

# PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions for stating of 1<sup>st</sup> year B. Pharm course as per The Bachelor of Pharmacy (B.Pharm) course Regulation, 2014.

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

(SIF-B-2)

To be filled up by P.C.I.

Inspection No. :

File No. :

To be filled up by inspectors

Date of Inspection

NAME OF THE INSPECTORS:

1.

2.

## PART – I

### A – GENERAL INFORMATION

<b>A – I.1</b> Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	<b>Rajesh Bhaiyya Tope college of Pharmacy (B.Pharm)</b> Gut. No.179, Nipani-Bhalgaon Near Videocon communication ltd., Beed Highway road, Aurangabad 0240 2329696 2356565 <a href="mailto:shivatrusts@yahoo.com">shivatrusts@yahoo.com</a>
Year of Establishment	2016-17
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Private
<b>A – I.2</b> Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	Shiva Trust Aurangabad 3 <sup>rd</sup> floor, Saniya Chamber Near 7 hill, over Bridge, Jalna road Aurangabad -431001 (M.S.) 0240 2329696 2356565 <a href="mailto:shivatrusts@yahoo.com">shivatrusts@yahoo.com</a> <a href="http://www.shivatrust.com">www.shivatrust.com</a>
<b>A – I.3</b> Name, Designation and, Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	<b>Dr. Shantanu Pawar</b>  0240  2329696 - 9370807475,9422803895,9325707036 0240-2356565 <a href="mailto:drshantanupawar@gmail.com">drshantanupawar@gmail.com</a>
<b>A – I.4</b> <b>Name and Address of the Head of the Institution</b>	<b>Dr. P.N.Dhabale</b>  Rajesh Bhaiyya Tope College of Pharmacy,Nipani-Bhalgaon, Aurangabad - 431007
<b>A-1.4 a)</b> <b>Weather the Jan Aushadhi Medical Store has been opened by your institution</b>	No

A – I . 5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

Signature of the Head of the Institution

Signature of the Inspectors

**a. Details of Affiliation Fee Paid**

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B. Pharm				New D.D. dated 17-05-2017 attached

**b. APPROVAL STATUS:**

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspectors
B. Pharm	New institution	Approval Letter No and Date	---	No-2/NGC/NEW PHARM/Approval/2016/966, Dated: 27 July 2016	Dr. BAMU Letter No. EDN/Affiliation/PPG/2016-17/19598-605 Dated 07-10-2016	
		Approved Intake		100	100	
		Actually Admitted		100	100	

**c. STATUS OF APPLICATION**

COURSES INSPECTED FOR			
Faculty / Subject	Extension of Approval	Increase in Intake of Seats	Remarks
			Current Intake - 100
B. Pharm	Yes (First Approval)	No	

Note: Enclose relevant documents

A –I. 6

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same Building / campus? If Yes, Give Details

Yes  No

A – I. 6 a

Status of the Pharmacy Course:	
Independent Building	<input checked="" type="checkbox"/>
Wing of another college	<input type="checkbox"/>
Separate Campus	<input type="checkbox"/>
Multi Institutional Campus	<input type="checkbox"/>

Examining Authority : **Dr. Babasaheb Ambedkar Marathwada University Aurangabad**  
 With complete postal Address, **University campus, Near soneri mahal Jaiyasingpura, Aurangabad 431004**  
 Telephone No. and STD Code. **02402403399**

Signature of the Head of the Institution

Signature of the Inspectors

**B - DETAILS OF THE INSTITUTION**

<b>B -I .1</b>		<b>Name of the Principal</b>				<b>Dr.Pandurang Namdeorao Dhabale</b>			
<b>Qualification/  Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>		<b>Actual experience</b>		<b>Remarks of the Inspectors</b>		
	M. Pharm.	<b>M.Pharm. Ph.D. M.B.A.</b>	15 years, out of which 5years		<b>33 Years (Private &amp; Govt.)</b>				
	PhD		10years, out of which at least 05 years as Asst. Prof						

\* Documentary evidence should be provided (Documents Attached)

**B -I .2**

For institution seeking continuation of affiliation - NA

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
<b>B. Pharm</b>	<b>New institution</b>			

\* Enclose Documents

**B -I .3**

<b>Status of Governing Council:</b>	<b>Trust</b>
<b>Details of the Governing Body</b>	<b>Enclosed</b>
<b>Minutes of the last Governing council Meeting</b>	<b>Enclosed</b>

**B -I .4**

**Pay Scales:**

Staff	Scale of pay		PF	Gratuity	Pension benefit	Remarks of the Inspectors
<b>Teaching Staff</b>	<b>AICTE 6<sup>th</sup> Pay Scale</b>	Yes	No	No	No	
<b>Non-Teaching Staff</b>	<b>State Government</b>	Yes	No	No	No	

**B -I .5**

**B. Pharm Course: Admission Statement for the Past Three Years ( New institution)**

ACADEMIC YEAR	Year 2016-17	Year 200-	Year 200-
<b>Sanctioned</b>	<b>100</b>		
<b>No. of Admissions</b>	<b>100</b>		
<b>Unfilled Seats</b>	<b>00</b>		
<b>No. of Excess Admissions</b>	<b>00</b>		

Signature of the Head of the Institution

Signature of the Inspectors

**B –I.6**

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

**(New institution) 2016-17**

<b>ACADEMIC YEAR</b>	<b>Year 200-</b>	<b>Year 200-</b>	<b>Year 200-</b>
<b>1<sup>st</sup> year</b>			
<b>2<sup>nd</sup> year</b>			
<b>3<sup>rd</sup> year</b>			
<b>Final year</b>			
<b>Pass % (Final Year)</b>			

**B – II**

**Co – Curricular Activities / Sports Activities**

**(New institution)**

Whether college has NSS Unit (Yes/No)? If no give reasons	YES
NSS Programme Officer's Name	Mr.Khandare Mahendra
Programme conducted (mention details)	Documents Attached
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes
Physical Instructor	Available
Sports Ground	Shared

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**C - FINANCIAL STATUS OF THE INSTITUTION**

Audited financial Statement of Institute should be furnished

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

**C .2 Please provide following Information**

**(New institution)**

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a.Government b.Others		<b>CAPITAL EXPENDITURE</b>			
2.	Tuition Fee		1.	Building		
3.	Library Fee		2.	Equipment		
4.	Sports Fee		3.	Others		
5.	Union Fee		<b>REVENUE EXPENDITURE</b>			
6.	Others		1	Salary		
			2.	<b>MAINTENANCE EXPENDITURE</b>		
				i	College	
				ii	Others	
			3.	University Fee (If any)		
			4.	Apex Bodies Fee		
			5.	Government Fee		
			6.	Deposit held by the College		
			7.	Others		
			8.	Misc.Expenditure		
<b>Total</b>			<b>Total</b>			

**Note: Enclose relevant documents**

**AUDIT REPORTS OF TRUST ATTACHED**

Signature of the Head of the Institution

Signature of the Inspectors

## PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (B. Pharm courses) : **Available**  
 a) 2.5 acres District HQ/Corporation/Municipality limit  
 b) 0.5 acre for City / Metros
- b. Building : **Own**
- c. Land Details to be in name of Trust and Society  
 Records to be enclosed  
 Sale deed : **Enclosed**
- d. Building<sup>†</sup>:  
 i) Approved Building plan, to be Enclosed : **Enclosed**
- e. Total Built Area of the college building in Sq.mts : Built up Area 3526 Sq.M.  
 Amenities and Circulation Area 1261.54 Sq.M.

### 2. Class rooms:

#### Total Number of Class rooms provided at the end of 4 Year Course

Class	Required Nos	Available Nos	Required Area * for each class room	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	06	06	6 of 90 Sq. mts or 4 of 150 Sq. address System. Mts with Public	540	

(\*To accommodate 100 students).

### 3. Laboratory requirement at the end of 4 Years

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq mts	Remarks/ Deficiency
1	Laboratory Area for B.Pharm Course (12 Labs)	90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts - Essential	900	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm course	03 Laboratories 02 Laboratories 01 Laboratory 02 Laboratories 01 Laboratories 01 Laboratory 10 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)	100	
4	Area of the Machine Room	80-100 Sq.mts	100	
5	Central Instrumentation Room	80 Sq.mts with A/ C	80	
6	Store Room – I	1 (Area 100 Sq mts)	100	
7	Store Room - II (For Inflammable chemicals)	1 (Area 20 Sq mts)	20	

\*Number of laboratories required for entire course of 4 years.

Signature of the Head of the Institution

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 fume chamber to reduce the pollution wherever necessary.
3. The work benches 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	
2	Office – I -Establishment	01	60 Sq. mts	01	60	
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 mtsx 4	04	80	
2	Faculty Rooms for B.Pharm course		10 Sq mtsx n (n=No of teachers)	18	180	

**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	
2	Library	01	150 Sq mts	01	150	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	01	50	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	300	
5	Seminar Hall	01		01	150	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	YES	YES	

Signature of the Head of the Institution

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 Sq.mts	01	60	
2	Boy's Common Room (Essential)	01	60 Sq.mts	01	60	
3	Toilet Blocks for Boys	01	24 Sq.mts	01	30	
4	Toilet Blocks for Girls	01	24 Sq.mts	01	30	
5	Drinking Water facility – Water Cooler (Essential).	01		YES	YES	
6	Boy's Hostel (Desirable)	01	9Sq.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		YES	YES	

**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	
Computer (Latest Configuration)	1 system for every 10 students	10	90	
Printers	1 printer for every 10 computers	2	YES	
Multi Media Projector	01	1	YES	
Generator (5KVA)	01	1	YES	

Signature of the Head of the Institution

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	1	150 Sq.M.		
Parking Area for staff and students					
Bank Extension Counter					
Co operative Stores					
Guest House	80 Sq. mts				
Transport Facilities for students					
Medical Facility (First Aid)					

### 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	Numbers	
1	Number of books	150	2000 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	150	2000	
2	Annual addition of books		150 to 200 books per year			
3	Periodicals Hard copies / online		10 National 05 International periodicals	10 05		
4	CDS		Adequate Nos	Adequate	Adequate	
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	Yes	Yes	
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	01 01 01		
7	Library Automation and Computerized System			Yes		
8	<b>Library Timings</b>			10:00 A.M. To 5:00 P.M.		

### 10.B. Library Staff:

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

Signature of the Head of the Institution

Signature of the Inspectors

**PART III ACADEMIC REQUIREMENTS**

**Course Curriculum:** (New institution)

**1. Student Staff Ratio:** Theory      Practicals      Remarks of the Inspectors

(Required ratio --- Theory → 60:1 and Practical → 20:1) If more than 20 students in a batch 2 staff member to be present provided the lab is spacious.

**2. Scheme of B. Pharm Course:** Semester

**3. Date of Commencement of session / sessions:**

Commencement	Completion
23/08/2016	01/05/2017

**4. Vacation:** Summer:  Winter:

**5. Total No. of working days:**

**6. Time Table:**  
Time Table for B. Pharm course Enclosed Yes  No

**7. Whether the prescribed numbers of classes are being conducted as per university norms**  
**I B. Pharm: (New institution)**

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		

**II 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		

**III B. Pharm:**

Signature of the Head of the Institution

Signature of the Inspectors

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

**IV B. Pharm:**

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

**8 . Whether Tutorials are being conducted**

(if any, as per university norms)

Yes

No

(New institution)

**9. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last Three years. -(New institution)**

**A.**

Name of the Event	Year 200-	Year 200-	Year 200-
Guest Lectures			
Seminars			
Workshops			
Symposia			

**B. Papers Presented / Published during last three years**

(New institution)

	Year 200-		Year 200-		Year 200-	
	National	International	National	International	National	International
<b>Published</b>						
<b>Presented</b>						

Signature of the Head of the Institution

Signature of the Inspectors

**10. Whether Internal Assessments are conducted periodically as per university norms**

Yes  No

( New institution)

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	
I B. Pharm							
II B. Pharm							
III B. Pharm							
IV B. Pharm							

**11. Whether Evaluation of the internal assessments is Fair** Yes  No

( New institution)

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

**12. Work load of Faculty members for B. Pharm**

**Work load of Faculty members for B.Pharm SEM-I**

(New institution)

S.R NO.	Name of Faculty	Subject taught	B.Pharm		Total work load	Specific Remark of the Inspector
			Th	Pr		
1	Mahendra M. Khandare	PP-I & ENGLISH	06	18	24	
2	Suvarna G.Bhokare	Pharmacognosy	04	09	13	
3	Sayyeda Arshiya	HAP	04	18	22	
4	Sandesh S. Dahiwal	PP-I	04	18	22	
5	Manjusha U. Kakde	Pharmacognosy	04	18	22	
6	Ubaid R. Shaikh	HAP	04	18	22	
7	Gourav Khandalkar	Rem.Mathematics	06	--	06	

**Work load of Faculty members for B.Pharm SEM-II**

S.R NO.	Name of Faculty	Subject taught	B.Pharm		Total work load	Specific Remark of the Inspector
			Th	Pr		
1	Mahendra M. Khandare	Ph.Org.Chemistry	04	15	19	
2	Suvarna G.Bhokare	Pharmaceutics	04	12	16	
3	Ubaid R. Shaikh	Comp & PCI	06	12	18	
4	Sandesh S. Dahiwal	Pharmaceutics	04	12	16	
5	Manjusha U. Kakde	Comp & PCI	06	12	18	
6	Magar Vidya	Ph.Org.Chemistry	04	12	16	
7	Dr. Karna Khavane	Env.Science	04	06	10	

**13. Percentage of students qualified in GATE in the last Three Years**

( New institution)

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

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

If applicable please give the details for the previous Year  
( New institution)

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	

Signature of the Head of the Institution

Signature of the Inspectors

**15. Percentage of students Placed through the College Placement Cell in the Last Three Years**

<b>Year</b>	<b>Year 200-</b>	<b>Year 200-</b>	<b>Year 200-</b>
<b>No. of students appeared for campus interview</b>	<b>(New institution)</b>		
<b>% Placed</b>			

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

<b>Yes</b>	
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**(New institution)**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**PART IV - PERSONNEL**

**TEACHING STAFF:**

**1. Details of Teaching Faculty for B.Pharm Course to be enclosed in the format mentioned below:  
(New institution)**

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.(MSPC)	Signature of the faculty	Remarks of the Inspectors
					After PG			
1.	Dr.P.N.Dhabale	Principal	M.Pharm. Ph.D.,M.B.A.	01-01-2017	33 years	LM/17324		
2.	Dr.Khavane Karna B.	Associate Professor	M.Pharm. Ph.D.	17-10-2016	08 years	72590		
3.	Mr.Dahiwal Sanedesh	Assistant Professor	M.Pharm.	03-10-2016	05 years	82401		
	Ms.Magar Vidya K.	Assistant Professor	M.Pharm.	27-10-2016	04 years	119335		
5.	Mr.Khandare Mahendra M.	Assistant Professor	M.Pharm.	01-08-2016	04 Years	129724		
6.	Ms.Bhokare Suvarna G.	Assistant Professor	M.Pharm.	01-08-2016	03 Years	83150		
7.	Ms.Kakde Manjusha U.	Assistant Professor	M.Pharm.	01-08-2016	02 Years	152801		
8.	Mr.Shaikh Ubaid R.	Assistant Professor	M.Pharm.	01-08-2016	01 Years	124387		

**2. Qualification and number of Staff Members  
(New institution)**

Qualification		
M. Pharm	PhD	Others - Full Time
06	02	02

**3. Teaching Staff required year wise exclusively for B.Pharm for intake of 100 Students.  
(New institution)**

	No. of Staff Required
1. Pharmaceutical Chemistry	7
2. Pharmaceutical Analysis	2
3. Pharmacology	4
4. Pharmacognosy	4
5. Pharmaceutics	6
6. Pharmacy Practice	1
7. Principal	1
<b>Total</b>	<b>25</b>
<b>Part Time Teaching Staff</b>	<b>03</b>
<b>Remarks of Inspection Time</b>	

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

4. **Staff Pattern for B. Pharm courses Department wise / Division wise:**

Professor: Asst. Professor: Lecturer 1:2:6

Department / Division	Name of the post	For strength of 100 students	Provided by the institution	Remarks of inspection team
Department of Pharmaceutics	Professor	1	02	
	Asst. Professor	2		
	Lecturer	3		
Department of Pharmaceutical Chemistry	Professor	1	01	
	Asst. Professor	3	01	
	Lecturer	3		
Department of Pharmacology	Professor	1	01	
	Asst. Professor	2		
	Lecturer	1		
Department of Pharmacognosy	Professor	1		
	Asst. Professor	1		
	Lecturer	2		
Department of Pharmacy Practice	Asst. Professor	1		
	Lecturer	1		
Department of Pharmaceutical Analysis	Asst. Professor	1	02	
	Lecturer	1		

5. **Selection criteria and Recruitment Procedure for Faculty:**

(New institution)

a.	Whether Recruitment Committee has been formed	Yes
b.	Whether Advertisement for vacancy is notified in the Newspapers	Yes
c.	Whether Demonstration Lecture has been conducted	Yes
d.	Whether opinion of Recruitment Committee Recorded	Yes

5. **Details of Faculty Retention for:**

Name of Faculty Member	Period	%
	Duration of 15 yrs. and above	
	Duration of 10 yrs. and above	
	Duration of 5 yrs. and above	
Dr.P.N.Dhabale, Dr.Khavane Karna,Mr.Dahiwal S.S.,Ms.Magar Vidya ,Mr.Khandare M.M., Ms.Bhokare S.G., Ms.Kakde Manjusha ,Mr.Shaikh Ubaid.	Less than 5 yrs.	100%

7. **Details of Faculty Turnover:**

(New institution)

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

Signature of the Head of the Institution

Signature of the Inspectors



**8. Number of Non-teaching staff available for B. Pharm course for intake of 100 Students:**

Sl. No.	Designation	Required (Minimum)	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	4	M.Sc.	
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC	4	SSLC	
3	Office Superintendent	1	Degree			
4	Accountant	1	Degree	1	M.COM	
5	Store keeper	1	D. Pharm/ Degree	1	M.A.	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	1	BCA	
7	Office Staff I	1	Degree	1	Degree	
8	Office Staff II	2	Degree	2	Degree	
9	Peon	2	SSLC	2	SSLC	
10	Cleaning personnel	Adequate	---	2	4 <sup>th</sup>	
11	Gardener	Adequate	---	1	4 <sup>th</sup>	

Signature of the Head of the Institution

Signature of the Inspectors

**9. Scale of pay for Teaching faculty (to be enclosed):**

Sl. No.	Name	Qualification	Designation	Basic pay	DA Rs.	HR A Rs.	CCA Rs.	Other allowance Rs.				Bank A/C	PAN No	EP F	Total	Signature
				Rs.					PT	TDS	EP F					
1	DR.P.N. DHABALE	M.Pharm.Ph. D.,M.B.A.	PRINCIPAL	73670	51569	7367	1600	3000	200	In Process	0	62503810934	AATPD8093M	0	137006	
2	DR.KHAVANE KARNA	M.Pharm.Ph. D.	ASSO. PROFESSOR	46400	32480	4640	1600	0	200	In Process	0	62271208408	BBQPK9959L	0	84920	
3	DAHIWAL SANDESH	M.Pharm.	ASS. PROFESSOR	23047	16133	2305	1600	0	200	In Process	0	62489666813	BMPAD0519A	0	42885	
4	KHANDARE MAHENDRA	M.Pharm.	ASS. PROFESSOR	23047	16133	2305	1600	0	200	In Process	0	62500804795	BSUPK4712J	0	42885	
5	BHOKARE SUVARNA	M.Pharm.	ASS. PROFESSOR	22068	15448	2207	1600	0	200	In Process	0	62500196173	BBVPB3010N	0	41122	
6	MAGAR VIDYA	M.Pharm.	ASS. PROFESSOR	23047	16133	2305	1600	0	200	In Process	0	62503475235	BJRPM8993B	0	42885	
7	SHAIKH UBAID	M.Pharm.	ASS. PROFESSOR	21600	15120	2160	1600	0	200	In Process	0	62500974632	HWPPS5266G	0	40280	
8	KAKDE MANJUSHA	M.Pharm.	ASS. PROFESSOR	21600	15120	2160	1600	0	200	In Process	0	62487836368	CYOPK3401M	0	40280	

**10. Whether facilities for Research / Higher studies are provided to the faculty?**

(Inspectors to verify documents pertaining to the above)

**11. Whether faculty members are allowed to attend workshops and seminars?**

(Inspectors to verify documents pertaining to the above)

**12. Scope for the promotion for faculty: Promotions**

Yes

No

**13. Gratuity Provided**

Yes

No

**14. Details of Non-teaching staff members (list to be enclosed): (New institution)**

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors
1	Mis. Vaishali Gayakwad	Librarian	M. Lib.	01/07/16	01		
2	Mr. Kiran Shinde	Account	B.Com	01/07/16	02		
3	Mr. Ganesh Shinde	Cleark	B.Com	01/07/16	01		
4.	Mr. Shrinath Bahire	Lab Technician	PG DMLT	01/07/16	02		
5.	Mr. Shaikh Makhid Ahmed	Lab Technician	D.M.L.T	02/07/16	01		
6.	Mr. Yogesh Kadam	Lab Technician	M.Sc.	01/07/16	00		
7.	Mr. Kashinath Wadekar	Lab Technician	M.Sc.	01/07/16	00		
8.	Mr. Raju Kunde	Lab. Assistant	H.S.C.	01/07/2016	01		
9.	Mr. Parmeshwar Takale	Lab. Assistant	H.S.C.	03/07/16	00		
10.	Mr. Ramu Kather	Lab. Assistant	H.S.C.	02/07/16	01		
11.	Mr. Ganesh Pathade	Lab. Assistant	H.S.C.	05/07/2016	01		
12.	Mr. Ganesh Shinde	Store Keeper	M.A.	01/07/16	00		
13.	Mr. Parmeshwar Shingade	Peon	4 <sup>th</sup>	01/07/16	00		
14.	Mr. Chavan D.	Peon	4 <sup>th</sup>	01/07/2016	03yrs		

**15. Whether Supporting Staff (Technical and Administrative) are encouraged for skill up gradation programs.**

Yes

Signature of the Head of the Institution

Signature of the Inspectors

**PART V - DOCUMENTATION****Records Maintained: Essential**

<b>Sl. No</b>	<b>Records</b>	<b>Yes</b>	<b>No</b>	<b>Remarks of the Inspectors</b>
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	--		

Signature of the Head of the Institution

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) (New institution)**

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

**2. Total amount spent on chemicals and glassware for the past three years:** (New institution)

Sl	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals			Chemicals			Chemicals			
	Glassware			Glassware			Glassware			

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

Sl	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment			Equipment			Equipment			

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Signature of the Inspectors

**4. Total amount spent on Books and Journals for the past three years: (New institution)**

Sl No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books			Books			Books			
2	Journals			Journals			Journals			

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

Signature of the Head of the Institution

Signature of the Inspectors

## PART VII – EQUIPMENT AND APPARATUS

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	20	20	Yes	
2	Haemocytometer with Micropipettes	20	20	Yes	
3	Sahli's haemocytometer	20	20	Yes	
4	Hutchinson's spirometer	01	01	Yes	
5	Spygmomanometer	10	10	Yes	
6	Stethoscope	10	10	Yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	Adequate	Yes	
8	Models for various organs	One model of each organ system	Adequate	Yes	
9	Specimen for various organs and systems	One model for each organ system	Adequate	Yes	
10	Skeleton and bones	One set of skeleton and one spare bone	Adequate	Yes	
11	Different Contraceptive Devices and Models	One set of each device	Adequate	Yes	
12	Muscle electrodes	01	01	Yes	
13	Lucas moist chamber	01	01	Yes	
14	Myographic lever	01	01	Yes	
15	Stimulator	01	01	Yes	
16	Centrifuge	01	01	Yes	
17	Digital Balance	01	01	Yes	
18	Physical /Chemical Balance	01	01	Yes	
19	Sherrington's Kymograph Machine/ Polyrite	10	10	Yes	

Purchase order is placed

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Signature of the Inspectors

20	Sherrington Drum	10	10	Yes	
21	Perspex bath assembly (single unit)	10	10	Yes	
22	Aerators	10	10	Yes	
23	Computer with LCD	01	01	Yes	
24	Software packages for experiment	01	01	Yes	
25	Standard graphs of various drugs	Adequate number	Adequate	Yes	
26	Actophotometer	01	01	Yes	
27	Rotarod	01	01	Yes	
28	Pole climbing apparatus	01	01	Yes	
29	Analgesiometer(Eddy'shotplateand radiant heat methods)	01	01	Yes	
30	Convulsiometer	01	01	Yes	
31	Plethysmograph	01	01	Yes	
32	Digital pH meter	01	01	Yes	

**Apparatus:**

Sl. No.	Name	Minimum required Nos.s	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	Hypodermicsyringesandneedlesofsize 15,24,26G	10	10	Yes	
5	Livers, cannulae	20	20	Yes	

**NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department. Purchase order is Placed**

**DEPARTMENT OF PHARMACOGNOSY**

**Equipment:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	20	20	Yes	
2	Digital Balance	02	02	Yes	
3	Autoclave	02	02	Yes	
4	Hot air oven	02	02	Yes	

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**Signature of the Inspectors**



5	B.O.D.incubator	01	01	Yes	
6	Refrigerator	01	01	Yes	
7	Laminar air flow	01	01	Yes	
8	Colony counter	02	02	Yes	
9	Zone reader	01	01	Yes	
10	Digital pH meter	01	01	Yes	
11	Sterility testing unit	01	01	Yes	
12	Camera Lucida	20	20	Yes	
13	Eye piece micrometer	20	20	Yes	
14	Incinerator	01	01	Yes	
15	Moisture balance	01	01	Yes	
16	Heating mantle	20	20	Yes	
17	Flourimeter	01	01	Yes	
18	Vacuum pump	02	02	Yes	
19	Micropipettes (Single and multi channeled)	05	05	Yes	
20	Micro Centrifuge	01	01	Yes	
21	Projection Microscope	01	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	
6	TLC chamber and sprayer	10	10	Yes	
7	Distillation unit	01	01	Yes	

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

**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	

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**Signature of the Inspectors**

4	Analytical Balances for demonstration	05	05	Yes	
5	Digital balance 10mg sensitivity	10	10	Yes	
6	Digital Balance (1mg sensitivity)	01	01	Yes	
7	Suction pumps	06	06	Yes	
8	Muffle Furnace	01	01	Yes	
9	Mechanical Stirrers	10	10	Yes	
10	Magnetic Stirrers with Thermostat	10	10	Yes	
11	Vacuum Pump	01	01	Yes	
12	Digital pH meter	01	01	Yes	
13	Microwave Oven	02	02	Yes	

**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	100	100	Yes	
5	Arsenic Limit Test Apparatus	25	25	Yes	
6	Nessler's Cylinders	50	50	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	Mechanical stirrers	20	20	Yes	
2	Homogenizer	10	10	Yes	
3	Digital balance	05	05	Yes	
4	Microscopes	10	10	Yes	
5	Stage and eye piece micrometers	15	15	Yes	
6	Brookfield's viscometer	01	01	Yes	
7	Tray dryer	01	01	Yes	
8	Ball mill	01	01	Yes	

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9	Sieve shaker with sieve set	01	01	Yes	
10	Double cone blender	01	01	Yes	
11	Propeller type mechanical agitator	05	05	Yes	
12	Autoclave	01	01	Yes	
13	Steam distillation still	01	01	Yes	
14	Vacuum Pump	01	01	Yes	
15	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	10 sets	Yes	
16	Tablet punching machine	01	01	Yes	
17	Capsule filling machine	01	01	Yes	
18	Ampoule washing machine	01	01	Yes	
19	Ampoule filling and sealing machine	01	01	Yes	
20	Tablet disintegration test apparatus IP	02	02	Yes	
21	Tablet dissolution test apparatus IP	01	01	Yes	
22	Monsanto's hardness tester	01	01	Yes	
23	Pfizer type hardness tester	01	01	Yes	
24	Friability test apparatus	01	01	Yes	
25	Clarity test apparatus	01	01	Yes	
26	Ointment filling machine	01	01	Yes	
27	Collapsible tube crimping machine	01	01	Yes	
28	Tablet coating pan	01	01	Yes	
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH 10	05 EACH 10	Yes	
30	Digital pH meter	01	01	Yes	
31	All purpose equipment with all accessories	01	01	Yes	
32	Aseptic Cabinet	01	01	Yes	
33	BOD Incubator	02	02	Yes	
34	Bottle washing Machine	01	01	Yes	
35	Bottle Sealing Machine	01	01	Yes	
36	Bulk Density Apparatus	02	02	Yes	
37	Conical Percolator (glass/ copper/ stainless steel)	10	10	Yes	
38	Capsule Counter	02	02	Yes	
39	Energy meter	02	02	Yes	
40	Hot Plate	02	02	Yes	

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41	Humidity Control Oven	01	01	Yes	
42	Liquid Filling Machine	01	01	Yes	
43	Mechanical stirrer with speed regulator	02	02	Yes	
44	Precision Melting point Apparatus	01	01	Yes	
45	Distillation Unit	01	01	Yes	

**Apparatus:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	20	20	Yes	
2	Stalagmometer	20	20	Yes	
3	Desiccator*	10	10	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	05	05	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	01	Yes	
3	Gel Electrophoresis (Vertical and Horizontal)	01	01	Yes	
4	Phase contrast/Trinocular Microscope	01	01	Yes	
5	Refrigerated Centrifuge	01	01	Yes	
6	Fermenters of different capacity (Desirable)	01	01	Yes	
7	Tissue culture station	01	01	Yes	
8	Laminar airflow unit	01	01	Yes	

**Signature of the Head of the Institution**

**Signature of the Inspectors**

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

**NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and 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	01	Yes	
3	UV- Visible Spectrophotometer	01	01	Yes	
4	Fluorimeter	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			
11	HPLC	01	0		
12	HPTLC (Desirable)	01			

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**Signature of the Inspectors**

13	Atomic Absorption and Emission spectrophotometer (Desirable)	01			
14	Biochemistry Analyzer (Desirable)	01			
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01			
16	Deep Freezer (Desirable)	01			
17	Ion- Exchanger	01	01	<b>Yes</b>	
18	Lyophilizer (Desirable)	01			

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**Observation of the Inspectors:**

<b>Compliance of the last recommendations by Inspectors</b>
<b>Specific observations if not complied</b>

<b>Signature of Inspectors:</b>	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 Head of the Institution**

**Signature of the Inspectors**

# **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 .....

<b>Qualification</b>	<b>College &amp; University</b>	<b>Year</b>	<b>Registration No. with State Pharmacy Council</b>	<b>Name of the State Pharmacy Council</b>
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



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.

3) I have drawn total emoluments from this college as under :-

	<b>Amount Received</b>	<b>TDS</b>
April, 2013		
May, 2013		
June, 2013		
July, 2013		
August, 2013		
September, 2013		
October, 2013		
November, 2013		
December, 2013		
January, 2014		
February, 2014		
March, 2014		

(Copy of my form 16 (TDS certificate) for financial year 2013-2014 is attached)

P.A.N. : \_\_\_\_\_ Circle : \_\_\_\_\_

**Declaration**

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2012-2013.
2. 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 mis declaration or misstatement.

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

Date : \_\_\_\_\_ Place : \_\_\_\_\_