

RAJASTHAN UNIVERSITY OF HEALTH SCIENCES JAIPUR

Faculty of Pharmacy

Application for Affiliation

(Also applicable for the inspection of below selected categories, if any)

Fresh Provisional Annual Long term
(tick, as applicable)

Tick additional type, if any-

Increase in intake Introduction of new course/PG specialization
 Change in address Change in name

Session _____

File No.	
Inspection No.	

Section- A

Inspection Details

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

Type of affiliation sought

Fresh	Name of Course	D.Pharm			B.Pharm			Write, if any other	
	seats								
Provisional	Name of Course	D.Pharm	B.Pharm	M.Pharm (Pharmaceutics)	M.Pharm (Pharm. Chemistry)	M.Pharm (Pharm.Q.A.)	M.Pharm (Pharmacology)	M.Pharm (Pharmacognosy)	
	seats								
Annual / Long term (tick)	Name of Course	D.Pharm	B.Pharm	M.Pharm (Pharmaceutics)	M.Pharm (Pharm. Chemistry)	M.Pharm (Pharm.Q.A.)	M.Pharm (Pharmacology)	M.Pharm (Pharmacognosy)	
	seats								

Furnish additional affiliation sought details, if any

Increase of intake	Name of Course	B.Pharm			Write, if any other			
	Desired intake of seats							
Introduction of new course	Name of Course	D.Pharm	B.Pharm	M.Pharm (Pharmaceutics)	M.Pharm (Pharm. Chemistry)	M.Pharm (Pharm.Q.A.)	M.Pharm (Pharmacology)	M.Pharm (Pharmacognosy)
	seats							
Change in address / name of college / society	Old address / name				New address / name			

Type of last affiliation {Furnish for all courses run by the institution}

Fresh	Name of Course	D.Pharm			B.Pharm			Write, if any other	
	seats								
Provisional	Name of Course	D.Pharm	B.Pharm	M.Pharm (Pharmaceutics)	M.Pharm (Pharm. Chemistry)	M.Pharm (Pharm.Q.A.)	M.Pharm (Pharmacology)	M.Pharm (Pharmacognosy)	
	seats								
Increase of intake	Name of Course	B.Pharm			Write, if any other				
	seats								
Introduction of new course	Name of Course	D.Pharm	B.Pharm	M.Pharm (Pharmaceutics)	M.Pharm (Pharm. Chemistry)	M.Pharm (Pharm.Q.A.)	M.Pharm (Pharmacology)	M.Pharm (Pharmacognosy)	
	seats								

Signature of the Inspectors 1.
2.

Name, signature and seal of the Principal of the Institution

Change in address / Name of college / society	Old address / name				New address / name			
Annual	Name of Course	D.Pharm	B.Pharm	M.Pharm (Pharmaceutics)	M.Pharm (Pharm. Chemistry)	M.Pharm (Pharm.Q.A.)	M.Pharm (Pharmacology)	M.Pharm (Pharmacognosy)
	Seats							
Long-term	Name of Course	D.Pharm	B.Pharm	M.Pharm (Pharmaceutics)	M.Pharm (Pharm. Chemistry)	M.Pharm (Pharm.Q.A.)	M.Pharm (Pharmacology)	M.Pharm (Pharmacognosy)
	Seats							

Note:

1. Strike-off the head, if not applicable.
2. Write "NA" where no entry is to be made.

Section- B**1. Details of institution**

[Attach address proof and in case in change in address of the institution, attach PCI approval for the same in **Annexure 1**]

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 the President/ Chairman			
Name and contact nos. of the Secretary			
Name of the staff representative, if any, in the governing body			

Provide account details of Society/Management/Trust (Governing body of the institution) where any transaction can be made, if needed {Attach copy of cancelled cheque in Annexure 1}

1.	Name in account (Governing Body)	
2.	Account No. (full)	
3.	Name of Bank	
4.	Branch Name	
5.	IFS Code	
6.	MICR Code	

Signature of the Inspectors 1.

Name, signature and seal of the Principal of the Institution

2.

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

{Furnish details of all courses} [attach latest PCI & RUHS approvals/affiliation, Govt. NOC, as applicable in **Annexure 2**]

Course	Year of commencement (leave blank in case of fresh affiliation)	Intake proposed / sanctioned by PCI 20____-20____	Intake proposed at RUHS 20____- 20____
D.Pharm			
B.Pharm			
M.Pharm			
Pharmaceutics			
Pharmaceutical Chemistry			
Pharmaceutical Quality Assurance			
Pharmacology			
Pharmacognosy			

4. Details of Principal [attach original SDF, education related documents, teaching exp. related documents, joining, appointment letter, relieving from last institution, undertaking as per Annexure B (if applicable) etc. in **Annexure 3**]

Name					
Designation					
Qualifications (attach documents)		Passing Year	Division	Specialization, if applicable	Name of institution
	B.Pharm details				
	M.Pharm details				
	Ph.D details				
Total teaching / research experience					
Email					
Mobile no.					
Date of joining the institution					
Residence address					
Contact no. (O) with STD code					
Contact no. (R) with STD code					

5. Details of affiliation fee paid to RUHS

[attach payment proof in **Annexure 4**]

Course	Affiliation fee (in Rs.) paid for the 20__-20__	Transaction details (Cheque/ DD no./ Online- NEFT/RTGS)	Date
D.Pharm			
B.Pharm			
M.Pharm			
Pharmaceutics			
Pharmaceutical Chemistry			
Pharmaceutical Quality Assurance			
Pharmacology			
Pharmacognosy			

Signature of the Inspectors 1.

Name, signature and seal of the Principal of the Institution

2.

6. Details of last approval/affiliation status and admissions status (previous session)

{Furnish details of all courses}

[attach PCI & RUHS approvals/affiliations of the previous academic year, in **Annexure 5**]

Course	Approval/Affiliation upto (session): _____				
	Session for which PCI approval granted	Seats intake approved by PCI	Seat intake affiliation granted by RUHS	Type of last RUHS affiliation	No. of students admitted
D.Pharm					
B.Pharm					
M.Pharm					
Pharmaceutics					
Pharmaceutical Chemistry					
Pharmaceutical Quality Assurance					
Pharmacology					
Pharmacognosy					
Mention session of increase in intake, if seats increased earlier along with course and no. of seats					

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

8. Management

[attach duly approved and verified list of society members, in **Annexure 6**]

Is the Managing body registered? Yes / No _____

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

9. Staff

{Furnish details of all courses}

(Refer Annexure-A)

[Furnish faculty details in **Annexure 7** with all attachments as per the list provided in **Annexure A**]

9A. Faculty Details (Strike-off the head which is not applicable to institution)		
Note: All faculties must have Rajasthan Pharmacy Council Registration certificate		
- For fresh affiliation the Principal shall be full time (regular) and joining is mandatory including relieving from past employer.		
- For fresh affiliation, faculties may be on consent except the Principal along-with their consent letter, last salary drawn certificate from present work place and No Objection Certificate from the institute in which presently working (Refer Qualification: as per Annexure-A: References)		
- In case of provisional affiliation, all faculties upto the application year (for which affiliation desired) must be joined.		
a.	Number of total teaching staff	Total number:
b.	Faculties for D.Pharm {fill if, either faculty is eligible for D.Pharm only or the institute is running only D.Pharm course }	
c.	Faculties for B.Pharm {fill only, if the institute is running only B.Pharm course }	
d.	Faculties for B.Pharm + D.Pharm {fill number of those faculties, which are eligible for teaching both the courses}	
e.	Faculties for M.Pharm department(s) {fill M.Pharm department-wise (with same / equivalent specialization- as per RUHS equivalence) faculties, whether they are teaching in B.Pharm and D.Pharm for the same subject or not}	M.Pharm Department
		No. of faculties

9B. Faculty SDF and documents details (Tick the following details as available)		
f.	Original RUHS-SDF of each faculty duly completed and verified by the principal in all aspects including signature and coloured photograph	
g.	Signature of faculties on RUHS-SDF and all other documents (self-attested by faculty)	
h.	In case any faculty is on leave, leave applications duly signed by the faculty and approved by the principal with appropriate reason. Also attach medical proof in case of sick leave/ maternity leave as per norms.	

Signature of the Inspectors 1.

Name, signature and seal of the Principal of the Institution

2.

9.5 Details of non-teaching / supporting staff

[attach photograph as per list in **Annexure 9**]

S.No.	Name of staff	Designation	Qualification	Date of joining	Total experience	Signature

Add more page(s), if needed

Signature of the Inspectors 1.

2.

Name, signature and seal of the Principal of the Institution

10. Pay scales and benefits

Is salary transferred online through Bank: _____ **Yes / No**

Staff	Scale of pay as per State govt./PCI norms (Yes / No)	PF (Yes / No)	Gratuity (Yes / No)
Teaching Staff			
Non-Teaching Staff			

11. Library books and periodicals {Furnish details of all courses }

[attach subscription receipts, purchase bills and verified list of journals, books etc. in **Annexure 10**]

Description	Total
Total no. of volumes (as on 31 st March of the last affiliation year)	
Total no. of titles of the books (as on 31 st March of the last affiliation year)	
No. of volumes added during previous year	
No. of journals (National) (Hardcopy/online subscription)	
No. of journals (International) (Hardcopy/online subscription)	
Internet facility (Essential)	
Photocopier	
Library timings	

12. Registers (all documents verified by the principal)

(i) Faculty Attendance

[attach copy of attendance register (biometric) **Annexure 11**; and leave application (if any) in **Annexure 12**]

(a) No. of faculty listed in attendance Register:

(b) No. of faculty present on the day of inspection:

(c) Reason of absence of remaining faculty, if any

Note: In case of medical / maternity leave, attach medical certificate/ prescription advice, for leave

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

[attach copy of practical records (any two exp. in each year/ sem), in **Annexure 13**]

[to be furnished in case of inspection only and for the course to be inspected]

Course	Year	Date of last practical recorded
D.Pharm	Part-I	
	Part-II	
B.Pharm	Sem I	
	Sem II	
	Sem III	
	Sem IV	
	Sem V	
	Sem VI	
	Sem VII	
	Sem VIII	

Signature of the Inspectors 1.

Name, signature and seal of the Principal of the Institution

2.

M.Pharm		
Pharmaceutics	Sem-I	
	Sem-II	
Pharmaceutical Chemistry	Sem-I	
	Sem-II	
Pharmaceutical Quality Assurance	Sem-I	
	Sem-II	
Pharmacology	Sem-I	
	Sem-II	
Pharmacognosy	Sem-I	
	Sem-II	

- (iii) Stock register of central store (select any 3 chemicals randomly)
 [attach copy of stock register (any three chemicals) in **Annexure 14**] [to be furnished in case of inspection only]

S. No.	Name of Chemical	Amount available & Date of last issue	Consumption
1.			
2.			
3.			

13. Interaction with students, in strict confidentiality, specifically with regard to
 [to be furnished in case of inspection only]

- (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:

14. Check web site of College
 [to be furnished in case of inspection only] [attach principal verified print/copy of website in **Annexure 15**]

15. Industrial Training details (B.Pharm)
 Period of training from ___/___/_____ to ___/___/_____

16. Details of major accomplishments by students, faculty, college (awards, conferences, papers published, patents etc.)
 [attach verified list in **Annexure 16**]

17. Income & expenditure during the last financial year
 [attach audited statement of accounts of last 3 financial year in **Annexure 17**]

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 (please specify)		Equipments	
6.			Furniture and fixtures	
7.			Library books and journals	
8.			Postage & Telegram expenses	
9.			Affiliation fee	
10.			Repairs & maintenance	
11.			Printing & stationary expenses	
12.			Bank charges	

Signature of the Inspectors 1.

Name, signature and seal of the Principal of the Institution

2.

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.			Telephone exp.	
20.			Premium of group gratuity	
21.				
22.				
	Total			

18. Electricity and/ or water bill in the name of institution or society. Yes / No
 [Attach in annexure 18]

19. a. Details of education societies and institutions (all courses affiliated to RUHS, including all institutions under same society and / or same institution address)

S. No.	Name of course(s)	Year of start of the course	Name of college and Society	Address of the college

b. Details of education societies and institutions (all courses affiliated to any other University/Board, including all institutions under same society and / or same institution address)

S. No.	Name of course(s)	Year of start of the course	Name of college and Society	Address of the college

20. a. Details of all courses affiliated to RUHS, including all institutions under same education society and institutions or different education societies / institutions; running in same premises and / or institution address

Address of the college: _____

S. No.	Name of course(s)	Year of start of the course	Name of college	Name of the society

b. Details of all courses affiliated to any other University/Board, including all institutions under same education society and institutions or different education societies / institutions; running in same premises and / or institution address

Address of the college: _____

S. No.	Name of course(s)	Year of start of the course	Name of college	Name of the society

Signature of the Inspectors 1.

Name, signature and seal of the Principal of the Institution

2.

Section- C

Specific details to be furnished only for fresh / provisional affiliation

(also include introduction/addition of new course/ PG-specialization/ increase in intake/ change in address/ change in name)

21. Additional Details of society/trust etc.

[attach society registration certificate, registration papers, constitution, structure of academic / governing council etc. in **Annexure 19** and Certificate from local govt. body for the Rural / Urban classification of the land in **Annexure 20**, if applicable]

a. Detailed documents of education societies and institutions (all courses affiliated to RUHS, including all institutions under same society and / or same college address)

[attach all relevant documents including map, land document of each institution and consolidated land area in acres of each institution in a single document **Annexure 21**]

b. Detailed documents of education societies and institutions (all courses affiliated to any other University/Board, including all institutions under same society and / or same institution address)

[attach all relevant documents including map, land document of each institution and consolidated land area in acres of each institution in a single document **Annexure 21**]

c. Detailed documents of all courses affiliated to RUHS, including all institutions under same education society and institutions or different education societies / institutions; running in same premises and / or institution address

[attach all relevant documents including map, land document of each institution and consolidated land area in acres of each institution in a single document **Annexure 21**]

d. Detailed documents of all courses affiliated to any other University/Board, including all institutions under same education society and institutions or different education societies / institutions; running in same premises and / or institution address

[attach all relevant documents including map, land document of each institution and consolidated land area in acres of each institution in a single document **Annexure 21**]

22. Details of building (as per PCI norms) {Furnish details of all courses } [attach building layout / blue print and land documents, consolidated land statement clearly indicating area in acres suitably signed by the competent govt. authority in **Annexure 22, Also attach duly approved IAEC constitution and CPCSEA / CCSEA approval letter in **Annexure 25**] (Refer Annexure A)**

Particulars	Area type	Numbers required	Numbers available
Instructional Area	Classrooms		
	Laboratories		
	Store-I		
	Store-II (inflammable chemicals)		
	Library		
	Machine room		
	Central Instrument room		
	Model Community Pharmacy		
	Drug Model Store (Desirable)		
	Museum		
Animal House (as per Annexure A)			
Administrative Area	Principal room		
	Staff room (total size, if segregated)		
	HOD room (if having PG department)		
	Office-I, Office-II & Confidential room		
	Strong room		
Amenities	Girl's Common room		
	Boy's Common room		
	Toilet Block for girls		
	Toilet Block for boys		
	Drinking water with water cooler		
	Power backup		
	Computer room (For B.Pharm)		

Does the Management possess College building of its own? _____

Signature of the Inspectors 1.

Name, signature and seal of the Principal of the Institution

2.

23. Details of the project

[attach relevant documents in **Annexure 23**]

S. No.	Detailed Project Report	Verified with original		Copy attached
		Yes	No	Annex. No.
1.	Background of the Society/Trust with reference to its experience in promoting, managing and using educational institutions, details of its promoters including their background, its activities in the social, charitable and educational spheres since its start and its Vision and Mission			
2.	Building layout of the college prepared by a registered Architect and letter of approval letter from competent authority			
3.	Building completion certificate by a competent Architect			
4.	Registered documents of the registered Society/Trust earmarking land and building of the college/ institute			
5.	Certificate for approach of connecting road up to college issued by competent authority/architect/builder/draftsman			
6.	Architecture master plan showing the land use pattern including those for the future.			
7.	Structure of academic and administrative governance/ Governing council			
8.	Source of financing of capital & operating expenditure			

Section- D

24. Status of compliance of specific conditions / deficiencies communicated in the previous year inspection of approval by RUHS

[attach relevant documents in **Annexure 24**]

	Deficiencies communicated / Specific conditions	Compliance status	Remarks of the inspectors	
			Yes	No
RUHS			Yes	No
			Yes	No

Note: All documents are to be signed and sealed by the principal.

Declaration:

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

Date:

Place:

Signature and seal of the Head of the Institution

Important:

- a. Inspectors are required to verify the identity of the Faculty by a photo ID card, original certificates etc.
- b. If any document of the principal and faculty is not proper or complete, then mark as "Not proper and cannot be considered as appropriate faculty". Such responsibility lies on the principal and the concerned inspectors.

Signature of the Inspectors 1.

Name, signature and seal of the Principal of the Institution

2.

Section- E

Annexure Check-list

Note: Attach all documents as annexures and other relevant documents with proper indexing.

- All documents must be seal and signed by the principal and in case of faculty, must be self-attested.

Annex. No.	Details	Yes	No	Give reason, if not attached
1.	Address proof and in case of change in address of the institution, PCI approval for the same; Copy of cancelled cheque of society/ management/trust account of the institution			
2.	PCI & RUHS approvals/affiliations of the current academic year, Govt. NOC, as applicable			
3.	Original SDF, education related documents, teaching exp. related documents, joining, appointment letter, relieving from last institution, undertaking as per Annexure B(if applicable) etc. of the principal			
4.	Payment proof of affiliation fee			
5.	PCI & RUHS approvals/affiliations of the previous academic year			
6.	Duly approved and verified list of society members			
7.	Faculty related all documents- as per list of Annexure A (specify reason if any of the documents not attached)			
8.	Statement of last twelve months' individual salary transfer, showing salary transferred to each faculty individually, including latest salary transfer statement and all duly verified by the bank (indicating seal and sign of the authorized person of the bank)			
9.	Photographs of the faculties and non-teaching members (both separately and along with inspectors) as per Annexure A [<i>to be Furnished in case of inspection only</i>]			
10.	Subscription receipts, purchase bills and verified list of journals, books etc.			
11.	Copy of attendance register (biometric);			
12.	Leave application(s) (if any)			
13.	Practical records (any two exp. in each year/ sem.) [<i>to be Furnished in case of inspection only and for the course to be inspected</i>]			
14.	Stock register of central store (any three chemicals) [<i>to be Furnished in case of inspection only</i>]			
15.	Principal verified print / copy of website			
16.	Principal verified list of major accomplishments by students, faculty, college (awards, conferences, papers published, patents etc.			
17.	Audited statement of accounts of last 3 financial year			
18.	Electricity and/ or water bill			
19. *	Society registration certificate, registration papers, constitution, structure of academic / governing council etc.			
20. *	Certificate from local govt. body for the Rural / Urban classification of the land			
21. *	All relevant documents including map, land document of each institution and consolidated land area in acres of each institution in a single document {land must be converted for institutional purpose}			
22. *	Building layout / blue print and land documents, consolidated land statement clearly indicating area in acres suitably signed by the competent govt. authority			
23. *	Attach project report and related documents			
24.	Certified copy of relevant documents			
25.	Any other relevant documents, as applicable - Verified PCI-SIF – as downloaded from PCI website (to be submitted in case of new college / addition of course/ increase in seats / change in address) - Attach approved IAEC constitution and CPCSEA/CCSEA approval in case of M.Pharm in Pharmacology - Fire safety provisions			

Note: *Annexure no. 19-23 are to be furnished only to be furnished for fresh / provisional affiliation (*also include addition of new course/ PG-specialization/ increase in intake/ change in address/ change in name*)

Signature of the Inspectors 1.

Name, signature and seal of the Principal of the Institution

2.

(Summary report only for fresh / provisional affiliations with or without additional affiliation type)

SUMMARY OF FINDINGS BY INSPECTORS

Requirement	D.Pharm (intake 60)		B.Pharm (intake 60)		B.Pharm (intake 100)		B.Pharm (60/100 intake) + D.Pharm (60 intake)		D.Pharm and/or B.Pharm +M.Pharm No. of branches		Remarks
	Required	Available	Required	Available	Required	Available	Required	Available	Required	Available	
Classrooms	1		2		4		3 / 5		+1xno. of PG branches)		
Laboratories	4		8		8		10		+1xno. of PG branches+ 1 Animal house (for PG- Pharmacology)		
Store-I	1		1		1		1				
Store-II (inflammable chemicals)	1		1		1		1				
Library	1		1		1		1				
Machine room	1		1		1		1				
Central Instrument room	1		1		1		1				
Model Community Pharmacy	1						1				
Drug Model Store (Desirable)	-						-				
Museum	1		1 Display in respective labs		1 Display in respective labs		1 Display in respective labs				
Principal room	1		1		1		1				
Staff room	Yes/ No		Yes/ No		Yes/ No		Yes/ No				
HOD room (if having PG department)	Yes/ No		Yes/ No		Yes/ No		Yes/ No		As per the no. of PG departments		
Office-I, Office-II & Confidential room	Yes/ No		Yes/ No		Yes/ No		Yes/ No				
Strong room	Yes/ No		Yes/ No		Yes/ No		Yes/ No				
Girl's Common room	Yes/ No		Yes/ No		Yes/ No		Yes/ No				
Boy's Common room	Yes/ No		Yes/ No		Yes/ No		Yes/ No				
Toilet Block for girls	Yes/ No		Yes/ No		Yes/ No		Yes/ No				
Toilet Block for boys	Yes/ No		Yes/ No		Yes/ No		Yes/ No				
Drinking water with water cooler	Yes/ No		Yes/ No		Yes/ No		Yes/ No				
Power backup (Essential)	Yes/ No		Yes/ No		Yes/ No		Yes/ No				
Computer room	Yes/ No		Yes/ No		Yes/ No		Yes/ No				
Addition of books in previous year	150		150		150		150				

Signature of the Inspectors 1.

Page 1 of 2

Signature of the Head of the Institution

2.

Section- F1

RAJASTHAN UNIVERSITY OF HEALTH SCIENCES, JAIPUR

Faculty of Pharmacy

(Summary report only for fresh / provisional affiliations with or without additional affiliation type)

Requirement	D.Pharm (intake 60)		B.Pharm (intake 60)		B.Pharm (intake 100)		B.Pharm (60/100 intake) + D.Pharm (60 intake)		D.Pharm and/or B.Pharm +M.Pharm		Remarks
	No. of branches										
	Required	Available	Required	Available	Required	Available	Required	Available	Required	Available	
Journals, national /international including online	06		10+5		10+5		10+5				
Photocopier	1		1		1		1				

Mode of payment to faculty: through bank transfer: _____ [Yes / No]

Faculty summary: {Furnish details of all courses irrespective of the type of affiliation granted and sought}

a.	Total Number of staff	
b.	Faculties for D.Pharm {fill if, either faculty is eligible for D.Pharm only or the institute is running only D.Pharm course }	
c.	Faculties for B.Pharm {fill only, if the institute is running only B.Pharm course }	
d.	Faculties for B.Pharm + D.Pharm {fill number of those faculties, which are eligible for teaching both the courses}	
e.	Faculties for M.Pharm department(s) {fill M.Pharm department-wise (with same / equivalent specialization- as per RUHS equivalence) faculties, whether they are teaching in B.Pharm and D.Pharm for the same subject or not}	
f.	Faculties on leave, if any	
g.	Application of faculties with sanctioned leaves and appropriate medical records / valid reason verified and attached	
h.	Completed and verified SDF of all faculties attached along with all relevant documents, duly self-attested by the faculties	
i.	All relevant documents attached in case of faculty on consent	

General observations of the inspection team

(Submitted in reference to the order no. _____, dated _____ issued by RUHS, Jaipur).

Declaration:

We have checked all documents as provided by the principal and college administration. We have also verified all the infrastructure of the college, including land and building.

Signature of the Inspectors 1.

Signature of the Head of the Institution

2.

Section- F2

RAJASTHAN UNIVERSITY OF HEALTH SCIENCES, JAIPUR

(summary report only for Annual/ Long-term affiliations, only where no other additional affiliation type applicable)

SUMMARY OF FINDINGS BY INSPECTORS

	Requirement	D.Pharm (intake 60)		B.Pharm (intake 60)		B.Pharm (intake 100)		B.Pharm (60/100 intake) + D.Pharm (60 intake)		D.Pharm and/or B.Pharm +M.Pharm		Remarks
		No. of branches										
		Required	Available	Required	Available	Required	Available	Required	Available	Required	Available	
A	Addition of books in previous year	150		150		150		150				
B	Journals, national /international including online	06		10+5		10+5		10+5				
C	Photocopier	1		1		1		1				

Mode of payment to faculty: through bank transfer: _____ [Yes / No]

Faculty summary:

a.	Total Number of staff	
b.	Faculties for D.Pharm {fill if, either faculty is eligible for D.Pharm only or the institute is running only D.Pharm course }	
c.	Faculties for B.Pharm {fill only, if the institute is running only B.Pharm course }	
d.	Faculties for B.Pharm + D.Pharm {fill number of those faculties, which are eligible for teaching both the courses}	
e.	Faculties for M.Pharm department(s) {fill M.Pharm department-wise (with same / equivalent specialization- as per RUHS equivalence) faculties, whether they are teaching in B.Pharm and D.Pharm for the same subject or not}	
f.	Faculties on leave, if any	
g.	Application of faculties with sanctioned leaves and appropriate medical records / valid reason verified and attached	
h.	Completed and verified SDF of all faculties attached along with all relevant documents, duly self-attested by the faculties	
i.	All relevant documents attached in case of faculty on consent	

*{Furnish details of all courses irrespective of the type of affiliation granted and sought}

General observations of the inspection team

(Submitted in reference to the order no. _____, dated _____ issued by RUHS, Jaipur).

Declaration:

We have checked all documents as provided by the principal and college administration. We have also verified all the infrastructure of the college, including land and building.

Signature of the Inspectors 1.

Signature of the Head of the Institution

2.

Annexure-A: References

A. Faculty Requirements

Note:

1. All faculties must have a Rajasthan Pharmacy Council Registration certificate
2. For fresh affiliation the Principal shall be full-time (regular) and joining is mandatory including relieving from the past employer. If the person is not working anywhere at the time of joining the present college, then attach the undertaking as per the format **Annexure B**.
3. For fresh affiliation, faculties may be on consent except for the Principal along with their consent letter, last salary-drawn certificate (from the present workplace), and No Objection Certificate from the institute in which presently working. Consent is allowed only for a single college in any academic year. If multiple consents in colleges are found, such faculty shall be counted nowhere. Attach undertaking as per **Annexure C**.
4. In case of provisional affiliation, all faculties upto the application year (for which affiliation desired) must be joined.

a.	Number of staff	Total number:
b.	Faculties for only D.Pharm Qualification: B.Pharm + 3 years professional exp. (Max. 04 faculties allowed) M.Pharm/ Pharm.D: 04 including Principal Principal: M.Pharm + 5 years teaching exp.	60 or less seats- - 1 principal+07 faculties=Total 08 (04 M.Pharm / Pharm.D qualified + 04-B.Pharm with min. 03 years experience) - For new institution only(fresh affiliation)- 1 principal (M.Pharm + 5 years teaching exp.)+ 04 faculties (out of four, 01 faculty must be M.Pharm)= Total 05
c.	Faculties for only B.Pharm Qualification: All faculties for the B.Pharm course must have M.Pharm/Pharm.D degree awarded	B.Pharm (60 or less seats) running all four years- Total- 16 In case of provisional affiliation: If running B.Pharm-I (Sem 1 & 2) only- 04 running upto B.Pharm-II (Sem 1 to 4) - 08 running upto B.Pharm-III (Sem 1 to 6)- 13 B.Pharm (100 seats) running all four years- Total- 24 In case of provisional affiliation: If running B.Pharm-I (Sem 1 & 2) only- 07 running upto B.Pharm-II (Sem 1 to 4) - 12 running upto B.Pharm-III (Sem 1 to 6)- 19
d.	Faculties for B.Pharm + D.Pharm Qualification: All faculties for the B.Pharm course must have M.Pharm/Pharm.D degree awarded; D.Pharm faculties as per point (a) above	B.Pharm (60)+D.Pharm (60 or less)- 21 (incl. 4 B.Pharm for D.Pharm course) If running D.Pharm + B.Pharm-I (Sem 1 & 2) only- 08 running D.Pharm + upto B.Pharm-II (Sem 1 to 4) - 12 running D.Pharm + upto B.Pharm-III (Sem 1 to 6)- 17 B.Pharm (100)+D.Pharm (60 or less)- 31 (incl. 4 B.Pharm for D.Pharm course) If running D.Pharm + B.Pharm-I (Sem 1 & 2) only- 11 running D.Pharm + upto B.Pharm-II (Sem 1 to 4) - 16

		running D.Pharm + upto B.Pharm-III (Sem 1 to 6)- 26
e.	Faculties for M.Pharm Qualification: All M.Pharm course faculties must have M.Pharm degree awarded	Numbers: (to be furnished branch-wise separately) - - Total number of faculty members must include minimum 5 faculty members per specialization in case the college is running M.Pharm course(s) - Min. 05 For B.Pharm 60 seats + M.Pharm All faculties to be counted separately in case of multiple branches
		M.Pharm in Pharmaceutics- 05
		M.Pharm in Pharm. Chemistry- 05
		M.Pharm in Pharmacology- 05
		M.Pharm in Pharmacognosy- 05
		M.Pharm in Quality Assurance- 05 (at least 02 with M.Pharm in Quality Assurance and another 03 may be with M.Pharm in Pharmaceutical Chemistry or Pharmaceutics stream apart from either department if running PG in the same)

List of Documents required to be attached for each faculty individual- (all documents must be self-attested by the faculty)

- Current RUHS-Staff declaration form (filled and signed by the faculty at the time of inspection as well as during submission of affiliation file and verified by the principal) along-with passport size Photograph of faculty affixed at the space provided on SDF
- Aadhar Card
- PAN Card
- Valid Rajasthan Pharmacy Council Registration (RPC) Certificate / latest renewal receipt of RPC registration
- Appointment letter and joining report by the faculty
- Relieving from last institution, if applicable
- All old experience certificates clearly mentioning working duration, if applicable
- Consent letter (in case of faculty on consent)
- B.Pharm all marksheets (*only for all those faculties joined after 2013 at the institution and for the principal*)
- B.Pharm Degree
- M.Pharm / Pharm.D Degree
- Ph.D Degree
- Last salary drawn certificate from the institution at which presently working (in case of faculty on consent)
- No Objection Certificate from the institute in which presently working (in case of faculty on consent)
- In case of medical / maternity, attach govt. hospital certificate/ prescription advice for leave
- Photograph with teaching staff along with the Principal and both the Inspectors, with clearly visible faces and name of the college
- Photograph with non-teaching staff along with the Principal and both the Inspectors, with clearly visible faces and name of the college
- Annexure B (for principal in new college who was not working) or Annexure C (for faculty on consent), as applicable.

Note: Sr. no. "p and q" are to be furnished only in case of inspection.

B. Infrastructure:

Particulars	Area type		
Land Requirements	a. 2.0 acres District HQ/Corporation/Municipality limit b. 0.5 acre for City / Metros		
Course D.Pharm only*			
	Head	Required area as per norms m ²	Numbers required
Instructional Area	Classrooms	Min. 90	1
	Laboratories	Min 500 sq.ft.* or 30 sq ft. per student	4
	Store-I	100	1
	Store-II (flammable chemicals)	20	1
	Library	150	1
	Machine room	80-100	1
	Central Instrument room	80	1
	Model Community Pharmacy	80	1
	Drug Model Store (Desirable)	-	-
	Museum	-	1
Course B.Pharm only (60/100# seats)			
Instructional Area	Classrooms	75- 150	2 / 4# (tick)
	Laboratories	75- 90	8
	Store-I	100	1
	Store-II (flammable chemicals)	20	1
	Library	150	1
	Machine room	80-100	1
	Central Instrument room	80	1
	Museum	-	1

Course D.Pharm + B.Pharm (60/100# seats)			
Instructional Area	Classrooms	75- 150	3 / 5#
	Laboratories	75- 90	10
	Store-I	100	1
	Store-II (inflammable chemicals)	20	1
	Library	150	1
	Machine room	80-100	1
	Central Instrument room	80	1
	Model Community Pharmacy	80	1
	Drug Model Store (Desirable)	-	-
Museum	-	1	
Course D.Pharm + B.Pharm (60/100# seats) + M.Pharm x no. of specializations			
Instructional Area	Classroom – Requirement for D.Pharm /B.Pharm/ D.Pharm + B.Pharm, as applicable	75- 150	3/5# +(1xno. of PG branches)
	Labs- Requirement for D.Pharm /B.Pharm/ D.Pharm + B.Pharm, as applicable +(1xno. of PG branches)	75- 90	10 +(1xno. of PG branches)
	Animal House (duly approved and in case of PG in Pharmacology) - Required CPCSEA/CCSEA approval and duly approved (valid) IAEC constitution in case of M.Pharm in Pharmacology		
	Store-I	100	1
	Store-II (inflammable chemicals)	20	1
	Library	150	1
	Machine room	80-100	1
	Central Instrument room	80	1
	Model Community Pharmacy	80	1
	Drug Model Store (Desirable)	-	-
Museum	-	1	

Common for all (irrespective of courses)		
Administrative Area	Principal room	1
	Staff room	
	HOD room (if having PG department)	no. of HODs
	Office-I, Office-II & Confidential room	1
	Strong room	1
Amenities	Girl's Common room	1
	Boy's Common room	1
	Toilet Block for girls	1
	Toilet Block for boys	1
	Drinking water with water cooler	1
	Power backup	Yes/ No
	Computer room (For B.Pharm)	1
B. Library details		
Availability of number of volumes of books and titles (as on 31 st March of the last affiliation year)	Minimum 1500 of 150 titles of Pharmacy discipline for B.Pharm and/or M.Pharm / Minimum 750 of 75 titles of Pharmacy discipline For D.Pharm only	
Addition of books per year	150 per year addition of Pharmacy discipline	
Journals subscription- online/ offline/ (as on 31 st March of the last affiliation year)	For B.Pharm and / or M.Pharm National- 10 and International- 05 For D.Pharm only Total -06	

Note:

- All documents must be attached as annexures and with proper indexing.
- All documents must be seal and signed by the principal and in case of faculty, must be self-attested.
- Furnish **Section-C** only in case of Fresh/ Provisional affiliation of any kind (including introduction of new course/ PG-specialization/ increase in intake/ change in address/ change in name).

Annexure B

(to be submitted by the Principal in case of fresh affiliation only)

1. I..... s/o / d/o..... have joined as Principal at (Institute name and address) on (dd/mm/yyyy).
2. I hereby declare that, I was working with (institute / company / firm name and address) on the post of from to and relieved on (dd/mm/yyyy).
3. I am submitting my relieving certificate and presently I'm not working with any other Pharmacy institute anywhere.
4. For the session (write session), I have not given any consent as Principal/faculty to anywhere before this institute and will not give any further. If found doing so, then the university is free to take any legal action against me at its own level.
5. I will intimate the university in writing (through email and registered post, both, to the registrar), before joining to any other institution.

Date:

Signature and name

Annexure C

(to be submitted by the faculty on consent in case of fresh affiliation only)

1. I..... s/o / d/o declare that, I'm presently working with (institute/company / firm name and address) on the post of since (dd/mm/yyyy).
2. I am giving/submitting my consent as to join the upcoming (institute name and address) for the session (write session)
3. I am also submitting NOC from my present employer and the last drawn salary slip/certificate from the institute/company/firm.
4. If PCI and RUHS grant affiliation for the session (write session) to this institution, I will resign from my present employer and join this institution.
5. For the session (write session), I have not given my consent as Principal/ faculty to any other institute before this institute (write the name and address of institute) and will not give any further. If found doing so, then the university (RUHS) is free to take any legal action against me at its own level.

Date:

Signature and name

Name of institution: _____

STAFF DECLARATION (SDF)

Name (as in University Degree Certificate):

Date of birth and age :

Contact nos. & email ID :

Permanent Residence address :

Affix passport size photograph attested by the Principal

Educational Qualifications:

Degree	Specialization	Division*	University	Year of Passing	Name of Institute	Rajasthan Pharmacy Council Registration no.
B. Pharm.						
M. Pharm.						
Ph.D.						
Others (specify)						

*as mentioned in compiled marksheet / degree

Area of specialization:

Subject(s) taught:

Experience: (as on the last date of submission of affiliation file or date of inspection, as applicable)

Research exp.		Teaching exp. after B.Pharm		Teaching exp. after M.Pharm/ PharmD		Total Professional exp.	
Years	Months	Years	Months	Years	Months	Years	Months

Posts held: (starting from current)

Organization/Institution	Designation	Date of Joining*	Date of Relieving#	Exp. in Years

1. *as per the joining report (duly accepted by the Principal); # as per the relieving/exp. letter

Preset pay scale:

Present basic pay:

Receiving salary from college through bank: _____ (Yes / No)

Salary (Gross):

PAN Card No:

AADHAR CARD No:

Declaration

Before joining this institution, I was working at _____, as _____, from _____.

I am not working at any pharmacy college in the state or outside the state in any capacity full-time/part-time. I declare that the contents of this declaration made by the undersigned are absolutely true and correct.

(Verified)

Principal name & Signature with seal

Date:

(Signature of teacher)

List of enclosures - (attach photocopies duly self-attested by the faculty and verified by the principal)

- Appointment letter; Joining report; Aadhaar card; PAN card; Rajasthan Pharmacy Council (RPC) Registration Certificate; RPC renewal receipt, if applicable; Relieving from last institution; Experience certificate(s) (if any); B.Pharm/ PharmD Degree; All marksheets of B.Pharm/PharmD; M.Pharm degree, if applicable; All marksheets-M.Pharm; PhD degree, if applicable