
Kalinga University, Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors

11. Whether the prescribed numbers of classes are being conducted as per PCI norms for D.PHARM - M.A.

11. Whether the prescribed numbers of classes are being conducted as per PCI norms for D.PHARM – I							
Class/Subject	Theory		Practicals				Remark of the Inspectors
	Prescribed No of Hours	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	Prescribed Number of Classes	No of Classes Conducted with duration per class	
I D. Pharm							
Pharmaceutics – I	75		100		25		
Pharmaceutical Chemistry – I	75		75		25		
Pharmacognosy	75		75		25		
Biochemistry and Clinical Pathology	50		75		25		
Human Anatomy and Physiology	75		50		25		
Health Education and Community Pharmacy	50		----		----		
II D. Pharm							
Pharmaceutics – II	75		100		25		
Pharmaceutical Chemistry – II	100		75		25		
Pharmacology and Toxicology	75		50		25		
Pharmaceutical Jurisprudence	50		----		----		
Drug Store and Business Management	75		----		----		
Hospital and Clinical Pharmacy	75		50		25		

12. Whether Tutorials are being conducted (if any, as per university norms)

✓ Yes

Yes

No

13. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last year

A.

Name of the Event	Year 200-16-17	Year 200-	Year 200-
Guest Lectures	03		
Seminars	Nil		
Workshops	Nil		
Symposia	Nil		

Signature of the Head of the Institution
Principal
Kalinga University-Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors

B. Papers Presented / Published during last three years Nil

	Year 200-		Year 200-		Year 200-	
	National	International	National	International	National	International
Published						
Presented						

14. Whether Internal Assessments are conducted periodically as per university / Board norms

Yes ☒ No ☐

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		III Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
B.PHARM							
I.B. Pharm							
II B. Pharm		(Enclosed as Annexure - 14)					
III B. Pharm							
IV B. Pharm							
D.PHARM ← N.A. →							
I D. Pharm							
II D. Pharm							

15. Whether Evaluation of the internal assessments is Fair

Yes ☒ No ☐

Class	No. of Candidates scored more than 80%		No. of Candidates scored more than 60 - 80%		No. of Candidates scored more than 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I B. Pharm (1st Sem)	03		37		09		05		
II B. Pharm									
III B. Pharm									
IV B. Pharm									

16. Whether Evaluation of the internal assessments is Fair

Yes ☐ No ☐

Class	No. of Candidates scored more than 80%		No. of Candidates scored more than 60 - 80%		No. of Candidates scored more than 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I D. Pharm									
II D. Pharm									

17. Work load of Faculty members for D. Pharm and B. Pharm (Enclosed as Annexure - 15)

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

Principal
Signature of the Head of Pharmacy
Kalinga University
Raipur (C.G.)

Signature of the Inspectors

18. Work load of Faculty members for B. Pharm — Enclosed as Annexure — 16

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

19. Workload of Faculty members for D. Pharm — Enclosed as Annexure — 17

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

20. Percentage of students qualified in GATE in the last Three Years — N.A. —

Details	Year 200-	Year 200-	Year 200-
No. of Students Appeared			
No. of Students Qualified			
Percentage			

21. Whether the Institution has an Industry – Institution Interaction cell Yes ☐ No ☐

For B. Pharm — In process

If applicable please give the details for the previous Year

Events	Details for the Previous Year
No. of Industrial visits	
Industrial Tour	
Industrial Training	
No. of Resource Persons from the Industry for Guest Lectures	
No. of Collaboration projects with Industry	

22. Percentage of students Placed through the College Placement Cell in the Last Three Years — N.A. —

Year	Year 200-	Year 200-	Year 200-
No. of students appeared for campus interview			
% Placed			

23. Whether Professional Society Activities are Conducted (Enclose Details)
(ISTE, IPA, APTI, ICTA and Related Societies)

Yes ☐ No ☒

Signature of the Head of the Institution
K. J. Somaiya University, Faculty of Pharmacy
Vadodra (G.G.)

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF

1. Details of Teaching Faculty for D. Pharm and B.Pharm Course to be enclosed in the format mentioned below:

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
			Enclosed as			Annexure - 18		

2. Details of Teaching Faculty for B.Pharm Course to be enclosed in the format mentioned below:

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
			Enclosed as			Annexure - 19		

3. Details of Teaching Faculty for D. Pharm Course to be enclosed in the format mentioned below:

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Experience		State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
					After UG	After PG			
			Enclosed as Annexure - 20						

4. Qualification and number of Staff Members

Qualification						
B. Pharm		M. Pharm		PhD		Others
	01		10		01	03 Part Time

5. Staff Pattern for B. Pharm courses department wise: : Professor: Asst. Professor: Lecturer

Department / Division	Name of the post	For strength of 60 students	Provided by the institution	Remarks of the Inspectors of inspection team
Department of Pharmaceutics	Professor	1	01	
	Asst. Professor	1		
	Lecturer	4		
Department of Pharmaceutical Chemistry (including Pharmaceutical Analysis)	Professor	1	04	
	Asst. Professor	1		
	Lecturer	4		
Department of Pharmacology	Professor	1	03	
	Asst. Professor	1		
	Lecturer	3		
Department of Pharmacognosy	Professor	1	02	
	Asst. Professor	1		
	Lecturer	2		

Signature of the Principal of the Institution
Kalinga University-Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors

6. Teaching Staff required year wise exclusively for B. Pharm for intake of 60 Students.

	No. of staff required for I *B.Pharm	Available	No. of staff required for II B.Pharm	Available	No. of staff required for III B.Pharm	Available	No. of staff required for IV B.Pharm	Available
Principal	1		1	01	1		1	
Pharmaceutical Chemistry	1		2	04	3		4	
Pharmaceutical Analysis	1		..		-		1	
Pharmacology	1		2	03	3		4	
Pharmacognosy	1		2	02	3		3	
Pharmaceutics	1		2	01	3		4	
Total	6		9	11	13		17	
Part time teaching Staff	3		-		-		-	
Remarks of the Inspection Team								

*Part time teaching staff for Mathematics, Biology and Computer Science should be appointed.

7. 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

8. Details of Faculty Retention for:

Name of Faculty Member	Period	Percentage
	Duration of 15 yrs. And above	N.A. ~
	Duration of 10 yrs. And above	
	Duration of 5 yrs. And above	
	Less than 5 yrs.	100%

9. Details of Faculty Turnover

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
① Dr. Anand Mahalwar	% of faculty retained in last 3 yrs			✓	
② Mr. Ajay Sonaf					
③ Mr. Vinay Jaiswal					
④ Ms. Rajni Patel					

Signature of the Principal of the Institution
Kalinga University Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors

10. Number of Non-teaching staff available for D. Pharm and B. Pharm course for intake of 60 students:

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	04	D. Pharm	
2	Laboratory Assistants/ Attenders	1 for each Lab (minimum)	SSLC	13	SSLC	
3	Office Superintendent	1	Degree	01	BSc, PGDCA	
4	Accountant	1	Degree	01	M. Com	
5	Store keeper	1	D. Pharm/ Degree	01	Graduation	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	01	Graduation with Computer Course	
7	First Division Assistant	1	Degree	01	Graduation	
8	Second Division Assistant	2	Degree	02	Graduation	
9.	Peon	2	SSLC	02	SSLC	
10	Cleaning personnel	Adequate	---	---	Adequate	
11	Gardener	Adequate	---	---	Adequate	

Signature of the Head of the Institution
Principal
Kalinga University Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors

11. Scale of pay for Teaching faculty (to be enclosed): (Enclosed as Annexure - 21)

Sl. No	Name	Qualification	Designation	Basic pay Rs.	DA Rs.	HRA Rs.	CCA Rs.	Other allowance Rs.	Deductions	PAN A/C No	EPF A/c no.	Total	Signature
									P T TDS EPF				

12. Whether facilities for Research / Higher studies are provided to the faculty? --- Yes
(Inspectors to verify documents pertaining to the above)

13. Whether faculty members are allowed to attend workshops and seminars? --- Yes
(Inspectors to verify documents pertaining to the above)

14. Scope for the promotion for faculty: Promotions
Yes ☒ No ☐

15. Gratuity Provided
Yes ☐ No ☒

16. Details of Non-teaching staff members (list to be enclosed) : (Enclosed as Annexure - 22)

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

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

Signature of the Principal of the Institution
Kalinga University - Faculty of Pharmacy
Bairat (C.G.)

Signature of the Inspectors

PART V - DOCUMENTATION

Records Maintained: Essential

Sl. No	Records	Yes	No	Remarks of the Inspectors
1.	Admissions Registers	Yes		
2.	Individual Service Register	Yes		
3.	Staff Attendance Registers	Yes		
4.	Sessional Marks Register	Yes		
5.	Final Marks Register	Yes		
6.	Student Attendance Registers	Yes		
7.	Minutes of meetings- Teaching Staff	Yes		
8.	Fee paid Registers	Yes		
9.	Acquittance Registers	Yes		
10.	Accession Register for books and Journals in Library	Yes		
11.	Log book for chemicals and Equipment costing more than Rupees one lakh	Yes		
12.	Job Cards for laboratories	Yes		
13.	Standard Operating Procedures (SOP's) for Equipment	Yes		
14.	Laboratory Manuals	Yes		
15.	Stock Register for Equipment	Yes		
16.	Animal House Records as per CPCSEA	Yes		

Signature of the Principal of the Institution
Kalinga University-Faculty of Pharmacy
Raipur (C.G.)

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)

Annexure - 23, 24 and 25)

Sl	Expenditure in Rs.				Expenditure in Rs.				Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	
No.									

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

Sl	Expenditure in Rs.				Expenditure in Rs.				Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Total budget allocated	Sanctioned	Incurred	Total budget allocated	
No.									
	Chemicals	3,00,000	2,53,296	Chemicals	3,00,000	1,00,000	1,00,000	Chemicals	3,00,000
	Glassware	2,00,000	1,00,000	Glassware	2,00,000	53,151	53,151	Glassware	2,00,000

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

Sl	Expenditure in Rs.				Expenditure in Rs.				Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Total budget allocated	Sanctioned	Incurred	Total budget allocated	
No.									
	Equipment	80,00,000	70,11,340	Equipment	30,00,000	24,64,973	24,64,973	Equipment	30,00,000

Signature of the Hospital
Kalinga University-Faculty of Pharmacy

Signature of the Inspectors

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

Sl No.	Expenditure in Rs. 2015-16				Expenditure in Rs. 2016-17				Expenditure in Rs. 2017-18				Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	50,00,000	40,83,807	Books	40,00,000	38,18,027	Books	30,00,000	53,0992	Books	30,00,000	53,0992	
2	Journals	28,00,000	16,403	Journals	2,00,000	110523	Journals	2,00,000	29098	Journals	2,00,000	29098	

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

Signature of the Head of the Institution
Principal
Kalinga University-Faculty of Pharmacy
Raipur (C.O.)

Signature of the Inspectors

PART VII – EQUIPMENT AND APPARATUS

Note: Inspectors are requested to note that items which are marked with an asterisk (*) are common for both B.Pharm and D. Pharm.

I --Department wise List of Minimum equipments required for D. Pharm

PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Continuous Hot Extraction Equipment	05	05	Yes	
2	Conical Percolator	05	05	Yes	
3	Tincture Press	01	01	Yes	
4	Hand Grinding Mill	01	01	Yes	
5	Disintegrator*	01	01	Yes	
6	Ball mill*	01	01	Yes	
7	Hand operated Tablet machine	01	01	Yes	
8	Tablet Coating Pan unit with hot air blower laboratory size*	01	01	Yes	
9	Polishing pan laboratory size	01	01	Yes	
10	Monsanto's hardness tester	01	01	Yes	
11	Pfizer type hardness tester	01	01	Yes	
12	Tablet disintegration test apparatus IP*	01	01	Yes	
13	Tablet dissolution test apparatus IP*	01	01	Yes	
14	Granulating sieve set	10	10	Yes	
15	Tablet counter – small size	05	05	Yes	
16	Friability tester*	01	01	Yes	
17	Collapsible tube – Filling and sealing equipment*	01	01	Yes	
18	Capsule filling machine – Lab size*	01	01	Yes	
19	Digital balance*	01	01	Yes	
20	Distillation unit for distilled water	02	02	Yes	
21	Deionisation unit	01	01	Yes	
22	Glass distillation unit for water for injection	01	01	Yes	
23	Ampoule washing machine	01	01	Yes	
24	Ampoule filling and sealing machine*	01	01	Yes	
25	Sintered glass filters for bacteria proof filtration (four different grades)	Adequate	— Adequate —	Yes	

Signature of the Head of the Institution
Kalinga University - Faculty of Pharmacy

Signature of the Inspectors

26	Millipore filter (3 grades)	Adequate	← Adequate	Yes
27	Autoclave*	01	01	Yes
28	Hot air sterilizer	01	01	Yes
29	Incubator	01	01	Yes
30	Aseptic cabinet	01	01	Yes
31	Ampoule clarity test equipment*	01	01	Yes
32	Blender	01	01	Yes
33	Sieves set (Pharmacopoeial standard)*	02	02	Yes
34	Lab Centrifuge	01	01	Yes
35	Ointment slab	Adequate	← Adequate	—
36	Ointment spatula	Adequate	← Adequate	—
37	Pestle and mortar porcelain	Adequate	← Adequate	—
38	Pestle and mortar glass	Adequate	← Adequate	—
39	Suppository moulds of three sizes	Adequate	← Adequate	—
40	Refrigerator	01	01	Yes

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

PHARMACEUTICAL CHEMISTRY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Refractometer	01	01	Yes	
2	Polarimeter	01	01	Yes	
3	Photoelectric colorimeter	01	01	Yes	
4	Ph meter*	01	01	Yes	
5	Atomic model set*	02	02	Yes	
6	Electronic balance*	01	01	Yes	
7	Periodic table chart*	Adequate	← Adequate	—	

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

Signature of the Head of the Institution
Kalinga University-Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors

PHYSIOLOGY & PHARMACOLOGY LABORATORY
Equipment:

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

Signature of the Head of the Institution

Kalinga University - Faculty of Pharmacy

Signature of the Inspectors

32	Anatomical specimen (Heart, brain, eye, ear, reproductive system etc.,)*	01 set	01 Set of each
33	Electro-convulsimeter*	01	01
34	Stop watch	Adequate	— Adequate —
35	Clamp, boss heads, screw clips*	Adequate	— Adequate —
36	Syme's Cannula*	Adequate	— Adequate —

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

PHARMCOGNOSY LABORATORY

Equipment:

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

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

PHARMACY PRACTICE LABORATORY

Equipment:

SI No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	2	02	Yes	
2	Microscope	Adequate	— Adequate —	—	
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	
8	Filling Machine	1	01	Yes	
9	Sealing Machine	1	01	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

10	Autoclave sterilizer	1	01	Yes
11	Membrane filter	1 Unit	01 Unit	Yes
12	Sintered glass funnel with complete filtering assemble	Adequate	Adequate	—
13	Small disposable membrane filter for IV admixture filtration	Adequate	Adequate	—
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: Adequate number of glass ware commonly used in the laboratory should be provided in each laboratory and the department.

Museum: Every Institution shall maintain a museum of crude drugs, herbarium sheets, botanical specimens of the drugs, and plants, mentioned in the course in addition the following are recommended.

1. Colored slides of medicine plants.
2. Display of popular patent medicines, and
3. Containers of common usage in medicines.

Signature of the Head of the Institution
Kalinga University Faculty of Pharmacy
Patna

Signature of the Inspectors

II Department wise List of Minimum equipments required for B. Pharm (for a batch of 20 students)
DEPARTMENT OF PHARMACOLOGY
Equipment:

Sl. 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	Sahl's haemocytometer	20	20	Yes	
4	Hutchinson's spirometer	01	01	Yes	
5	Spygmomanometer*	5	05	Yes	
6	Stethoscope*	5	05	Yes	
	Permanent Slides for various tissues	One pair of each tissue			
		Organs and endocrine glands			
		One slide of each organ system			
8	Models for various organs	One model of each organ system	— Available	Adequate —	
9	Specimen for various organs and systems*	One model for each organ system	— Available	Adequate —	
10	Skeleton and bones*	One set of skeleton and one spare bone	— Available	Adequate —	
11	Different Contraceptive Devices and Models*	One set of each device	— Available	Adequate —	
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	Electronic Balance	01	01	Yes	
18	Physical /Chemical Balance	01	01	Yes	
19	Sherrington's Kymograph Machine / Polyrite	10	10	Yes	
20	Sherrington Drum*	10	10	Yes	
21	Perspex bath assembly (single unit)	10	10	Yes	

Signature of the Head of the Institution

Principal
Kalinga University-Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors

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	— Adequate number —		
26	Actophotometer*	01	01	Yes	
27	Rotarod	01	01	Yes	
28	Pole climbing apparatus*	01	01	Yes	
29	Analgesimeter (Eddy's hot plate and radiant heat methods)*	01	01	Yes	
30	Convulsimeter*	01	01	Yes	
31	Plethysmograph	01	01	Yes	
32	Digital pH meter	01	01	Yes	

Apparatus:

Sl. 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.

DEPARTMENT OF PHARMACOGNOSY

Equipment:

Sl. 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	

Signature of the Head of the Institution
Kalinga University Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors

10	Digital pH meter	01		Yes	
11	Microscope with stage and oil immersion objective	20		Yes	
12	Sterility testing unit	01		Yes	
13	Camera Lucida	15		Yes	
14	Eye piece micrometer	15		Yes	
15	Stage micrometer	20		Yes	
16	Incinerator	01		Yes	
17	Moisture balance	01		Yes	
18	Heating mantle	15		Yes	
19	Flourimeter	01		Yes	
20	Vacuum pump	02		Yes	
21	Micropipettes (Single and multi channelled)	02		Yes	
22	Micro Centrifuge	01		Yes	
23	Projection Microscope	01		Yes	

Apparatus:

Sl. 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	
5	TLC chamber and sprayer	10	10	Yes	
6	Distillation unit	01	01	Yes	

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

DEPARTMENT OF PHARMACEUTICAL CHEMISTRY

Equipment:

Sl. 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	

Signature of the Head of the Institution
Principal
Kalinga University Faculty of Pharmacy
Bairath (C. G.)

Signature of the Inspectors

5	Digital balance 10mg sensitivity	10		Yes
6	Suction pumps	06		Yes
7	Muffle Furnace	01		Yes
8	Mechanical Stirrers	10		Yes
9	Magnetic Stirrers with Thermostat	10		Yes
10	Vacuum Pump	01		Yes
11	Digital pH meter	01		Yes
12	Microwave Oven	01		Yes

Apparatus:

Sl. 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.

DEPARTMENT OF PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Homogenizer	05	05	Yes	
2	Digital balance (10 mg sensitivity)	05	05	Yes	
3	Microscopes	05	05	Yes	
4	Stage and eye piece micrometers	05	05	Yes	
5	Brookfield's viscometer	01	01	Yes	
6	Ball mill*	01	01	Yes	
7	Sieve shaker with sieve set*	01	01	Yes	
8	Double cone blender	01	01	Yes	
9	Propeller type mechanical agitator	05	05	Yes	
10	Autoclave*	01	01	Yes	
11	Steam distillation still	01	01	Yes	

Signature of the Head of the Institution
Principal

Signature of the Inspectors

Kalinga University-Faculty of Pharmacy
Rainur (C.G.)

12	Vacuum Pump*	01	Yes
13	Standard sieves, sieve no. 8, 10, 12, 22, 24, 44, 66, 80	10 sets	
14	Tablet punching machine	01	Yes
15	Capsule filling machine*	01	Yes
16	Ampoule washing machine*	01	Yes
17	Ampoule filling and sealing machine*	01	Yes
18	Tablet disintegration test apparatus IP	01	Yes
19	Tablet dissolution test apparatus IP	01	Yes
20	Monsanto's hardness tester	01	Yes
21	Pfizer type hardness tester	01	Yes
22	Friability test apparatus*	01	Yes
23	Clarity test apparatus	01	Yes
24	Ointment filling machine*	01	Yes
25	Collapsible Tube Crimping Machine*	01	Yes
26	Tablet coating pan*	01	Yes
27	Magnetic stirrer, 500ml and 1 liter capacity*, with variable speed control.	10	Yes
28	Digital pH meter	02	Yes
29	All purpose equipment with all accessories	01	Yes
30	Aseptic Cabinet	01	Yes
31	BOD Incubator	02	Yes
32	Bottle washing Machine	01	Yes
33	Bottle Sealing Machine	01	Yes
34	Bulk Density Apparatus	02	Yes
35	Conical Perculator (glass/ copper/ stainless steel)	10	Yes
36	Capsule Counter	02	Yes
37	Energy meter	02	Yes
38	Hot Plate	02	Yes
39	Humidity Control Oven	02	Yes
40	Liquid Filling Machine	01	Yes
41	Mechanical stirrer with speed regulator	02	Yes
42	Precision Melting point Apparatus	01	Yes
43	Tray Drier	01	Yes
44	Distillation Unit	01	Yes

Signature of the Head of the Institution
Kalinga University - Faculty of Pharmacy
 Raipur (C.G.)

Signature of the Inspectors

Apparatus:

Sl. 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	05 Each	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.

PHARMACEUTICAL BIOTECHNOLOGY

Sl. 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			
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			
7	Tissue culture station	01			
8	Laminar airflow unit	01	01	Yes	
9	Diagnostic kits to identify infectious agents	01	01	Yes	
10	Rheometer	01	01	Yes	
11	Viscometer	01	01	Yes	
12	Micropipettes (single and multi channelled)	01 each	01 each	Yes	
13	Sonicator	01			
14	Respinometer	01	01	Yes	
15	BOD Incubator	01	01	Yes	

Signature of the Head of the Institution
Kalinga University-Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors

16	Paper Electrophoresis Unit	01		Yes	
17	Micro Centrifuge	01		Yes	
18	Incubator water bath	01		Yes	
19	Autoclave	01		Yes	
20	Refrigerator	01		Yes	
21	Filtration Assembly	01		Yes	
22	Digital pH meter	01		Yes	

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

CENTRAL INSTRUMENTATION ROOM:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01	01	Yes	
2	Digital pH meter	01			
3	UV- Visible Spectrophotometer	01	01	Yes	
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			
12	HPTLC (Desirable)	01	01	Yes	
13	Atomic Absorption and Emission spectrophotometer (Desirable)	01			
14	Biochemistry Analyzer (Desirable)				
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01			
16	Deep Freezer (Desirable)	01			
17	Ion- Exchanger	01			
18	Lyophilizer (Desirable)	01	01	Yes	

* Items marked with asterisk are common for B.Pharm and D. Pharm

Signature of the Head of Institution
P.B. College of Pharmacy

Signature of the Inspectors

Observation of the Inspectors:

Compliance of the last recommendations by Inspectors

Specific observations if not complied

Signature of Inspectors:

1.

2.

Note:

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

Signature of the ~~Principal~~ of the Institution
Kalinga University-Faculty of Pharmacy
Raipur (C.G.)

Signature of the Inspectors