

**PHARMACY COUNCIL OF INDIA**

**(SIF-E)**

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

**PART-I**

**A - DETAILS OF APPLICATION**

<b>A-1.1</b> Application is for-	
• Permission to start M.Pharm course.	<input type="checkbox"/>
• First time approval u/s12.	<input checked="" type="checkbox"/>
• Extension of approval.	<input type="checkbox"/>
• Increase in intake upto 15seats.	<input type="checkbox"/>
	Please tick(✓) the relevant box.

**PART-II**

**B- GENERAL INFORMATION**

**To be filled by institution**

<b>B-1.1</b> Name of the Institution:  Complete postal address:	<p style="text-align: center;"><b>NKBR College of Pharmacy &amp; Research Centre</b></p> <hr/> <p style="text-align: center;"><b>Meerut Hapur Road Phaphunda Meerut- 245206 (U.P.)</b></p> <hr/> <p>STD Code: 0121 T. No. : 2883339 Fax No.: 2883334 E.Mail: nkbrcolleges@gmail.com Website: www.nkbr.org</p>
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<p><b>B-1.2-Course conducting body:</b></p> <ul style="list-style-type: none"> <li>• Status</li> <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>	<p>Please tick (✓) the relevant box.</p>
<p><b>B-1.3</b> Name of the Society/Trust/Management</p> <p>Complete postal address:</p>	<p><b><u>Narendra Kumar Baley Ram Educational Society</u></b></p> <p><b><u>L-823 Shastri Nagar</u></b></p> <p><b><u>Meerut, U.P. 250004</u></b></p> <p>STD Code : 0121                      T.No.2709241</p> <p>FaxNo.:2709320              E.Mail:nkbrcolleges@gmail.com</p> <p>Website:www.nkbr.org</p>
<p><b>B-1.4</b> Name of the Examining Authority</p> <p>Complete postal address:</p>	<p><b><u>Dr. A.P.J. Abdul Kalam Technical University, Lucknow</u></b></p> <p><b><u>IET Campus, Sitapur Road, Lucknow, Uttar Pradesh, 226021</u></b></p> <hr/> <p>STD Code :0522                      T.No.:2732193</p> <p>Fax No.: 522-2732189              E.Mail: vc@uptu.ac.in</p> <p>Website: www.aktu.ac.in</p>
<p><b>B-1.5</b> Other courses run by the institution</p> <ul style="list-style-type: none"> <li>- D.Pharm</li> <li>- B.Pharm</li> <li>- Pharm.D.</li> </ul>	<p><u>Approval status</u></p> <hr/> <p><b>Approved by PCI upto 2018-19 (F.No 02.271/2016-PCI)</b></p> <hr/> <p><b>Approved by PCI upto 2015-16 (F.No 02.271/2016-PCI)</b></p> <hr/> <p>NA</p>

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	2011-12	18	
Industrial Pharmacy	-	-	
Pharmaceutical Technology	-	-	
Pharmaceutical Chemistry	-	-	
Pharmaceutical Analysis	-	-	
Pharmaceutical Quality Assurance	-	-	
Regulatory Affairs	-	-	
Pharmaceutical Biotechnology	-	-	
Pharmacy Practice	-	-	
Pharmacology	-	-	
Pharmacognosy	-	-	
Phyto pharmacy 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 : 5.69 acres  
✓
- b. Building : **Own/ Leased/Rented**  
(enclose documentary evidences  
Annexure-A)
- c. Built up Area of the college building : 4540 Sq.m.

**2. Classrooms**

Name of the course	No. Required	No. Available	Area required for each classroom (Sq.m.)	Available ( Sq.m.)	Remarks of the Inspectors
<b>B.Pharm</b>	4	4	75 (essential) 90 (desirable)	75	
<b>M.Pharm Specialization -</b>					
Pharmaceutics	1	1	36	37	
Industrial Pharmacy	1	-	36	-	
Pharmaceutical Technology	1	-	36	-	
Pharmaceutical Chemistry	1	-	36	-	
Pharmaceutical Analysis	1	-	36	-	
Pharmaceutical Quality Assurance	1	-	36	-	
Regulatory Affairs	1	-	36	-	
Pharmaceutical Biotechnology	1	-	36	-	
Pharmacy Practice	1	-	36	-	
Pharmacology	1	-	36	-	
Pharmacognosy	1	-	36	-	
Phytopharmacy and Phytomedicine	1	-	36	-	

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

### 3. Laboratory

Name of the course	No. Required	No. Available	Area required for each laboratory (Sq.m.)	Available ( Sq.m.)	Remarks of the Inspectors
<b>B.Pharm-</b>					
Pharmaceutics Lab.	2	2	75(essential) 90(desirable)	180	
Pharmaceutical Chemistry Lab.	2	3	75(essential) 90(desirable)	279	
Pharmaceutical Analysis Lab.	1	1	75(essential) 90(desirable)	93	
Pharmacology Lab.	2	3	75(essential) 90(desirable)	279	
PharmacognosyPharmaceuticalBiotechnology(Including AsepticRoom)Lab.	1	3	75(essential) 90(desirable)	288	
<b>M.Pharm Specialization -</b>					
Pharmaceutics	1	1	75each	90	
Industrial Pharmacy	1	-	75each	-	
Pharmaceutical Technology	1	-	75each	-	
Pharmaceutical Chemistry	1	-	75each	-	
Pharmaceutical Analysis	1	-	75each	-	
Pharmaceutical Quality Assurance	1	-	75each	-	
Regulatory Affairs	1	-	75each	-	
Pharmaceutical Biotechnology	1	-	75each	-	
Pharmacy Practice	1	-	75each	-	
Pharmacology	1	-	75each	-	
Pharmacognosy	1	-	75each	-	
Phytopharmacy and Phytomedicine	1	-	75each	-	

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

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

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	85	
Central Instrumentation Room	1	1	80	80	
Store Room-I	1	1	100	110	
Store Room-II	1	1	20	22	
Animal House		1	80	80	
Library		1	150	165	
Museum		3	50	60	
Auditorium/Multi Purpose Hall(Desirable) 250-300seatingcapac		1		-	
Seminar Hall		1		160	
Herbal Garden (Desirable)		1		1000	
Computer (Latest Configuration) With Internet Browsing Facility	1systemforevery6s tudents (for M.Pharm course) 1systemforevery1 0students(for B.Pharm course)	45		45	
Printers	1Printerforevery 6computers(for M.Pharm course) 1Printerforevery1 0computers(for B.Pharm course)	5		5	
Multi Media Projector	3(1forB.Pharm course,1forM.Pha rmcourseand1for Library)	3		3	
Generator(5KVA)	01	3			
Girl's Common Room(Essential)		1	20	60	
Boy's Common Room		1	10	100	
Toilet Blocks for Boys		2		100	

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		30	
Drinking Water facility–Water Cooler		2		20	
Boy's Hostel(Desir		1		640	
Girl's Hostel(Desir		1		290	
Power Backup Provision		Yes			

### 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	110	
Store Room–I	1	1	100	100	
Store Room–II	1	1	20	22	
H.O.D Room	1	4	20Sq.m. Per Faculty	80	
Faculty Rooms		4	10Sq.m. Per Faculty	200	

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

Item	Ref. Titles (No)	Available	Remarks of the Inspectors
Books (1500adequatecoverageofalargenumbero fstandardtextbooksand titles in all disciplines of pharmacy)	150	Title -1460  Volume - 8955	
Annual addition of Books	150	815	
Periodicals Hardcopies/online	10National 05International periodicals	National- 17 International-07	
CDs	Adequate Nos	Adequate Nos	
Reprographic Facilities: Photo Copier Scanner	01each	1	

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

## 7. Non-teaching staff

Designation	No. Required	No. Available	Qualification Required	Qualification Available	Remarks of the Inspectors
Laboratory Technician	1 for each Dept	1	D.Pharm	B.Sc.	
Laboratory Assistants or Laboratory Attenders	1 for each Lab (minimum)	06	SSLC	Degree	
Office Superintendent	1	1	Degree	B.A.	
Accountant	1	1	Degree	M.Com	
Storekeeper	1	1	D.Pharm or a Bachelor degree.	D.Pharm	
Computer Data Operator	1	1	BCA or Graduate with Computer Course	B.Sc., DCE	
Office Staff I	1	1	Degree	M.Lib	
Office Staff II	2	2	Degree	12th	
Peon	2	2	SSLC	SSLC	
Cleaning personnel	Adequate	2	---	6th	
Gardener	Adequate	1	---	8th	

## 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 Inspector
Director/Principal /Head of Institution	First Class B.Pharm with Master's degree in Pharmacy (M.Pharm) in appropriate branch of specialization in Pharmacy or Pharm.D (Qualifications must be PCI recognized).  With  Ph.D degree in any of Pharmacy subjects.	B.Pharm (1 <sup>st</sup> Class), M.Pharm (1 <sup>st</sup> class), 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	11 Years	

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	3	1	-	
	Asst. Professor	1	2	2	-	
	Lecturer	2	-	3	-	
Pharmaceutical Chemistry including Pharmaceutical analysis	Professor/Associate Professor	1	-	1	-	
	Asst. Professor	1	2	2	-	
	Lecturer	3	3	3	-	
Pharmacology	Professor/Associate Professor	1	1	1	-	
	Asst. Professor	1	2	1	-	
	Lecturer	2	-	3	-	
Pharmacognosy	Professor/Associate Professor	1	1	1	-	
	Asst. Professor	1	2	1	-	
	Lecturer	1	-	1	-	
Pharmacy Practice & Related subjects	Professor/Associate Professor	-	-	1	-	
	Asst. Professor	1	1	1	-	
	Lecturer	1	1	1	-	

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

- i) In addition to the minimum requirement of staff or 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 faculties in the said department.
- ii) The number seats approved for admission to the M.Pharm course shall be 3 students per PG teacher (1:3)
- iii) 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	1	
Department of Pharmaceutical Chemistry	Asso. Prof.	-	
	Asst. Professor/Lecturer	-	

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

<b>Department</b>	<b>Designation</b>	<b>No. available</b>	<b>Remarks of the Inspectors</b>
Department of Pharmacology	Asso. Prof.	-	
	Asst. Professor/Lecturer	-	
Department of Pharmacognosy	Asso. Prof.	-	
	Asst. Professor/Lecturer	-	
Department of Pharmacy Practice	Asso. Prof.	-	
	Asst. Professor/Lecturer	-	
Department of Industrial Pharmacy	Asso. Prof.	-	
	Asst. Professor/Lecturer	-	
Department of Pharmaceutical Technology	Asso. Prof.	-	
	Asst. Professor/Lecturer	-	
Department of Pharmaceutical Analysis	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	-	

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

**Faculty details**

<b>Designation</b>	<b>Qualification Required</b>	<b>Experience Required</b>	<b>Remarks of the Inspectors</b>
Professor	First Class B.Pharm with Masters 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 PharmacyCollege.	

<b>S. No.</b>	<b>Name of Professor</b>	<b>Qualification Available</b>	<b>Experience Available</b>	<b>Remarks of the Inspectors</b>
1.	Dr. Rambabu Sharma	M.Pharm., Ph.D	11 Year	
2.	-	-	-	
3.	-	-	-	
4.	-	-	-	
5.	-	-	-	
6.	-	-	-	
7.	-	-	-	
8.	-	-	-	
9.	-	-	-	
10.	-	-	-	

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

Designation	Qualification Required	Experience Required	Remarks of the Inspectors
Associate Professor	<p>First Class B.Pharm with Master's degree in Pharmacy (M.Pharm) in appropriate branch of specialization in Pharmacy (Qualification must be PCI recognized).</p> <p>A PCI recognized Pharm.D degree holder shall also be eligible for the posts of Associate Professor in the subjects of pathophysiology, pharmacology and pharmacypractice.</p> <p>Associate Professor shall acquire PCI recognized PhD in any of Pharmacy subjects within 7years 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.	Mr. Sachin Kumar	M.Pharm (P.Ceutics), (Ph.D.),	8.2 years	
2.	Ms. Deepti Chaurasia	M.Pharm, (P.Ceutics),	6 years	
3.	Ms. Neeti Srivastava	M.Pharm, (P.Ceutics),	7 Years	
4.	Mr. Abhishek Kumar	M. Pharm, (P.Ceutics),	7 years	
5.	Mr. Alimuddin Saifi	M.Pharm., (P.Cognosy), ( Ph.D.),	8 years	
6.	Ms. Vijya Raje Sindhiya	M. Pharm., (P.Cology),	6 years	
7.	-	-	-	
8.	-	-	-	
9.	-	-	-	
10.	-	-	-	

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

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

S. No.	Name of Lecturer/Assistant	Qualification Available	Experience Available	Remarks of the Inspectors
1.	Mr. Munish Kumar	M. Pharm (P. Ceutics)	6 Years	
2.	Ms. Sumita Singh	M. Pharm (P. Ceutics)	3 Years	
3.	Mr. Kunal Arora	M. Pharm (P. Ceutics)	3 Years	
4.	Ms. Chavi Prasad	M. Pharm (P. Cology)	3 Years	
5.	Ms. Khusboo Agarwal	M. Pharm (P. Cology)	3 Year	
6.	Ms. Kanika Tuli	M. Pharm (P. Cognosy)	4 Years	
7.	Ms. Shakshy Sharma	M. Pharm (P. Cognosy)	7 Years	
8.	Mr. Bhuwanendra Singh	M. Pharm (P. Cognosy)	4 Years	
9.	Mr. Nitesh Kumar	M. Pharm (P. Chemistry)	1 Years	
10.	Ms. Aarti Devi	M. Pharm (P. Chemistry)	1 Month	
11.	Mr. Pankaj Jhangra	M. Pharm (P. Chemistry)	3 Years	
12.	Ms. Pooja Pandey	M. Pharm (P. Chemistry)	1 Month	
13.	Ms. Neha Yadav	M. Pharm (P. Chemistry)	2 Years	
14.	Ms. Nidhi Sharma	M. Pharm (P. Chemistry)	1 Month	

**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.

: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 Office : \_\_\_\_\_  
with Code Residence : \_\_\_\_\_

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

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

Details of the previous appointments/teaching experience

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

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

Contd. on page 3

::3::

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

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

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

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

**Declaration**

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

Signature of the Employee:

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

**Endorsement**

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

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

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