

PRE INSPECTION PROFORMA

1. Name of the Applicant Institution.
2. Establishment:
 - a) Establishment under Charter / Ordinance; (please enclose a copy of the Charter/ Ordinance) or
 - b) Affiliated with any chartered institution/ university. (please enclose a copy of the Charter of the applicant institution).
3. Year of establishment of the applicant institution.
4. The year in which the first batch of the said program was enrolled.
5. Admissions are conducted once/ twice a year?
6. Number of students to be admitted annually.
7. A List of all the faculty members with their complete qualification for only full time (kindly attach a brief resume of each faculty member)

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8. library;
 - a) Area and Accommodation
 - b) No. of books subject- wise
 - c) No. of magazines
 - d) No. of Research Journals
9. Affiliation/ MOU for available Training facilities like Hospital etc.
10. Students, teacher ratio.
11. Constitution and composition of the Board of Studies.

12. Total number of students**Pharm. D (yearly intake)**

| Sr. No | Prof. | |
|--------|-----------------|--|
| 1 | 1 st | |
| 2 | 2 nd | |
| 3 | 3 rd | |
| 4 | 4 th | |
| 5 | 5 th | |

Semester Intake

| Sr. No | | |
|--------|-----------------|--|
| 1 | 1 st | |
| 2 | 2 nd | |
| 3 | 3 rd | |
| 4 | 4 th | |
| 5 | 5 th | |

13. M. Phil (if any) year wise

| Sr. No | | |
|--------|-----------------|--|
| 1 | 1 st | |
| 2 | 2 nd | |

M. Phil (semester wise)

| Sr. No | | |
|--------|-----------------|--|
| 1 | 1 st | |
| 2 | 2 nd | |
| 3 | 3 rd | |
| 4 | 4 th | |

14. Ph.D (year wise)

| Sr. No | | |
|--------|-----------------|--|
| 1 | 1 st | |
| 2 | 2 nd | |

15. Detail of Faculty (only permanent)

| Professor | Associate Professor | Assistant Professor | Lecturer |
|------------------|----------------------------|----------------------------|-----------------|
| | | | |

16. Detail of Professors

| Sr. No | Name | Designation | Detail of Qualification | Provincial Pharmacy Council Reg. # | Date of Jointing | Total Experience |
|---------------|-------------|--------------------|--------------------------------|---|-------------------------|-------------------------|
| 1 | | | | | | |
| 2 | | | | | | |

Detail of Associate Professor

| Sr. No | Name | Designation | Detail of Qualification | Provincial Pharmacy Council Reg. # | Date of Jointing | Total Experience |
|---------------|-------------|--------------------|--------------------------------|---|-------------------------|-------------------------|
| 1 | | | | | | |
| 2 | | | | | | |

Detail of Assistant Professor

| Sr. No | Name | Designation | Detail of Qualification | Provincial Pharmacy Council Reg. # | Date of Jointing | Total Experience |
|---------------|-------------|--------------------|--------------------------------|---|-------------------------|-------------------------|
| 1 | | | | | | |
| 2 | | | | | | |

Detail of Lecturer

| Sr. No | Name | Designation | Detail of Qualification | Provincial Pharmacy Council Reg. # | Date of Jointing | Total Experience |
|---------------|-------------|--------------------|--------------------------------|---|-------------------------|-------------------------|
| 1 | | | | | | |
| 2 | | | | | | |