

Confidential**RAJASTHAN UNIVERSITY OF HEALTH SCIENCES, JAIPUR****Faculty of Pharmacy**

Form for extension of affiliation / permanent affiliation

Session -----**To be filled up by RUHS (after inspection)**

File No.	
Inspection No.	

To be filled up by inspectors

Date of Inspection	
Name, address, cell no. and email ID of the inspectors	
1.	
2.	

1. Details of institution

Name			
Address with pin code			
Phone no. with STD code		Fax no.	
Email		Website	

2. Details of society/trust etc.

Name			
Registration no. and date			
Address with pin code			
Phone no. with STD code		Fax no.	
Email		Website	

Name and contact nos. of president/ chairman	
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Signature of the Inspectors 1.

Signature of the Head of the Institution

2.

Name and contact nos. of secretary	
Name of university nominee	
Name of staff representative, if any, in the governing body	

3. Details of commencement of course(s) and course for which affiliation is sought

Course	Year of commencement	Intake approved by AICTE (2013-14)	Intake proposed at RUHS (2013-14)
D.Pharm			
B.Pharm			
M.Pharm			
Pharmaceutics			
Industrial Pharmacy			
Pharmaceutical Chemistry			
Quality Assurance			
Pharmacology			
Pharmacognosy			
Pharm. Mgmt. & Regulatory Affairs			

4. Details of Head of the Institution / Principal / Director

Name	
Designation	
Qualifications	
Specialization	
Total professional experience	
Email	
Cell no.	
Date of joining the institution	
Residence address	
Contact no. (O) with STD code	
Contact no. (R) with STD code	

Signature of the Inspectors 1.

Signature of the Head of the Institution

2.

5. Details of affiliation fee paid to RUHS

Course	Affiliation fee (in Rs.) paid for the session (2013-14)	Cheque no. / D.D. no.	Date
D.Pharm			
B.Pharm			
M.Pharm			
Pharmaceutics			
Industrial Pharmacy			
Pharmaceutical Chemistry			
Quality Assurance			
Pharmacology			
Pharmacognosy			
Pharm. Mgmt. & Regulatory Affairs			

6. Details of approval/affiliation status

Course	Approval/affiliation upto (session)		
	AICTE	PCI	University
D.Pharm			
B.Pharm			
M.Pharm			
Pharmaceutics			
Industrial Pharmacy			
Pharmaceutical Chemistry			
Quality Assurance			
Pharmacology			
Pharmacognosy			
Pharm. Mgmt. & Regulatory Affairs			

7. Deficiencies mentioned in previous inspection, if any:

PCI inspection:

AICTE inspection:

8. Details of remedial action taken with respect to the above inspections (attach documentary evidence provided by the College):

Signature of the Inspectors 1.

Signature of the Head of the Institution

2.

9. Management

Is the Managing body registered? _____
(attach list of members)

State whether:

- a) Is the Principal a member of the Management Committee?
- b) Is any Faculty a member of the Management Committee? If so, mention name _____

Is the management committed to provide, maintain and promote quality of education? _____

If yes, attach a specific statement from the College management

10. Details of admission for the last academic session (2012-13)

Course	Intake sanctioned by AICTE	No. of students admitted
D.Pharm		
B.Pharm		
M.Pharm		
Pharmaceutics		
Industrial Pharmacy		
Pharmaceutical Chemistry		
Quality Assurance		
Pharmacology		
Pharmacognosy		
Pharm. Mgmt. & Regulatory Affairs		

Number of students admitted through lateral entry admission to B.Pharm Part-II _____

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Signature of the Head of the Institution

2.

11. STAFF**8.1 Details of Faculty position**

S No.	Name of faculty	Designation	Date of joining	Qualification Year of Post graduation and Specialization	Total experience as on 31 st Dec. of the previous year/ Experience after PG	Appointed though selection board including university nominee (Yes / No)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						

Signature of the Inspectors 1.

Signature of the Head of the Institution

2.

Inspectors are required to verify the identity of the Faculty by a photo ID card, original certificates, and attach relieving letter of previous employer (if any).

11.2 Student faculty ratio : _____

Signature of the Inspectors 1.

Signature of the Head of the Institution

2.

11.3 Details of salary to teaching staff during previous financial year

S. No.	Name	Designation	Pay scale	Basic pay Rs.	DA Rs.	HRA Rs.	CCA Rs.	Other allowances Rs.	Deductions		Bank A/C no.	PAN no.	EPF A/c no.	Total	Signature
									TDS	EPF					
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															

Signature of the Inspectors 1.

Signature of the Head of the Institution

2.

S. No.	Name	Designation	Pay scale	Basic pay Rs.	DA Rs.	HRA Rs.	CCA Rs.	Other allowances Rs.	Deductions		Bank A/C no.	PAN no.	EPF A/c no.	Total	Signature
									TDS	EPF					
12.															
13.															
14.															
15.															
16.															
17.															
18.															
19.															
20.															
21.															
22.															

Signature of the Inspectors 1.

Signature of the Head of the Institution

2.

Attach statement of latest salary to the staff alongwith TDS records (Annexure-1).

Signature of the Inspectors 1.

Signature of the Head of the Institution

2.

11.4 Details of non-teaching / supporting staff

S.No.	Name of staff	Designation	Qualification	Date of joining	Total experience	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

Signature of the Inspectors 1.

Signature of the Head of the Institution

2.

Signature of the Inspectors 1.

Signature of the Head of the Institution

2.

11.5 Pay scales and benefits

Staff	Scale of pay as per AICTE / UGC / State Govt. (Yes / No)	PF (Yes / No)	Gratuity (Yes / No)
Teaching Staff			
Non-Teaching Staff			

12. Details of building

Particulars	Area required as per norms sqm per student	Total no. of students (total sanctioned intake)	Built up area required (b x c)	Total built-up area available (sqm)
A	B	C	D	E
Instructional Area (carpet area - class rooms, labs, preparation area, store, library, examination hall, etc.)	9			
Administrative Area (carpet area - Principal's room, strong room, reception, office, faculty seating rooms, store, etc.)	1			
Amenities (carpet area – toilet blocks, girls common room, etc.)	2			
Circulation & Others (corridors, stair case, common areas, etc.)	3.6			
Total	15.6			

Does the Management possess College building of its own? _____

Is the building / buildings on lease? _____
If yes, attach copy of lease.

13. Library books and periodicals

Description	Details
Total no. of volumes (as on 31 st March)	
Total no. of titles of the books (as on 31 st March)	
No. of volumes added during previous year	
No. of titles added during previous year	
No. of journals (National)	
No. of journals (International)	

Attach list of journals, National and International (Annexure-2).

ACADEMIC MONITORING

14. Attach time table for each course (Annexure-3).

Signature of the Inspectors 1.

Signature of the Head of the Institution

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Signature of the Head of the Institution

Signature of the Inspectors 1.

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15. Work load of faculty (per week)

S. No.	Name of the Faculty	Subject(s) taught	D.Pharm		B.Pharm		M.Pharm		Total work load
			T	P	T	P	T	P	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									

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Signature of the Head of the Institution

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16.Registers

(i)Faculty Attendance

(a)No of Faculty listed :

(b)No present on day:

(c)Reason of absence of remaining

i.

II.

III.

(ii) Practical record of students (randomly select 5 students)

Course	Year	Date of last practical recorded
D.Pharm	I yr	
	IIyr	
B.Pharm	I yr	
	II yr	
	III yr	
	IV yr	
M.Pharm	I sem	
	II sem	
	I sem	
	II sem	

(iii) Stock register (select any 3 chemicals randomly)

Amount & Date of last issue:

Consumption:

Average consumption on the basis of requirement in a class.

17.Interaction with students, in strict confidentiality, specifically with regard to

(a) Satisfaction with conduct of classes

(b) With teaching

(c) Conduct of practical classes

(d) Demand of money made by College , other than fees: If so state reason:

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18. Check web site of College if the following are present

- (a) Faculty details
- (b) Students list of all courses
- (c) Time table for all classes

19 Details of results of passed out batch of last academic session

Course	No. of students appeared	% of students with 1 st division	% of students with 2 nd division
D.Pharm			
B.Pharm			
M.Pharm			
Pharmaceutics			
Industrial Pharmacy			
Pharmaceutical Chemistry			
Quality Assurance			
Pharmacology			
Pharmacognosy			
Pharm. Mgmt. & Regulatory Affairs			

20. Industrial Training details (B.Pharm)

Period of training from ____/____/____ to ____/____/____

21. Details of major accomplishments by students, faculty, college (awards, conferences, papers published, patents etc.)

Signature of the Inspectors 1.

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22. Details of projects received from funding agencies, if any

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Signature of the Head of the Institution

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20. Income & expenditure during the last financial year

S.No.	Source of Income	Rs.	Expenditure	Rs.
1.	Student Fees		Salary of full time faculty	
2.	Management contribution		Salary for visiting/adjunct faculty	
3.	Donations		Salary of non-teaching staff	
4.	Internal Revenue Generation (Interest on FDRs)		PF contribution	
5.	Others (<i>please specify</i>)		Equipments	
6.			Furniture and fixtures	
7.			Library books and journals	
8.			Postage & Telegram expenses	
9.			Affiliation fee	
10.			Repairs & maintenance	
11.			Printing & stationery expenses	
12.			Bank charges	
13.			Laboratory expenses (chemicals, glasswares etc.)	
14.			Misc. expenses	
15.			T.A. & D.A. expenses	
16.			Legal expenses	
17.			Light & water expenses	
18.			Advertisement expenses	
19.			Reading room exp.	
20.			Telephone exp.	
21.			Interview exp.	
22.			Premium of group gratuity	
23.				
24.				
25.				
26.				
27.				
	Total			

Attach copy of audited statement of accounts (Annexure-4)

Signature of the Inspectors 1.

Signature of the Head of the Institution

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21. Status of compliance of specific conditions / deficiencies communicated in the last approval/ extension of approval by RUHS

Inspection number
Date(s) of inspection
Names, designation and address of inspectors

Deficiencies communicated / Specific conditions	Compliance status	Remarks of the inspectors

I solemnly declare that no information has been withheld and all the information provided in this proforma is correct.

Date:

Place:

Signature of the Head of the Institution

Signature of the Inspectors 1.

Signature of the Head of the Institution

2.

Attachments (assign page nos. to each page of the attachments and mention page nos. range against annexure no. in the table below).

Particulars	Annexure no.	Page nos.
Statement of latest salary paid to the staff along with TDS records	1	
List of journals (National / International)	2	
Time Table for each course	3	
Copy of audited statement of accounts of the institution	4	
Copy of latest approval letter of AICTE	5	
Copy of latest approval letter of PCI	6	
Staff declaration form	7	

Note: Sign on each attachment.

Signature of the Inspectors 1.

Signature of the Head of the Institution

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