

**PHARMACY COUNCIL OF INDIA**

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

*To be filled up by inspectors*

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

**PART – I****A - DETAILS OF APPLICATION**

<b>A – 1.1</b> Application is for - <ul style="list-style-type: none"> <li>• Permission to start M.Pharm course.</li> <li>• First time approval u/s 12.</li> <li>✓ • Extension of approval.</li> <li>• Increase in intake upto 15 seats.</li> </ul>	<div style="display: flex; flex-direction: column; align-items: center;"> <input style="width: 80px; height: 20px; margin-bottom: 5px;" type="text"/> <input style="width: 80px; height: 20px; margin-bottom: 5px;" type="text"/> <input style="width: 80px; height: 20px; margin-bottom: 5px;" type="text"/> <input style="width: 80px; height: 20px;" type="text"/> </div> <p>Please tick ( ✓ ) the relevant box.</p>
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**PART – II****B - GENERAL INFORMATION****To be filled by institution**

<b>B – 1.1</b> Name of the Institution:  Complete postal address:	S J M College of Pharmacy  S J M Campus, NH4 Bye-Pass, Chitradurga-577502   STD Code : 08194 T.No. : 223231  Fax No. : 08194-223242 E.Mail: principalsjmcp@gmail.com  Website : www.sjmcp.org
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<b>B – 1.2 - Course conducting body:</b> <ul style="list-style-type: none"> <li>• Status           <ul style="list-style-type: none"> <li>- Central Govt. <input type="checkbox"/></li> <li>- State Govt. <input type="checkbox"/></li> <li>- Union Territory <input type="checkbox"/></li> <li>- Autonomous body <input type="checkbox"/></li> <li>- Society <input checked="" type="checkbox"/></li> <li>- Trust <input type="checkbox"/></li> </ul> </li> </ul>	<div style="text-align: right;">✓</div> Please tick ( ) the relevant box.
<b>B – 1.3</b> Name of the Society/Trust/ Management  Complete postal address:	S J M Vidyapeetha  NH4 Bye-Pass, Chitradurga-577502  STD Code : 08194 T.No. : 223242 Fax No. : 08194-227333 E.Mail: vidyapeetha.sjm@gmail.com Website : www.sjmvidyapeetha.org
<b>B – 1.4</b> Name of the Examining Authority  Complete postal address:	Rajiv Gandhi University of Health Sciences, 4 <sup>th</sup> 'T' Block, Jayanagar Bengaluru-560041 STD Code : 080 T.No. : 26961930 Fax No. : 080-26961931 E.Mail: registrarrguhs@gmail.com Website : www.rguhs.ac.in
<b>B – 1.5</b> Other courses run by the institution  <ul style="list-style-type: none"> <li>- D.Pharm</li> <li>- B.Pharm</li> <li>- Pharm.D.</li> </ul>	<u>Approval status</u>  Up to 2015-16 Ref. 17-1/2013-PCI/3568-3880 dtd. 13.5.13  Up to 2015-16 Ref. 17-1/2013-PCI dtd. 07.07.2013  Up to 2016-17 Ref. 50-88/2014-PCI/14575-75 dtd.19.6.14

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

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

<b>Name of specialization</b>	<b>Year of start</b>	<b>No. of admissions</b>	<b>Remarks of the Inspectors</b>
Pharmaceutics	2010-11	2/18	
Industrial Pharmacy			
Pharmaceutical Technology			
Pharmaceutical Chemistry	2005-06	0/8	
Pharmaceutical Analysis			
Pharmaceutical Quality Assurance			
Regulatory Affairs			
Pharmaceutical Biotechnology			
Pharmacy Practice			
Pharmacology	2010-11	3/6	
Pharmacognosy			
Phytopharmacy and Phytomedicine			
Others * if any, (please specify)			
* M.Pharm specializations started prior to commencement of the Master of Pharmacy (M.Pharm) course Regulations, 2014 can continue only till the students admitted complete the said specialization.			

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

**PART- III**  
**PHYSICAL INFRASTRUCTURE**

**1. Accommodation**

- a. Availability of land for the pharmacy college : 07 acres
- b. Building : **Own/**  
(enclose documentary evidence as Annexure-A)  
Enclosed
- c. Built up Area of the college building : 2756 Sq.m.

**2. Class rooms**

Name of the course	No. Required	No. Available	Area required for each class room (Sq.m.)	Available ( Sq.m.)	Remarks of the Inspectors
<b>B.Pharm</b>	4	4	75 (essential) 90 (desirable)	360	
<b>M.Pharm Specialization -</b>					
Pharmaceutics	1	2	36	98	
Industrial Pharmacy	1		36		
Pharmaceutical Technology	1		36		
Pharmaceutical Chemistry	1	2	36	98	
Pharmaceutical Analysis	1		36		
Pharmaceutical Quality Assurance	1		36		
Regulatory Affairs	1		36		
Pharmaceutical Biotechnology	1		36		
Pharmacy Practice	1		36		
Pharmacology	1	2	36	98	
Pharmacognosy	1		36		
Phytopharmacy and Phytomedicine	1		36		

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

### 3. Laboratory

Name of the course	No. Required	No. Available	Area required for each laboratory ( Sq.m.)	Available ( Sq.m.)	Remarks of the Inspectors
<b>B.Pharm -</b>					
Pharmaceutics Lab.	2	3	75 (essential) 90 (desirable)	75x3=225	
Pharmaceutical Chemistry Lab.	2	3	75 (essential) 90 (desirable)	75x3=225	
Pharmaceutical Analysis Lab.	1	2	75 (essential) 90 (desirable)	75x2=150	
Pharmacology Lab.	2	2	75 (essential) 90 (desirable)	75x2=150	
Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Lab.	1	2	75 (essential) 90 (desirable)	75x2=150	
<b>M.Pharm Specialization -</b>					
Pharmaceutics	1	2	75 each	75x2=150	
Industrial Pharmacy	1		75 each		
Pharmaceutical Technology	1		75 each		
Pharmaceutical Chemistry	1	2	75 each	75x2=150	
Pharmaceutical Analysis	1		75 each		
Pharmaceutical Quality Assurance	1		75 each		
Regulatory Affairs	1		75 each		
Pharmaceutical Biotechnology	1		75 each		
Pharmacy Practice	1		75 each		
Pharmacology	1	2	75 each	75x2=150	
Pharmacognosy	1		75 each		
Phytopharmacy and Phytomedicine	1		75 each		

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

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#### 4. Other Facilities

Facility for B.Pharm and M.Pharm	No. Required	No. Available	Area required ( Sq.m.)	Available ( Sq.m.)	Remarks of the Inspectors
Machine Room	1	1	80 - 100	80	
Central Instrumentation Room	1	1	80	80	
Store Room-I	1	1	100	100	
Store Room-II	1	1	20	20	
Animal House		1	80	120	
Library		1	150	185	
Museum		1	50	100	
Auditorium / Multi Purpose Hall (Desirable) 250-300 seating capacity				1400 (500 seats capacity)	
Seminar Hall		1		151 (300seats capacity)	
Herbal Garden (Desirable)				Available	
Computer (Latest Configuration) With Internet Browsing Facility	1 system for every 6 students (for M.Pharm course) 1 system for every 10 students (for B.Pharm course)	Available  Available		Available  Available	
Printers	1 Printer for every 6 computers (for M.Pharm course) 1 Printer for every 10 computers (for B.Pharm course)	Available  Available		Available  Available	
Multi Media Projector	3 (1 for B.Pharm course, 1 for M.Pharm course and 1 for Library)	Available		Available	
Generator (5KVA)	01	01		Available	
Girl's Common Room (Essential)	01	01	20	24	
Boy's Common Room	01	01	10	24	
Toilet Blocks for Boys	01	01		24	

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

Facility for B.Pharm and M.Pharm	No. Required	No. Available	Area required ( Sq.m.)	Available ( Sq.m.)	Remarks of the Inspectors
Toilet Blocks for Girls	1	1		24	
Drinking Water facility – Water Cooler	1	1		Available	
Boy's Hostel (Desirable)	1	1		Available	
Girl's Hostel (Desirable)	1	1		Available	
Power Backup Provision	1	1		Available	

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

Facility for B.Pharm and M.Pharm	No. Required	No. Available	Area required ( Sq.m.)	Available ( Sq.m.)	Remarks of the Inspectors
Principal's Chamber	1	1	75 (essential) 90 (desirable)	75	
Office – I - Establishment	1	1	75	75	
Office – II - Academics	1	1	80-100	80	
Confidential Room	1	1	80	80	
Store Room – I	1	1	100	100	
Store Room – II	1	1	20	20	
H.O.D Room	1	1	20 Sq.m. Per Faculty	20x5=100	
Faculty Rooms	21	21	10 Sq.m. Per Faculty	21x10=210	

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

Item	Ref. Titles (No)	Available	Remarks of the Inspectors
Books (1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy)	150	Titles: 1142 Books: 4248	
Annual addition of Books	150	Titles: 24 Books: 176	
Periodicals Hard copies /online	10 National 05 International periodicals	23 25	
CDs	Adequate Nos	Yes	
Reprographic Facilities: Photo Copier Scanner	01 each	Yes	

Signature of the Head of the Institution with date

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## 7. Non-teaching staff

Designation	No. Required	No. Available	Qualification Required	Qualification Available	Remarks of the Inspectors
Laboratory Technician	1 for each Dept	4	D. Pharm	D.Pharm	
Laboratory Assistants or Laboratory Attenders	1 for each Lab (minimum)	4	SSLC	SSLC	
Office Superintendent	1	1	Degree	Degree	
Accountant	1	1	Degree	Degree	
Store keeper	1	1	D.Pharm or a Bachelor degree.	Bachelor Degree	
Computer Data Operator	1	1	BCA or Graduate with Computer Course	Graduate with Computer Course	
Office Staff I	1	1	Degree	Degree	
Office Staff II	2	2	Degree	Degree	
Peon	2	2	SSLC	SSLC	
Cleaning personnel	Adequate	3	---	Vth std	
Gardener	Adequate	3	---	SSLC	

## 8. Teaching Staff

For institution running B.Pharm and M.Pharm

For B.Pharm

Designation	Qualification Required	Qualification Available	Experience Required	Experience Available	Remarks of the Inspectors
Principal	First Class B.Pharm with Master's degree in Pharmacy (M.Pharm) in appropriate branch of specialization in Pharmacy or Pharm.D (Qualifications must be PCI recognized).  With  Ph.D degree in any of Pharmacy subjects.	B.Pharm  M.Pharm          Ph D	<b>Essential</b> 15 years experience in teaching or research out of which 5 years must be as Professor/HOD in a PCI approved/ recognized pharmacy college.  <b>Desirable</b> Administrative experience in a responsible position	22years and 05 months          07years	

Signature of the Head of the Institution with date

Signature of the Inspectors with dates



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

**Additional staff required for M.Pharm per specialization**

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

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

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

Department	Designation	No. available	Remarks of the Inspectors
Department of Pharmacology	Asso. Prof.	2	
	Asst. Professor/Lecturer	2	
Department of Pharmacognosy	Asso. Prof.		
	Asst. Professor/Lecturer		
Department of Pharmacy Practice	Asso. Prof.		
	Asst. Professor/Lecturer		
Department of Industrial Pharmacy	Asso. Prof.		
	Asst. Professor/Lecturer		
Department of Pharmaceutical Technology	Asso. Prof.		
	Asst. Professor/Lecturer		
Department of Pharmaceutical Analysis	Asso. Prof.		
	Asst. Professor/Lecturer		
Pharmaceutical Quality Assurance	Asso. Prof.		
	Asst. Professor/Lecturer		
Department of Regulatory Affairs	Asso. Prof.		
	Asst. Professor/Lecturer		
Department of Pharmaceutical Biotechnology	Asso. Prof.		
	Asst. Professor/Lecturer		
Department of Phytopharmacy & Phytomedicine	Asso. Prof.		
	Asst. Professor/Lecturer		

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**Faculty details**

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

S.No.	Name of Professor	Qualification Available	Experience Available	Remarks of the Inspectors
1.	Dr. Bharathi D R	M.Pharm Ph D	23years	
2.	Dr. N Jagadish	M.Pharm Ph D	32years	
3.	Dr. Maruthi T Ekbote	M.Pharm Ph D	24years	
4.	Dr. T S Nagaraja	M.Pharm Ph D	17years	
5.	Dr. R Yogananda	M.Pharm Ph D	17years	
6.	Dr. Jayadevaiah K V	M.Pharm Ph D	13years	
7.	Dr. Nagesh Raju	MBBS MD	11years	
8.	Dr. Narayanamurthy C	MBBS MD	11years	
9.				
10.				

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

S.No.	Name of Associate Professor	Qualification Available	Experience Available	Remarks of the Inspectors
1.	Dr. L Shankarappa	M.Pharm Ph D	17years	
2.	Dr. Basvaraj a H S	M.Pharm Ph D	12years	
3.	Dr. Kanyakumari D H	MBBS MD	04years	
4.				

Signature of the Head of the Institution with date

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

S.No.	Name of Lecturer/ Assistant Professor	Qualification Available	Experience Available	Remarks of the Inspectors
1.	Dr. Snehalatha	M.Pharm Ph D	12years & 05months	
2.	Mrs. Lakshmi Radhika G	M.Pharm	12years & 10months	
3.	Dr. Mumtaz Mohammed M Hussain	M.Pharm Ph D	08years	
4.	Mr. Nataraja G R	M.Pharm	09years	
5.	Mr. MMJ Vijaykumar	M.Pharm	07years	
6.	Mr. Abubaker Siddiq	M.Pharm	06years	
7.	Dr. Shirish Inamdar	Pharm D (PB)	04years	
8.	Mr. Shankar Reddy	M.Pharm	02year	
9.	Dr. Manojkumar M	Pharm D	02year	
10.	Mrs. Asfia Afreen	MBBS MD	03years	

S.No.	Name of Lecturer/ Assistant Professor	Qualification Available	Experience Available	Remarks of the Inspectors
11	Mr.Abhinandan M	M.Pharm		
12	Mr. Subhan Sab	M.Pharm		
13	Miss. Shravanthi K	M.Pharm		
14	Miss P. Mamatha	Pharm D (PB)		
15	Miss. Sharvani Hugara	M.Pharm		
16	Dr. Lokesh	M.Sc. Ph D	07years	
17	Mr. Kumarasw amy	M.E	07years	
18	Mr. Tharesh S	M.E	07years	
19	Mr. Girish M	M.Sc.,	10years	
20	Mr. S Basavaraja	M.Com	02years	
21	Mr. Vishwanat h	LLM	02years	
22	Miss Shilpa	M.Com	01year	

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

**PHARMACY COUNCIL OF INDIA****STAFF DECLARATION FORM**

From

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

Photograph

Date of Birth &amp; Age .....

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

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

Present Designation : \_\_\_\_\_

Department : \_\_\_\_\_

College : \_\_\_\_\_

City : \_\_\_\_\_

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

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

Contd. on page 2

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

:2::

Permanent Residential

Address of employee : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

STD Code

Phone No.

Phone & Fax Number  
with Code

Office : \_\_\_\_\_

Residence : \_\_\_\_\_

E-mail address : \_\_\_\_\_

Date of joining present institution : \_\_\_\_\_ as \_\_\_\_\_  
(Designation)

Details of the previous appointments/teaching experience

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

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

Contd. on page 3

Signature of the Head of the Institution with date

Signature of the Inspectors with dates



::3::

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

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

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

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

#### Declaration

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

Signature of the Employee:

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

#### Endorsement

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

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

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