



# **Data Capturing Format: Assessment & Rating of Pharmacy Colleges**



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## 1.0. Criterion-1: Curriculum

### Parameter-1.1: Implementation of Curriculum by the Institution in alignment with Program Specific Competences laid down by PCI

#### Data Capture Format (DCF):-

S. No.	Questions	Response Format
1	Whether the pharmacy college/institute has aligned organization of subject specific theory classes vis-à-vis Competences/objectives/outcomes laid down by Regulator	Yes/No
2	Whether the pharmacy college/institute has aligned organization of subject specific practical classes vis-à-vis Competences/objectives/outcomes laid down by Regulator	Yes/No
3	Does the students have awareness about what kind of competences or Learning Outcomes they will be able to achieve when theory and practical classes are organized by the faculty of concerned subjects.	Yes/No

### Parameter-1.2: Functioning of Institutional Academic/Programme Committees

S. No.	Questions	Response Format				
1	Has the College constituted an Institution Academic/Curriculum Committee?	Yes/No				
2	<div>If Yes, College to provide information regarding composition of Institutional Academic/Curriculum Committee</div> <table><tr><th colspan="2">Constitution of Institution Academic/Curriculum Committee</th></tr><tr><td>Faculty Name</td><td>PCI Faculty ID No.</td></tr></table>	Constitution of Institution Academic/Curriculum Committee		Faculty Name	PCI Faculty ID No.	
Constitution of Institution Academic/Curriculum Committee						
Faculty Name	PCI Faculty ID No.					



	<b>(Column-1)</b> PCI Registration No.  <b>(Column-3)</b>	<b>(Column-2)</b> Designation (Drop down: Professor, Associate Professor, Assistant Professor) <b>(Column-4)</b>			
	Please select which one is applicable: <ul style="list-style-type: none"> <li>Chairman</li> <li>Member</li> </ul> <b>(Column-5)</b>	<b>Dropdown for Department</b> (.....)  <b>(Column-6)</b>			
3	How many meetings of Institutional Academic/Curriculum Committee have been organized in the year?		Numerical value		
4	Has the Academic/Curriculum Committee ensured allocation of Theory/practical hours/weeks to all subjects in each academic year in alignment with provisions of PCI?  <table border="1"> <tr> <td> <b>Dropdown for Programme (.....)</b>  <b>(Dropdown for semester: Semester-1, semester-2, semester-3, semester-4, semester-5, semester-6, semester-7, semester-8)</b>   <b>(Column-1)</b> </td> <td> <b>*Subject Dropdown</b>  <ul style="list-style-type: none"> <li>Pharmaceutics</li> <li>Pharmaceutical Analysis</li> <li>Pharmacognosy</li> <li>Medicinal Chemistry</li> <li>Pharmaceutical Chemistry</li> <li>Pharmacology</li> <li>Human Anatomy and Physiology</li> <li>Any other, please specify</li> </ul> <b>(Column-2)</b> </td> </tr> </table>		<b>Dropdown for Programme (.....)</b> <b>(Dropdown for semester: Semester-1, semester-2, semester-3, semester-4, semester-5, semester-6, semester-7, semester-8)</b>  <b>(Column-1)</b>	<b>*Subject Dropdown</b> <ul style="list-style-type: none"> <li>Pharmaceutics</li> <li>Pharmaceutical Analysis</li> <li>Pharmacognosy</li> <li>Medicinal Chemistry</li> <li>Pharmaceutical Chemistry</li> <li>Pharmacology</li> <li>Human Anatomy and Physiology</li> <li>Any other, please specify</li> </ul> <b>(Column-2)</b>	Yes/No
<b>Dropdown for Programme (.....)</b> <b>(Dropdown for semester: Semester-1, semester-2, semester-3, semester-4, semester-5, semester-6, semester-7, semester-8)</b>  <b>(Column-1)</b>	<b>*Subject Dropdown</b> <ul style="list-style-type: none"> <li>Pharmaceutics</li> <li>Pharmaceutical Analysis</li> <li>Pharmacognosy</li> <li>Medicinal Chemistry</li> <li>Pharmaceutical Chemistry</li> <li>Pharmacology</li> <li>Human Anatomy and Physiology</li> <li>Any other, please specify</li> </ul> <b>(Column-2)</b>				



	<b>Theory Classes</b> <table border="1"> <tr> <td>(1)-Prescribed hours .....</td> <td>(2)-Conducted Hours .....</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>(3)-Total Classes prescribed.....</td> <td>(4)-Total Classes organized.....</td> </tr> <tr> <td>(5)-On average duration of each organized Theory Class.....</td> <td></td> </tr> </table> <b>(Column-3)</b>	(1)-Prescribed hours .....	(2)-Conducted Hours .....			(3)-Total Classes prescribed.....	(4)-Total Classes organized.....	(5)-On average duration of each organized Theory Class.....		<b>Practical classes</b> (if applicable) <table border="1"> <tr> <td>(1)-Prescribed hours .....</td> <td>(2)-Conducted Hours .....</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>(3)-Total Classes prescribed.....</td> <td>(4)-Total Classes organized.....</td> </tr> <tr> <td>(5)-On average duration of each organized Practical Class.....</td> <td></td> </tr> </table> <b>(Column-4)</b>	(1)-Prescribed hours .....	(2)-Conducted Hours .....			(3)-Total Classes prescribed.....	(4)-Total Classes organized.....	(5)-On average duration of each organized Practical Class.....		
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(3)-Total Classes prescribed.....	(4)-Total Classes organized.....																		
(5)-On average duration of each organized Practical Class.....																			
6	Are following documents got developed and maintained by Institutional Academic/Curriculum Committee? <ul style="list-style-type: none"> <li>○ Teaching Plans for theory &amp; practical</li> <li>○ Time Table for Theory &amp; Practical</li> <li>○ Annual Calendar for Field Visits</li> <li>○ Annual Calendar for Internal Assessments/Sessional Examinations etc.</li> </ul>		Yes/No																
7	Is Institutional Curriculum/Academic Committee monitoring and supervising implementation of Curriculum prescribed by Regulator for each professional year?  <b>If Yes, College to provide following information: -</b> <table border="1"> <tr> <td> <b>Dropdown for Programme (.....)</b>  <b>(Dropdown for semester: Semester-1, semester-2, semester-3, semester-4, semester-5, semester-6, semester-7, semester-8)</b> </td> <td> <b>*Subject Dropdown</b> <ul style="list-style-type: none"> <li>• <b>Pharmaceutics</b></li> <li>• <b>Pharmaceutical Analysis</b></li> <li>• <b>Pharmacognosy</b></li> <li>• <b>Medicinal Chemistry</b></li> <li>• <b>Pharmaceutical Chemistry</b></li> </ul> </td> </tr> </table>		<b>Dropdown for Programme (.....)</b> <b>(Dropdown for semester: Semester-1, semester-2, semester-3, semester-4, semester-5, semester-6, semester-7, semester-8)</b>	<b>*Subject Dropdown</b> <ul style="list-style-type: none"> <li>• <b>Pharmaceutics</b></li> <li>• <b>Pharmaceutical Analysis</b></li> <li>• <b>Pharmacognosy</b></li> <li>• <b>Medicinal Chemistry</b></li> <li>• <b>Pharmaceutical Chemistry</b></li> </ul>	Yes/No														
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	(Column-1)	<ul style="list-style-type: none"> <li>Pharmacology</li> <li>Human Anatomy and Physiology</li> <li>Any other, Please specify</li> </ul> (Column-2)									
	Practical	Tutorials									
	<table border="1"> <tr> <td>Total planned</td> <td>Total held</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Total planned	Total held			<table border="1"> <tr> <td>Total planned</td> <td>Total held</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Total planned	Total held		
	Total planned	Total held									
	Total planned	Total held									
	(Column-3)	(Column-4)									
	Seminars/Workshops	Symposia									
	<table border="1"> <tr> <td>Total planned</td> <td>Total held</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Total planned	Total held			<table border="1"> <tr> <td>Total planned</td> <td>Total held</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Total planned	Total held		
Total planned	Total held										
Total planned	Total held										
(Column-5)	(Column-6)										
Field/Industrial Visits	Assignments										
<table border="1"> <tr> <td>Total planned</td> <td>Total Organized</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Total planned	Total Organized			<table border="1"> <tr> <td>Total planned on average per student</td> <td>On average conducted per completed &amp; submitted</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Total planned on average per student	On average conducted per completed & submitted			
Total planned	Total Organized										
Total planned on average per student	On average conducted per completed & submitted										
(Column-7)	(Column-8)										
Formative/on-going assessments planned & conducted											
<table border="1"> <tr> <td>Total planned</td> <td>Total Organized</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Total planned	Total Organized									
Total planned	Total Organized										
(Column-9)											



### Parameter-1.3: Provision of standardized Projects/Electives for exposures of students to Industrial/real world Professional Work Environment/setting

Data Capture Format (DCF) for this parameter: -

Whether Pharmacy students are provided with opportunities for Project works for completions in Professional Work Environment & setting <b>(Yes/No)</b>	If Yes, how students are provided with opportunities for Project works for enabling them to establish link between academic knowledge and Industrial requirements & setting <b>(More than one options can be selected): -</b> <ul style="list-style-type: none"><li>a) By creating provisions under PSP (Practice School Programs)</li><li>b) By making provisions of Elective Courses within scope of Prescribed Curriculum by Regulator</li><li>c) Collaboration with National Pharmaceutical Industry</li><li>d) Pharmaceutical Industry owned by Pharmacy College itself</li><li>e) Collaboration with International Pharmaceutical Industry</li><li>f) Collaboration with State Level Pharmaceutical Industry</li><li>g) Collaboration with Local Level Pharmaceutical Industry</li><li>h) Collaboration with NQAS/NABH accredited Government Hospital</li><li>i) Collaboration with NABH Accredited Private Hospital</li><li>j) Any other.....</li></ul>
<b>(Column-1)</b>	<b>(Column-2)</b>
Whether areas of Project works/Practice School Program have been well defined by the College <b>(Yes/No)</b>	If Yes, College to select applicable areas/specialties for Project Works or PSPs <b>(More than one options can be selected): -</b> <ul style="list-style-type: none"><li>a) Areas/specialties of project works are defined as per minimum facilities available in the Pharmacy College</li><li>b) Areas/specialties of Project works are defined and designed in collaboration with Pharmaceutical Industries of National level</li><li>c) Areas/specialties of Project works are defined and designed in collaboration with Pharmaceutical Industries of International level</li></ul>



<b>(Column-3)</b>	<p>d) Areas/specialties of Project works includes advanced developments in Pharmacy Disciplines like Novel Drug Delivery methods etc.</p> <p>e) Areas/specialty wise modules of activities are defined for standardization of Project works/Practice School Programs</p> <p>f) Mandatory submissions of Project Reports based on pre-fined criteria</p> <p>g) Any other.....</p> <p><b>(Column-4)</b></p>
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**Parameter-1.4: Training Programmes/Workshops participated & completed by Pharmacy Staff as part of Continuing Education/Faculty Development Program (past two calendar year)**

**Data Capture Format (DCF):-**

<p>Name of Pharmacy Faculty</p> <p><b>(Column-1)</b></p>	<p>PCI Registration No.....</p> <p><b>(Column-2)</b></p>
<p>Topic of FDP</p> <p><b>(Column-3)</b></p>	<p><b>Comes under which Category</b> (*Category-1, **Category-2, ***Category-3, ***Category-4, ****Category-5, *****Category-6, *****Category-7)</p> <p><b>(Column-4)</b></p>
<p>Date: - (From...To....)</p> <p>Duration in hours: (Numerical Value.....)</p>	<p><b>Sponsoring Agency</b></p>





(Column-5)	(Column-6)
Areas of the FDP	Whether sponsoring agency/funding agency has deputed any Observer for concerned FDP (Yes/No)
(Column-7)	(Column-8)
Whether Certificate of Completion issued (Yes/No)	
(Column-9)	

**\*Category-1:** FDPs sponsored or funded by ICMR, UGC, PCI or any other Central Govt. Ministry/Departments/funding body, Workshops or Refresher Programs recognized by UGC or National level regulatory body, FDPs organized by Central Universities & Institute of National Importance or FDPs sponsored or Funded by International Organizations like WHO, UNESCO, UNICEF and others

**\*\* Category-2:** FDPs sponsored or funded by State Govt. Ministry/Departments/funding body, Workshops or Refresher Programs sponsored or organized by State govt. regulatory body, FDPs organized by State Health Science Universities

**\*\*\* Category-3:** - Faculty Development Programs (FDPs) organized or sponsored by Deemed University/Private University & Colleges

**\*\*\*\* Category-4:** - FDPs organized/sponsored by national Professional Body or National Associations recognized by Regulator at national level

**\*\*\*\*\* Category-5:** - In-house FDPs organized/sponsored by pharmacy College by internal faculty as resource person or invited external resource person

**\*\*\*\*\* Category-6:** - FDPs sponsored or funded or Collaborated by Academic or Research Institutes mandatorily with their ranking positions under 250 in recognized global ranking system like QS World University Ranking, Times Higher Education World University Ranking in past two years **(Physical mode only)**



\*\*\*\*\* **Category-7:** - FDPs sponsored or funded or Collaborated by Academic or Research Institutes mandatorily with their ranking positions beyond 250 in recognized global ranking system like QS World University Ranking, Times Higher Education World University Ranking in past two years (**Physical mode only**)

**Parameter-1.5: No. of Collaborations/MOU's with National & International Institutions (past two calendar year)**

**Data Capture Format (DCF): -**

<i>Name of Collaborating College/Institution</i>	<i>Location</i> (Drop down for States in India & List of Foreign Countries)
<b>(Column-1)</b>	<b>(Column-2)</b>
<i>Whether MOU has been signed with the Collaborating/Partnering Institution (Yes/No)</i>	<i>If yes, please select which one is applicable: -</i> <ul style="list-style-type: none"> <li>• Signed earlier and MOU is in continuation</li> <li>• Signed earlier and validity of MOU came to an end in past 2 calendar year</li> <li>• Signed and initiated in past 2 Calendar Years</li> </ul>
<b>(Column-3)</b>	<b>(Column-4)</b>
<i>Validity period of MOU</i> From (Year of Signing) .....to.....	<i>Please select which Category is applicable for Collaborating Institution (Dropdown-*Category-1, **Category-2, ***Category-3, ****Category-4, *****Category-5, ****Category-6, ****Category-7</i>
<b>(Column-5)</b>	<b>(Column-6)</b>
<i>Area of Collaboration/MOUs (*Dropdown.....)</i>	
<b>(Column-7)</b>	

**\*Drop down for Area of Collaboration-**

**(a)**-Collaborative Project (Research, Academic, Industrial)

**(b)** Organization of Research and Academic workshops, conferences, & seminars, industrial training for students & faculty



**\*Category-1:** If Collaborating/Partnering Institution is not participating in any ranking system either in NIRF or abroad (QS, THE World University Ranking, ARWU-Shanghai Ranking System, etc.).

Further, if the Collaborating/Partnering Institution is not accredited/rated by government-recognized accreditation/assessment & rating bodies in India for Higher Education/Health Education.

If MOU/Collaboration has been done with the local Pharmaceutical Industry with local level presence in the concerned region or district

**\*\*Category-2:** If the Collaborating/Partnering Institution is accredited/Rated by government recognized accreditation/assessment & rating bodies for Higher Education/Health Education

**\*\*\*Category-3:** If the Collaborating/Partnering Institution is a participant in a recognized ranking (NIRF) with positions under top 50

If College participated in a Regulator or Government recognized rating system with the highest grade.

**\*\*\*\*Category-4:** If the Collaborating/Partnering Institution is participant in government recognized ranking (NIRF) with positions beyond top 50

**\*\*\*\*\*Category-5:** If the Collaborating/Partnering Institution is participant in world ranking system (QS, THE World University Ranking, ARWU-Shanghai Ranking System etc.) with ranking within 500

**\*\*\*\*\*Category-6:** If the Collaborating/Partnering Institution is participant in world ranking system (QS, THE World University Ranking, ARWU-Shanghai Ranking System etc.) with ranking beyond 500

**\*\*\*\*\*Category-7:** MOUs or collaboration with Central Govt. Body & State Govt. body does not offer any type of Academic or Professional Programs but are specialized research or technical bodies, funding agencies etc.

If a MOU or Collaboration has been done with the Pharmaceutical Industry of national or international level presence for industrial exposure to UG Program students and research activities.



**Parameter-1.6: Tangible outcomes pertaining to MOUs/Agreement signed for Collaboration/Partnering with Institutions in India & abroad with higher ranking in NIRF/QS Ranking vis-à-vis 1.5 parameter**

**Data Capture Format (DCF) :-** *(based on parameter-1.5)*

<b>Area of Collaboration/MOUs</b> <b>(Column-1)</b>	<b>Name of Collaborating Institution</b> <b>(Column-2)</b>	<b>Outcome MOUs/Agreement for Collaboration</b> <b>(Column-3)</b>	
Collaborative Project (Research, Academic, Industrial)		<b>Number of strategic partnership-based Research Projects: -</b>	
		Title of Collaborative Project  <b>(Column-1)</b>	Status of Projects, select which one is applicable: -  Ongoing (From.....to....) Completed (From.....to....) Initiated (From.....to.....) <b>(Column-2)</b>
		Whether Collaborating Institute/College is involved in Collaborative Project (Yes/No) <b>(Column-3)</b>	
Organization of Research and Academic workshops, conferences & seminars, industrial training for students & faculty		Please select activity organized in Collaboration: - <ul style="list-style-type: none"> <li>Research Workshop for ongoing collaborative research project</li> <li>Academic Seminar/Conference</li> </ul>	Please select about Host Institution: <ul style="list-style-type: none"> <li>Host Institution was College</li> <li>Host Institution was Collaborating Institution</li> <li>Host Institution was Pharmaceutical Industry</li> </ul>



		organized with involvement of Collaborating Institute/College <ul style="list-style-type: none"> <li>• Training/Internship at Pharmaceutical Industry</li> </ul> <b>(Column-1)</b>	
		Title of Activity <b>(Column-3)</b>	Date & Duration of Activity (In days & Hours) <i>(From.....to.....)</i> <b>(Column-4)</b>

## 2.0. Criterion-2: Practical/Hand on/Clinical Experiences

### Parameter-2.1: Whether students are provided with the opportunity for Field visits/ Industrial Visits & observations of Hospital Pharmacy Practices in past 1 year

#### Data Capture Format (DCF):-

Programme (Dropdown for Programme.....) Bachelor of Pharmacy <b>(Column-1)</b>	Professional Year/Semester (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> , 7 <sup>th</sup> , 8 <sup>th</sup> ) <b>(Column-2)</b>
Whether students are provided with opportunities for Field/Industrial visits (YES/NO/NOT APPLICABLE)	If Yes, Pharmacy College/Institute to select type of Field or Industrial visits are organized: - <ul style="list-style-type: none"> <li>a) Pharmaceutical Industry (International, National, State)</li> <li>b) Community Pharmacy</li> <li>c) Tertiary Government Hospital &amp; Clinical Pharmacy</li> <li>d) Pharmacy for Indian System of Medicine</li> <li>e) Pharmacy Services at PHCs/CHCs</li> </ul>



<b>(Column-3)</b>	f) NABH/NQAS Accredited Hospital g) Private Hospital & Clinical Pharmacy h) Super specialty Private Hospital & Clinical Pharmacy i) Government District Hospital & Pharmacy Services j) Medicine Distributors k) Herbal/Medicine Garden l) Any other.... <b>(Column-4)</b>
Name & Address..... Location..... Date of Visit (From.....to.....) Duration of Visit in Hours..... Number of students visited in a batch at a time..... Number of Faculty deputed for each Batch of students..... Total no. of students benefitted..... <b>(Column-5)</b>	<i>Whether any Agreements/MOUs signed for the organization of Field/Industrial Visits (Yes/No/Not Applicable)</i> <b>(Column-6)</b>
If Yes, Date of Agreement/MOUs..... <b>(Column-7)</b>	



**Parameter-2.2: Whether Students are being provided with hands on experiences/practical/pre-clinical experiences in Laboratory based experimental set up**

**Data Capture Format : -**

S. No.	Questions	Response Format																																																						
	Whether the pharmacy college/institute has a required Laboratory set up for the concerned departments	<div>Yes/No</div> <div>If yes, provide the following information</div> <table><thead><tr><th>Whether the following Laboratories are available</th><th>Yes/No</th><th colspan="3">Whether all equipment &amp; apparatus are available as per prescribed norms (Yes/No)</th></tr></thead><tbody><tr><td>*Pharmaceutical Chemistry</td><td></td><td colspan="3"></td></tr><tr><td>*Pharmaceutics</td><td></td><td colspan="3"></td></tr><tr><td>*Pharmaceutical Analysis</td><td></td><td colspan="3"></td></tr><tr><td>*Pharmacology</td><td></td><td colspan="3"></td></tr><tr><td>*Pharmacognosy</td><td></td><td colspan="3"></td></tr><tr><td>*Pharmaceutical Biotechnology</td><td></td><td colspan="3"></td></tr><tr><td>*Human Anatomy and Physiology</td><td></td><td colspan="3"></td></tr><tr><td>*Medicinal Chemistry</td><td></td><td colspan="3"></td></tr><tr><td>Other, please specify</td><td></td><td colspan="3"></td></tr></tbody></table> <div>*Note: The Labs for B Pharma shall be available as per the requirement and sanctioned intake of students.</div>					Whether the following Laboratories are available	Yes/No	Whether all equipment & apparatus are available as per prescribed norms (Yes/No)			*Pharmaceutical Chemistry					*Pharmaceutics					*Pharmaceutical Analysis					*Pharmacology					*Pharmacognosy					*Pharmaceutical Biotechnology					*Human Anatomy and Physiology					*Medicinal Chemistry					Other, please specify				
Whether the following Laboratories are available	Yes/No	Whether all equipment & apparatus are available as per prescribed norms (Yes/No)																																																						
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*Pharmaceutical Biotechnology																																																								
*Human Anatomy and Physiology																																																								
*Medicinal Chemistry																																																								
Other, please specify																																																								
	Whether students are being provided with practical training as per prescribed minimum hours by PCI	<b>(Dropdown for semester:</b> <i>Sem-1,Sem-2,Sem-3,Sem-4,Sem-5, Sem-6, Sem-7, Sem-8)</i>	<b>(Drop Down for Laboratory)</b> <b>Subjects:</b> <i>(Pharmaceutics, Pharmaceutical Analysis, Pharmacognosy, Medicinal Chemistry, Pharmaceutical</i>	Prescribed Hours of Practical in the concerned Lab	Total Hours of Practical organized in the concerned Lab																																																			



			Chemistry, Pharmacology)			
		(Column-1)	(Column-2)	(Column-3)	(Column-4)	
		Total no. of Practical or Experiments planned	Total. No. of Practical or Experiments organized	On average per student, Demonstration- based Assessments conducted for formative purposes		
		(Column-5)	(Column-6)	(Column-7)		
	Whether Job Card & Utilization Register are maintained for each laboratory	Yes/No				
	Whether each Laboratory has a Manual	Yes/No				
	Whether Laboratory-wise Time Table is available	Yes/No				
	Whether each Laboratory has displayed SOPs for equipment	Yes/No				
	Availability of Simulated Lab set-up	Yes/No				





### Parameter-2.3: Provision of Practical Training/Industrial Training other than prescribed Practical in subject specific Laboratory in past 1 year

#### Data Capture Format (DCF): -

<b>Programme:</b> <i>Bachelor of Pharmacy</i>  <b>(Column-1)</b>	<b>Professional Year/Semester:</b> (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> , 7 <sup>th</sup> , 8 <sup>th</sup> )  <b>(Column-2)</b>
Whether students are provided with opportunities for Industrial/Practical Training (YES/NO)	If Yes, College to select type of Professional setting in which Industrial/Practical Trainings are provided to students: - <ul style="list-style-type: none"><li>a) Local/Regional Pharmaceutical Industry</li><li>b) State level Pharmaceutical Industry</li><li>c) National level Pharmaceutical Industry</li><li>d) Hospital &amp; pharmacy run by Government with minimum one or more registered Pharmacist</li><li>e) Accredited Hospitals</li><li>f) Hospital &amp; Pharmacy other than government with minimum one or more registered Pharmacist</li><li>g) Super specialty Private Hospital</li><li>h) Government dispensary</li><li>i) Private Dispensary</li><li>j) Licensed Pharmacy for retail sale of drugs</li><li>k) Any other.....</li></ul>
<b>(Column-3)</b> Name & Address..... Location..... Date of Training (From.....to.....) Duration of Training in Hours.....	<b>(Column-4)</b> <b><i>If Pharmaceutical Industry is selected for Industrial Training, College to select in which of the following specialty/areas, students are provided opportunities for Industrial Training: -</i></b> <ul style="list-style-type: none"><li>o Production Unit (Yes/No)</li></ul>



<p>Number of students deputed in batch.....</p> <p>Number of Faculty deputed for each Batch of students.....</p> <p>Total no. of students benefitted.....</p> <p><b>(Column-5)</b></p>	<ul style="list-style-type: none"><li>○ Quality Control &amp; Assurance Department (Yes/No)</li><li>○ Chemical Manufacturing Unit (Yes/No)</li><li>○ Pharmaceutical Research &amp; Development (Yes/No)</li><li>○ Clinical Research Organization (Yes/No)</li><li>○ Analytical Laboratory (Yes/No)</li><li>○ Any other....</li></ul> <p><b>(Column-6)</b></p>
<p><b><i>If Hospital is selected for Training, College to select in which of the following specialties/areas, students are provided opportunities for Training: -</i></b></p> <ul style="list-style-type: none"><li>○ Clinical Pharmacy (Yes/No)</li><li>○ Community Pharmacy (Yes/No)</li><li>○ Analytical Laboratory (Yes/No)</li><li>○ Clinical Research (Yes/No)</li><li>○ Pharmacovigilance Department (Yes/No)</li><li>○ IPD Clinical Pharmacy Services (Yes/No)</li><li>○ OPD Clinical Pharmacy Services (Yes/No)</li><li>○ If any other .....</li></ul> <p><b>(Column-7)</b></p>	<p>Whether any Agreement/MOUs signed for Practical/Industrial Training of students (Yes/NO/Not Applicable/Owned by Pharmacy College)</p> <p><b>(Column-8)</b></p>
<p>If Yes, Date of Agreement/MOUs.....</p> <p><b>(Column-9)</b></p>	<p>If Hospital selected, Whether Hospital is Accredited by NABH/NQAS Accredited (YES/NO)</p> <p><b>(Column-10)</b></p>
<p>Whether Certificate is issued by the Head of Training Organizations for students where they are deputed for Practical/Industrial Training (Yes/No)</p> <p><b>(Column-11)</b></p>	



## Parameter-2.4: Provision of Practical Training under Computer Based or Software Based Simulations

### Data Capture Format (DCF): -

<b>Programme</b> Bachelor of Pharmacy  <b>(Column-1)</b>	<b>Professional Year/Semester</b> (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> , 7 <sup>th</sup> , 8 <sup>th</sup> )  <b>(Column-2)</b>
Whether College is organizing Practical Training under Computer Based Simulations (Yes/No)  <b>(Column-3)</b>	Total no. of computer-based/ Simulation based Practical Planned vis-à-vis prescribed curriculum.....  <b>(Column-4)</b>
Name of the Experiments or Activity for Computer simulations are being used for Practical Training 1. .... 2. .... 3. ....  <b>(Column-5)</b>	Please select which one is applicable regarding Computer or Software based simulations: - <ul style="list-style-type: none"><li><input type="radio"/> Using Virtual Reality Simulation Software</li><li><input type="radio"/> Using Software &amp; Applications for simulations/mimicking actual Professional Setting/environment</li><li><input type="radio"/> Using Animal Simulators</li><li><input type="radio"/> Using Patient Simulators</li><li><input type="radio"/> Using Pharmacy Simulators</li><li><input type="radio"/> Any other.....</li></ul> <b>(Column-6)</b>
Number of student provided training in a batch under Computer based simulation setting.....	



How many batches of students have been created for Practical Training under Computer based simulation setting.....?  
(Column-7)

### 3.0: Criterion-3: Teaching- Learning Environment: - Physical, Psychological & Occupational

#### Parameter-3.1: Provisions of Biomedical Waste Management in Pharmacy the pharmacy college/institute

##### Data Capture Format (DCF): -

Domains of Safety	Questions	Response Format
Physical Facilities for Biomedical Waste Management	Whether Pharmacy College has created physical facilities for categorization, segregation ( <i>in different coloured containers/bags</i> ), transportation & disposal of Biomedical Waste as per regulatory requirements	Yes/No
	Whether Pharmacy College has set up an Incinerator (s) for treatment of biomedical waste/hospital waste	Yes/No/Not Applicable
	Does the College prepare monthly Biomedical waste management report and upload the same adhering to notified Biomedical Management & Handling Rules-2019	Yes/No



	Does the College maintain records of generated biomedical waste in the past one year?	<table border="1"> <tr> <th>Category wise waste generated/disposed</th> <th>Average per month in past 1 year</th> </tr> <tr> <td>Yellow</td> <td></td> </tr> <tr> <td>Red</td> <td></td> </tr> <tr> <td>White</td> <td></td> </tr> <tr> <td>Blue</td> <td></td> </tr> <tr> <td>General sold waste</td> <td></td> </tr> </table>		Category wise waste generated/disposed	Average per month in past 1 year	Yellow		Red		White		Blue		General sold waste	
		Category wise waste generated/disposed	Average per month in past 1 year												
		Yellow													
		Red													
		White													
Blue															
General sold waste															
No. of vehicles used for collection and transportation of biomedical waste.....	Numerical Value.....														
Details of Incineration Ash & disposed during treatment of biomedical waste in past 1 year <i>(If applicable )</i>	<b>Incineration Ash (Applicable/Not Applicable)</b>														
	.....KG/per annum														
	Where disposed .....														
<b>Committee, Training &amp; Immunization vis-à-vis handling</b>	Has the College Constituted Biomedical Waste Management Committee?	Yes/No													
	Has the college conducted any training for handling Biomedical waste?	Number of trainings conducted in the past 1 year	Numerical Value.....												
		Number of personnel trained (Laboratory	Numerical Value.....												



biomedical waste		Attendants and Technicians)		
		Number of personnel not undergone any training (Laboratory Attendants and Technicians)	Numerical Value.....	
	Has the College ensured that all the healthcare workers involved in biomedical waste management have been immunized through vaccination?	Yes/No/Not Applicable  Number of health workers immunized .....		

### Parameter-3.2: Provisions for Prevention of Ragging & Gender Harassment in the pharmacy college/institute

Data Capture Format (DCF): -

Domains of Safety	Questions	Response Format
Measures for Prevention of Anti-ragging	Whether the College has created measures for prevention of Ragging and Gender Harassment	Yes/No
	Whether an Anti-Ragging Committee has been constituted?	Yes/No
	Whether a fully functioning Anti-Ragging Committee has been constituted in sync with regulatory requirements like representation of civil & police administration, students (freshers & seniors), Parents, NGO and Head of Institute?	Yes/No
	Whether Anti-squad has been created by Head of Institution?	Yes/No



	Whether Anti-squad has identified any potential ragging or Hot-spots and consequently makes surprise raids?	Yes/No
	Whether College disseminates necessary information related to zero tolerance policy & prohibition of ragging through digital media, prospectus of admission etc.	Yes/No
	Whether students are required to submit duly signed undertaking before admission in College & Hostel.	Yes/No
	Whether Sensitization Programs for Seniors & Fresher students organized	Yes/No
	Whether induction & Orientation programs for Fresher students vis-à-vis Anti-ragging Measures are organized.	Yes/No
	Whether Cultural Sports & extra-curricular activities are organized as platform for promoting interaction among seniors and freshers in the presence of faculties	Yes/No
	Whether “Mentoring Cell” has been constituted	Yes/No
	Organization of Counselling session through Professional Counsellors for freshers and other students take place	Yes/No
<b>Measures for prevention &amp; Prohibition of Gender Harassment at work place</b>	Whether College has constituted functioning Inter-Complaint Committee/POSH Committee in sync with statutory requirements. (Half members to be women, Presiding Officer to be senior most Female Employee and external member from NGO etc.)	Yes/No
	Whether sensitization & awareness programmes are organized based on POSH Act	Yes/No



<b>Reporting &amp; redressal of Ragging &amp; Gender Harassment Cases</b>	How many ragging cases are reported in last 1 year.....?	<b>Numerical Value.....</b>
	How many ragging cases are investigated & resolved.....?	<b>Numerical Value.....</b>
	How many Gender Harassment cases are reported in last 1 academic year .....	<b>Numerical Value.....</b>
	How many Gender Harassment cases are investigated & resolved.....?	<b>Numerical Value.....</b>

### Parameter-3.3: Provisions for Fire Safety in Campus (Teaching Block & Hostel Block)

#### Data Capture Format (DCF) :-

Domains of Safety	Questions	
<b>Fire Safety Measures</b>	In which year, Building of College was constructed?	
	<b>Year (Drop down for year selection)</b>	
	<b>College to provide following information: -</b>	
	Does College have valid FIRE NOC certificate issued from competent authority of state government? (Yes/No)	If Yes, College to provide following information: -  Issuing Authority.....  Validity Period From....to...





	Whether College is possessing single FIRE NOC Certificate for entire campus (Yes/No) If yes, please select which of the following are applicable: -	<ul style="list-style-type: none"><li>○ FIRE NOC Certificate is applicable to Teaching and Hostel Blocks, but these blocks are not explicitly highlighted in the certificate</li><li>○ FIRE NOC Certificate is applicable to Teaching and Hostel Blocks. These blocks are explicitly highlighted in the certificate</li></ul>																							
	If NO, for which of the following, is College possessing a separate FIRE NOC Certificate? <b>(more options can be selected)</b>	<ul style="list-style-type: none"><li>○ Separate for Teaching Block</li><li>○ Separate for Hostel Block</li></ul>																							
	Whether water Hydrants/ water sprinklers are available in the College	Yes/No/Not Applicable																							
	Fire Alarm system available	<ul style="list-style-type: none"><li>○ Yes (Teaching Block)</li><li>○ Yes (Hostel Block)</li></ul>																							
	Fire Ext Plan & Fire Exit Signage on all Floor	<ul style="list-style-type: none"><li>○ Yes (Teaching Block)</li><li>○ Yes (Hostel Block)</li></ul>																							
	How frequently mock drills are conducted in Pharmacy College?	College to provide data regarding when last 3 MOCK DRILLS conducted in following blocks: <table border="1"><thead><tr><th>Block</th><th>Date of last Mock Drill conducted</th><th>Date of second last Mock Drills conducted</th><th>Date of third last Mock Drills conducted</th></tr></thead><tbody><tr><td>Teaching Block</td><td></td><td></td><td></td></tr><tr><td>Hostel Boys</td><td></td><td></td><td></td></tr><tr><td>Hostel Girls</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>				Block	Date of last Mock Drill conducted	Date of second last Mock Drills conducted	Date of third last Mock Drills conducted	Teaching Block				Hostel Boys				Hostel Girls							
Block	Date of last Mock Drill conducted	Date of second last Mock Drills conducted	Date of third last Mock Drills conducted																						
Teaching Block																									
Hostel Boys																									
Hostel Girls																									



	Number of functional Fire Extinguishers installed & functional Fire Extinguisher	Block	Installed	Functional
		Teaching		
		Hostel Boys		
		Hostel Girls		
	Whether Pharmacy College has evolved Quality Assurance System (QAS)* for enforcement of Fire Safety Measures in Teaching & Hostel blocks? (Yes/No)			
	<i>(*QAS means evolved system of periodical audit &amp; review of safety measures against regulatory requirements. Based on review finding gaps (if any) and taking measure for closing gaps.)</i>			

### Parameter-3.4: Provision and utilization of students' amenities/facilities (Indoor & outdoor sports facilities, extra-curricular activities etc.)

#### Data Capture Format (DCF):-

Questions related to Students' Amenities	Response Format	
Has Pharmacy College set up gymnasium facilities for students?	Yes/No	
	Facilities in Gymnasium	Response Format
	Whether gym is equipped with AC (Air Conditioning) facilities	Yes/No
	Gym is equipped with type of physical exercise/work out facilities for students	1. .... 2. .... 3. .... 4. ....
How many students can access gymnasium facilities at a time?	Numerical Value.....	
Is College providing indoor sports facilities to students?	Yes/No	
	Please select and write type of indoor facilities available: -	



	<ul style="list-style-type: none"><li><input type="radio"/> Carroms</li><li><input type="radio"/> Chess</li><li><input type="radio"/> Badminton</li><li><input type="radio"/> Table Tennis</li><li><input type="radio"/> .....</li><li><input type="radio"/> .....</li></ul>				
Does College have playground?	<b>Yes/No</b>  <b>If Yes, College to provide type of Outdoor sports facilities available for students:</b>  <ul style="list-style-type: none"><li><input type="radio"/> Tennis Court</li><li><input type="radio"/> Badminton Court</li><li><input type="radio"/> Court for Basket Ball</li><li><input type="radio"/> Valley ball facilities</li><li><input type="radio"/> Facilities for Football</li><li><input type="radio"/> Cricket Pitch and facilities</li><li><input type="radio"/> Athletic Tracks for race</li><li><input type="radio"/> .....</li><li><input type="radio"/> .....</li></ul>				
Does College have separate common room facilities for boys & girls?	<b>Yes/No</b>				
Does College have auditorium/multipurpose hall for cultural activities?	<b>Yes/No</b>				
Has College set up Cafeteria facilities for students in the campus?	<b>Yes/No</b>				
Does College organize annual sports activities?	<b>Yes/No</b>  <b>If Yes, College to provide following information:</b> <table border="1" style="width: 100%;"><tr><td>When Annual Sports Programme organized in the last academic year</td><td>From.....to.....</td></tr><tr><td>How many Indoor games organized?</td><td>No. of Indoor games organized .....</td></tr></table>	When Annual Sports Programme organized in the last academic year	From.....to.....	How many Indoor games organized?	No. of Indoor games organized .....
When Annual Sports Programme organized in the last academic year	From.....to.....				
How many Indoor games organized?	No. of Indoor games organized .....				



		Mention type of Indoor Games organized: - <table border="1"><thead><tr><th>Name of Indoor Games</th><th>No. of students participated</th></tr></thead><tbody><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></tbody></table>	Name of Indoor Games	No. of students participated						
	Name of Indoor Games	No. of students participated								
How many Outdoor games organized?	No. of Outdoor games organized .....	Mention type of Outdoor Games organized: - <table border="1"><thead><tr><th>Name of Outdoor Games</th><th>No. of students participated</th></tr></thead><tbody><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></tbody></table>	Name of Outdoor Games	No. of students participated						
Name of Outdoor Games	No. of students participated									
Total how many students have participated in sports activities organized by Pharmacy College in the last academic year?										
Does College organize annual cultural activities?	<b>Yes/No</b> If Yes, College to provide following information: <table border="1"><tr><td>When organized in the last academic year?</td><td>From.....to.....</td></tr><tr><td>How many activities under Annual Cultural Programme organized?</td><td>No. of activities under annual Cultural Programme organized ..... Mention type of activities organized under Annual Cultural Programme: -</td></tr></table>		When organized in the last academic year?	From.....to.....	How many activities under Annual Cultural Programme organized?	No. of activities under annual Cultural Programme organized ..... Mention type of activities organized under Annual Cultural Programme: -				
When organized in the last academic year?	From.....to.....									
How many activities under Annual Cultural Programme organized?	No. of activities under annual Cultural Programme organized ..... Mention type of activities organized under Annual Cultural Programme: -									



		Name of the Activity	No. of students participated
	Total how many students have participated in cultural activities organized by Pharmacy College in the last academic year?		
Has the College evolved SOPs for cleanliness & sanitation in Teaching Blocks & Hostel Blocks?		<b>Yes/No</b> If Yes, College to provide following information: - <ul style="list-style-type: none"> <li>○ Availability of Daily Roaster Duty Plans of MTS (Multi-Tasking Staff)/Maids for cleanliness &amp; sanitation in washrooms in Teaching &amp; Hostel Blocks</li> <li>○ Any checklist to be used by housekeeping department for monitoring cleanliness &amp; sanitation in Teaching &amp; Hostel Blocks</li> </ul>	

### Parameter-3.5: Adequacy, Functionality & Optimum Utilization of Physical/Digital Library based resources

#### Data Capture Format (DCF) for this parameter: - (Central Library)

S. No.	Questions	Response Format	
1.	Does the pharmacy college/institute have physical Library facilities	<b>Yes/No</b>	
		Area( as per norms)	Numerical Value
		Number of Reading Rooms and seating Capacity	Numerical Value
		If fully automated	Yes/No
		Wi fi/ Internet facility	Yes/No
		Number of Computers	Numerical Value



2.	Whether course wise Titles & Books are available	<b>Yes/No</b> If Yes, College to provide following information: - <table border="1" data-bbox="862 261 1839 794"> <thead> <tr> <th data-bbox="862 261 1189 331">Course Name</th> <th data-bbox="1189 261 1516 331">Number of titles available</th> <th data-bbox="1516 261 1839 331">Number of Books per Title</th> </tr> </thead> <tbody> <tr><td data-bbox="862 331 1189 368">Pharmaceutics</td><td data-bbox="1189 331 1516 368"></td><td data-bbox="1516 331 1839 368"></td></tr> <tr><td data-bbox="862 368 1189 438">Pharmaceutical Chemistry</td><td data-bbox="1189 368 1516 438"></td><td data-bbox="1516 368 1839 438"></td></tr> <tr><td data-bbox="862 438 1189 475">Pharmacognosy</td><td data-bbox="1189 438 1516 475"></td><td data-bbox="1516 438 1839 475"></td></tr> <tr><td data-bbox="862 475 1189 512">Medicinal Chemistry</td><td data-bbox="1189 475 1516 512"></td><td data-bbox="1516 475 1839 512"></td></tr> <tr><td data-bbox="862 512 1189 582">Human Anatomy and Physiology</td><td data-bbox="1189 512 1516 582"></td><td data-bbox="1516 512 1839 582"></td></tr> <tr><td data-bbox="862 582 1189 652">Pharmaceutical Analysis</td><td data-bbox="1189 582 1516 652"></td><td data-bbox="1516 582 1839 652"></td></tr> <tr><td data-bbox="862 652 1189 689">Pharmacology</td><td data-bbox="1189 652 1516 689"></td><td data-bbox="1516 652 1839 689"></td></tr> <tr><td data-bbox="862 689 1189 794">Others, please specify..... .....</td><td data-bbox="1189 689 1516 794"></td><td data-bbox="1516 689 1839 794"></td></tr> </tbody> </table>			Course Name	Number of titles available	Number of Books per Title	Pharmaceutics			Pharmaceutical Chemistry			Pharmacognosy			Medicinal Chemistry			Human Anatomy and Physiology			Pharmaceutical Analysis			Pharmacology			Others, please specify..... .....		
Course Name	Number of titles available	Number of Books per Title																													
Pharmaceutics																															
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Others, please specify..... .....																															
3.	Programme Wise books available	<table border="1" data-bbox="862 863 1839 1182"> <thead> <tr> <th data-bbox="862 863 1189 933">Programme</th> <th data-bbox="1189 863 1516 933">Number of titles available</th> <th data-bbox="1516 863 1839 933">Number of Books per Title</th> </tr> </thead> <tbody> <tr><td data-bbox="862 933 1189 970">B. Pharmacy</td><td data-bbox="1189 933 1516 970"></td><td data-bbox="1516 933 1839 970"></td></tr> <tr><td data-bbox="862 970 1189 1040">D. Pharmacy(If Applicable)</td><td data-bbox="1189 970 1516 1040"></td><td data-bbox="1516 970 1839 1040"></td></tr> <tr><td data-bbox="862 1040 1189 1110">Pharma.D (If Applicable)</td><td data-bbox="1189 1040 1516 1110"></td><td data-bbox="1516 1040 1839 1110"></td></tr> <tr><td data-bbox="862 1110 1189 1182">M. Pharmacy ( If Applicable)</td><td data-bbox="1189 1110 1516 1182"></td><td data-bbox="1516 1110 1839 1182"></td></tr> </tbody> </table>			Programme	Number of titles available	Number of Books per Title	B. Pharmacy			D. Pharmacy(If Applicable)			Pharma.D (If Applicable)			M. Pharmacy ( If Applicable)														
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Pharma.D (If Applicable)																															
M. Pharmacy ( If Applicable)																															
4.	How many journals (print/electronic) journals subscribed & available in the Library?	<b>Total Number of Journals subscribed</b>	<b>Journals available in Print Version</b>	<b>Number of Journals available in electronic/ online version</b>																											



5.	How many journals are purchased/subscribed in past 1 year?	<b>Numerical Value.....</b>			
6.	Is the pharmacy college/institute maintaining student & Faculty wise Books' & Journals' issuing records?	<b>Last three month</b>	<b>Number of Books issued to</b>		<b>Number of Journals issued to</b>
	<b>Students</b>		<b>Faculty</b>	<b>Students</b>	<b>Faculty</b>
7.	<b>Whether the pharmacy college/institute is implementing Library Automation &amp; Computerized System</b>	<b>Yes/No</b>			
If Yes, provide following information:					
Availability of Library Management Software & Applications		<b>Yes/No</b>			
Availability of Electronic Management System for Records of Books (eg: Koha etc)		<b>Yes/No</b>			
Number of Computers available		<b>Numerical value</b>			
Speed of internet in MBPS		<b>Numerical value</b>			
Availability of Electronic Management of Book Issuing Records to Faculty & Staff		<b>Yes/No</b>			
Library app		<b>Yes/No</b>			

### Parameter-3.6: Adequacy, Functionality & Optimum Utilization of ICT/Audio Visual Facilities

#### Data Capture Format (DCF):-

S. No.	Questions	Response Format
1.	Does the pharmacy college/institute have Computer Laboratories?	<b>Yes/No</b> If Yes, Total number of functional Computer systems available .....



		Total no of Functional Computers.....
2.	Does the pharmacy college/institute have multi-media projector?	<b>Yes/No</b> If Yes, Number of Multi-media projectors available.....
		Total no of Multi-media projectors.....
3.	Does the pharmacy college/institute have facilities for Computer Based Simulation (CBS) for training of students?	<b>Yes/No</b> If Yes, Please tick the box (As per Applicability, more than one option can be selected) <ul style="list-style-type: none"><li>○ Facility of Multi-media room for application of Computer Based Simulations for training of Pharmacy Students</li><li>○ Computer Based Simulation Software &amp; Applications like VR (Virtual Reality)/Augmented Reality Simulation Software</li><li>○ VR (Virtual Reality) Simulation Software to mimic reality by modelling OPD/Community Pharmacy &amp; Virtual Patient</li><li>○ Availability of Pharmacy Simulator, Virtual Patient Software</li><li>○ Computer Assisted Learning (CAL) software as Animal Simulator for practical in Pharmacology as alternative for animal experimentation etc.</li><li>○ List of Activities/Experiments where Software/Application based simulators are being used in college, Hospital &amp; Clinical Pharmacy, Community Pharmacy &amp; Practical Pharmacology</li><li>○ Any other .....</li></ul>





### Parameter-3.7: Hostel Accommodation Capacities & Safety Measures

Data Capture Format (DCF) for this Parameter: -

S. No.	Questions	Response Format																						
1.	Is College providing hostel facilities to students?	<p><b>Yes/No</b>  <b><i>If yes, please provide following information: - (Separately for Boys hostel &amp; Girl's hostel)</i></b></p> <table border="1"> <tr> <td>Total number of rooms available in Hostel</td><td></td></tr> <tr> <td>Number single occupancy rooms</td><td></td></tr> <tr> <td>Number Double occupancy rooms</td><td></td></tr> <tr> <td>Number of rooms with three-person occupancy</td><td></td></tr> <tr> <td>Number of rooms with more than three-person occupancy</td><td></td></tr> <tr> <td>Type of Indoor/Outdoor game facilities available in Hostel</td><td>           Tick which one is applicable: -           <ul style="list-style-type: none"> <li>• Courts for Badminton</li> <li>• Court for Tennis Ball</li> <li>• Volleyball Facilities</li> <li>• Basket Ball Court &amp; Facilities</li> <li>• Table Tennis</li> <li>• Chess</li> <li>• Carrom</li> <li>• .....</li> <li>• .....</li> </ul> </td></tr> <tr> <td>Number of security guards available for 24 hours round the clock security</td><td></td></tr> <tr> <td>Batch wise &amp; Program wise number of students accommodated</td><td></td></tr> <tr> <td>Mess/Canteen Facilities available</td><td></td></tr> <tr> <td>Whether 24 hours water available in washrooms &amp; toilets</td><td>Yes/No</td></tr> <tr> <td>Whether quality drinking water available 24 hours</td><td>Yes/No</td></tr> </table>	Total number of rooms available in Hostel		Number single occupancy rooms		Number Double occupancy rooms		Number of rooms with three-person occupancy		Number of rooms with more than three-person occupancy		Type of Indoor/Outdoor game facilities available in Hostel	Tick which one is applicable: - <ul style="list-style-type: none"> <li>• Courts for Badminton</li> <li>• Court for Tennis Ball</li> <li>• Volleyball Facilities</li> <li>• Basket Ball Court &amp; Facilities</li> <li>• Table Tennis</li> <li>• Chess</li> <li>• Carrom</li> <li>• .....</li> <li>• .....</li> </ul>	Number of security guards available for 24 hours round the clock security		Batch wise & Program wise number of students accommodated		Mess/Canteen Facilities available		Whether 24 hours water available in washrooms & toilets	Yes/No	Whether quality drinking water available 24 hours	Yes/No
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Whether 24 hours water available in washrooms & toilets	Yes/No																							
Whether quality drinking water available 24 hours	Yes/No																							



2.	Is Hotel located in same Campus?	Yes/No
3.	If no, what is distance between Hostel & college/Institution?	Numerical value (in Km) .....
4.	Is Hostel equipped with Computer systems? <i>(Separately for boys Hostel &amp; Girls Hostel)</i>	Yes/No  <i>If yes, please provide following information: -</i>  Number of Computer Systems available in Hostel .....

#### 4.0. Criterion-4: Students' Admission, Attainment of Competence & Placement Status

**Parameter-4.1: Demonstration/Performance by sampled students of assigned Activities/Experiment/Case in Departmental Laboratory/Simulation Lab (1st and 2nd Professional Year)**

**Parameter-4.2: Demonstration/Performance by sampled students of assigned Activities/Experiment/Case in Departmental Laboratory/Simulation Lab (3rd and 4th Professional Year)**

**Data Capture Format (DCF) for parameters 4.1 & 4.2: -**

S. No.	Technical Description	
1.	<p><b>College to provide enrolled student data in following format:</b>  <b>Separate Section required (Semester-1, semester-2, semester-3, semester-4, semester-5, semester-6, semester-7, semester-8)</b></p>	
	<p>Student Name</p> <p><b>(Column-1)</b></p>	<p>Professional Semester</p> <p><b>(Semester-1, semester-2, semester-3, semester-4, semester-5, semester-6, semester-7, semester-8)</b></p> <p><b>(Column-2)</b></p>



	Enrollment no.  <b>(Column-3)</b>	Gender (Male, Female & Transgender)  <b>(Column-4)</b>
	Last Semester End University Examination Results of students  Total Maximum Score across all Theory Papers.....  Total Obtained score across all Theory papers.....  Total Maximum Score in across all Practical/Clinical.....  Total Obtained score in across all Practical/Clinical..... <b>(Column-5)</b>	

**Parameter-4.3: No. of enrolled students in UG Programme vis-à-vis Sanctioned Intake (*past 4 academic sessions*)**

**Section required academic calendar (2024-25, 2023-24, 2022-23, 2021-22)**

<b>B. Pharmacy</b>  <b>(Column-1)</b>	<b>Drop down for professional Year</b> (First Professional, Second Professional, Third Professional, fourth Professional Year)  <b>(Column-2)</b>	No. of total enrolled students in the concerned academic calendar  <b>(Column-3)</b>
Sanctioned intake for the Programme in the concerned Academic Calendar  <b>(Column-4)</b>	No. of students left the College after taking admissions  <b>(Column-5)</b>	



**Parameter-4.4: Number of students who appeared in National/International Level Exams like GPAT, NIPER JEE etc. and qualified in past 2 year**

**Data Capture Format (DCF) for Parameter: -**

Drop down for National Examination like GPAT, NIPER-JEE, GMAT, GRE, CAT, MAT, CMAT, State Combined Entrance Test, Combined University Test for PG Admissions conducted by designated body by Central Govt. UGC recognized University level examination) <b>(Column-1)</b>	Number of Students appeared in Past 2 Year  <b>(Column-2)</b>	Number of students qualified in past 2 year  <b>(Column-3)</b>
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**Parameter-4.5: Number of Students/Graduating Students joined PG & Other Higher Education Programmes in India & abroad in past 2 year**

**Data Capture Format (DCF) for Parameter: -**

<b>Dropdown</b> (GPAT, NIPER-JEE, GMAT, GRE, CAT, MAT, and CMAT, State Combined Entrance Test, Combined University Test for PG Admissions conducted by designated body by Central Govt., UGC recognized University level examination) <b>(Column-1)</b>	Number of Students who got admission in PG after clearing national and international level competitive Exams as mentioned in Column-1  <b>(Column-2)</b>	Number of students who progressed in professional/ clinical research or entrepreneurship  <b>(Column-3)</b>	No. of students have taken admission in PG in pharmacy by clearing exam other than mentioned in Column-1  <b>(Column-4)</b>
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#### Parameter-4.6: Number of Students/Graduating Student placed through On-campus/Off-campus Placement in India & abroad in past 2 year

##### Data Capture Format (DCF) for Parameter: -

Number of Companies visited the Institution for Placement & Internships  <i>(Column-1)</i>	Number of the students placed through On-campus placement by pharmacy college/institute Placement Cell  <i>(Column-2)</i>	Industry/Company wise number of students placed <i>(With option to fill up industry name and number of students placed)</i> <i>(Column-3)</i>
Number of students placed through Off-campus Placement <i>(Column-4)</i>	Number of students qualified for SSC Pharmacist Recruitment <i>(Column-5)</i>	Number of students who qualified State PCS/UPSC <i>(Column-6)</i>

#### 5.0. Criterion-5: Human Resource & Teaching-Learning Process

##### Parameter-5.1: Teaching-learning methods being employed by sampled Faculties in their Theory classes

##### Data Capture Format (DCF) for this parameter: -

S. No.	Questions	Response Format
1.	Whether Faculty staff are planning and aligning of theory classes with laid down competences and defined Learning Objectives in terms of ASK (Knowledge, Skills and Attitudes) by Regulator	Yes/No
2.	Whether Faculty staff have adopted Miller Pyramid or any other Model for progressive development of Pharmacy Skills or competences in Pharmacy Students	Yes/No
3.	Whether Faculty staff have adopted Bloom's Taxonomy or any other Model for Systematic & progressive development of Thinking skills in Pharmacy Students.	Yes/No



4.	Whether Faculty staff employ Formative Assessment Methods (Formal & informal methods) in ongoing theory classes	Yes/No
5.	Whether Faculty staff have adopted advanced & innovative teaching learning methods like Problem or Case Based Learning etc.	Yes/No
6.	Whether Faculty staff Integrating Audio-Visual Facilities or ICT Facilities in Teaching – Learning Process	Yes/No

### Parameter-5.2: Teaching -learning methods being employed by faculties for practical sessions in Laboratory/simulated setting

Data Capture Format (DCF) for this parameter: -

S. No.	Questions	Response Format
1.	Whether Faculty staff are planning and aligning of Practical or Clinical classes with laid down competences and defined Learning Objectives in terms of ASK (Knowledge, Skills and Attitudes) by Regulator	Yes/No
2.	Whether Faculty staff have adopted Miller Pyramid or any other Model for progressive development of Pharmacy Skills or competences Pharmacy Students	Yes/No
3.	Whether Faculty staff have adopted Bloom's Taxonomy or any other Model for Systematic & progressive development of Thinking skills in Pharmacy Students	Yes/No
4.	Whether Faculty staff employ Formative Assessment Methods (Formal & informal methods) in ongoing theory classes	Yes/No
5.	Whether Faculty staff have adopted advanced & innovative teaching learning methods like DOAP, Problem or Case Based Learning etc.	Yes/No
6.	Whether Faculty staff Integrating Audio-Visual Facilities or ICT Facilities in Teaching – Learning Process	Yes/No



**Parameter-5.4: Programme wise number of Teaching Staff with higher professional/educational qualifications other than minimum qualifications laid down by Regulator**

<b>Dropdown for Pharmacy Department</b> <i>(Pharmaceutics, Pharmaceutical Chemistry, Pharmacology, Pharmacognosy, Pharmacy Practice, Pharmaceutical Biotechnology, Pharmaceutical Analysis &amp; Quality Assurance, Industrial Pharmacy, Clinical Research &amp; Pharmacovigilance, Regulatory Affairs)</i>  <b>(Column-1)</b>	<b>Name of Faculty</b>          <b>(Column-2)</b>	<b>Faculty- PCI UID or Registration No. given by Regulator (PCI)</b>          <b>(Column-3)</b>
<b>Designation of Faculty</b> <i>(Professor, Associate Professor/Reader, Assistant Professor/Lecturer, Tutor)</i>          <b>(Column-4)</b>	<b>*Dropdown for Qualification with Multiple Option Selection</b> <i>(B. Pharmacy or equivalent recognized by Regulator, M. Pharmacy/ Pharm. D recognized by Regulator, Ph.D. recognized by Regulator)</i>  <b>(Column-5)</b>	<b>Nature of Appointment</b> <i>(Regular (Full Time), Contract (Full Time), Part Time, Guest/Visiting Faculty)</i>          <b>(Column-6)</b>
<b>Total Experience at Assistant Professor/Lecturer level (From.....to.....)</b>   <b>(Column-7)</b>	<b>Total Experience at Associate Professor/Reader level (From.....to.....)</b>   <b>(Column-8)</b>	<b>Total Experience at Professor Level (From.....to.....)</b>   <b>(Column-9)</b>
No. of PG Students allotted as PG Guide (Present only)          <b>(Column-10)</b>	No. of Ph. D. Students allotted as Ph. D. Guide (Present only)          <b>(Column-11)</b>	<b>**Additional Qualification other than Minimum required for Pharmacy Faculty</b> <i>(Category-1, Category-2, Category-3, Category-4, Category-5, Category-6)</i>  <b>(Column-12)</b>



**\*\*Additional Qualification Dropdown-**

**Category-1:** If full time Faculty has been awarded Ph. D. Degree from Recognized Central University & National Institutes in the area of pharmacy or relevant discipline for pharmacy faculty

**Category-2:** If full time Faculty has been awarded Ph. D. Degree from Recognized University (State Govt. University & Deemed University) in the area of pharmacy or relevant discipline for pharmacy faculty

**Category-3:** Doctoral or Post-Doctoral Research Fellowships established by Central Govt.

**Category-4:** If Faculty has been awarded Studentship Awards established by Central Government

**Category-5:** If full time Faculty has completed Certificate Course from SWAYAM Portal in the areas of Biostatistics, Research, or Health Education or any other relevant discipline

**Category-6:** Doctoral or Post-Doctoral Research Fellowships established by state Govt.

**PG Program Data- (Applicable/Not Applicable)**

<b>Dropdown for Pharmacy Department</b> <i>(Pharmaceutics, Pharmaceutical Chemistry, Pharmacology, Pharmacognosy, Pharmacy Practice, Pharmaceutical Biotechnology, Pharmaceutical Analysis &amp; Quality Assurance, Industrial Pharmacy, Clinical Research &amp; Pharmacovigilance, Regulatory Affairs)</i> <b>(Column-1)</b>	<b>Whether Department is offering PG/M. Pharmacy in related specialty</b> <b>(Yes/No)</b> <b>(Column-2)</b>
<b>If yes, total sanctioned intake for PG</b> <b>(Column-3)</b>	<b>Total no. of Regular (Full Time) Professor in the Department</b> <b>(Column-4)</b>
<b>Total no. of Regular (Full Time) Associate Professor/Reader in the Department</b> <b>(Column-5)</b>	<b>Total no. of Regular (Full Time) Assistant Professor/Lecturer in the Department</b> <b>(Column-6)</b>





### Parameter-5.5: Teaching staff Attrition Rate & creation of vacancies in past 2 Calendar Year

#### Common Data Capture Format (DCF):

##### ***Details and No. of Teaching Staff left the College: -***

Professor Cadre.....

Associate Professor/Reader.....

Assistant Professor/Lecturer .....

##### ***Details of Professor Level Faculties left the College: -***

Name of Faculty left or resigned from the post  <b>(Column-1)</b>	Month & year when Faculty left/resigned <b>(Dropdown month &amp; year)</b>  <b>(Column-2)</b>
Teacher Id No.  <b>(Column-3)</b>	Registration No.  <b>(Column-4)</b>

##### ***Details of Associate Professor Level Faculties left the College: -***

Name of Faculty left or resigned from the post  <b>(Column-1)</b>	Month & year when Faculty left/resigned <b>(Dropdown month &amp; year)</b>  <b>(Column-2)</b>
Teacher Id No.  <b>(Column-3)</b>	Registration No.  <b>(Column-4)</b>



**Details of Assistant Professor/Lecturer Level Faculties left the College: -**

Name of Faculty left or resigned from the post <b>(Column-1)</b>	Month & year when Faculty left/resigned <b>(Dropdown month &amp; year)</b> <b>(Column-2)</b>
Teacher Id No. <b>(Column-3)</b>	Registration No. <b>(Column-4)</b>

**Parameter-5.6: Number of expert from relevant fields invited as Guest/Visiting Faculty for Lectures in past 1 year**

**Common Data Capture Format (DCF):**

Subject for which guest/visiting Faculty engaged (.....) <b>(Column-1)</b>	Name of engaged Visiting/Guest Faculty (.....) <b>(Column-2)</b>
Professional Qualification of engaged Visiting/Guest Faculty <b>(Dropdown- UG in relevant discipline, PG in relevant discipline, Ph. D. in relevant discipline)</b> <b>(Column-3)</b>	List of Pharmaceutical Industries/Research Body for Pharmacy where engaged visiting/Guest Faculty has worked (.....) <b>(Column-4)</b>
Total years of Industrial Experience (Numerical Value.....) <b>(Column-5)</b>	



**Parameter-5.7: No. of prestigious Academic/Research Awards achieved by UG Students in past 2 Calendar Years (for B. Pharmacy Program)**

**Data Capture Format (DCF): -**

Student Name.....  Professional Year/Semester..... Enrolment No..... (Column 1)	Category of Awards (*Category-1, **Category-2, ***Category-3)   (Column 2)
Title of Award (.....) (Column 3)	Name of Agency giving Awards (Column 4)
Level (International, National & State level) (Column 5)	Year of award (Column 6)

**\*Category-1:** Academic or Research or Studentship Awards given by Central Govt. Body/Institutes or International Organization (WHO etc.). or Central Govt. Bodies (*involving National Level screening/selections*)

*(Merit Awards, Best Research/Academic awards, Studentship Grants or Awards, HACKATHON selection of Research Proposal for Research Grants will be considered)*

**\*\*Category-2:** Academic or Research or Studentship Awards given by State Govt. Ministries/Departments/Institutes at State level or State Health Science Universities or State Govt. Body at State level (*involving State Level screening/selections*)



**\*\*\*Category-3:** Academic or Research or Studentship Awards given by Deemed University/Private University (*involving minimum University & State Level screening/selections*)

**\*\*\*\*Category-4:** Academic or Research or Studentship Awards given by national Professional Body/National Associations recognized by Regulator like CII, FICCI, ASSOCHAM etc.

(*involving minimum State Level screening/selections*)

**Parameter-5.8: No. of prestigious Awards/Prize instituted at International or National or State level availed by Faculty of College in last 2 Year**

**Data Capture Format (DCF): -**

Pharmacy Faculty Name..... Teacher ID No..... <b>Registration No. ....</b> <b>(Column 1)</b>	Category of Awards (*Category-1, **Category-2, ***Category-3, ****Category 4)  <b>(Column 2)</b>
Title of Award (.....) <b>(Column 3)</b>	Name of Agency giving Awards <b>(Column 4)</b>
Level (International, National & State level) <b>(Column 5)</b>	Year of award <b>(Column 6)</b>

**\*Category-1** -Academic or Research Awards given by Central Govt. Body/Institutes or International Organization (WHO etc.). or Central Govt. Bodies (*involving National OR international Level screening/selections*)



**\*\* Category-2:-** Academic or Research or Studentship Awards given by State Govt. Ministries/Departments/Institutes at State level or State Health Science/Affiliating Universities or State Govt. Body at State level (*involving State Level screening/selections*)

**\*\*\*Category-3:** Academic or Research Awards given by Deemed University/Private University (*involving minimum University & State Level screening/selections*)

**\*\*\*\*Category-4: Best** Academic/Research/HACKATHON Awards given by national Professional Body/National Associations recognized by Regulator like CII, FICCI, ASSOCHAM etc.

**Parameter-5.9: Number of Extra/Co-curricular awards availed by students at State/National/International level in past 2 calendar Year (B. Pharmacy Program only)**

**Data Capture Format (DCF) :**

<b>Whom Award/Recognition given</b> (Individual Student, Group of Students)  <b>(Column 1)</b>	<b>Name</b> .....  <b>Professional Year</b> (First B. Pharmacy Professional, Second B. Pharmacy Professional, Third B. Pharmacy Professional, Fourth B. Pharmacy Professional)  <b>Enrolment No</b> ..... <b>(Column 2)</b>
<b>Category of Awards</b> (*Category-1, **Category-2, ***Category-3, ****Category-4)  <b>(Column 3)</b>	Title of Award/Recognition  <b>(Column 4)</b>
Name of Award/Recognition giving Agency/Body & Address  <b>(Column 5)</b>	<b>Month &amp; Year of Award/Recognition</b> (Dropdown for Month & Year)  <b>(Column 6)</b>



**\*Category-1** -Sports Awards, Visual & Performing Awards (Song, Dance, drawing etc.) and Outreach/Social Service Awards given by Central Govt. Body/Institutes or International Organization (WHO etc.). *(involving screening or selection at minimum national or international level)*

**\*\*Category-2** Sports Awards, Visual & Performing Awards (Song, Dance, drawing etc.) and Outreach/Social Service Awards given by State Govt. Body/Institutes at State level. *(involving screening or selection at minimum state level)*

**\*\*\*Category-3:** - Sports Awards, Visual & Performing Awards (Song, Dance, drawing etc.) and Outreach/Social Service Awards given by Deemed University/Private University *(involving screening or selection at minimum state/University level)*

**\*\*\*\*Category-4:** Sports Awards, Visual & Performing Awards (Song, Dance, drawing etc.) and Outreach/Social Service Awards given by Professional Body/National Associations recognized by concerned Regulatory Body *(involving screening or selection at minimum state level)*

**Parameter-5.10: Number of Paper Presentations by Faculty Staff in recognized International/National & State level Conferences/Competitions in last 2 Calendar Year**

**Data Capture Format (DCF) for parameter:-**

<b>Faculty Name</b> .....  <b>Assigned Professional Phase for teaching</b> (First B. Pharmacy Professional, Second B. Pharmacy Professional, Third B. Pharmacy Professional, Fourth B. Pharmacy Professional)  <b>(Column 1)</b>	Category of Paper Presentations (*Category-1, **Category-2, ***Category-3, ****Category-4, *****Category-5)         <b>(Column 2)</b>
Title of paper	Name of Agency sponsored Conference <i>(If Category-1 selected)</i>



<b>(Column 3)</b>	Name of Agency Organized Conference <i>(If Category-2 selected)</i> Name of Agency Organized Conference <i>(If Category-3 selected)</i> <b>(Column 4)</b>
<b>Level</b> (International, National & State level) <b>(Column 5)</b>	Date & Year of Paper Presentation..... <b>(Column 6)</b>

**\*Category-1-** Seminars and conferences sponsored or organized by Central Govt. Body or Govt. National Institutes or International Organization (WHO etc.). or Central Govt. Ministry/Departments/body at national level *(involving screening or selection or participation at minimum national level)*

**\*\*Category-2 -** :Seminars or conferences Sponsored/organized by State Govt. Ministry/Departments/Body or State Health Science University or State Affiliating University at State level. *(involving screening or selection or participation at minimum state level)*

**\*\*\*Category-3:** - Seminars or Conferences organized/sponsored by Deemed University/Private University and Colleges

**\*\*\*\*Category-4:** Seminars or conferences organized/sponsored by national Professional Body or National Associations recognized by Regulator at national level

**\*\*\*\*\*Category-5 (International in the domain of Pharmacy Education):** Seminars or Conferences organized/sponsored by Academic or Research Institutes with ranking Positions in QS or Times Higher Education World University Rankings *(Physical Mode only and abroad travelling involved)*



### Data Capture Format (DCF) for parameter-

**\*Category-1** Seminars and conferences sponsored or organized by Central Govt. Body or Govt. National Institutes or International Organization (WHO etc.). or Central Govt. Ministry/Departments/body at national level ***(involving screening or selection or participation at minimum national level)***





\*\*\*\*\* **Category-5: (International in the domain of Pharmacy Education):** Seminars or Conferences organized/sponsored by Academic or Research Institutes with ranking Positions in QS or Times Higher Education World University Rankings ***(Physical Mode only and abroad travelling involved)***

**Data Capture Format (DCF) for parameter: -**

<b>Name of Teaching Staff</b>	<b><i>Dropdown for Department</i></b> <i>(Pharmaceutics, Pharmaceutical Chemistry, Pharmacology, Pharmacognosy, Pharmacy Practice, Pharmaceutical Biotechnology, Pharmaceutical Analysis &amp; Quality Assurance, Industrial Pharmacy, Clinical Research &amp; Pharmacovigilance, Regulatory Affairs, Any other)</i>	<b><i>Dropdown for Designation:</i></b> <i>(Professor, Associate Professor, Assistant Professor)</i>
<b>(Column-1)</b>	<b>(Column-2)</b>	<b>(Column-3)</b>



<p>Whether Teaching Staff have completed any one of the following Course/Programmes: -</p> <ul style="list-style-type: none"><li>a) Refresher Course</li><li>b) Methodology Workshop</li><li>c) Syllabi upgradation workshop</li><li>d) Teaching-Learning evaluation technology</li><li>e) Faculty Development Programmes</li><li>f) Completed MOOCs with course with certification</li><li>g) Contributed in development of e-contents in 4 quadrants (at least one quadrant) with minimum of 10 modules</li><li>h) Contributed in development of at least 10 modules of MOOCs</li></ul> <p>Whether screening of the applicants done for final selection for course/programme</p> <p><b>(Column-4)</b></p>	<p>Name of the Host Institution conducted Programme/Course along with Address &amp; Location</p> <p><b>(Column-5)</b></p>	<p>For point a to f, duration of the course/programme selected by Teaching Staff, 1 course/programme may be selected of 14 days' duration or two course/programme each of 7 days' duration may be selected: Date &amp; duration of programme/course (From.....to.....)</p> <p><b>(Column-6)</b></p>
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Whether Course/Programme was recognized by UGC under Career Advancement Programmes <b>(Column-7)</b>	Whether participation fee was taken (Yes/No)  <b>(Column-8)</b>	<i>Whether accommodation &amp; Travelling provided free of cost (Yes/No)</i>  <b>(Column-9)</b>
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## 6.0. Criterion-6: Assessment Policy: Formative, Internal & Summative Assessment

### 6.1: Approach for Planning and Conducting Internal Assessment Examinations

Data Capture Format (DCF) for this parameter: -

S. No.	Questions	Response Format
1.	Are Faculty/Teachers referring Programme outcome, subject/course outcomes, Specific Learning Objectives (SLOs) defined by the Regulator/Affiliating University for planning Internal Assessment/Periodical/Sessional Assessment Examinations?	<b>Yes/No/Not Applicable</b>
2.	Whether Faculty/teachers are referring Bloom's Taxonomy or Miller's Pyramid for Planning & designing Internal Assessment Examinations.	<b>Yes/No</b>
3.	Whether Faculty/teachers are using varied assessment tools & techniques for Theory based Internal Assessment Examinations.	<b>Yes/No</b>
4.	Whether Faculty/teachers are using varied assessment tools & techniques for Practical based Internal Assessment Examinations.	<b>Yes/No</b>
5.	Whether Faculty/teachers are planning & conducting Skill/Competency based Internal Practical Assessments & Examinations.	<b>Yes/No</b>
6.	Has the Faculty maintained evidence (electronic/physical) of Practical based Internal Assessments & Examinations?	<b>Yes/No</b>



### Parameter-6.2: Quality & Structured practices for Academic Assessment and Evaluation of Students in Theory & Practical areas vis-à-vis Curriculum Framework

**Data Capture Format (DCF) for this Parameter: -**

Questions	Response Format
Whether Faculty/teachers are designing Blueprint for Theory based Internal Assessment/Examinations	Yes/No
Whether Faculty/teachers are designing Blueprint for Practical based Internal Assessment/Examinations	Yes/No
Whether Faculty/teachers in Blue Print highlight how much weightage will be given to levels of Bloom's Taxonomy or Miller's Pyramid	Yes/No
Whether Students have been oriented about how they are required to respond to assessment questions or problems related to various levels of Bloom's Taxonomy or Miller's Pyramid.	Yes/No
Whether Faculty/teachers are using well-defined checklists for assessing performance of students in Practical or Performance based Assessments	Yes/No

### Parameter-6.3: Evaluation of Theory Examination Papers of Internal Assessment and Semester End/Year End University Examinations vis-à-vis weightage given to different levels in Bloom's Taxonomy

Questions	Response Format
What percentage weightage is given to evaluating Remembering (Knowledge) thinking skill as per Bloom's Taxonomy in the recently conducted Internal Assessment?	Numerical Value.....
What percentage weightage is given to evaluating Understanding (Comprehension) thinking skill as per Bloom's Taxonomy in the recently conducted Internal Assessment?	Numerical Value.....
What percentage weightage is given to evaluating Applying (Application), Analysing and Evaluating thinking skill as per Bloom's Taxonomy in the recently conducted Internal Assessment?	Numerical Value.....



What percentage weightage is given to evaluating creating thinking skill as per Bloom's Taxonomy in the recently conducted Internal Assessment?	<b>Numerical Value.....</b>
What percentage weightage is given to evaluating Remembering (Knowledge) thinking skill as per Bloom's Taxonomy in the recently conducted Semester End University Examination?	<b>Numerical Value.....</b>
What percentage weightage is given to evaluating Understanding (Comprehension) thinking skill as per Bloom's Taxonomy in the recently conducted Semester End University Examination?	<b>Numerical Value.....</b>
What percentage weightage is given to evaluating Applying (Application), Analysing and Evaluating thinking skill as per Bloom's Taxonomy in the recently conducted Semester End University Examination?	<b>Numerical Value.....</b>
What percentage weightage is given to evaluating creating thinking skill as per Bloom's Taxonomy in the recently conducted Semester End University Examination?	<b>Numerical Value.....</b>

#### **Parameter-6.4: Department wise -Post formative/Periodical and summative Assessment/University Examination and Action Taken Reports (ATRs)**

**Data Capture Format (DCF) for this parameter: -**

<b>S. No.</b>	<b>Questions</b>	<b>Response Format</b>
1.	Has the pharmacy college/institute developed practice of analysis of data post Internal/formative & summative assessment (University Examination) of students?	<b>Yes/No</b>
2.	Do Faculty identify high performing, average performing & low performing students based on analysis of Internal/formative & summative assessment (University Examination) data?	<b>Yes/No</b>
3.	Does the Faculty organize/provide additional remedial support to students for attaining desired level of learning?	<b>Yes/No</b>
4.	Does the Faculty provide advance capsule of learning to students with remarkable performance for further strengthening of their learning?	<b>Yes/No</b>



## 7.0. Criterion-7: Research Output & Impact

**Parameter-7.1: Total number of research paper publications by Faculty Staff with Institutional Affiliation in last 2 Years in indexed Journals**

**Parameter-7.2: Cumulative Citation Scores of research papers published in indexed journals vis-à-vis 7.1 Parameter**

**Common Data Capture Format (DCF) for parameters-7.1. to 7.2:**

*Name of Author/Research Paper Publisher	Designation (Professor, Associate Professor, Assistant Professor, UG Students, PG Students)	<b>For Faculty:</b> PCI Registration No.....  Teacher ID No..... <b>For students: -</b> Enrolment No.....	Title of the Research Paper	Name of Journal
<b>(Column 1)</b>	<b>(Column 2)</b>	<b>(Column-3)</b>	<b>(Column 4)</b>	<b>(Column 5)</b>
Year of Publishing	Dropdown for Database for (category-1 category- 2)	Citation Index for the published Paper based on Database	***Quartile Category of Journal	
<b>(Column 6)</b>	<b>(Column 7)</b>	<b>(Column 8)</b>	<b>(Column 9)</b>	

**\*Category-1:** Scopus, PubMed/Medline, Central Science Citation index, Science Citation Index, Directory of Open access Journals (DOAJ) and WOS

**\*\*Category-2:** UGC Care List

**Parameter-7.3: - Number of patents/ design registration filed by the Institution in the last 2 calendar Years**

**Parameter-7.4: - Number of patents granted in last 2 calendar Years**



### Common Data Capture Format (DCF) for parameters:-

<b>Dropdown</b> (Design Registration, Patent)  (Column1)	Name of Person (s) Filed  (Column 2)	<b>Designation</b> (Professor, Associate Professor, Assistant Professor)  (Column 3)
PCI Registration No.  (Column 4)	Title or Topic of Work.....  (Column 5)	<b>If Patent selected</b>  Application No..... Application Date..... Patent Publication no..... Patent Publication Date..... Patent Number..... Date of Grant of Patent.....  (Column 6)

### Parameter-7.5: - No. of patents converted to products and commercialized in the last 2 Financial Years

#### Data Capture Format (DCF) for parameter:-

Whether Pharmacy College has commercialized some patents (Yes/No)	If Yes, College to provide following information		
	Number of patents commercialized through licensing of the patent	List of patents	Revenue generated in past 2 Year in INR
	Number of patents commercialized through selling out	List of Patents	Revenue Generated in Past 2 Year in INR



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**Parameter-7.6: No. of extramural funded projects completed/ongoing in collaboration with Industry/Non-government (National, State/International) funding agencies in last 2 Financial Year**

**Parameter-7.7: - No. of extramural funded projects completed/ongoing/being funded by government agency in India and abroad like CSIR, ICMR & DST etc. in last 2 Financial Years**

**Parameter-7.9: - Total revenue generated through funded projects (Government/Non-Government/International), Commercialization of the Patent & Consultancy provided by Institution in the last 2 Year vis-à-vis Parameter 7.6 & 7.7**

**Common Data Capture Format (DCF) for parameters- 7.6,7.7, 7,9**

Title of Research projects  <b>(Column 1)</b>	Status (Granted, ongoing, completed)  <b>(Column 2)</b>	<i>(Month&amp; Year of Granting of Research Project,</i>  <b>(Column 3)</b>	<i>Starting Year Research Project &amp; Completed year)</i>  <b>(Column 4)</b>
Name of Funding Agency  <b>(Column 5)</b>	Location Funding Agency <i>(Drop down for Country &amp; State)</i>  <b>(Column 6)</b>	Management /Type of Funding Agency  (Drop down-Government, Non-Government, Industry & Autonomous body)  <b>(Column 7)</b>	Project wise total Layout/cost in INR  <b>(Column 8)</b>





<b>Whether transfer of technologies took place for funded project (Yes/No)</b> If Yes, <b>(Column 9)</b>	<b>Whether the pharmacy college/institute is providing Consultancy services to other in the field of Pharmacy (Yes/No)</b> If Yes, provide following information: - <b>(Column 10)</b>	List Agencies Whom Institution provided Consultancy.....  <b>(Column 11)</b>	Agency wise payment done in INR for availing of Consultancy services provided by Institution along with Year of Payment.....  <b>(Column 12)</b>
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#### Parameter-7.8: - Number of Industry sponsored Laboratory established in the Institution in the last 2 calendar Year

Common Data Capture Format (DCF) for parameters:-

<b>Whether Pharmaceutical Industry-sponsored Laboratory has been established in the Institution (Yes/No)</b> If Yes, provide following information: - <b>(Column 1)</b>	<b>Name of the Industries sponsored Laboratories established in the Institution.....</b>  <b>(Column 2)</b>	<b>Name of the Industry establish the Laboratory</b>  <b>(Column 3)</b>	<b>Year of establishment .....</b>  <b>(Column 4)</b>
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**Parameter-7.10: - Percentage of teachers possessing minimum educational qualifications required to be recognized/qualifying as PG/Ph. D. guides**

*Required data is being captured in 5.3 Parameter*

**Parameter-7.11: Number of registered Start-ups initiated/established with the support of Incubation Cell at Institute in past 2 financial years**

**Data Capture Format: -**

Whether the pharmacy college/institute has established Incubation Cell for promoting Start-Ups at Institution level (Yes/No) If Yes, provide the following information: <b>(Column-1)</b>	Number of Start-ups initiated in past 2 years.....  <b>(Column-2)</b>	Number of ongoing start-ups.....  <b>(Column-3)</b>
Number of Start Ups reached the Scaling stage/Turnover size of INR 25 Lakhs but less than 50 Lakhs ..... <b>(Column-4)</b>	Number of Start Ups reached the Scaling stage/Turnover size of INR 50 Lakhs or more ..... <b>(Column-4)</b>	

## 8.0. Criterion-8: Financial-Resource: Recurring & non-recurring expenditures

**Parameter-8.1: Total amount spent on procurement/subscription of print version/online version of Books & Journals and other Learning Resources in past 1 Financial Year**

**Data Capture Format (DCF) for this parameter: -**

<b>(Dropdown for Department &amp; e-resources)</b>	Number of Books (print & online version) added in last 1 year
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Pharmaceutics, Pharmaceutical Chemistry, Pharmacology, Pharmacognosy, Pharmacy Practice, Pharmaceutical Biotechnology, Pharmaceutical Analysis & Quality Assurance, Industrial Pharmacy, Clinical Research & Pharmacovigilance, Regulatory Affairs, Any other <b>(Column-1)</b>	<b>(Column-2)</b>
Total amount spent on the procurement of books (print & electronic together) in INR <b>(Column-3)</b>	Number of Journals (print & online version)& other e-resources subscribed in last 1 year <b>(Column-4)</b>
Total amount spent on subscriptions and procurement of Journals (print & electronic copies) in INR <b>(Column-5)</b>	Total amount spent on procurement and subscriptions, print & electronic copies of Books & Journals in the previous Financial Year <b>(Column-6)</b>

### Parameter-8.2: Cumulative Amount spent on procurement of consumable Lab based materials in last 1 Financial Year

Data Capture Format (DCF) for this parameter: -

<b>Financial Year</b>  <b>(Column-1)</b>	<b>Total amount spent on purchasing consumables materials in Practical laboratories</b> (Pharmaceutics, Pharmaceutical Chemistry, Pharmacology, Pharmacognosy, Pharmacy Practice, Pharmaceutical Biotechnology, Pharmaceutical Analysis & Quality Assurance, Industrial Pharmacy, Clinical Research & Pharmacovigilance, Regulatory Affairs, Any other) <b>(Column-2)</b>
Total amount spent on purchasing of consumables in Practical Laboratories in .....  <b>(Column-3)</b>	

### Parameter-8.3: Amount spent on procurement of non-consumable equipment in Laboratories in past 1 Financial year



**Data Capture Format (DCF) for this parameter: -**

<b>Financial Year</b>  <b>(Column-1)</b>	<b>Total amount spent on purchasing non-consumables in Practical Laboratories (Dropdown for laboratories)</b> <i>Pharmaceutics, Pharmaceutical Chemistry, Pharmacology, Pharmacognosy, Pharmacy Practice, Pharmaceutical Biotechnology, Pharmaceutical Analysis &amp; Quality Assurance, Industrial Pharmacy, Clinical Research &amp; Pharmacovigilance, Regulatory Affairs, Any other</i> <b>(Column-2)</b>
Total amount spent on the purchasing of non-consumables in the Practical Laboratories in the Pharmacy college <b>(Column-3)</b>	

**Parameter-8.4: Amount spent on procurement of consumable materials in Animal Labs/Simulated Lab in last 1 Financial Year**

**Section-1: Animal Labs**



<b><i>Financial Year</i></b>	Drop down for Department wise Laboratory for Animal Lab/House <i>Pharmaceutics, Pharmaceutical Chemistry, Pharmacology, Pharmacognosy, Pharmacy Practice, Pharmaceutical Biotechnology, Pharmaceutical Analysis &amp; Quality Assurance, Industrial Pharmacy, Clinical Research &amp; Pharmacovigilance, Regulatory Affairs, Any other</i>	Amount spent for procuring consumable materials for Animal Labs
<b><i>(Column-1)</i></b>	<b><i>(Column-2)</i></b>	<b><i>(Column-3)</i></b>

## Section-2: Simulation Labs

<b>Financial Year</b>	<b>(Drop down for Department wise)</b> Laboratory for simulation lab <i>(Pharmaceutics, Pharmaceutical Chemistry, Pharmacology, Pharmacognosy, Pharmacy Practice, Pharmaceutical Biotechnology, Pharmaceutical Analysis &amp; Quality Assurance, Industrial Pharmacy, Clinical Research &amp; Pharmacovigilance, Regulatory Affairs, Any other)</i>	Total amount spent on procuring Consumables for simulation labs <i>(Procurement/subscriptions of ICT enabled Software &amp; Application like Pharmacy Simulator, Animal Simulator, Virtual Reality based Software for Practical training)</i>
<b>(Column-1)</b>	<b>(Column-2)</b>	<b>(Column-3)</b>

**Parameter-8.5: Cumulative amount spent on organization of Guest Lectures, Conferences/Seminars & workshops with external participants & Resource Persons in last 1 financial year**



**Data Capture Format (DCF) for this parameter: -**

Financial Year <b>(1)</b>	Title of in-house Program (.....) <b>(2)</b>	Nature of Program (Seminar/Conference, Workshop, Guest Lecture, Any other....) <b>(3)</b>	Date & Duration..... <b>(4)</b>
Total amount spent on Program <b>(5)</b>	Heads of Expenditures (Professional Fee for Resource Person, Travelling of Resource Person, Lodging & Accommodation of Resource Person, Any other) <b>(6)</b>	Conducted for which Program (UG, UG+PG) <b>(7)</b>	

**Parameter-8.6: Cumulative amount spent on sponsoring participation of Faculty Staff in Professional Development Programs/Continuing Education organized outside the Institution in last 1 Financial Year**

**Data Capture Format (DCF) for this parameter: -**

Financial Year <b>(1)</b>	Title of Outstation Program (.....) <b>(2)</b>	Total Faculty deputed for Outstation Program..... <b>(3)</b>	Date & Duration..... <b>(4)</b>
Names of Faculty <b>(5)</b>	Total amount spent on Program <b>(6)</b>	Heads of Expenditures (Participation Fees, Travelling, Lodging & Accommodation of Any other) <b>(7)</b>	Faculty is engaged for which Program (UG, UG+PG) <b>(8)</b>

**Parameter-8.7 Cumulative amount spent on consumables for indoor & outdoor sports/games facilities in Past 1 Financial Year**

**Data Capture Format (DCF) for this parameter: -**



Financial Year <i>(Column-1)</i>	Amount spent on consumable sports material/ renovation/ enhancement in INR in past 1 year <i>(Column-2)</i>	Amount spent on augmentation of physical infrastructures & equipment other than mandatory requirements in past 1 year <i>(Column-3)</i>	Total amount spent in INR  <i>(Column-4)</i> <i>2+3</i>
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#### Parameter-8.8: Amount spent on salary for Faculty in last 1 Financial year

Data Capture Format (DCF) for this parameter: -

Financial Year  <i>(Column-1)</i>	Designation/cadre of Faculty Staff <b>(Professor, Associate Professor, Assistant Professor)</b>  <i>(Column-2)</i>	Name of Faculty  <i>(Column-3)</i>	Total amount spent on Gross Salary  <i>(Column-4)</i>	Supporting document Faculty wise (Form16b)  <i>(Column-5)</i>
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#### Parameter-8.9: Amount spent on salary for Non-Teaching Staff in past 1 Financial year

Data Capture Format (DCF) for this parameter: -



Financial Year	Designation/cadre of non-teaching Staff (.....)	Name of non-teaching Faculty	Total amount spent on Gross Salary	Supporting document (Form16b)
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**Parameter-8.10: Percentage of Electricity (Units) vis-à-vis total consumed electricity in the previous financial year from renewable energy (solar/wind)**

**Data Capture Format (DCF) for this parameter: -**

Financial Year <b>(Column-1)</b>	Total Number of electricity units consumed by Pharmacy College <b>(Column-2)</b>
Total Amount spent on consumption of Electricity In Pharmacy College..... <b>(Column-3)</b>	Number of electricity units produced by Institution (Pharmacy College and Hostel Block ) from renewable resources like Solar/Wind energy in the previous Financial Year..... <b>(Column-4)</b>

**Parameter-8.11: Amount spent on strengthening of Safety Measures in Campus in last 1 Financial year**

Heads of expenditure in INR vis-à-vis safety measures in the previous Financial Year	Amount spent in INR
<b>Teaching Block</b>	
Amount spent on maintenance of Fire Safety equipment	
Amount spent on maintenance of existing facilities for Quality Drinking water	
Amount spent on maintenance of CCTVs	
Amount spent on maintenance of electrical gadgets	
Amount spent maintenance of Lifts	
Amount spent on maintenance of existing facilities for Biomedical Waste Management (BMW)	





Amount spent on salary of outsourced security Staff in the college	
<b>Hostel Block</b>	
Amount spent on maintenance of Fire Safety equipment	
Amount spent on maintenance of existing facilities for Quality Drinking water	
Amount spent on maintenance of CCTVs	
Amount spent on maintenance of electrical gadgets	
Amount spent on salary outsourced security Staff in the hostel	

### Parameter-8.12: Amount spent on organization of Industrial tour/Field Visit based practical training in last 1 Financial Year

Data Capture Format (DCF) for this parameter: -

Dropdown for Programme  <b>(Column-1)</b>	<b>Dropdown for following</b> <i>(Industry Visit, Field Visit, Industrial Training, Industrial internship, others)</i> <b>(Column-2)</b>	Amount spent in INR  <b>(Column-3)</b>
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### Parameter-8.13: - Total Seed money allocated for promotion of Innovation & Research Activities in past 1 Financial year

<i>Financial Year</i>  <b>(Column-1)</b>	<i>Total allocated amount in INR</i>  <b>(Column-2)</b>
<i>Total utilized amount under Category-1</i>  <b>(Column-3)</b>	<i>Total utilized amount under Category-2</i>  <b>(Column-4)</b>
<i>Total utilized amount under Category-3</i>	



(Column-5)

**Category-1:** Capacity Building Programs of Faculty for Research Methodology, Research Proposal writing, Research Paper writing etc. organized by PCI, National Institutes & State Institutes. In-house Program by inviting reputed Resource Persons with publications in indexed journals as mentioned under 7.1 parameter.

**Category-2:** Funding of Research Projects submitted by Faculty

**Category-3:** Funding of Research Projects submitted by Student

## 9.0. Criterion-9: Community Outreach Programs

### Parameter-9.1: - Number of Awareness Programs for Medication Education organized in past 1 year

**Data Capture Format for this Parameter: -**

<p>Whether College is organizing Awareness Programs for Medication Education (Yes/No)</p> <p>(Column-1)</p>	<p><b>Mode of organization of Medication Education (Dropdown:</b> As self-initiation, Collaboration with Local Self-government, Collaboration with District Government, Collaboration with State Government, Collaboration with Central Government, Collaboration with School District Authorities, Collaboration with Old Day's Home Authorities)</p> <p>(Column-2)</p>
<p><b>Purpose of Medication Education</b></p> <ul style="list-style-type: none"> <li>○ Sensitization for prescription based medication</li> <li>○ Sensitization for non-prescription based OTC medication</li> <li>○ Sensitization for adherence to prescribed regimen</li> <li>○ Potential side effects of non-prescribed OTC based medications</li> </ul>	<p>Location of organization of Medication Awareness Programs</p> <ul style="list-style-type: none"> <li>○ In adopted village (Name.....Location/Address.....)</li> <li>○ In adopted Urban locality (Name.....Location/Address.....)</li> <li>○ In adopted Rural locality (Name.....Location/Address.....)</li> </ul>



<ul style="list-style-type: none"> <li>○ Potential side effects of antibiotics</li> <li>○ Randomly without any pre-specified purposes</li> </ul> <p><b>(Column-3)</b></p>	<ul style="list-style-type: none"> <li>○ In adopted School (<b>Name.....Location/Address.....</b>)</li> <li>○ In adopted Old Day's Home (<b>Name.....Location/Address.....</b>)</li> <li>○ Randomly anywhere</li> </ul> <p><b>(Column-4)</b></p>
<p>No. of beneficiaries benefitted/attended.....</p> <p><b>(Column-6)</b></p>	<p>Date &amp; Duration (From.....to.....)</p> <p><b>(Column-7)</b></p>
<p>Whether recognized by government:</p> <ul style="list-style-type: none"> <li>○ Recognized by Local government</li> <li>○ Recognized by District level government authority</li> <li>○ Recognized by State Government</li> <li>○ Recognized by Central Government</li> </ul> <p><b>(Column-8)</b></p>	

## Parameter-9.2: - Number of Medication Adherence Support and Medication Assistance Programs organized in adopted rural/urban locality/old days Homes etc. in past 1 year

### Data Capture Format for this Parameter: -

<p>Whether College is organizing Medical Assistance and Medical Adherence Support Programs (Yes/No)</p> <p><b>(Column-1)</b></p>	<p><b>Mode of organization of Medical Assistance and Medical Adherence Programs (Dropdown:</b> As self-initiation, Collaboration with Local Self-government, Collaboration with District Government, Collaboration with State Government, Collaboration with Central</p>
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	Government, Collaboration with School District Authorities, Collaboration with Old Day's Home Authorities)  <b>(Column-2)</b>
<b>Purpose of Organization of Medical Assistance and Medical Adherence Support Programs</b>  <ul style="list-style-type: none"><li>○ Helping to access essential medication</li><li>○ Helping to access essential medication at low cost/reasonable cost</li><li>○ Any other</li></ul> <b>(Column-3)</b>	Location of organization of Medical Assistance & Adherence Programs: - <ul style="list-style-type: none"><li>○ In adopted village (Name.....Location/Address.....)</li><li>○ In adopted Urban locality (Name.....Location/Address.....)</li><li>○ In adopted Rural locality (Name.....Location/Address.....)</li><li>○ In adopted School (Name.....Location/Address.....)</li><li>○ In adopted Old Day's Home (Name.....Location/Address.....)</li><li>○ Randomly anywhere</li></ul> <b>(Column-4)</b>
No. of beneficiaries benefitted.....  <b>(Column-5)</b>	Date & Duration (From.....to.....)  <b>(Column-6)</b>
Whether recognized by government: <ul style="list-style-type: none"><li>○ Recognized by Local government</li><li>○ Recognized by District level government authority</li><li>○ Recognized by State Government</li><li>○ Recognized by Central Government</li></ul> <b>(Column-7)</b>	



### Parameter-9.3: - Observations & celebration of National/International days & weeks by Organizations of Community Outreach Programs in past 1 year

#### Data Capture Format for this Programme: -

Whether College is organizing Community Outreach Programs during National/International days & weeks (Yes/NO) <b>(Column-1)</b>	Title of Celebrated National/International Days & weeks <b>(Column-2)</b>
Date & Duration (From.....to.....) <b>(Column-3)</b>	Type of Outreach Programmes organized <ul style="list-style-type: none"><li>○ Medication Awareness Programs</li><li>○ Medication Adherence Support Programs</li><li>○ Medication Assistance Programs</li><li>○ Health Screening &amp; Health Fair Programs</li><li>○ Vaccination Drives</li><li>○ Nutrition Well Ness programs</li><li>○ Any other</li></ul> <b>(Column-4)</b>
<b>Where organized:</b> <ul style="list-style-type: none"><li>○ In adopted village (Name.....Location/Address.....)</li><li>○ In adopted Urban locality (Name.....Location/Address.....)</li><li>○ In adopted Rural locality (Name.....Location/Address.....)</li><li>○ In adopted School (Name.....Location/Address.....)</li><li>○ In adopted Old Day's Home (Name.....Location/Address.....)</li><li>○ Any other</li></ul> <b>(Column-5)</b>	



## 10.0. Criterion-10: Quality Assurance System

### Parameter-10.1: NAAC Score/NIRF Position/Regulator recognized assessment and rating in the last 2 calendar year

Data Capture Format (DCF) for this parameter: -

S. No.	Questions	Response Format
1	Whether the college has/had participated in NAAC Accreditation or NIRF ranking or Regulator recognized Assessment and rating system?	<b>Yes/No</b> If Yes, provide following  NAAC Grade.....  Grade achieved Regulator recognized Assessment rating
2	Has the pharmacy college/institute applied in NIRF India Ranking?	<b>Yes/No</b> If Yes, provide following information  Position in NIRF.....  Year of Ranking.....  Category of Institution.....



### Parameter-10.2: Position NIRF-Innovation Ranking

#### Data Capture Format (DCF) for this parameter: -

S. No.	Questions	Response Format
1	Has the pharmacy college/institute applied in NIRF Innovation Ranking for Year?	<b>Yes/No</b> If Yes, provide following information  Position in NIRF.....  Year of Ranking.....  Category of Institution.....

### Parameter 10.3: Approach of Internal Quality Assurance Cell (IQAC) for strengthening Quality Improvement & Enhancement measures in the pharmacy college/institute

#### Data Capture Format (DCF) for this parameter: -

Questions	Response Format
Has IQAC been constituted?	<b>Yes/No</b>
Does the pharmacy college/institute has documented evidences about Constitution of IQAC?	<b>Yes/No</b>
Does IQAC conduct training programme for staff for making aware them approach of quality improvement and enhancement?	<b>Yes/No</b>
Has IQAC adopted scientific model like PDCA Cycle for improving & enhancing quality?	<b>Yes/No</b>



Does each department conduct its periodical audit & set its targets for periodical quality improvement & enhancement?	Yes/No
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## 11.0. Feedback & Perception of Stakeholders

### Parameter-11.1 - :Feedback from sampled students & Inspiration Index

<b>Dropdown for Semester (.....)</b> <i>(Column-1)</i>	Name of Student <i>(Column-2)</i>
Enrolment No. <i>(Column-3)</i>	Email-id of student <i>(Column-4)</i>
Dropdown (Day scholar, Availing Hostel Facilities of College) <i>(Column-5)</i>	

### Parameter-11.2: -Feedback from sampled Faculty & Loyalty Index

<b>Dropdown for Department (.....)</b> <i>(Column-1)</i>	Name of Faculty <i>(Column-2)</i>
Regulator Registration Number	Email-id of Faculty <i>(Column-4)</i>





<b>(Column-3)</b>	
Aadhar Card No.	Taking Classes (UG, UG+PG, Diploma+UG+PG)
<b>(Column-5)</b>	<b>(Column-5)</b>

### Parameter-11.3 Perception of Alumni towards quality of Institution

<b>Completed B. Pharmacy (Year Dropdown)</b>	Name of Alumni
<b>(Column-1)</b>	<b>(Column-2)</b>
<b>Employment Status</b> (Pursuing Higher Study, employed in Pharmaceutical Industry, Self-employed, Govt. Officer in Pharmacy, Non-employed, Faculty in the College, Employed in other)	Email-id of Alumni
<b>(Column-3)</b>	<b>(Column-4)</b>

### Parameter-11.4 Feedback and reports of Inspection Committee as appointed by Regulator

<b>Date of Inspection</b>	<b>Dropdown for Araes as per SIF</b> (Standard Inspection Format)
<b>(Column-1)</b>	



	(Physical Infrastructure Facilities, Financial Resource-Allocation and Utilizations, Teaching Staff, Academic Requirement, Equipment & Apparatus) <i>(Column-2)</i>
<b>Highlighted Non-compliance observations by Inspection Team</b> <i>(Column-3)</i>	<b>Whether closure action submitted by College to Regulator (Yes/No)</b> <i>(Column-4)</i>
Whether Closure Action approved by Regulator (Yes/No) <i>(Column-5)</i>	