**Performa for Affiliation to Haryana State Board of Technical Education**

**Bays 7-12, Sector-4, Panchkula-134112**

**(To be filled by New Pharmacy Institutions seeking affiliation from HSBTE for 2016-17)**

**(Note: Please provide the actual information and if any information found false/incorrect may lead to disaffiliation of the Institute)**

**Part-1 GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.1** | | **NAME AND ADDRESS OF THE SOCIETY / TRUST / COMPANY ESTABLISHED UNDER SECTION 25 OF COMPANIES ACT 1956** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Trust / Society / Company | | | | | | | | : | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Address of the Trust / Society / Company | | | | | | | | : | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Village / Town | | | | | | | | : | | |  | | | | | | | | | | | | | | | | | | | | | | |
| District | | | | | | | | : | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Pin code | | | | | | | | : | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Phone | | | | | | | | : | | | STD Code: | | | | | | |  | | | | | Phone No.: | | | | | |  | | | | |
| Fax | | | | | | | | : | | | STD Code: | | | | | | |  | | | | | Fax No.: | | | | | |  | | | | |
| Mobile | | | | | | | | : | | |  | | | | | | | | | | | | | | | | | | | | | | |
| E-mail | | | | | | | | : | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **1.2** | | | **NAME AND ADDRESS OF THE INSTITUTION AT THE PERMANENT SITE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Institution | | | | | | | | | : | | | |  | | | | | | | | | | | | | | | | | | | | |
| Institution Code | | | | | | | | | : | | | |  | | | | | | | | | | | | | | | | | | | | |
| Address of the Institution | | | | | | | | | : | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | |
| Village / Town | | | | | | | | | : | | | |  | | | | | | | | | | | | | | | | | | | | |
| District | | | | | | | | | : | | | |  | | | | | | | | | | | | | | | | | | | | |
| Pin code | | | | | | | | | : | | | |  | | | | | | | | | | | | | | | | | | | | |
| Phone | | | | | | | | | : | | | | STD Code: | | | | | |  | | | | | Phone No.: | | | | | |  | | | |
| Fax | | | | | | | | | : | | | | STD Code: | | | | | |  | | | | | Fax No.: | | | | | |  | | | |
| Mobile | | | | | | | | | : | | | |  | | | | | | | | | | | | | | | | | | | | |
| E-mail | | | | | | | | | : | | | |  | | | | | | | | | | | | | | | | | | | | |
| Website | | | | | | | | | : | | | |  | | | | | | | | | | | | | | | | | | | | |
| **1.3** | | **DETAILS OF THE LANDS [PERMANENT SITE AS APPROVED BY AICTE]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Classification of the Permanent Site | | | | | | | : | | | | |  | | | | Rural Area | | | | | | | | | | | | | | | | | |
| *(Please Click on any one of the classification)* | | | | | | |  | | | | |  | | | | Other than Rural area | | | | | | | | | | | | | | | | | |
| Ownership of Land | | | | | | | : | | | | |  | | | | Government | | | | |  | | | | Trust | | |  | | | Society | | |
|  | | | | | | |  | | | | |  | | | | Govt. Leased | | | | |  | | | | Owned | | |  | | | Company | | |
| Certificate regarding no encumbrances/contiguous (in single patch) | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Change of Land Use Certificate from Competent Authority as applicable | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Access to the site (National Highway/ State Highway/ Village Road/ Kacha Road and Permission from competent authority to use | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Resolution of Society for use of ear marked Land for establishment of Polytechnic | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Details of Land**  ***(The Survey No. with sub-division and extent of lands for each survey number to be indicated)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sl.  No. | Registration  Document No. | | | Registration  Date | Name of the village | | | | | | | | | | Survey No. with sub-division | | | | | | | Extent of Lands  (in **acres**) | | | | | | Land Classification [Indicate **Dry or Wet** Land] | | | | | |
|  |  | | |  |  | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |
|  |  | | |  |  | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |
|  |  | | |  |  | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |
| **TOTAL** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **---** | | | | | |
| Legal disputes | | | | | : | On Land | | | |  | | | | YES | | |  | | NO | On Trust | | | | | |  | YES | | | | |  | NO |
|  | | | | |  | If YES, Details | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **1.4** | **DETAILS OF THE SOCIETY / TRUST / COMPANY** | | |
| Society Registration Act No. or Trust Act No. or Company Act No. | | : |  |
| Registration No. | | : |  |
| Date of Registration | | : |  |
| Place of Registration | | : |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.5** | | **DETAILS OF MEMBERS / TRUSTEES AND THEIR EXPERIENCE IN RUNNING HIGHER EDUCATIONAL, TECHNICAL OR OTHER PROFESSIONAL INSTITUTIONS ETC.** | | | | | | | | | | | | | | | | |
| **S.No** | | **Name of the Members of the Trust / Society / Company** | | | **Designation in the Trust / Society / Company** | | | | | | **Qualification** | | | **Experience in running higher educational, technical or other professional institutions (in years)** | | | | |
|  | |  | | |  | | | | | |  | | |  | | | | |
|  | |  | | |  | | | | | |  | | |  | | | | |
| **1.6** | | **TRACK RECORD OF THE APPLICANT IN TERMS OF TECHNICAL / PROFESSIONAL / NON-PROFESSIONAL INSTITUTIONS RUN / MANAGED BY THE SOCIETY/TRUST** | | | | | | | | | | | | | | | | |
| Whether the Trust / Society / Company is running/managing any educational institutions | | | | | | | | : |  | | | Yes | | | |  | No | |
| *If YES, then provide the information as per the table given below.* | | | | | | | | | | | | | | | | | | |
| **S.N** | **Name and Address of the Institution** | | **Year of Establish-ment** | | | | **Whether Diploma/ Degree (UG/PG)** | | | **Discipline conducted** | | | **Duration of the Course** | | **Annual Intake capacity** | | | Whether approved by AICTE/Univ./  UGC/State Govt./Board/  **Other Council** |
|  |  | |  | | | |  | | |  | | |  | |  | | |  |
| **1.7** | **PARTICULARS OF THE HEAD OF THE INSTITUTION [PRINCIPAL]** | | | | | | | | | | | | | | | | | |
|  | Name | | | : | |  | | | | | | | | | | | | |
|  | Designation | | | : | |  | | | | | | | | | | | | |
|  | Qualification | | | : | |  | | | | | | | | | | | | |
|  | Date of Birth | | | : | |  | | | | | | | | | | | | |
|  | Date of Joining | | | : | |  | | | | | | | | | | | | |
|  | Mobile | | | : | |  | | | | | | | | | | | | |
|  | Phone | | | : | | STD : Phone No. : | | | | | | | | | | | | |
|  | Fax | | | : | | STD : Fax No. : | | | | | | | | | | | | |
|  | E-mail | | | : | |  | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **1.8** | **Type of the Institute :** | | |
|  | Faculty/Dept./Constituent College of a University/Deemed to be University |  | Yes/No |
|  | Central Government. |  | Yes/No |
|  | State Government |  | Yes/No |
|  | Government Aided |  | Yes/No |
|  | Self Financing |  | Yes/No |
|  | Any other (specify) |  | Yes/No |

|  |  |  |  |
| --- | --- | --- | --- |
| **1.9** | **Approval Details :** | | |
|  | Year of Establishment |  |  |
|  | Copy of AICTE Approval letter |  |  |
|  | Copy of PCI Approval letter (if obtained) |  |  |

**PART II-ORGANIZATION, GOVERNANCE AND ADMINISTRATION**

**2.1 Constitution of BOG with detailed qualification, experience of all the members**

NOTE: 1. Provide the details of all the members as per Annexure –A

2. At least two meetings shall be held in a year

Is BOG constituted as per AICTE/State Government Norms. Yes/No

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME AND ADDRESS OF THE MEMBERS OF THE GOVERNING BODY AS PER THE COMPOSITION PRESCRIBED BY AICTE** | | | | | | | |
| **S.No** | **Name** | **Position** | **Qualification** | **Present Professional position / Occupation** | **Telephone Numbers** | **E-mail** | **Address** |
| **01.** |  | Chairman |  |  |  |  |  |
| **02.** |  | Member Secretary |  |  |  |  |  |
| **03.** |  | Members |  |  |  |  |  |
| **04.** |  |  |  |  |  |  |
| **05.** |  |  |  |  |  |  |
| **06.** |  |  |  |  |  |  |
| **07.** |  |  |  |  |  |  |
| **08.** |  |  |  |  |  |  |
| **09.** |  |  |  |  |  |  |
| **10.** |  |  |  |  |  |  |
| **11.** |  |  |  |  |  |  |

**2.2 Details of Anti-ragging committee *(As per All India Council for Technical Education notified regulation for prevention and prohibition of ragging in AICTE approved technical Institutions vide No. 37-3/Legal/AICTE/2009 dated 01.07.2009)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME AND ADDRESS OF THE MEMBERS OF THE ANTI-RAGGING COMMITTEE** | | | | | | | |
| **S.No** | **Name** | **Position** | **Qualification** | **Present Professional position / Occupation** | **Telephone Numbers** | **E-mail** | **Address** |
| 01. |  |  |  |  |  |  |  |
| 02. |  |  |  |  |  |  |  |
| 03. |  |  |  |  |  |  |  |
| 04. |  |  |  |  |  |  |  |
| 05. |  |  |  |  |  |  |  |
| 06. |  |  |  |  |  |  |  |
| 07. |  |  |  |  |  |  |  |
| 08. |  |  |  |  |  |  |  |
| 09. |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |

**2.3 Details of Grievance Redressal Committee in the Institute. *(As per All India Council for Technical Education (Establishment of Mechanism for Grievance Redressal) Regulations, 2012, F. No. 37-3/Lega112012, dated 25.05.2012)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME AND ADDRESS OF THE MEMBERS OF THE GRIEVANCE REDRESSAL COMMITTEE** | | | | | | | |
| **S.No** | **Name** | **Position** | **Qualification** | **Present Professional position / Occupation** | **Telephone Numbers** | **E-mail** | **Address** |
| 01. |  |  |  |  |  |  |  |
| 02. |  |  |  |  |  |  |  |
| 03. |  |  |  |  |  |  |  |
| 04. |  |  |  |  |  |  |  |
| 05. |  |  |  |  |  |  |  |
| 06. |  |  |  |  |  |  |  |
| 07. |  |  |  |  |  |  |  |
| 08. |  |  |  |  |  |  |  |
| 09. |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |

**2.4 Details of Internal Complaint Committee (ICC)** (**As per section 4 of Sexual Harassment of Women at Workplace *(Prevention, Prohibition and Redressal) Act, 2013)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME AND ADDRESS OF THE MEMBERS OF THE INTERNAL COMPLAINT COMMITTEE** | | | | | | | |
| **S.No** | **Name** | **Position** | **Qualification** | **Present Professional position / Occupation** | **Telephone Numbers** | **E-mail** | **Address** |
| 01. |  |  |  |  |  |  |  |
| 02. |  |  |  |  |  |  |  |
| 03. |  |  |  |  |  |  |  |
| 04. |  |  |  |  |  |  |  |
| 05. |  |  |  |  |  |  |  |
| 06. |  |  |  |  |  |  |  |
| 07. |  |  |  |  |  |  |  |
| 08. |  |  |  |  |  |  |  |
| 09. |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |

**2.5 Details of Committee for SC/ST *(As per the Scheduled Castes and the Scheduled Tribes (prevention of Atrocities) act, 1989, No. 33 of 1989, dated 11.09.1989)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME AND ADDRESS OF THE MEMBERS OF THE COMMITTEE FOR SC/ST** | | | | | | | |
| **S.No** | **Name** | **Position** | **Qualification** | **Present Professional position / Occupation** | **Telephone Numbers** | **E-mail** | **Address** |
| 01. |  |  |  |  |  |  |  |
| 02. |  |  |  |  |  |  |  |
| 03. |  |  |  |  |  |  |  |
| 04. |  |  |  |  |  |  |  |
| 05. |  |  |  |  |  |  |  |
| 06. |  |  |  |  |  |  |  |
| 07. |  |  |  |  |  |  |  |
| 08. |  |  |  |  |  |  |  |
| 09. |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |

**\*NOTE: All the committees mentioned in Part – II should be established before the commencement of the session 2016-17.**

**PART –III: FACULTY AND STAFF REQUIREMENTS**

* 1. **Student Staff Ratio: Theory \_\_\_\_\_\_\_\_ Practicals \_\_\_\_\_\_\_\_\_**

(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

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.**  **No** | **Name** | **Designation** | **Qualification** | **Date of**  **Joining** | **Teaching**  **Experience** | | **State Pharmacy Council Reg. No.** | **Signature of the faculty** | **Remarks** |
| **After**  **UG** | **After**  **PG** |
|  |  |  |  |  |  | |  |  |  |

* 1. **Qualification and number of Staff Members Number of staff members required: 07**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | | | |
| B. Pharm. | M. Pharm. | PhD | Others-Full Time |
|  |  |  |  |

**3.4 Details of Faculty Retention for:**

|  |  |  |
| --- | --- | --- |
| **Name of Faculty Member** | **Period** | **Percentage** |
|  | Duration of 15 yrs. and above |  |
|  | Duration of 10 yrs. and above |  |
|  | Duration of 5 yrs. and above |  |
|  | Lessthan5yrs. |  |

**3.5 No. of Non-teaching staff available for D. Pharm course for intake of 60 Students:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Designation** | **Required**  **Number** | **Required**  **Qualification** | **Available** | | **Shortfall** |
| **Number** | **Qualification** |
| 1 | Laboratory Technician | 02 | D. Pharm. |  |  |  |
| 2 | Laboratory Assistants/ Attendees | 04 | SSLC |  |  |  |
| 3 | Office Superintendent | 01 | Degree |  |  |  |
| 4 | Accountant cum  Clark | 01 | Degree |  |  |  |
| 5 | Storekeeper | 01 | D. Pharm. |  |  |  |
| 6 | Computer Data  Operator | 01 | 10+2with computer training |  |  |  |
| 7 | Peon | 02 | SSLC |  |  |  |
| 8 | Cleaning personnel | 04 | --- |  |  |  |
| 9 | Gardener | 01 | --- |  |  |  |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Name** | **Qualification** | **Designation** | **Basic pay Rs.** | **DA Rs.** | **HRA Rs.** | **CCA Rs.** | **Other allowance Rs.** | **Deductions** | | | **Bank A/C No** | **PAN No** | **EPF A/c no.** | **Total** | **Signature** |
|  |  |  |  |  |  |  |  |  | PT | TDS | EPF |  |  |  |  |  |

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

**Yes No**

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

**Yes No**

**3.9 Scope for the promotion for faculty: Promotions- Yes No**

**3.10 Details of Non-teaching staff members (list to be enclosed):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Name** | **Designation** | **Qualification** | **Date of Joining** | **Experience** | **Signature** | **Remarks** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**3.11 Whether Supporting Staff (Technical and Administrative) are encouraged for Skill Up gradation Programs Yes/No**

**PART-IV: INFRASTRUCTURE FACILITIES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** | | **PHYSICAL INFRASTRUCTURE - COMPLETE DETAILS OF BUILT-UP AREA** | | | | | | | | | | | | | | | | |
| **S.**  **No** | | **Built-up (Carpet) Area** | | | | **FIRST YEAR , SECOND YEAR** | | | | | | | | | | | | |
| **Type of Structure [RCC/ACC]** | | | | | **Required Area**  **[sq.m]** | | | **Available Area**  **[sq.m]** | | | | |
| (a) | | Instructional area [INA] | | | |  | | | | |  | | |  | | | | |
| (b) | | Administrative area [ADA] | | | |  | | | | |  | | |  | | | | |
| (c) | | Amenities area [AMA] | | | |  | | | | |  | | |  | | | | |
| (d) | | Circulation area [CIA] | | | |  | | | | |  | | |  | | | | |
|  | | *[CIA = 0.25 x (INA+ADA+AMA)]* | | | | **TOTAL AREA :** | | | | |  | | |  | | | | |
| **(b)** | | **PHYSICAL INFRASTRUCTURE - FOR FIRST YEAR, SECOND YEAR** | | | | | | | | | | | | | | | | |
| **S.**  **No** | **Category** | | **Number Required** | | **Number Available** | | | **Shortage** | | **Built-up Area Required** | | | **Built-up Area Available** | | | **Shortage** | | **AICTE NORMS**  **[AREA/ROOM]** |
| **I.** | **INSTRUCTIONAL AREA [FIRST, SECOND YEAR]** | | | | | | | | | | | | | | | | | **Diploma [Engg.]** |
| 1. | Class rooms [C] | |  |  | | |  | |  | | |  | | |  | | **C = No. of divisions** (1 division=60)  [**66** sq.m**/**room] | |
| 2. | Tutorial rooms [D] | |  |  | | |  | |  | | |  | | |  | | **D = C / 4**  [**33** sq.m/room] | |
| 3. | **Laboratories**  Pharmaceutics,  Pharmaceutical Chemistry,  Physiology and Pharmacology, Pharmacy Practice, Pharmacognosy | |  |  | | |  | |  | | |  | | |  | | **5** Nos  [**75**sq.m**/**room] | |
| 4. | Instrumentation Room | |  |  | | |  | |  | | |  | | |  | | Nos.  [**75**sq.m] | |
| 5. | Computer Centre | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**75**sq.m] | |
| 6. | Machine Room | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**75**sq.m] | |
| 7. | Library | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**150** sq.m] | |
| 8. | Reading Room in Library | |  |  | | |  | |  | | |  | | |  | | 01 No.  15%X Intake **[Max. 150]** | |
| 9. | Seminar Hall | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**132** sq.m] | |
| 10. | Animal House | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**75** sq.m] | |
| **II.** | **ADMINISTRATIVE AREA [FIRST YEAR , SECOND YEAR]** | | | | | | | | | | | | | | | | | |
| 10. | Principal Office | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**30** sq.m] | |
| 11. | Board room | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**20** sq.m] | |
| 12. | College Office | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**150** sq.m] | |
| 13. | Deptt. Office | |  |  | | |  | |  | | |  | | |  | | **E** =No. of Courses.  [**E x 20** sq.m] | |
| 14. | HOD Cabin | |  |  | | |  | |  | | |  | | |  | | **F** =No. of Courses.  [**F x 10** sq.m] | |
| 15. | Faculty room | |  |  | | |  | |  | | |  | | |  | | [G x **5** sq.m] | |
| 16. | Central Stores | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**30** sq.m] | |
| 17. | Maintenance | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**10** sq.m] | |
| 18. | Security | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**10** sq.m] | |
| 19. | House keeping | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**10** sq.m] | |
| 20 | Pantry for Staff | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**10** sq.m] | |
| 21. | Exam. Office | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**30** sq.m] | |
| 22. | Placement Office | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**30** sq.m] | |
| **III.** | **AMENITIES AREA [FIRST YEAR , SECOND YEAR]** | | | | | | | | | | | | | | | | | |
| 23. | Toilets  [Ladies & Gents] | |  |  | | |  | |  | | |  | | |  | | **Adequate**  [**150** sq.m] | |
| 24. | Boys Common Room | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**75** sq.m] | |
| 25. | Girls Common Room | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**75** sq.m] | |
| 26. | Cafeteria | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**150** sq.m] | |
| 27. | Stationary Store & Reprography | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**10** sq.m] | |
| 28. | First Aid cum Sick Room | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**10** sq.m] | |
| 29. | Principal’s Quarters | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**150** sq.m] | |
| 30. | Guest House | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**30** sq.m] | |
| 31. | Sports Club / Gymnasium | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**100** sq.m] | |
| 32. | Auditorium / Amphi Theater | |  |  | | |  | |  | | |  | | |  | | **01** No.  [**250** sq.m] | |
| 33. | Boys Hostel | |  |  | | |  | |  | | |  | | |  | | **Adequate** | |
| 34. | Girls Hostel | |  |  | | |  | |  | | |  | | |  | | **Adequate** | |
|  | **TOTAL** | |  |  | | |  | |  | | |  | | |  | | **---** | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **(c)** | **COMPUTER CENTRE - COMPUTERS, SOFTWARE, INTERNET AND PRINTERS [I , II]** | | | | | |
| **S.**  **No** | **Computer Facilities** | **Sanctioned intake** | **Number of Terminals** | | | **AICTE NORMS** |
| **Required** | **Available** | **Shortfall** |
| 1. | Computers [S] -  **First / Second Year Students**/only |  |  |  |  | [**Ratio- 1:6*Min. 20 PCs***] |
| 2. | Multimedia Computers –  Library / Internet Surfing in Reading room |  |  |  |  | **1%** of Total Students Intake  [**Max. 10**] |
| 3. | Computers -  For Faculty Members | **---** |  |  |  | *Exclusive - along with LAN and Internet over and above the requirement meant for students* |
| 4. | Computers -  For Administrative Office | **---** |  |  |  |
| 5. | Printers [P] | **---** |  |  |  | 5% of total no. PCs |
| 6. | Internet Facility | **---** |  |  |  | 1 MBPS |
| 7. | LAN Facility | YES / NO : | |  | | All |
| 8. | Legal System Software | **---** |  |  |  | **01** |
|  | List of System Softwares | (01). | | | |  |
|  |  | (02). | | | |
|  |  | (03). | | | |
| 9. | Legal Application Software | **---** |  |  |  | **10** |
|  | List of Application Software |  | | | |  |
|  |  |  | | | |
|  |  |  | | | |
| 10. | UPS | Number of UPS : | |  | |  |
|  |  | Capacity : | |  | |
| 11. | Computer Table / Chair | No. of Computer Tables : | |  | |  |
|  |  | No. of Computer Chairs : | |  | |
| 12. | Air Conditioners | YES / NO  : | |  | |  |
| 13. | Central Xerox Facility | YES / NO  : | |  | | **PREFERRED** |
| 14. | Mail Server & Client | YES / NO : | |  | | **DESIRED** |
| 15. | Computer Specifications |  | | | |  |
|  | [General, in brief] |

**(d) 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** | | **Shortfall** |
| 1 | Number of books | 150 | 1500 adequate coverage of a  large number of standard text  books and titles in all disciplines  of pharmacy | **Title** | **No.** |  |
| 2 | Annual addition of  books |  | 150 books per year |  |  |  |
| 3 | Periodicals  Hard copies / online |  | 10 National  05 International periodicals |  |  |  |
| 4 | CDS |  | Adequate Nos. |  |  |  |
| 5 | Internet Browsing  Facility |  | Yes/No  (Minimum ten Computers) |  |  |  |
| 6 | Reprographic  Facilities:  Photo Copier  Fax  Scanner |  | 01  01  01 |  |  |  |
| 7 | Library Automation and Computerized System |  | | | | |
| 8 | Library Timings |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(e)** | **ESSENTIAL AND DESIRED REQUIREMENTS** | | | | | | | | | | | | | |
| **Sr. No** | **Description** | | | | **Availability**  **[YES / NO]** | | | **Details to be provided.**  **[Number,**  **if so required]** | | | | **REQUIREMENT** | | |
| 1 | Language Laboratory | | | |  | | |  | | | | **ESSENTIAL** | | |
| 2 | Water supply | | | |  | | |  | | | | **ESSENTIAL** | | |
| 3 | Electric supply | | | |  | | |  | | | | **ESSENTIAL** | | |
| 4 | Generator facility | | | |  | | |  | | | | **ESSENTIAL** | | |
| 5 | Sewage Disposal | | | |  | | |  | | | | **ESSENTIAL** | | |
| 6 | Telephone and Fax | | | |  | | |  | | | | **ESSENTIAL** | | |
| 7 | First Aid facility | | | |  | | |  | | | | **ESSENTIAL** | | |
| 8 | Vehicle parking | | | |  | | |  | | | | **ESSENTIAL** | | |
| 9 | Institution Web-site *[Website address to be provided]* | | | |  | | |  | | | | **ESSENTIAL** | | |
| 10 | Barrier Free built Environment for Differently-Abled and elderly persons including availability of specially designed toilets for ladies and gents separately. | | | |  | | |  | | | | **ESSENTIAL** | | |
| 11 | Safety provisions including fire and other calamities | | | |  | | |  | | | | **ESSENTIAL** | | |
| 12 | General Insurance provided for assets against fire, burglary and other calamities | | | |  | | |  | | | | **ESSENTIAL** | | |
| 13 | All weather approach road | | | |  | | |  | | | | **ESSENTIAL** | | |
| 14 | General Notice Board and Departmental Notice Boards | | | |  | | |  | | | | **ESSENTIAL** | | |
| 15 | Medical and Counselling Facilities | | | |  | | |  | | | | **ESSENTIAL** | | |
| 16 | Appointment of student counsellor | | | |  | | |  | | | | **ESSENTIAL** | | |
|  | | | | | | | | | | | | | | |
| 17 | Strong Room [Storing QPs & ASs] | | | |  | | |  | | | | **ESSENTIAL FOR EXAM PURPOSE** | | |
| 18 | Security arrangement [Day / Night] | | | |  | | |  | | | |
| 19 | Sufficient halls for Examination | | | |  | | |  | | | |
|  |  | | | |  | | |  | | | |  | | |
| 20 | Public announcement system at strategic locations for general announcements / paging and announcements in emergency | | | |  | | |  | | | | **DESIRED** | | |
| 21 | Enterprise Resource Planning (ERP) Software for Student-Institution-Parent interaction | | | |  | | |  | | | | **DESIRED** | | |
| 22 | Transport | | | |  | | |  | | | | **DESIRED** | | |
| 23 | Post, Banking Facility / ATM | | | |  | | |  | | | | **DESIRED** | | |
| 24 | CCTV Security System | | | |  | | |  | | | | **DESIRED** | | |
| 25 | LCD (or similar) projectors in classrooms | | | |  | | |  | | | | **DESIRED** | | |
| 26 | Group Insurance to be provided for the employees | | | |  | | |  | | | | **DESIRED** | | |
| 27 | Insurance for students | | | |  | | |  | | | | **DESIRED** | | |
| 28 | Staff Quarters | | | |  | | |  | | | | **DESIRED** | | |
|  | | | | | | | | | | | | | | |
| 29 | Principal’s Quarters | | | |  | | |  | | | | **DESIRED**  [**150** sq.m] | | |
| 30 | Guest House | | | |  | | |  | | | | **DESIRED**  [**30** sq.m] | | |
| 31 | Sports Club / Gymnasium | | | |  | | |  | | | | **DESIRED**  [**100** sq.m] | | |
| 32 | Auditorium / Amphi Theatre | | | |  | | |  | | | | **DESIRED**  [**250** sq.m] | | |
| 33 | Boys Hostel | | | |  | | |  | | | | **DESIRED**  Adequate | | |
| 34 | Girls hostel | | | |  | | |  | | | | **DESIRED**  Adequate | | |
| **ESSENTIAL GENERAL REQUIRMENTS FOR ANY INSTITUTE IN CASE OF POSIBBLE HAZARDOUS SITUATION AS MENTIONED IN ANNEXURE-1 OF AICTE APPROVAL PROCESS HANDBOOK 2016-17** | | | | | | | | | | | | | | |
| 35 | Have you identified possible hazardous situations considering nature of your Institute and location of the Institute? | | | |  | | |  | | | | **ESSENTIAL** | | |
| 36 | Have you classified these risks into intolerable, undesirable and negligible? | | | |  | | |  | | | | **ESSENTIAL** | | |
| 37 | Have you prepared a risk response plan for each of the situation? | | | |  | | |  | | | | **ESSENTIAL** | | |
| 38 | Are the stakeholders been made aware about the risk response plans? | | | |  | | |  | | | | **ESSENTIAL** | | |
| 39 | Are you conducting any training programs or mock drills of such eventualities? | | | |  | | |  | | | | **ESSENTIAL** | | |
| 40 | Is safety audit done periodically? | | | |  | | |  | | | | **ESSENTIAL** | | |
| 41 | Do you have established procedures required to handle such emergency situations? | | | |  | | |  | | | | **ESSENTIAL** | | |
| 42 | Do the procedures clearly define duties and responsibilities of various authorities and agencies? | | | |  | | |  | | | | **ESSENTIAL** | | |
| 43 | Have you appointed a single person (Safety Officer) who is responsible to make all arrangements to eliminate and/or to avoid such events? | | | |  | | |  | | | | **ESSENTIAL** | | |
| 44 | Is each of the student / staff person using the Institute facility has undergone a test to verify whether he/she has understood the procedures? | | | |  | | |  | | | | **ESSENTIAL** | | |
|  | | | | | | | | | | | | | | |
| 45 | Whether all the essential and desirable requirements/general guidelines in case of various events as detailed in Annexure-2 of AICTE Approval Process Handbook 2016-17 are adhered to? If yes, kindly attach the details as Annexure-2. | | | |  | | |  | | | | **ESSENTIAL** | | |
| **f** | **ACADEMIC INFRASTRUCTURE [FIRST, SECOND YEAR]** | | | | | | | | | | | | | |
| **S.**  **No** | **Category** | **AREA [sq.m]** | | | | **Details to be provided, whichever necessary** | | | | | | | | |
| Required | Available | Size [ l x b ] | | Capacity | Work Table (Nos) | | Furniture (Nos) | Teaching Aids  [BB / OHP / LCD] | No. of Lights | No. of Fans | Ventilation (Y/N) | Power Connection (Y/N) |
| 1 | Class Room 1 |  |  |  | |  |  | |  |  |  |  |  |  |
| 2 | Class Room 2 |  |  |  | |  |  | |  |  |  |  |  |  |
| 3 | Tutorial Room 1 |  |  |  | |  |  | |  |  |  |  |  |  |
| 4 | Tutorial Room 2 |  |  |  | |  |  | |  |  |  |  |  |  |
| 5 | Laboratory 1 |  |  |  | |  |  | |  |  |  |  |  |  |
| 6 | Laboratory 2 |  |  |  | |  |  | |  |  |  |  |  |  |
| 7 | Laboratory 3 |  |  |  | |  |  | |  |  |  |  |  |  |
| 8 | Laboratory 4 |  |  |  | |  |  | |  |  |  |  |  |  |
| 9 | Laboratory 5 |  |  |  | |  |  | |  |  |  |  |  |  |
| 10 | Animal House |  |  |  | |  |  | |  |  |  |  |  |  |
| 11 | Instrumentation room |  |  |  | |  |  | |  |  |  |  |  |  |
| 12 | Computer Centre |  |  |  | |  |  | |  |  |  |  |  |  |
| 13 | Museum |  |  |  | |  |  | |  |  |  |  |  |  |
| 14 | Library |  |  |  | |  |  | |  |  |  |  |  |  |
| 15 | Seminar Hall |  |  |  | |  |  | |  |  |  |  |  |  |
| 16 | Principal Room |  |  |  | |  |  | |  |  |  |  |  |  |
| 17 | Board Room |  |  |  | |  |  | |  |  |  |  |  |  |
| 18 | College Office |  |  |  | |  |  | |  |  |  |  |  |  |
| 19 | Department Office |  |  |  | |  |  | |  |  |  |  |  |  |
| 20 | HOD Cabin |  |  |  | |  |  | |  |  |  |  |  |  |
| 21 | Faculty Room – First Year |  |  |  | |  |  | |  |  |  |  |  |  |
| 22 | Faculty Room – Second Year |  |  |  | |  |  | |  |  |  |  |  |  |
| 23 | Central Stores |  |  |  | |  |  | |  |  |  |  |  |  |
| 24 | Maintenance |  |  |  | |  |  | |  |  |  |  |  |  |
| 25 | Security |  |  |  | |  |  | |  |  |  |  |  |  |
| 26 | House Keeping |  |  |  | |  |  | |  |  |  |  |  |  |
| 27 | Pantry for staff |  |  |  | |  |  | |  |  |  |  |  |  |
| 28 | Exam Office |  |  |  | |  |  | |  |  |  |  |  |  |
| 29 | Gents Toilet |  |  |  | |  |  | |  |  |  |  |  |  |
| 30 | Ladies Toilet |  |  |  | |  |  | |  |  |  |  |  |  |
| 31 | Boys Common Room |  |  |  | |  |  | |  |  |  |  |  |  |
| 32 | Girls Common Room |  |  |  | |  |  | |  |  |  |  |  |  |
| 33 | Cafeteria |  |  |  | |  |  | |  |  |  |  |  |  |
| 34 | Stationary Store & Reprography |  |  |  | |  |  | |  |  |  |  |  |  |
| 35 | First Aid cum Sick Room |  |  |  | |  |  | |  |  |  |  |  |  |
| 36 | Principal’s Quarters |  |  |  | |  |  | |  |  |  |  |  |  |
| 37 | Guest House |  |  |  | |  |  | |  |  |  |  |  |  |
| 38 | Sports Club / Gymnasium |  |  |  | |  |  | |  |  |  |  |  |  |
| 39 | Auditorium / Amphi Theatre |  |  |  | |  |  | |  |  |  |  |  |  |
| 40 | Language Laboratory |  |  |  | |  |  | |  |  |  |  |  |  |
| 41 | Boys Hostel |  |  |  | |  |  | |  |  |  |  |  |  |
| 42 | Girls Hostel |  |  |  | |  |  | |  |  |  |  |  |  |
|  | **TOTAL :** |  |  |  | |  |  | |  |  |  |  |  |  |

Note: Details of furniture including lecture room benches, drawing tables, lecture stands, drafting machines etc. (add detailed sheet).

**PART V – DETAILS OF MACHINERY/ EQUIPMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **\*\*LIST OF EQUIPMENTS AND ITS ADEQUACY [FOR A BATCH OF 30 STUDENTS]** | | |
| **(a)** | | **EQUIPMENTS** | | |
| 1. | Whether Equipments for all the Laboratories prescribed as per syllabus is available | | **:** | **YES / NO** |
| 2. | Whether all the existing equipments are entered in Stock Register ? | | **:** | **YES / NO** |
| 3. | Whether all the existing equipments are in working condition or not ? | | **:** | **YES / NO** |
| 4. | If not, list out the equipments that are not in working condition | | **:** | ***(list to be enclosed)*** |
| 5. | Whether any equipments are likely to be purchased in respect of the Courses for which extension of approval is applied | | **:** | **YES / NO** |
| 6. | If YES, list out the equipments | | **-** | ***(list to be enclosed)*** |

**EQUIPMENT AND APPARATUS**

**Department wise List of Minimum equipments required for D. Pharmacy**

**PHARMACEUTICS**

**Equipment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name** | **Minimum requiredNos.** | **Available Nos.** | **Working**  **Yes/No** | **Shortfall** |
| 1 | Continuous Hot Extraction Equipment | 05 |  |  |  |
| 2 | Conical Percolator | 05 |  |  |  |
| 3 | Tincture Press | 01 |  |  |  |
| 4 | Hand Grinding Mill | 01 |  |  |  |
| 5 | Disintegrator | 01 |  |  |  |
| 6 | Ball mill | 01 |  |  |  |
| 7 | Hand operated Tablet machine | 01 |  |  |  |
| 8 | Tablet Coating Pan unit with hot air blower laboratory size | 01 |  |  |  |
| 9 | Polishing pan laboratory size | 01 |  |  |  |
| 10 | Monsanto’s hardness tester | 01 |  |  |  |
| 11 | Pfizer type hardness tester | 01 |  |  |  |
| 12 | Tablet disintegration test apparatus IP | 01 |  |  |  |
| 13 | Tablet dissolution test apparatus IP | 01 |  |  |  |
| 14 | Granulating sieve set | 10 |  |  |  |
| 15 | Tablet counter–small size | 05 |  |  |  |
| 16 | Friability tester | 01 |  |  |  |
| 17 | Collapsible tube– Filling and sealing equipment | 01 |  |  |  |
| 18 | Capsule filling machine–Lab size | 01 |  |  |  |
| 19 | Digital balance | 01 |  |  |  |
| 20 | Distillation unit for distilled water | 02 |  |  |  |
| 21 | Deionization unit | 01 |  |  |  |
| 22 | Glass distillation unit for water for injection | 01 |  |  |  |
| 23 | Ampoule washing machine | 01 |  |  |  |
| 24 | Ampoule filling and sealing machine | 01 |  |  |  |
| 25 | Sintered glass filters for bacterial proof filtration  (four different grades) | Adequate |  |  |  |
| 26 | Millipore filter(3 grades) | Adequate |  |  |  |
| 27 | Autoclave | 01 |  |  |  |
| 28 | Hot air sterilizer | 01 |  |  |  |
| 29 | Incubator | 01 |  |  |  |
| 30 | Aseptic cabinet | 01 |  |  |  |
| 31 | Ampoule clarity test equipment | 01 |  |  |  |
| 32 | Blender | 01 |  |  |  |
| 33 | Sieves set (Pharmacopoeial standard) | 02 |  |  |  |
| 34 | Lab Centrifuge | 01 |  |  |  |
| 35 | Ointment slab | Adequate |  |  |  |
| 36 | Ointment spatula | Adequate |  |  |  |
| 37 | Pestle and mortar porcelain | Adequate |  |  |  |
| 38 | Pestle and mortar glass | Adequate |  |  |  |
| 39 | Suppository moulds of  Three sizes | Adequate |  |  |  |
| 40 | Refrigerator | 01 |  |  |  |

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

**PHARMACEUTICAL CHEMISTRY**

**Equipment:**

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

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

**PHYSIOLOGY&PHARMACOLOGY LABORATORY**

**Equipment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Name** | **Minimum required Nos.** | **Available Nos.** | **Working**  **Yes/No** | **Remarks of the**  **Inspectors** |
| 1 | Haemoglobinometer | 20 |  |  |  |
| 2 | Haemocytometer | 10 |  |  |  |
| 3 | Student’s organ bath | 1 |  |  |  |
| 4 | Sherington’s rotating drum | 1 |  |  |  |
| 5 | Frog board | Adequate |  |  |  |
| 6 | Tray (dissecting) | Adequate |  |  |  |
| 7 | Frontal writing lever | Adequate |  |  |  |
| 8 | Aeration tube | Adequate |  |  |  |
| 9 | Tele-thermometer | 1 |  |  |  |
| 10 | Pole climbing apparatus | 1 |  |  |  |
| 11 | Histamine chamber | 1 |  |  |  |
| 12 | Simple lever | Adequate |  |  |  |
| 13 | Staring heart lever | Adequate |  |  |  |
| 14 | Aerator | Adequate |  |  |  |
| 15 | Histological Slides | Adequate |  |  |  |
| 16 | Sphygmomanometer (B.P. apparatus) | 5 |  |  |  |
| 17 | Stethoscope | 5 |  |  |  |
| 18 | First aid equipment | Adequate |  |  |  |
| 19 | Contraceptive device | Adequate |  |  |  |
| 20 | Dissecting (surgical) instruments | Adequate |  |  |  |
| 21 | Balance for weighing small Animals | 1 |  |  |  |
| 22 | Kymograph paper | Adequate |  |  |  |
| 23 | Actophotometer | 1 |  |  |  |
| 24 | Analgesiometer | 1 |  |  |  |
| 25 | Thermometer | Adequate |  |  |  |
| 26 | Plastic animal cage | Adequate |  |  |  |
| 27 | Double unit organ bath with thermostat | 1 |  |  |  |
| 28 | Refrigerator | 1 |  |  |  |
| 29 | Single pan balance | 1 |  |  |  |
| 30 | Charts | Adequate |  |  |  |
| 31 | Human skeleton | 1 |  |  |  |
| 32 | Anatomical specimen  (Heart, brain, eye, ear, reproductive system etc.,) | 1set |  |  |  |
| 33 | Electro-convulsiometer | 1 |  |  |  |
| 34 | Stopwatch | Adequate |  |  |  |
| 35 | Clamp, boss-heads, screw-clips | Adequate |  |  |  |
| 36 | Syme’s Cannula | Adequate |  |  |  |

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

**PHARMCOGNOSY LABORATORY**

**Equipment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Name** | **Minimum required Nos.** | **Available Nos.** | **Working**  **Yes/No** | **Remarks** |
| 1 | Projection Microscope | 01 |  |  |  |
| 2 | Charts (different types) | Adequate |  |  |  |
| 3 | Models (different types) | Adequate |  |  |  |
| 4 | Permanent Slides | Adequate |  |  |  |
| 5 | Slides and Cover Slips | Adequate |  |  |  |

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

**PHARMACY PRACTICE LABORATORY**

**Equipment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Name** | **Minimum required Nos.** | **Available Nos.** | **Working**  **Yes/No** | **Remarks** |
| 1 | Colorimeter | 2 |  |  |  |
| 2 | Microscope | Adequate |  |  |  |
| 3 | Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,) | Adequate |  |  |  |
| 4 | Watch glass | Adequate |  |  |  |
| 5 | Centrifuge | 1 |  |  |  |
| 6 | Biochemical reagents for analysis of normal  And pathological constituents in urine and blood facilities | Adequate |  |  |  |
| 7 | Filtration equipment | 2 |  |  |  |
| 8 | Filling Machine | 1 |  |  |  |
| 9 | Sealing Machine | 1 |  |  |  |
| 10 | Autoclave sterilizer | 1 |  |  |  |
| 11 | Membrane filter | 1Unit |  |  |  |
| 12 | Sintered glass funnel with complete filtering assembly | Adequate |  |  |  |
| 13 | Small disposable membrane filter for IV admixture filtration | Adequate |  |  |  |
| 14 | Laminar air flow bench | 1 |  |  |  |
| 15 | Vacuum pump | 1 |  |  |  |
| 16 | Oven | 1 |  |  |  |
| 17 | Surgical dressing | Adequate |  |  |  |
| 18 | Incubator | 1 |  |  |  |
| 19 | pH meter | 1 |  |  |  |
| 20 | Disintegration test apparatus | 1 |  |  |  |
| 21 | Hardness tester | 1 |  |  |  |
| 22 | Centrifuge | 1 |  |  |  |
| 23 | Magnetic stirrer | 1 |  |  |  |
| 24 | Thermostatic bath | 1 |  |  |  |

**NOTE:** Adequate numbers 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.

**PART VI – FINANCIAL & PHYSICAL RESOURCES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenditure Heads** | **Budget (In lakhs)** | **Actual Expenditure** | **Shortfall if any** |
| 1. **I. Academic Buildings:**  * Construction * Maintenance Expenses |  |  |  |
| 1. **II. Laboratories/Computing Centre**  * New Equipment * Furniture * Operation & Maintenance |  |  |  |
| **III. Salary**   * Salary of Teaching Staff * Salary of Non-Teaching Staff |  |  |  |
| **IV. Faculty/Staff Development**  (Seminars/Workshops/Incentive Schemes/Training/Higher Studies) |  |  |  |
| **V. Library**   * Books * Journals ,e-journals * E-library |  |  |  |
| **VI. Services**   * Administration/Transport/Hostels/Canteen/Security/Water/Electricity/P&T: * Hostel Maintenance * Landscaping * Internet facility |  |  |  |
| **VII. Students Activities**   * Extracurricular/Co-curricular/   Sports/Cultural /extra classes |  |  |  |
| **VIII. Medical Expenses**  **-Full time or otherwise** |  |  |  |
| **IX. Any Other, please specify** |  |  |  |

**PART VII- OTHERS**

* 1. Please state whether the applicant is running and/ or managing any other technical/professional institution which is approved in the premises on sharing basis. If so, please give the name of the program/course being conducted.
  2. Whether the applicant has any court case in respect of violation of provisions of state Govt./UGC or that of any other statutory body including AICTE/NCHMCT/PCI.
  3. Does your institute has ever been served show cause notice by the HSBTE for indulging in malpractices in conduct of Board examination? If Yes, Please mention the details and its present status.
  4. Does your institute has ever been served show cause notice by the DTE/AICTE/PCI/HSBTE for indulging in malpractices/violation of rules, etc? If Yes, Please mention the details and its present status.
  5. Please submit status of compliance in respect of various conditions/guidelines as per latest AICTE approval Letter.
  6. Please submit status of compliance in respect of Grievance Redressal Committee for students as notified by AICTE.
  7. Please submit status of compliance in respect of various conditions/guidelines as per latest DTE/State Govt. NOC.
  8. Whether any deficiencies were reported by the AICTE during last two years? If Yes, Please submit the compliance of these deficiencies.
  9. Whether any deficiencies were reported by the DTE/HSBTE/PCI during last two years? If Yes, Please submit the compliance of these deficiencies.
  10. Please describe briefly future plans for improvements in infrastructure/expansion in academic and other activities to fully meet the norms and standards.

Name and Signature of the Head of the Institution.

Counter signed by:

(Head of the Society/Trust/Board) (Two Members on Society/Trust/Board)

**Annexure-A**

**MEMBER /INDIVIDUAL DETAILS**

**Details of the Individuals/ members/office bearers of organization**

Affix latest passport size photo

1. **Name** ............................................................
2. **Father Name** ............................................................
3. **Designation in the Trust/Society/Mission/Company etc..**

.............................................................................................

1. **Permanent Address**.............................................................

............................................................................................

1. **Correspondence Address**.....................................................

.............................................................................................

1. **E-Mail ID** ........................................................................
2. **Occupation** .........................................................................
3. **Qualification Details**...............................................................
4. **Telephone/Mobile Number/FAX Number**....................................
5. **Work place address**........................................................................
6. **Pan Number** ......................................................................
7. **Aadhar Number** ......................................................................
8. **DIN Number** .......................................................................

**Note:-**Information regarding all the members as per the constitution of the Society/Company/Trust/etc. have to be provided. This is to be filled up by each member separately.

Date:-

Place:- (Signature)