

**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)**

(SIF-A)

*To be filled up by P.C.I*

*To be filled up by inspectors*

**Inspection No. :**

**Date of Inspection:**

**FILE No. :**

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

**2.**

**PART –I**  
**A - GENERAL INFORMATION**

<p><b>A –I. 1</b>  Name of the Institution:  Complete Postal address:   STD code  Telephone No.  Fax No.  E-mail</p>	<p><b>MET’s Institute of D. Pharmacy</b>  Bhujbal Knowledge City, Adgaon,  Nashik – Maharashtra 422 003  0253  2303515  2303203  iop@bkc.met.edu</p>
<p>Year of Establishment</p>	<p><b>2016</b></p>
<p>Status of the course conducting body:  Government/University/ Autonomous/Aided/Private  (Enclose copy of Registration documents  Of Society/Trust)</p>	<p><b>Private</b>  (Enclosed copy of registration documents of trust)  –<b>Enclosure 1</b></p>
<p><b>A–I.2</b>  Name ,address of the Society /Trust/Management  (attach documentary evidence)   STD code  Telephone No.  Fax No.  E-mail  Web Site:</p>	<p><b>Mumbai Educational Trust,</b>  Gen. Arunkumar Vaidya Chowk, Bandra (West),  Mumbai  (Enclosed copy trust deed) –<b>Enclosure 2</b>  022  26440096  26440155  communications@met.edu  www.met.edu</p>
<p><b>A–I.3</b>  Name, Designation and Address of person to be  contacted by phone   STD code  Telephone No.  Fax No.  E-mail</p>	<p><b>Dr. Sanjay J. Kshirsagar</b>  Project Coordinator,  Bhujbal Knowledge City, Adgaon,  Nashik – Maharashtra 422 003  0253  2303515/2555860  2303203  principal_iop@bkc.met.edu  sanjayjk@rediffmail.com</p>
<p><b>A–I.4</b>  Name, and Address of the Head of Institution</p>	<p><b>Prof. Sushil D. Patil</b>  MET’s Institute of D. Pharmacy,  Bhujbal Knowledge City, Adgaon,  Nashik – Maharashtra 422 003</p>

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**A-I.5****FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL****a. Details of Affiliation Fee Paid**

Name of the course	Affiliation fees aid upto	Receipt No.	Dated
D. Pharm	2016-17	Rs. 75,000/- [Rs. 50,000/- (Affiliation fees) and Rs. 25,000/- (Inspection fees)] paid vide DD No. 592103 Date: 24/08/15, Bank of Maharashtra, Adgaon Branch	

**b. APPROVAL STATUS:**

Name of the course	Approval upto	Intake approved and admitted	PCI	STATE GOVERNMENT	Remarks of the Inspector
D. Pharm	New Institute	Approval Letter No. And Date	New Institute	In process	
		Approved Intake			
		Actually Admitted			

**c. STATUS OF APPLICATION**

Course	Extension of Approval	Increase in Intake of Seats	Remarks	
D. Pharm	New Institute		Current Intake	Proposed Intake
			--	60

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

Other educational institutes are being run in the same campus

Sl. No.	Institution	Course
1.	institute of Pharmacy	Bachelor of Pharmacy
2.	Institute of Management	Master of Business Administration
3.	Institute of Engineering	Bachelor of Engineering
4.	Institute of Technology	Diploma in Engineering

**A -I. 6 a**

Status of the Pharmacy course	
Independent Building	<input type="checkbox"/>
Wing of another college	<input checked="" type="checkbox"/>
Separate Campus	<input type="checkbox"/>
Independent Building	<input type="checkbox"/>

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

Maharashtra State Board of Technical Education,  
49, Kherwadi, Bandra (E), Mumbai -400 051  
022 -2647 7208, 2647 3980

Signature of the Head of the Institution

Signature of the Inspectors

## B - DETAILS OF THE INSTITUTION

<b>B -I .1</b> Name of the Principal	Prof. Sushil D. Patil				
<b>Qualification/Experience</b>	<b>Qualification *</b>		<b>Teaching experience Required</b>	<b>Actual Experience</b>	<b>Remarks of the Inspector</b>
	<b>M. Pharm</b>	M Pharm (Pharmaceutical Chemistry)	<b>05 years</b>	<b>07 Years</b>	
	<b>Ph D (Desirable)</b>	--	<b>02 years</b>	<b>NA</b>	

\* Documentary evidence should be provided- Enclosure 3

### 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 by last 03 Years *
<b>D. Pharm</b>	<b>NOT APPLICABLE</b>			

\*Enclose Documents

### B -I .3

Pay Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspector
<b>Teaching staff</b>	AICTE/UGC/State Govt Yes	<b>Yes</b>	<b>Yes</b>	<b>No</b>	
<b>Non Teaching Staff</b>	State Govt Yes	<b>Yes</b>	<b>Yes</b>	<b>No</b>	

### B -I .4

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

Academic year	200-	200-	200-
<b>Sanctioned</b>	<b>NOT APPLICABLE (NEW INSTITUTE)</b>		
<b>No. Of Admissions</b>			
<b>Unfilled seat</b>			
<b>No. Of excess admissions</b>			

### B-I .5

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

Academic year	200-	200-	200-
<b>D Pharm</b>	<b>NOT APPLICABLE (NEW INSTITUTE)</b>		

Signature of the Head of the Institution

Signature of the Inspectors

B –II

**Co –Curricular Activities / Sports Activities**

Whether college has NSS Unit (Yes/No)? If no give reasons	<b>NOT APPLICABLE (NEW INSTITUTE)</b>
NSS Programme Officer's Name	
Programme conducted (mention details)	
Whether students participating in University level cultural activities / Co-curricular/sports activities	<b>NOT APPLICABLE (NEW INSTITUTE)</b> Yes/No
Physical Instructor	<b>Available/Not available</b>
Sports Ground	<b>Individual /Shared</b>

**Signature of the Head of the Institution**

**Signature of the Inspectors**

## C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

**C .1 Resources and funding agencies (give complete list): NOT APPLICABLE**

**C .2 Please provide the following information**

Receipt			Expenditure*			Remarks of the inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
<b>1</b>	<b>Grants</b> <b>a. Government</b> <b>b. Others</b>	NA NA	<b>CAPITAL EXPENDITURE</b>			
<b>2</b>	<b>Tuition fee</b>	NA	<b>1</b>	<b>Building</b>	<b>4,70,61,000/-</b>	
<b>3</b>	<b>Library fee</b>	NA	<b>2</b>	<b>Equipment</b>	<b>11,00,000/-</b>	
<b>4</b>	<b>Sports fee</b>	NA	<b>3</b>	<b>Others</b>	NA	
<b>5</b>	<b>Union fee</b>	NA	<b>REVENUE EXPENDITURE</b>			
<b>6</b>	<b>Others</b>	NA	<b>1</b>	<b>Salary</b>	NA	
			<b>2</b>	<b>MAINTENANCE EXPENDITURE</b>		
				<b>I</b>	<b>College</b>	NA
				<b>ii</b>	<b>Others</b>	NA
			<b>3</b>	<b>University fee (If any)</b>	NA	
			<b>4</b>	<b>Apex Bodies fee</b> <b>AICTE</b> <b>PCI Affiliation fees</b> <b>PCI Inspection fees</b> <b>MSBTE affiliation</b>	<b>5,00,000/-</b> <b>50,000/-</b> <b>25,000/-</b> <b>15,000/-</b>	
			<b>5</b>	<b>Government Fee</b>	NA	
			<b>6</b>	<b>Deposit held by college</b> <b>AICTE</b>	<b>15,00,000/-</b>	
			<b>7</b>	<b>Others</b>	NA	
	<b>Total</b>	NA	<b>8</b>	<b>Misc. Expenditure</b>	NA	
			<b>Total</b>		<b>5,02,51,000/-</b>	

\* Approved Budget Enclosed – Enclosure 4

Signature of the Head of the Institution

Signature of the Inspectors

## PART-II PHYSICAL INFRASTRUCTURE

1. a. Building **Own/Rented/Leased**  
 b. Land:  
 i) Leased or own Leased  own   
 Sale / Agreement deed (records to be enclosed) **Enclosed/Not available**  
 c. Building: Leased  Rented   
 i) Leased/Rented †(Record to be enclosed) : **Enclosed/Not available**  
 ii) If Own (Approved Building plan & sale deed to be enclosed) : **Enclosed/Not available (Enclosure 5)**  
 d. Total Area of the college building in Sq.mts: Built up area   
Amenities and Circulation Area

### 2. Class rooms:

#### Total Number of Class rooms provided

Class	Required	Available	Required area* for each class room	Available area in Sq. mts	Remarks of the inspectors
<b>D Pharm</b>	02	02	90 Sq. mts	<b>91.00 X 02 = 182.00</b>	

\*(To accommodate 60 students)

### 3. Laboratory requirement:

Sl. No	Name of infrastructure	Requirement as per Norm	Available		Remarks/ Deficiency
			No.	Area in Sq. mts	
<b>1</b>	<b>Laboratory area for D. Pharm course</b>	50 Sq. Mt X n (n= 05)	<b>05</b>	<b>75.00X 05 = 375.00</b>	
<b>2</b>	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy <b>Total no. of Labs for D. Pharm Course</b> *Animal House	01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory <b>05 Laboratories</b> 01 (10 Sq. mt)	<b>01</b> <b>01</b> <b>01</b> <b>01</b> <b>01</b> <b>05</b> <b>01</b>	<b>75.00</b> <b>75.00</b> <b>75.00</b> <b>75.00</b> <b>75.00</b> <b>375.00</b> <b>77.00</b>	
<b>3</b>	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 Sq.mts (minimum)	<b>05</b>	<b>10.00X 05 = 50.00</b>	
<b>4</b>	Area of the Machine Room	100 Sq.mts	<b>01</b>	<b>100.00</b>	
<b>5</b>	Aseptic Room	25 Sq.mts	<b>01</b>	<b>30.00</b>	
<b>6</b>	Store Room –I	1 (Area 20 Sq. mts)	<b>01</b>	<b>20.00</b>	
<b>7</b>	Store Room –II (For Inflammable chemicals)	1 (Area 20 Sq. mts)	<b>01</b>	<b>20.00</b>	

\*Not required if computer simulated software are available

Signature of the Head of the Institution

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 Norm in number	Requirement as per Norm in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts.	
1	Principal's Chamber	01	20 Sq. mts	01	30.00	
2	Office –I Including Confidential Room	01	40 Sq. mts	01	160.00	
3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq. mts	01	30.00	
4	Library with computer and reprographic facilities	01	100 Sq. mts	01	105 Sq.mts.	
5	Museum	01	30 Sq. mts. (May be attached to Pharmacognosy lab)	01	30.00	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250-300 seating capacity	01	250 seating capacity	
7	Herbal Garden (Desirable)	01	Adequate number of Medicinal Plants	01	Adequate number of Medicinal Plants	

**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	75.00	
2	Boy's Common Room (Essential)	01	40 Sq. mts	01	75.00	
3	Toilet Blocks for Boys	01	25 Sq. mts	01	25.00	
4	Toilet Blocks for Girls	01	25 Sq. mts	01	25.00	
5	Canteen (Desirable)	01	100 Sq. mts	01	600	
6	Drinking Water facility Water Cooler (Essential)	01	--	01	Available	
7	Boy's Hostel (Desirable)	01	9 Sq.mts/room Single occupancy	01	9 Sq.mts/room Single occupancy	
8	Girl's Hostel (Desirable)	01	9 Sq.mts/room Single occupancy 20 Sq.mts /room triple occupancy	01	9 Sq.mts/room Single occupancy 20 Sq.mts /room triple occupancy	
9	Power Backup Provision (Desirable)			01	Available	

## 6. Computer and other Facilities:

Name	Required	Available	Available		Remarks of the inspectors
			No.	Area in Sq. Mt	
Computer (latest Configuration)	1 system for every 10 students	Yes	20	75.00 (01 Computer lab )	
Printers	1 printer for every 10 Computers	Yes	02	--	
Xerox Machine	01	Yes	01	Make: Kyocera	
Multi Media Projector	02	Yes	02	Make: Dell	

Signature of the Head of the Institution

Signature of the Inspectors



## 7. Amenities (Desirable)

Name	Requirement as per norms in area	Available		Not Available	Remarks of the inspectors
		No.	Area in Sq. Mt		
Principal quarters	80 Sq. mt	<b>01</b>	<b>100.00</b>	--	
Staff quarters	6x 80 Sq.mt	<b>06</b>	<b>1137.00</b>	--	
Parking Area for staff and students		<b>Available</b>	<b>165.00</b>	--	
Bank Extension Counter		<b>ATM Available</b>	<b>20.00</b>	--	
Co operative Stores		<b>01</b>	<b>30.00</b>		
Guest House	80 Sq. mt	<b>16Rooms</b>	<b>512.00</b>		
Transport Facilities for students		<b>Available</b>		--	
Medical Facility (First Aid)		<b>Available</b>		--	

## 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	Items	Titles	Minimum Volumes	Available		Remarks of the inspectors
				Titles	Number	
<b>1</b>	Number of books	<b>75</b>	750 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	<b>77</b>	<b>1745</b>	
<b>2</b>	Annual addition of books	--	75 books per year	<b>NOT APPLICANLE (NEW INSTITUTE)</b>		
<b>3</b>	Periodicals Hard copies / online	--	06 National Journals Indian Journal of Pharmaceutical Sciences Indian Journal of Pharmaceutical Education and Research Journal of Hospital Pharmacy Indian Journal of Pharmacology CIMS, MIMS Indian Journal of Experimental Biology.	<b>06</b>	<b>06</b>	
<b>4</b>	Library Timings 9.00 am to 5.00 pm					

Signature of the Head of the Institution

Signature of the Inspectors

**8. B. Subject wise Classification:**

Sl. No	Subject	Available		Remarks of the inspectors
		Titles	Numbers	
1	Pharmaceutics-I	17	335	
2	Pharmaceutical Chemistry -I	13	315	
3	Pharmacognosy	06	220	
4	Biochemistry and Clinical Pathology	05	110	
5	Human Anatomy and Physiology	08	55	
6	Health Education and Community Pharmacy	02	55	
7	Pharmaceutics -II	08	205	
8	Pharmaceutical Chemistry -II	04	83	
9	Pharmacology and Toxicology	03	90	
10	Pharmaceutical Jurisprudence	01	55	
11	Drug Store and Business Management	03	78	
12	Hospital and Clinical Pharmacy	07	144	

**8. C. Library Staff:**

	Staff	Qualification	Required	Available	Remarks of the inspectors
1	Librarian	D Lib	1	01 (M Lib, M Phil)	
2	Library attenders	10+2 /PUC	1	01 (B.Com)	

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

## PART III ACDEMIC REQUIREMENT

### Course Curriculum:

1. Student Staff Ratio: (NEW INSTITUTE) Theory  Practicals

(Required ratio --- Theory → 60:1 and Practicals → 20:1)

If more than 20 students in a batch 2 staff member to be present provided the lab is spacious.

2. Date of Commencement of session / sessions:

Commencement	Completion
NOT APPLICABLE (NEW INSTITUTE)	

No of Days

No of Days

3. Vacation: (NEW INSTITUTE) Summer:  Winter:

4. Total No. of working days:

5. Time Table:

Time Table for I and II D. Pharm (NEW INSTITUTE) Yes  No

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

Class/Subject	Theory		Practicals				Remarks of the inspection
	Prescribed No. of Hours	No. of Hours Conducted	Prescribed No. of Hours	No. of Hours Conducted	Prescribed No. of Classes	No. of Classes Conducted	
<b>I D Pharm</b>							
Pharmaceutics –I	75	<b>NOT APPLICABLE (NEW INSTITUTE)</b>	100	<b>NOT APPLICABLE (NEW INSTITUTE)</b>	25	<b>NOT APPLICABLE (NEW INSTITUTE)</b>	
Pharmaceutical Chemistry–I	75		75		25		
Pharmacognosy	75		75		25		
Biochemistry and Clinical Pathology	50		75		25		
Human Anatomy and Physiology	75		50		25		
Health Education and Community Pharmacy	50		--		--		

Signature of the Head of the Institution

Signature of the Inspectors

Class/Subject	Theory		Practicals				Remarks of the inspection
	Prescribed No. of Hours	No. of Hours Conducted	Prescribed No. of Hours	No. of Hours Conducted	Prescribed No. of Classes	No. of Classes Conducted	
<b>II D Pharm</b>							
Pharmaceutics –II	75	<b>NOT APPLICABLE (NEW INSTITUTE)</b>	100	<b>NOT APPLICABLE (NEW INSTITUTE)</b>	25	<b>NOT APPLICABLE (NEW INSTITUTE)</b>	
Pharmaceutical Chemistry –II	100		75		25		
Pharmacology and Toxicology	75		50		25		
Pharmaceutical Jurisprudence	50		--		--		
Drug Store and Business Management	75		--		--		
Hospital and Clinical Pharmacy	75		50		25		

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

**NOT APPLICABLE (NEW INSTITUTE)**

Yes  -

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	<b>NOT APPLICABLE</b>								
II D Pharm	<b>(NEW INSTITUTE)</b>								

Signature of the Head of the Institution

Signature of the Inspectors

### 9. Workload of Faculty members for D. Pharm

Sl. No	Name of the faculty	Subject Taught	D Pharm				Total Work load	Remarks of the inspectors
			I D Pharm		II D Pharm			
			Th	Pr	Th	Pr		
1	Prof. S. D. Patil	1) Pharmaceutical Chemistry-I	2hrs	--	<b>NOT APPLICABLE (NEW INSTITUTE)</b>	2hrs		
2	Prof. Mrs. S. R. Kolapkar	1) Pharmaceutical Chemistry-I	1 hrs	9 hrs		10 hrs		
3	Prof. S. P. Kadam	1) Pharmaceutics -I 2) Pharmacognosy	3 hrs 3 hrs	12 hrs --		18 hrs		
4	Prof. S. A. Borgude	1) Human Anatomy and Physiology 2) Pharmacognosy	3 hrs --	6 hrs 9 hrs		18 hrs		
5	ProMr. L. A. Jadhav	1) Biochemistry and Clinical Pathology 2) Health Education and Community Pharmacy	2 hrs 2 hrs	9 hrs --		13 hrs		

Signature of the Head of the Institution

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			
<b>List Enclosed- Enclosure 6</b>									

2. Qualification and number of Staff Members

Number of staff members required: 07

Qualification			
B Pharm	M Pharm	Ph D	Others-Full time
03	02	--	--

2. Details of Faculty Retention for:

Name of The Faculty Member	Period	Percentage
--	Duration of 15 yrs. And above	<b>NOT APPLICABLE (NEW INSTITUTE)</b>
	Duration of 10 yrs. And above	
	Duration of 5 yrs. And above	
	Less than 5 yrs.	

3. Details of Faculty Turnover

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
<b>NOT APPLICABLE (NEW INSTITUTE)</b>					

Signature of the Head of the Institution

Signature of the Inspectors

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

<b>Sl No</b>	<b>Designation</b>	<b>Required Number</b>	<b>Required Qualification</b>	<b>Available</b>		<b>Remarks of the inspection team</b>
				<b>Number</b>	<b>Qualification</b>	
<b>1</b>	Laboratory Technician	02	D Pharm	<b>02</b>	<b>B. Sc.</b>	
<b>2</b>	Laboratory Assistants/ Attenders	04	SSLC	<b>04</b>	<b>SSC</b>	
<b>3</b>	Office Superintendent	01	Degree	<b>01</b>	<b>BCS</b>	
<b>4</b>	Accountant cum Clark	01	Degree	<b>01</b>	<b>B. Com., MBA</b>	
<b>5</b>	Store keeper	01	D Pharm	<b>01</b>	<b>B.Com.</b>	
<b>6</b>	Computer Data Operator	01	10+2 With computer Training	<b>01</b>	<b>HSC MS-CIT</b>	
<b>7</b>	Peon	02	SSLC	<b>02</b>	<b>BA/HSC</b>	
<b>8</b>	Cleaning personnel	04	--	<b>04</b>	<b>--</b>	
<b>9</b>	Gardener	01	--	<b>01</b>	<b>--</b>	

Signature of the Head of the Institution

Signature of the Inspectors

## PART V – DOCUMENTATION

### Records Maintained (Essential)

Sl No	Records	Yes	No	Remarks of the inspectors
1	Admissions Registers	<b>NEW INSTITUTE</b>	--	
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		--	
9	Acquittance Registers		--	
10	Accession Register for books and Journals in Library	Yes	--	
11	Log book for chemicals and Equipment costing more than Rupees one lakh	<b>NEW INSTITUTE</b>	--	
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

Signature of the Inspectors



**Observation of the Inspectors:**

<b>Compliance of the last recommendations by Inspectors</b>
<b>Specific observations if not complied</b>

<b>Signature of Inspectors:</b>	<b>1.</b>
	<b>2.</b>

**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 Head of the Institution**

**Signature of the Inspectors**