BULANDSHAHR COLLEGE BULANDSHAHR

SCHOOL OF PHARMACY

12 KM, SIYANA / GARH ROAD, BHAVSI, BULANDSHAHR (U.P.) 203001

MOB 08923479189,08126580400

bcbsrsopgmail.com:www.bcbsop.in

REF. No. 84/BCBSOP/08/16 DATE - 26/08/2016

COVERING LETTER

To

Registrar cum Secretary

Pharmacy Council of India

New Delhi

SUBJECT- APPLICATION FOR SUBMISSION OF SIF-A

Respected Sir,

It is to be informed you that SIF-A for DIPLOMA IN PHARMACY in the Bulandshahr College Bulandshahr "SCHOOL OF PHARMACY". The duly filled SIF-A is submitting for the Session 2017-18 and we have already submitted Demand Draft of Rs. 50,000 (fifty thousand rupees only) in favour of Pharmacy Council of India New Delhi for the Session 2017-18.

Photocopy of DD No. 036946 Dated 11/06/16 is attached with the letter.

भारतीय भेषजी परिषद
नई दिल्ली-110002
प्राप्ति
26 AUG 2016

Yours Faithfully.

26/08/16

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

ENCLOSURES:

1. The duly filled SIF-A
2. Photocopy of Demand Draft
3. SDF of 6+1 Staff

Bulandshahr College
Bulandshahr
SCHOOL OF PHARMACY

COVERING LETTER

28/08/2015

To

Registrar cum Secreatary

Pharmacy Council of India

New Delhi

SUBJECT- APPLICATION FOR SUBMISSION OF SIF-A

Respected Sir,

It is to be informed you that for the application of DIPLOMA IN PHARMACY in the Bulandshahr College Bulandshahr "SCHOOL OF PHARMACY". The duly filled SIF-A and Demand Draft in favour of PHARMACY COUNCIL OF INDIA ,Paysble at New Delhi to be submitted to the Pharmacy Council of India, combined council building, Temple lane Kotla road, Aiwan E Ghalib marg , New Delhi.

Yours Faithfully.

ENCLOSURES:

The duly filled SIF-A

Demand Draft in favour of PHARMACY COUNCIL OF INDIA

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

MOB 089234 / 189,08126580400

[illegible] www.b[illegible]

[illegible]

COVER LETTER

[illegible]

[illegible] of India

[illegible] Ghaziabad

[illegible]

[illegible] SUBMISSION OF DEMAND DRAFT OF RUPEES FIFTY THOUSANDS RUPEES [illegible] PHARMACY COUNCIL OF INDIA

[illegible]

[illegible] with Bulandshahr College Bulandshahr School of Pharmacy Bulandshahr [illegible] road Bulandshahr (U.P.) 203001 For the renewal of the Diploma course [illegible] College Bulandshahr School of Pharmacy , Bulandshahr submission of DEMAND DRAFT [illegible] Hands Rupees Only) DD No. [illegible] SECRETARY PHARMACY COUNCIL OF INDIA [illegible] Final Year academic [illegible] 2016-17.

[illegible]

[illegible] SECRETARY PHARMACY [illegible]

Principal
Bulandshahr College Bulandshahr
School of Pharmacy

UNM 036946

AUTHORISED SIGNATORY

AUTHORISED SIGNATORY

Principal
Bulandshahr College Bulandshahr

PHARMACY COUNCIL OF INDIA

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

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

To be filled up by P.C.I.

To be filled up by inspectors

(SIF-A)

Inspection No. :

FILE No. : 17/1197/2016 - PCI

Date of Inspection:

NAME OF THE INSPECTORS: 1.
(BLOCK LETTERS)
2.

PART – I
A - GENERAL INFORMATION

A – I. 1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	BULANDSHAR COLLEGE BULANDSHAHR SCHOOL OF PHARMACY PALI NEAR AURANGABAD, SARAI CHABILA, BULANDSHAHR - 203001 8126580400 mdmache@gmail.com
Year of starting of the course	2016
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	BOARD OF TECHNICAL EDUCATION UTTAR PRADESH BTE/AFFL/2016/8010
A – I. 2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	SHRI VISHNU CHAITNAY EDUCATIONAL TRUST 103/1 RIK PURAM BHOOR BULANDSHAHR UP - 203001 bcbsrsop@gmail.com 8923479189
A – I. 3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	Mr. BHANU PRATAP HOD BULANDSHAHR COLLEGE BULANDSHAHR SCHOOL OF PHARMACY 9536944447 bhanu29889@gmail.com
A – I. 4 Name and Address of the Head of the Institution	Mr. BHANU PRATAP

Signature of the Head of the Institution

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Signature of the Inspectors

पंजाब नैशनल बैंक punjab national bank यमुनापुरम (बुलन्दशहर) उ.प्र. YAMUNAPURAM (Bulandshahr) U.P. - 203001

दि.सं. D.No. 4568 2 2 0 2 2 0 1 6

मांगे जाने पर ON DEMAND PAY

दिनांक Date

या उनके आदेश पर OR ORDER

रुपये RUPEES PHARMACY COUNCIL OF INDIA

** Twenty Five Thousand only**

प्राप्त मूल्य के बदले अदा करें
**DR 000.00 RECEIVED

UGR 884213

शाखा क्रमांक Branch Serial No.

0068/2016

₹

Draft is signed singly as it is for amount upto Rs. 50,000/-
(NOT OVER Rs.25000/-)

पंजाब नैशनल बैंक punjab national bank

अदाकर्ता शाखा एवं विभाग Drawee Branch with D.No.
D.No. 2107 - FINACLE -
CDPC DELHI FINACLE

Nivastan (26658)

प्राधिकृत हस्ताक्षरकर्ता जी.बी.पी.ए.सं. AUTHORISED SIGNATORY WITH GBPA No.

प्राधिकृत हस्ताक्षरकर्ता जी.बी.पी.ए.सं. AUTHORISED SIGNATORY WITH GBPA No.

9 8 7 6 5 4 3 2 1

VALID FOR SIX MONTHS ONLY

⑈884213⑈ 000024000⑆ 16

पंजाब नैशनल बैंक punjab national bank यमुनापुरम (बुलन्दशहर) उ.प्र. YAMUNAPURAM (Bulandshahr) U.P. - 203001

दि.सं. D.No. 4568 2 2 0 2 2 0 1 6

मांगे जाने पर ON DEMAND PAY

दिनांक Date

या उनके आदेश पर OR ORDER

रुपये RUPEES PHARMACY COUNCIL OF INDIA

** Twenty Five Thousand only**

प्राप्त मूल्य के बदले अदा करें
**DR 000.00 RECEIVED

UGR 884214

शाखा क्रमांक Branch Serial No.

0069/2016

₹

Draft is signed singly as it is for amount upto Rs. 50,000/-
(NOT OVER Rs.25000/-)

पंजाब नैशनल बैंक punjab national bank

अदाकर्ता शाखा एवं विभाग Drawee Branch with D.No.
D.No. 2107 - FINACLE -
CDPC DELHI FINACLE

Nivastan (26656)

प्राधिकृत हस्ताक्षरकर्ता जी.बी.पी.ए.सं. AUTHORISED SIGNATORY WITH GBPA No.

प्राधिकृत हस्ताक्षरकर्ता जी.बी.पी.ए.सं. AUTHORISED SIGNATORY WITH GBPA No.

9 8 7 6 5 4 3 2 1

VALID FOR SIX MONTHS ONLY

⑈884214⑈ 000024000⑆ 16

पंजाब नैशनल बैंक punjab national bank यमुनापुरम (बुलन्दशहर) उ.प्र. YAMUNAPURAM (Bulandshahr) U.P. - 203001

दि.सं. D.No. 4568 2 2 0 2 2 0 1 6

मांगे जाने पर ON DEMAND PAY

दिनांक Date

या उनके आदेश पर OR ORDER

रुपये RUPEES PHARMACY COUNCIL OF INDIA

** Twenty Five Thousand only**

प्राप्त मूल्य के बदले अदा करें
**DR 000.00 RECEIVED

UGR 884215

शाखा क्रमांक Branch Serial No.

0070/2016

₹

Draft is signed singly as it is for amount upto Rs. 50,000/-
(NOT OVER Rs.25000/-)

पंजाब नैशनल बैंक punjab national bank

अदाकर्ता शाखा एवं विभाग Drawee Branch with D.No.
D.No. 2107 - FINACLE -
CDPC DELHI FINACLE

Nivastan (26656)

प्राधिकृत हस्ताक्षरकर्ता जी.बी.पी.ए.सं. AUTHORISED SIGNATORY WITH GBPA No.

प्राधिकृत हस्ताक्षरकर्ता जी.बी.पी.ए.सं. AUTHORISED SIGNATORY WITH GBPA No.

9 8 7 6 5 4 3 2 1

VALID FOR SIX MONTHS ONLY

⑈884215⑈ 000024000⑆ 16

A – I. 5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. Details of Affiliation Fee Paid

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated
D. Pharm			

b. APPROVAL STATUS:

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVERNMENT	Remarks of the Inspectors
D. Pharm		Approval Letter No and Date	17-1197/2016 PCI	BTE/AFFL/2016-8011-8493	NO
		Approved Intake	60	60	
		Actually Admitted	60	60	

c. STATUS OF APPLICATION

Course	Extension of Approval		Increase in Intake of Seats		Remarks	
					Current Intake	Proposed increase in Intake
D. Pharm	Yes	No	Yes	No		

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

Yes ☐ No ☑

A – I. 6 a

Status of the Pharmacy Course:	
Independent Building	☑
Wing of another college	☐
Separate Campus	☐
Multi Institutional Campus	☐

Examining Authority : With complete postal Address, Telephone No. and STD Code.

THE REGISTRAR, BOARD OF TECHNICAL EDUCATION,
GURU GOBIND SINGH MARG, UP
I, BANS MANDI CHAURAHA
CHARBAGH, LUCKNOW - 226001

Signature of the Head of the Institution

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B –I .1 Name of the Principal	RAJESH KUMAR

Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	✓	05 years	08 Years	
	PhD (Desirable)		02 years		

* Documentary evidence should be provided

B –I .2

For institution seeking continuation of approval

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
D. Pharm	05/04/2016	–		

* 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	✓ Yes / No	✓ Yes / No	Yes / No	
Non-Teaching Staff	State Government ✓ Yes / No	Yes / No	Yes / No	Yes / No	

B –I .4

D. Pharm Course: Admission statement for the past three years

ACADEMIC YEAR	200-16	200-	200-
Sanctioned	60		
No. of Admissions	60		
Unfilled Seats	NIL		
No. of Excess Admissions	–		

B –I .5

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

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
D. Pharm	NEW	INSTUTION	

Signature of the Head of the Institution

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Signature of the Inspectors

B – II

Co – Curricular Activities / Sports Activities

Whether college has NSS Unit (Yes/No)? If no give reasons	NO
NSS Programme Officer's Name	N/A
Programme conducted (mention details)	N/A
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes/No ✓
Physical Instructor	Available / Not available ✓
Sports Ground	✓ Individual / Shared

Signature of the Head of the Institution

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

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		
Sl. No.	Particulars	Amount
1.	Grants a. Government b. Others	NIL
2.	Tuition Fee	28,000/-
3.	Library Fee	
4.	Sports Fee	
5.	Union Fee	
6.	Others	
	Total	28,000

Expenditure				Remarks of the Inspectors
Sl. No.	Particulars		Amount	
	CAPITAL EXPENDITURE			
1.	Building		2 Crores	—
2.	Equipment		15 lacs	—
3.	Others		15 lacs	—
	REVENUE EXPENDIUTRE			
1	Salary		23,94,000	—
2.	MAINTENANCE EXPENDITURE			
	i	College	2,000,00	—
	ii	Others	1,000,00	—
3.	University Fee (If any)		25,000	
4.	Apex Bodies Fee		—	
5.	Government Fee		—	
6.	Deposit held by the College		15,00900	—
7.	Others		—	
8.	Misc.Expenditure			
	Total		42,19,000	

Note: Enclose relevant documents

Signature of the Head of the Institution

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Building : Own/Rented/Leased

b. Land: 2.5 ACRE

i) Leased or own Leased [ ] Own [✓]

Sale / Agreement deed (records to be enclosed) : Enclosed/Not available

c. Building: Leased [ ] Rented [ ] Own

i) Leased/Rented * (Record to be enclosed) : Enclosed/Not available

ii) If Own (Approved Building plan & sale deed to be enclosed) : Enclosed/Not available

d. Total Area of the college building in Sq.mts : Built up Area 12,000/-

Amenities and Circulation Area 5,000/-

2. Class rooms:

Total Number of Class rooms provided

Class	Required	Available	Required Area * for each class room	Available Area in Sq. mts	Remarks bf the Inspectors
D. Pharm	02	02	90 Sq. mts	90	

(* To accommodate 60 students)

3. Laboratory requirement

Sl. No.	Name of Infrastructure	Requirement as per Norms	Available		Remarks/ Deficiency
			No.	Area in Sq. mts	
1	Laboratory Area for D.Pharm Course	50 Sq mts x n (n=05)	05	90+70	
2	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy **Total no. of Labs for D. Pharm Course** *Animal House	01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory **05 Laboratories** 01 (10 sq.mts)	01 01 01 01 01	90+70 90+70 90+70 90+70 90	
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 Sq.mts (minimum)	05	75	
4	Area of the Machine Room	100 Sq mts	01	100	
5	Aseptic Room	25 Sq mts	01	90	
6	Store Room – I	1 (Area 20 Sq mts)	01	30	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01	30	

*** Not required if computer simulated software are available**

Signature of the Head of the Institution

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Signature of the Inspectors

The Institutions will not be permitted to run the courses in 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 fume chamber to reduce the pollution wherever necessary.
3. The workbenches should be smooth and easily cleanable preferably made of non-absorbent material.
4. The water taps should be non leaking and directly installed on sinks Drainage should be efficient.
5. Balance room should be attached to the concerned laboratories.

4. Administration Area:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Principal's Chamber	01	20 Sq mts	01	90	NO
2	Office – I Including Confidential Room	01	40 Sq mts	01	90	NO
3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq mts	01	38	NO
4	Library with computer and reprographic facilities	01	100 Sq mts	01	150	NO
5	Museum	01	30 Sq mts (May be attached to the Pharmacognosy Lab)	01	90	NO
6	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	400	NO
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	N/A		NO

Signature of the Head of the Institution

Signature of the Inspectors

5. **Student Facilities:**

Sl. No.	Name of infrastructure	Requirement in number	Requirement in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Girl's Common Room (Essential)	01	40 Sq mts	01	90	NO
2	Boy's Common Room (Essential)	01	40 Sq mts	01	90	NO
3	Toilet Blocks for Boys	01	25 Sq mts	01		NO
4	Toilet Blocks for Girls	01	25 Sq mts	01		NO
5	Canteen (Desirable)	01	100 Sq mts	01	150	NO
6	Drinking Water facility Water Cooler (Essential)	01		01		NO
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single occupancy	N/A		NO
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy)	N/A		NO
9	Power Backup Provision (Desirable)	01		01		NO

6. **Computer and other Facilities:**

Name	Required	Available	Available		Remarks of the Inspectors
			No.	Area in Sq. mts	
Computer (latest Configuration)	1 system for every 10 students	10	01	90	
Printers	1 printer for every 10 computers	06			
Xerox Machine	01	01			
Multi Media Projector	02	02			

7. **Amenities (Desirable)**

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	N/A			NO
Staff quarters	6 x 80 Sq. mts	N/A			NO
Parking Area for staff and students		Available			NO
Bank Extension Counter		N/A			—
Co operative Stores		N/A			—
Guest House	80 Sq. mts	N/A			—
Transport Facilities for students		Available			NO
Medical Facility (First Aid)		Available			NO

Signature of the Head of the Institution

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Signature of the Inspectors

8. A. 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		Remarks of the Inspectors
				Titles	Numbers	
1	Number of books	75	750 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	97	872	
2	Annual addition of books		75 books per year			
3	Periodicals Hard copies / online		**06 National Journals**			
			Indian Journal of Pharmaceutical Sciences	01	02	
			Indian Journal of Pharmaceutical Education and Research Journal of Hospital Pharmacy Indian Journal of Pharmacology CIMS, MIMS	01	01	
				01	02	
				02	02	
			Indian Journal of Experimental Biology.	01	05	
4	**Library Timings**					

8.B. Subject wise Classification:

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I	05	50	
2	Pharmaceutical Chemistry – I	09	80	
3	Pharmacognosy	09	117	
4	Biochemistry and Clinical Pathology	06	60	
5	Human Anatomy and Physiology	06	60	
6	Health Education and Community Pharmacy	06	75	
7	Pharmaceutics – II	08	60	
8	Pharmaceutical Chemistry – II	10	80	
9	Pharmacology and Toxicology	06	60	Adequate
10	Pharmaceutical Jurisprudence	05	60	
11	Drug Store and Business Management	05	60	
12	Hospital and Clinical Pharmacy	04	60	

8.C. Library Staff:

	Staff:	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	D. Lib	1	01	
2	Library Attenders	10+ 2 /PUC	1	01	

Note: The information provided will be assessed in giving the period of approval

Signature of the Head of the Institution

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio: Theory 7:60 Practicals 7:69

(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

2. Date of Commencement of session:

Commencement DD/MM/YY	Completion DD/MM/YY	No of Days
10/08/2016	31/05/2017	300 days

3. Vacation: No of Days Summer: 30 days Winter: 15 days

4. Total Number of working days: 300 days

5. Time Table:

Time Table for I and II D. Pharm Enclosed Yes ✓ No

6. Whether the prescribed numbers of classes are being conducted as per PCI norms

Class / Subject	Theory: Prescribed No of Hours	Theory: No of Hours Conducted	Practicals: Prescribed No. of Hours	Practicals: No of Hours Conducted	Practicals: Prescribed Number of Classes	Practicals: No of Classes conducted	Remarks of the Inspectors
I D. Pharm							
Pharmaceutics – I	75	76	100	102	25	26	
Pharmaceutical Chemistry – I	75	76	75	76	25	26	
Pharmacognosy	75	76	75	76	25	26	
Biochemistry and Clinical Pathology	50	52	75	76	25	26	
Human Anatomy and Physiology	75	76	50	52	25	26	
Health Education and Community Pharmacy	50	52	---	—	----	—	
II D. Pharm							
Pharmaceutics – II	75	76	100	102	25	26	
Pharmaceutical Chemistry – II	100	102	75	76	25	26	
Pharmacology and Toxicology	75	76	50	52	25	26	
Pharmaceutical Jurisprudence	50	52	---	—	-----	—	
Drug Store and Business Management	75	76	---	—	----	—	
Hospital and Clinical Pharmacy	75	76	50	52	25	26	

Signature of the Head of the Institution

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Signature of the Inspectors

7. Whether Internal Assessments are conducted periodically as per PCI norms

Yes ✓ No

8. Whether Evaluation of the internal assessments is Fair Yes ✓ No

Class	No. of Candidates scored more than 80%		No. of Candidates scored between 60 - 80%		No. of Candidates scored between 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I D. Pharm	NEW		INSTUTION						
II D. Pharm									

9.Workload of Faculty members for D. Pharm

Sl. No	Name of the Faculty	Subjects taught	D. Pharm				Total work load	Remarks of the Inspector
			I D. Ph		II D. Ph			
			Th	Pr	Th	Pr		

Signature of the Head of the Institution

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF

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

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Experience		State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
					After UG	After PG			
		SDF	ATTACHED						NO

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

Qualification			
B. Pharm	M. Pharm	PhD	Others - Full Time
SDF	ATTACHED		

3. Details of Faculty Retention for:

Name of Faculty Member	Period	Percentage
NEW INSTUTION	Duration of 15 yrs. And above	
	Duration of 10 yrs. And above	
	Duration of 5 yrs. And above	
	Less than 5 yrs.	

4. Details of Faculty Turnover

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
	% of faculty retained in last 3 yrs	NEW	INSTU	TION	

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

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	02	D. Pharm	02	D. Pharm	
2	Laboratory Assistants/ Attenders	04	SSLC	04	SSLC	
3	Office Superintendent	01	Degree	01	Degree	
4	Accountant cum Clark	01	Degree	01	Degree	
5	Store keeper	01	D. Pharm	01	D. Pharm	
6	Computer Data Operator	01	10+2 with computer training	01	10+2 + Comp	NO
7	Peon	02	SSLC	02	SSLC	
8	Cleaning personnel	04	---	04	SSLC	
9.	Gardener	01	---	01	SSLC	

Signature of the Head of the Institution
Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Signature of the Inspectors

7. 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					

8. Whether facilities for Research / Higher studies are provided to the faculty?
(Inspectors to verify documents pertaining to the above)

9. Whether faculty members are allowed to attend workshops and seminars?
(Inspectors to verify documents pertaining to the above)

10. Scope for the promotion for faculty: Promotions Yes ☑ No ☐

11. Gratuity Provided Yes ☐ No ☐

12. Details of Non-teaching staff members (list to be enclosed) :

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors

13. Whether Supporting Staff (Technical and Administrative) are encouraged for Skill Upgradation Programs Yes/ No

Signature of the Head of the Institution
Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Signature of the Inspectors

PART V - DOCUMENTATION

Records Maintained: (Essential)

Sl. No	Records	Yes	No	Remarks of the Inspectors
1	Admissions Registers	✓		
2.	Individual Service Register	✓		
3.	Staff Attendance Registers	✓		
4.	Sessional Marks Register	✓		
5.	Final Marks Register	✓		
6.	Student Attendance Registers	✓		
7.	Minutes of meetings- Teaching Staff	✓		
8.	Fee paid Registers	✓		Nil
9.	Acquittance Registers	✓		
10.	Accession Register for books and Journals in Library	✓		
11.	Log book for chemicals and Equipment costing more than Rupees one lakh	✓		
12.	Job Cards for laboratories	✓		
13.	Standard Operating Procedures (SOP's) for Equipment	✓		
14.	Laboratory Manuals	✓		
15.	Stock Register for Equipment	✓		
16.	Animal House Records as per CPCSEA	✓		

Signature of the Head of the Institution

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Signature of the Inspectors

PART - VI

1. Financial Resource allocation and utilization for the past three years:
(Audited Accounts for the previous year to be enclosed)

Sl No.	Expenditure in Rs. 2016-17			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total Budget Sanctioned	Recurring	Non Returning	Total Budget Sanctioned	Recurring	Non Returning	
	05 Lac	03 Lacs	02 lacs.							

2. Total amount spent on chemicals and glassware for the past three years:

Sl No.	Expenditure in Rs. 2016-17			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned 01 lacs	Incurred 01 lacs	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals	50,000	50,000	Chemicals			Chemicals			
	Glassware	50,000	50,000	Glassware			Glassware			

3. Total amount spent on equipments for the past three years:
(Enclose purchase invoice)

Sl No.	Expenditure in Rs. 2016-17			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned 20,000	Incurred 20,000	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment	20,000	20,000	Equipment			Equipment			

Signature of the Head of the Institution

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Signature of the Inspectors

4. Total amount spent on Books and Journals for the past three years:

Sl No.	Expenditure in Rs. 2016-17			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
		50,000	50,000							
1	Books	30,000	30,000							
2	Journals	20,000	20,000							

*Last three years including this academic year till the date of inspection

Signature of the Head of the Institution
Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Signature of the Inspectors

PART VII – EQUIPMENT AND APPARATUS

Department wise List of Minimum equipments required for D. Pharm

PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Continuous Hot Extraction Equipment	05	05	Y	
2	Conical Percolator	05	05	Y	
3	Tincture Press	01	01	Y	
4	Hand Grinding Mill	01	01	Y	
5	Disintegrator	01	01	Y	
6	Ball mill	01	01	Y	
7	Hand operated Tablet machine	01	01	Y	
8	Tablet Coating Pan unit with hot air blower laboratory size	01	01	Y	
9	Polishing pan laboratory size	01	01	Y	
10	Monsanto's hardness tester	01	01	Y	
11	Pfizer type hardness tester	01	01	Y	
12	Tablet disintegration test apparatus IP	01	01	Y	
13	Tablet dissolution test apparatus IP	10	10	Y	
14	Granulating sieve set	05	05	Y	
15	Tablet counter – small size	01	01	Y	
16	Friability tester	01	01	Y	
17	Collapsible tube – Filling and sealing equipment	01	01	Y	
18	Capsule filling machine – Lab size	01	01	Y	
19	Digital balance	02	02	Y	
20	Distillation unit for distilled water	01	01	Y	
21	Deionisation unit	01	01	Y	
22	Glass distillation unit for water for injection	01	01	Y	
23	Ampoule washing machine	01	01	Y	
24	Ampoule filling and sealing machine	Adequate	10	Y	
25	Sintered glass filters for bacterial proof filtration (four different grades)	Adequate	10	Y	
26	Millipore filter (3 grades)				

Signature of the Head of the Institution

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Signature of the Inspectors

27	Autoclave	01	01	Y	
28	Hot air sterilizer	01	01	Y	
29	Incubator	01	01	Y	
30	Aseptic cabinet	01	01	Y	
31	Ampoule clarity test equipment	01	01	Y	
32	Blender	02	02	Y	
33	Sieves set (Pharmacopoeial standard)	01	01	Y	
34	Lab Centrifuge	Adequate	15	Y	
35	Ointment slab	Adequate	15	Y	
36	Ointment spatula	Adequate	15	Y	
37	Pestle and mortar porcelain	Adequate	15	Y	
38	Pestle and mortar glass	Adequate	15	Y	
39	Suppository moulds of three sizes	01			
40	Refrigerator				

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

PHARMACEUTICAL CHEMISTRY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Refractometer	01	01	Y	
2	Polarimeter	01	01	Y	
3	Photoelectric colorimeter	01	01	Y	
4	pH meter	02	02	Y	
5	Atomic model set	01	01	Y	
6	Electronic balance	Adequate	05	Y	
7	Periodic table chart				

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

Signature of the Head of the Institution

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Signature of the Inspectors

PHYSIOLOGY & PHARMACOLOGY LABORATORY

Equipment:

Sl No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Haemoglobinometer	20	20	Y	
2	Haemocytometer	10	10	Y	
3	Student's organ bath	1	01	Y	
4	Sherington's rotating drum	1	01	Y	
5	Frog board	Adequate	15	Y	
6	Tray (dissecting)	Adequate	15	Y	
7	Frontal writing lever	Adequate	15	Y	
8	Aeration tube	Adequate	20	Y	
9	Telethermometer	1	01	Y	
10	Pole climbing apparatus	1	01	Y	
11	Histamine chamber	1	01	Y	
12	Simple lever	Adequate	15	Y	
13	Staring heart lever	Adequate	15	Y	
14	Aerator	Adequate	15	Y	
15	Histological Slides	Adequate	15	Y	
16	Sphygmomanometer (B.P. apparatus)	5	05	Y	
17	Stethoscope	5	05	Y	
18	First aid equipment	Adequate	02	Y	
19	Contraceptive device	Adequate	05	Y	
20	Dissecting (surgical) instruments	Adequate	02	Y	
21	Balance for weighing small Animals	1	01	Y	
22	Kymograph paper	Adequate	15	Y	
23	Actophotometer	1	01	Y	
24	Analgesiometer	1	01	Y	
25	Thermometer	Adequate	20	Y	
26	Plastic animal cage	Adequate	05	Y	
27	Double unit organ bath with thermostat	1	01	Y	
28	Refrigerator	1	01	Y	
29	Single pan balance	1	01	Y	
30	Charts	Adequate	30	Y	

Signature of the Head of the Institution
Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Signature of the Inspectors

		1	01	Y	
31	Human skeleton	1 set	01	Y	
32	Anatomical specimen (Heart, brain, eye, ear, reproductive system etc.,)	1	01	Y	
33	Electro-convulsiometer	Adequate	10	Y	
34	Stop watch	Adequate	10	Y	
35	Clamp, boss heads, screw clips	Adequate	10	Y	
36	Syme's Cannula				

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

PHARMCOGNOSY LABORATORY

Equipment:

Sl No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Projection Microscope	01	01	Y	
2	Charts (different types)	Adequate	30	Y	
3	Models (different types)	Adequate	15	Y	
4	Permanent Slides	Adequate	100	Y	
5	Slides and Cover Slips	Adequate	100	Y	

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

PHARMACY PRACTICE LABORATORY

Equipment:

Sl No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	2	02	Y	
2	Microscope	Adequate	60	Y	
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)	Adequate	20	Y	
4	Watch glass	Adequate	30	Y	
5	Centrifuge	1	01	Y	
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	ADQ	Y	
7	Filtration equipment	2	02	Y	

Signature of the Head of the Institution

Signature of the Inspectors

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

8	Filling Machine	1	01	✓	
9	Sealing Machine	1	01	✓	
10	Autoclave sterilizer	1	01	✓	
11	Membrane filter	1 Unit	1UNIT	✓	
12	Sintered glass funnel with complete filtering assemble	Adequate	15	✓	
13	Small disposable membrane filter for IV admixture filtration	Adequate	20	✓	
14	Laminar air flow bench	1	01	✓	
15	Vacuum pump	1	01	✓	
16	Oven	1	01	✓	
17	Surgical dressing	Adequate	10	✓	
18	Incubator	1	01	✓	
19	PH meter	1	01	✓	
20	Disintegration test apparatus	1	01	✓	
21	Hardness tester	1	01	✓	
22	Centrifuge	1	01	✓	
23	Magnetic stirrer	1	01	✓	
24	Thermostatic bath	1	01	✓	

NOTE: Adequate numbers of glassware 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.

Signature of the Head of the Institution

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Signature of the Inspectors

servation of the Inspectors:

mpliance of the last recommendations by Inspectors

Completed all compliance

ecific observations if not complied

done

Signature of Inspectors:	1. Dr. Harish Durga 2. Dr. Manish Ahuja.

Note:

1. The Inspection Team is instructed to physically verify the details and records filled up by the college in the application form submitted by the college, which is with you now and record the observations, opinions and recommendations in clear and explicit terms.
2. The team is requested to record their comments only after physical verification of records and details.

Signature of the Inspectors

Signature of the Head of the Institution

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name ....Rajesh kumar.....
(as on University Degree certificate)

Recent Passport size photo of the Employee
Signed by Dean/Principal of the College.

Date of Birth & Age ....05-05-1975.....

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	Meerut Institute of Eng. & Tech Meerut (UP)	2004	35312 UP PCI	UP PCI Lucknow
M.Pharm	Vinayaka Mission College of Pharmacy (T.N.)	2008		2503
(Ph.D.)/others				

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

Present Designation : Principal

Department : Pharmacy

College : Bulandshahr College Bulandshahr School of Pharmacy

City : Bulandshahr

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

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

Contd. on page 2

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Permanent Residential Address of employee : Khadauli, Bhola road By Pass Crossing, Meerut 250002 (UP)

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 :		9548953846
	Residence :		

E-mail address :

Date of joining present institution : 10/05/2016 as PRINCIPAL (Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer				
Reader/ Assistant Professor				
Professor	Kalka Institute of Research and advanced studies.	Mar 2008	May 2013	5 years
Principal	Shivam School of Pharmacy Kharsa	May 2013	Jan 2016	3 years

1) Before joining present institution I was working at Shivam School of Pharmacy as Principal and relieved on _____ after resigning/retiring **(relieving order is enclosed from the previous institution).**

2) I am not working in any other 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) I have drawn total emoluments from this college as under :-

	Amount Received	TDS
April, 2015		
May, 2015	42,000/-	
June, 2015	42,000/-	
July, 2015	42,000/-	
August, 2015		
September, 2015		
October, 2015		
November, 2015		
December, 2015		
January, 2016		
February, 2016		
March, 2016		

(Copy of my form 16 (TDS certificate) for financial year 2015-2016 is attached)

P.A.N. : AIF Circle : Meerut

Declaration

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2015-2016.

2. 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 : 17-8-16 Place: Bulandshahr

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 : 17/2/16 Place : BSR

Principal
Bulandshahr College Bulandshahr
School of Pharmacy

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name .....BHANU PRATAP.....
(as on University Degree certificate)

Recent Passport size photo of the Employee
Signed by Dean/Principal of the College.

Date of Birth & Age .....29 AUGUST 1989.....

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	BIT, MEERUT UPTU LUCKNOW	2007 -2011		UP PCI Lucknow 49403
M.Pharm	NIET, GR NOIDA MTU NOIDA	2011 - 2013		
(Ph.D.)/others	Persuing			

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

Present Designation : HEAD OF THE DEPARTMENT

Department : PHARMACY

College : BULANDSHAHR COLLEGE BULANDSHAHR, SCHOOL OF PHARMACY

City : BULANDSHAHR

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

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

Contd. on page 2

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Permanent Residential Address of employee : HNO 20/180 NEAR POLICE LINE GATE KALA AAM ROAD, BULANDSHAHR UP 203001

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

Phone & Fax Number with Code

	STD Code	Phone No.
Office :		08923479189
Residence :		09536941xxx7

E-mail address : bhanu29889@gmail.com

Date of joining present institution : 30/12/15 as HOD (Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer	BILLAH COLLEGE OF PHARMACY BULANDSHAHR	01/4/2013	30/01/15	TWO YEARS
Reader/ Assistant Professor	OPJS UNIVERSITY CHURU RAJASTHAN	02/02/15	18/12/15	ONE YEAR
Professor				
Principal				

1) Before joining present institution I was working at OPJS UNIVERSITY as ASSISTANT PROFESSOR and relieved on 18/12/15 after resigning/retiring **(relieving order is enclosed from the previous institution).**

2) I am not working in any other 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

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

3) I have drawn total emoluments from this college as under :-

	Amount Received	TDS
April, 2016	22500/-	
May, 2016	22500/-	
June, 2016	22500/-	
July, 2016	22500/-	
August, 2016		
September, 2016		
October, 2016		
November, 2016		
December, 2016		
January, 2016	22500/-	
February, 2016	22500/-	
March, 2016	22500/-	

(Copy of my form 16 (TDS certificate) for financial year 2015-2016 is attached)

P.A.N. : BBVPP 8038 E Circle : Bulandshahr

Declaration

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2015-2016.

2. 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).

Date : 12/08/16 Place: Bulandshahr Signature of the Employee:

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 : 12/08/16 Place : Bulandshahr

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

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PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name .....BHARAT KUMAR.....
(as on University Degree certificate)

Recent Passport size photo of the Employee
Signed by Dean/Principal of the College.

Date of Birth & Age ...07-04-1991.....

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	U.P.T.U LUCKNOW	2013	Apply For	U.P PCI LUCKNOW
M.Pharm				A/F
(Ph.D.)/others				

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

Present Designation : LECTURER

Department : PHARMACY

College : BULANDSHAHR COLLEGE BULANDSHAHR COLLEGE OF PHARMACY

City : BULANDSHAHR

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

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

Contd. on page 2

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Permanent Residential Address of employee : H.No - 179, VARD No-4 POST OFFICE GALI, BHOOR BULANDSHAHR 203001 U.P.

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

Phone & Fax Number with Code

	STD Code	Phone No.
Office :	9559555934.	
Residence :	9536547314.	

E-mail address : dr.bharatpharma122@gmail.com.

Date of joining present institution : _____ as LECTURER (Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer	BILLAH COLLEGE OF PHARMACY BULANDSHAHR	Oct, 2 2013	25 May 2016	2 year 6 month.
Reader/ Assistant Professor				
Professor				
Principal				

1) Before joining present institution I was working at BILLAH COLLEGE OF PHA. as LECTURER and relieved on 25 May 2016 after resigning/retiring **(relieving order is enclosed from the previous institution).**

2) I am not working in any other 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

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

3) I have drawn total emoluments from this college as under :-

	Amount Received	TDS
April, 2016		
May, 2016		
June, 2016	22,500	
July, 2016	22500	
August, 2016		
September, 2016		
October, 2016		
November, 2016		
December, 2016		
January, 2016		
February, 2016		
March, 2016		

(Copy of my form 16 (TDS certificate) for Francial year 2015-2016 is attached)

P.A.N. : DPKPK8718K. Circle : BULANDSHAHR

Declaration

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2015-2016.

2. 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 : 17-08-2016 Place: BULANDSHAHR

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

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Date : 17-08-2016 Place : BULANDSHAHR

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name .....Shaly Agarwal.....
(as on University Degree certificate)

Recent Passport size photo of the Employee
Signed by Dean/Principal of the College

Date of Birth & Age ....17-12-1977.....

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	Guru Jambheshwar University Hisar	2000		U.P P.C.I Lucknow
M.Pharm / M.tech	Birla Institute of technology and Science Pilani	2002		
(Ph.D.)/others				

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

Present Designation : Lecturer

Department : Pharmacy

College : Bulandshahr College Bulandshahr School of Pharmacy.

City : Buland Shahr

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

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

Contd. on page 2

26/8/16

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Permanent Residential Address of employee : H.No 103/ IRK PURAM BHOOR Bulandshahr UP (203001)

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 :		8126550400
	Residence :		—

E-mail address : —

Date of joining present institution : 31/12/15 as Lecturer (Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer	Meerut Institute of Eng & Tech.	2005	2010	5 years
Reader/ Assistant Professor				
Professor				
Principal				

1) Before joining present institution I was working at MIET as Lecturer and relieved on 28-5-2010 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

26/8/16

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

3) I have drawn total emoluments from this college as under :-

	Amount Received	TDS
April, 2016	22,500	
May, 2016	22,500	
June, 2016	22,500	
July, 2016	22,500	
August, 2016		
September, 2016		
October, 2016		
November, 2016		
December, 2016		
January, 2016	22500	
February, 2016	22,500	
March, 2016	22,500	

(Copy of my form 16 (TDS certificate) for financial year 2013-2014 is attached)

P.A.N. : AIF Circle : Bulandshahr

Declaration

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2015 - 2016

2. 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 17-8-16 Place: Bulandshahr

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

26/8/16

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Date 17/8/16 Place Bulandshahr

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name .....RISHI AGARWAL.....
(as on University Degree certificate)

Recent Passport size photo of the Employee
Signed by Dean/Principal of the College.

Date of Birth & Age .....06-02-1975.....

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	K.N.M.I.P.E.R MODINAGAR CCS - Meerut			UP PCI LUCKNOW.
M.Pharm				
(Ph.D.)/others				

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

Present Designation : Lecturer

Department : PHARMACY

College : Bulandshahr College Bulandshahr School of Pharmacy

City : Bulandshahr.

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

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

Contd. on page 2

Kumar 2/8/16
Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Permanent Residential Address of employee : H.No - 1071, Saraswati Vihar. Near, Exibition Ground Bulandshahr UP - 203001

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 :	9319077770.	
	Residence :		

E-mail address : ushi_agarwal1@yahoo.com.

Date of joining present institution : 09/02/2016 as Lecturer (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 am not working in any other 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.

Kumar 26/8/16

Principal

Contd. on page 3

3) I have drawn total emoluments from this college as under :-

	Amount Received	TDS
April, 2016	22500	
May, 2016	22500	
June, 2016	22500	
July, 2016		
August, 2016		
September, 2015		
October, 2015		
November, 2015		
December, 2015		
January, 2016		
February, 2016		
March, 2016	22500	

(Copy of my form 16 (TDS certificate) for financial year 2015-2016 is attached)

P.A.N. : Applied for Circle : Bulandshahr

Declaration

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2015-2016.

2. 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).

Rishi Agarwal.

Signature of the Employee:

Date : 17-08-2016 Place: Bulandshahr

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

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Date : 17-08-16 Place : Bulandshahr

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name VISHAL AGARWAL
(as on University Degree certificate)

Recent Passport size photo of the Employee
Signed by Dean/Principal of the College.

Date of Birth & Age 12/06/1976

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	KNMIPER UPTU	1996 2000	26583	UPPCL Lucknow
M.Pharm				
(Ph.D.)/others				

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

Present Designation : LECTURER

Department : PHARMACY

College : BULANDSHAHR COLLEGE BULANDSHAR SCHOOL OF PHARMACY

City : Bulandshahr

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

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

Contd. on page 2

26/8/16

Principal
Bulandshahr College of Pharmacy

Permanent Residential Address of employee : 103/1 RK Puram Bhoor
Bulandshahr - 203001

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 :		8126580400
	Residence :		–

E-mail address : mdmache@gmail.com

Date of joining present institution : 30/12/15 as Lecturer (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 30/12/15 and relieved on _____ after resigning/retiring **(relieving order is enclosed from the previous institution).**

2) I am not working in any other 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

26/8/16

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

3) I have drawn total emoluments from this college as under :-

	Amount Received	TDS
April, 2015	22500/-	
May, 2015	22500/-	
June, 2015	22500/-	
July, 2015	22500/-	
August, 2015		
September, 2015		
October, 2015		
November, 2015		
December, 2015		
January, 2016	22500/-	
February, 2016	22500/-	
March, 2016	22500/-	

(Copy of my form 16 (TDS certificate) for financial year 2015-2016 is attached)

P.A.N. : AFKPA9844F Circle : Bulandshahr

Declaration

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2015-2016.

2. 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).

Vishal Agarwal

Date : 17/08/16 Place: Bulandshahr Signature of the Employee:

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

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Date : 17/08/16 Place : Bulandshahr

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name .....Saba khan.....
(as on University Degree certificate)

Recent Passport size photo of the Employee
Signed by Dean/Principal of the College.

Date of Birth & Age .....11-04-92.....

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	UPTU	2014	Applied for	UP P C I Lucknow
M.Pharm				
(Ph.D.)/others				

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

Present Designation : Lecturer

Department : Pharmacy

College : Bulandshahr College of Pharmacy Bulandshahr School of Pharmacy

City : Bulandshahr

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

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

Contd. on page 2

26/8/16

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Permanent Residential Address of employee : 104, Madar danganga Hanuman Tila Road Khurja Bulandshahr (203131)

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 :		8273270521
	Residence :		

E-mail address : _____

Date of joining present institution : 29-1-16 as Lecturer (Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer	Billah College of Pharmacy	3-8-14	25-1-16	14 Months and 25 days
Reader/ Assistant Professor				
Professor				
Principal				

1) Before joining present institution I was working at Billah College of Pharmacy as Lecturer and relieved on 25-1-16 after resigning/retiring **(relieving order is enclosed from the previous institution).**

2) I am not working in any other 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

Kumar 26/8/16

3) I have drawn total emoluments from this college as under :-

	Amount Received	TDS
April, 2016	22,500	
May, 2016	22,500	
June, 2016	22,500	
July, 2016	22,500	
August, 2016		
September, 2016		
October, 2016		
November, 2016		
December, 2016		
January, 2016	22,500	
February, 2016	22,500	
March, 2016	22,500	

(Copy of my form 16 (TDS certificate) for financial year 2015-2016 is attached)

P.A.N. : _____ Circle : _____

Declaration

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2015-2016.

2. 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 : 17-8-16 Place: Bulandshahr

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/Principal
Principal in respect of Teaching Staff

Principal
Bulandshahr College Bulandshahr
School of Pharmacy
Bulandshahr

Date : 17/8/16 Place : Bulandshahr