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Tracking Number: SIF/2016/100150

PHARMACY COUNCIL OF INDIA

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

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

(SIF-A)

To be filled up by P.C.I

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No.

**NAME OF THE INSPECTORS: 1.
(IN BLOCK LETTERS)**

2.

PART-1

A-GENERAL INFORMATION

A - I.1

Name of the institution

B.R.College of pharmacy

Complete postal address:

Villagae Bagpur,P.O. Mohana,Tehsil & Distt. Palwal.(HR).

Telephone number with STD Code

01275 207347

Fax No

Email

principalbrcp@gmail.com

Year of establishment

2014

Status of the course conducting body

Private

A - I.2

Name of the Society/Trust/Management

Khader Vikas Shiksha Samiti

Address

Village-Bagpur, Post-Mohna, Tehsil & District - Palwal Haryana 121004

Telephone Number with STD Code 01275 207347
Fax No
Email kvss.bagpur@gmail.com
Website

A - I.3

Name of the person to be contacted by phone Somdutt
Designation Chairman
Address Village-Bagpur, Post-Mohna, Tehsil & District - Palwal Haryana 121004
STD Code 01275
Telephone Number
Office 9467324261
Residence 207347
Mobile 9467324261
Fax No
Email principalbrcp@gmail.com

A - I.4

Name of the Head of the Institution Brijesh Kumar
Address E-171, Dabua Colony, NIT Faridbad Haryana 121001

Signature of the Head of the Institution

Signature of the Inspectors

A - I.5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. DETAILS OF AFFLIATION FEE PAID

Name of the Course	Affiliation Fee Paid Upto	Receipt No.	Dated	Remarks of the Inspectors
D Pharm	2016-17	27171	01/09/2015	

b. APPROVAL STATUS

Name of the Course	Approved Upto	Intake Approved and Admitted	PCI	State Govt	University	Remarks of the Inspectors
D Pharm	2016 -17	Approved Letter No & Date	17-1/2016-PCI/21848-22036 05/08/2016	326 13/08/2014	NA	
		Approved Intake	60	60	00	
		Actually Admitted	60	60	00	

c. STATUS OF APPLICATION

Course	Extension of Approval	Increase in Intake of Seates	Remarks	
			Current Intake	Proposed increase in Intake
D Pharm	Yes	No	60	00

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 status

No

A - I.6 a

Status of the Pharmacy Course:	
Independent Building	Yes
Wing of Another College	No
Separate Campus	No
Multi Institutional Campus	No

Examining Authority:	Diploma Course
Name with Complete Postal address, telephone No. and STD Code.	The Director State Board of Tech. Education, Haryana, S.C.O.No.38-39, Sector-17-A, Chandigarh - 160 017 (U.T.)

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B - I.1

Name of the Principal

Brijesh Kumar

Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	Yes	05 Years		
	PhD (Desirable)	No	02 Years		

* Documentary evidence should be provided

B - I.2

For institution seeking continuation of affiliation

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied/Not Complied	Intake reduced/Stopped in the last 03 years*
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D Pharm	19/03/2016	Enclosed	Yes	No
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* Enclose Documents

B - I.3

Pay Scales

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
Teaching Staff	AICTE/UGC/State Govt.	Yes	No	No	
Non-Teaching Staff	State Government	Yes	No	No	

B - I.4

D Pharm Course: Admission statement for the past three years

ACADEMIC YEAR	2014-2015	2015-2016	2016-2017
Sanctioned	60	60	60
No. of Admissions	60	60	60
Unfilled Seats	0	0	0
No of Excess Admission	0	0	0

B - I.5

Academic information: Percentage of D Pharm results for the past three years:

ACADEMIC YEAR	2014-2015	2015-2016	2016-2017
D Pharm	90		

Signature of the Head of the Institution

Signature of the Inspectors

B - II

Co-Curricular Activities / Sports Activities

Whether college has NSS Unit(Yes/No)?	No
If no give reasons	
NSS Program Officer's Name	
Programme Conducted Details	enclosed
Whether students participating in University level cultural activities/Co-curricular/Sports activities	No
Physical Instructor	Not Available
Sports Ground	Individual
Are you Associated with other Organization/Institution/Trust/Society Running Pharmacy Course	Yes
Organization/Institution/Trust/Society Name	
Complete Postal Address.	
Telephone No.	
Nature of Association	

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

Receipts			Expenditure			Remarks of the Inspector
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants		CAPITAL EXPENDITURE			
	a. Government	0.00				
	b. Others	3315521.00				
2.	Tuition Fee	1533400.00	1.	Building	3759145.00	
3.	Library Fee	106500.00	2.	Equipment	2656500.00	
4.	Sports Fee	98400.00	3.	Others	402408.00	
5.	Union Fee	0.00	REVENUE EXPENDITURE			
6.	Others	229600.00	1.	Salary	4288070.00	
			2.	Maintenance Expenditure		
				i. College	500000.00	
				ii. Others	150000.00	
			3.	University Fee	110000.00	
			4.	Apex Bodies Fee	125000.00	
			5.	Government Fee	0.00	
			6.	Deposit held by the College	0.00	
			7.	Others	217003.00	
			8.	Misc. Expenditure	183348.00	
	Total	5283421.00		Total	5573421.00	

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature
of the
Inspectors

PART- II PHYSICAL INFRASTRUCTURE

a. Building	Own
b Land:	
c. Building	Own
i) Leased or own	Own
Sale / Agreement deed (records to be enclosed)	--
i) Leased/Rented † (Record to be enclosed)	Enclosed
ii) If Own (Approved Building plan & sale deed to be enclosed)	Enclosed
d. Total Area of the college building in Sq.mts	Built up Area
	3273
	Amenities and Circulation Area
	818

2. Class Rooms

Total Number of Class rooms provided					
Class	Required	Available Numbers	Required Area * for each class room	Available Area in Sq. mts	Remarks of the Inspectors
D.Pharm	02	2	90 sq. mts each	185	

[* To accomodate 60 students]

3. Laboratory requirement

Sl.No.	Infrastructure for	Available No.	Area in Sq. mts	Remarks
1	Laboratory Area for D.Pharm Course	250	275	
2	Pharmaceutics	1	55	
3	Pharmaceutical Chemistry	1	55	
4	Physiology and Pharmacology	1	55	
5	Pharmacy Practice	1	55	
6	Pharmacognosy	1	55	
7	Animal House	0	0	
8	Preparation Room for each lab	5	142	
9	Area of the Machine Room	1	111	
10	Aseptic Room	1	28	
11	Store Room I	1	28	
12	Store Room II Inflammable chemicals	1	28	

Signature of the Head of the Institution

Signature of the Inspectors

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

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

4. Administration Area

Sl. No.	Name of Infrastructure	Requirements as per Norms (in Number)	Requirements as per Norms (in Area)	Available		Remarks/Deficiency
				No.	Area in Sq.mts	
1	Principal's Chamber	01	20 Sq. mts	1	30	
2	Office - I (including confidential room)	01	40 Sq. mts	1	40	
3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq. mts	0	0	
4	Library with computer and reprographic facilities	01	100 Sq. mts	1	132	
5	Museum	01	30 Sq. mts (Maybe attached to the Pharmacognosy lab)	1	41	
6	Auditorium/ Multi Purpose Hall (Desirable)	01	250 - 300 seating capacity	0	0	
7	Herbal Garden (Desirable)	01	Adequate Number of	1	150	