

LIC PROFORMA B.PHARM-II
GUJARAT AYURVED UNIVERSITY JAMNAGAR

**VISITATION PROFORMA FOR ASSESSMENT OF TEACHING AND PRACTICAL TRAINING OF
AYURVEDIC PHARMACEUTICAL SCIENCES COLLEGE**

(To be filled up by the Principal and countersigned by Secretary or President of the Society)

Section 'A'-General Information

I. INFORMATION OF COLLEGE

| | | | |
|-----|---|---|-------------------------|
| 1. | Date of Visitation | | |
| 2. | Name of the College with Complete Address including pin code (mentioning taluka, dist. and other details) | | |
| 3. | Information of communication | | Contact No. of College |
| | | | Contact No. of Hospital |
| | | | Fax |
| | | | Email |
| | | | Website |
| 4. | Information of Principal | | Name |
| | | | Office Tel. No. |
| | | | Residence Tel. No. |
| | | | Mobile No. |
| 5. | Whether Government / Grant-in-aid / Private / Statutory College of University | | |
| 6. | Year of Establishment of Society / Trust | | |
| 7. | Year of Establishment of College | | |
| 8. | Information of President / Secretary of Society/Trust of College (For Private / Private Aided college) | | Name & Address |
| | | | Office Tel. No. |
| | | | Residence Tel. No. |
| | | | Mobile No. |
| 9. | Information of University / Statutory University | 1. Vice chancellor | Name |
| | | | Office Tel. No. |
| | 2. Registrar | | Mobile No. |
| | | | Name |
| 10. | Important information of connectivity | Name of Nearest Airport & Distance (km) | 1. |
| | | | 2. |
| | | | 3. |
| | | Name of Nearest Railway station & Distance (km) | 1. |
| | | | 2. |
| | | | 3. |
| 11. | Fee Structure | For Management seats | |

Signature of Visitors with date

Signature of Principal with date

| | | | |
|-----|--|-------------------------------------|-----------------|
| | | For Government seats | |
| | | Name of the fee fixation authority | |
| 12. | Year of 1 st permission of State Govt. | | |
| 13. | Date & Year of First Permission of GAU with Intake Capacity | | |
| 14. | 1 st affiliation of University. | Name of University | |
| | | Year of 1 st affiliation | |
| 15. | At Present Intake Capacity | Course | Intake Capacity |
| | | UG | |
| 16. | Name of nearest Police Station | Name & Address | |
| | | Telephone Number | |
| 17. | Name of other Ayurvedic Pharmacy Colleges within radius of 50 km | | |

II. DETAILS OF LAND

| | | |
|-----|--|-----------|
| 1. | Total area of land with Society/Trust (in acres) | |
| 2. | Ownership of land (Own/Lease/Rented) | |
| | In the name of the Society/Trust | |
| | In the name of President/Secretary | |
| 3. | Whether entire land is in one plot or more than one. If more than one, then size and distance between these plots | |
| 4. | Whether the land available with the Society/Trust is entirely for Ayurvedic Pharmaceutical Sciences College and attached Hospital or for any other Institute also, if so, details thereof. | |
| 5. | Information regarding other institutions/colleges run by the same society/trust. Whether they are in same building/campus. | |
| 6. | Whether College and Hospital building are in same premises | Yes/No |
| | If no, distance between College and Hospital in km. | |
| 7. | Total area of land allotted to the Ayurvedic Pharmaceutical Sciences college (in acres) | |
| 8. | Total area of land allotted to the hostels (in acres) | |
| 9. | Name of other institutions running in the campus of Ayurvedic Pharmaceutical College | |
| 10. | Whether the College and Hospital building have ever been shifted to some other place since 2003. | Yes/No |
| | If yes, then how many times it has changed the place and whether all the necessary formalities/permission had taken place (Please furnish a copy of relevant documents duly certified) | |
| 11. | Whether the management/society of college (in case of private College) has ever changed since 2003. | Yes/No |
| | If yes, whether all the necessary formalities/permission had taken place (Please furnish a copy of relevant documents duly certified) | |
| 12. | Approval from state government for total no. of seats to be filled by the management / society of college for this course. | Yes / No* |
| 13. | Approval from GAU for total no. of seats to be filled by the management / Society of college for this course. | Yes / No* |
| 14. | Whether the management/society of college has own Ayurved Pharmacy. | Yes / No |
| | If no, MoU's with other Ayurvedic Hospital (Please furnish a copy of relevant documents duly certified) | |

* Attach annexure of approval of seats for this course

Signature of Visitors with date

Signature of Principal with date

SECTION B
INFORMATION OF THE COLLEGE

I. INFORMATION OF ADMITTED STUDENTS

| Year of Admission | No. of Students admitted | | Students admitted by order of Court order. | Name and Date of last admitted student |
|-------------------|--------------------------|------------------|--|--|
| | UG Course | | | |
| | Govt. quota | Management quota | | |
| 20 - | | | | |

Note:-

1. List of students in UG Course admitted in the Years 2011-2014 be furnished as per **ANNEXURE-I**
2. In case admissions done as per court order mention the W.P.No. and attach the copy of court order.
3. If required additional sheet be attached in prescribed format regarding information of PG Course.

II. AREA OF COLLEGE

| Sr.No. | Particulars | Required Area (in Sq.mt) upto 60 intake | Available Area/Remarks |
|--------|--|---|---------------------------|
| | TOTAL CONSTRUCTED AREA OF COLLEGE | 2630 | |
| 1. | Administrative wing a. Principal's Chamber b. Office – I – Establishment c. Office – II – Academics d. Confidential Room e. Meeting Hall (Staff) | 260 50 60 60 30 60 | |
| 2. | Lecturer Hall | 300 (4 classroom x 75) | |
| 3. | Seminar / Conference / Exam Hall | 300 | |
| 4. | Auditorium / Multi Purpose Hall (Desirable) | 600 500 seating capacity | |
| 5. | Library | 300 | |
| 6. | Teaching Departments | 930 | |
| | a. Rasashastra & Bhaishajya Kalpana – II I – Instrument Room II – Store Room | 100 30 30 | |
| | b. Dravyaguna - I Museum | 100 50 | |
| | c. Pharmacognosy of Ayurvedic Drugs – I II – Store Room | 100 20 | |
| | d. Pharmaceutical Analysis of Ayurvedic Drugs - I | 100 | |

Signature of Visitors with date

Signature of Principal with date

| | | | |
|----|--------------------------------------|-------------------------------------|--|
| | e. Physical Pharmacy & Pharmaceutics | 100 | |
| | f. Pharmaceutical Microbiology | 100 | |
| | a. Sterile room for Laminar Flow | 10 | |
| | g. Pharmaceutical Biochemistry | 100 | |
| 7. | Canteen | 100 | |
| 8. | Herbal Garden | Adequate Number of Medicinal Plants | |

* Physical Pharmacy Lab. will be shared with Pharmaceutical Technology Lab.

II – A. HERBAL GARDEN

| Sr.No. | Particulars | Requirement | Available |
|--------|--|-------------|-----------|
| 1. | Area | 1000 sq.mt | |
| 2. | Total number of Medicinal plants with name (List to be enclosed) | 200 | |
| 3. | Irrigation facility – available/not available | Yes | |

III. STAFF FACILITIES:

| Sr. No. | Name of infrastructure | Requirement as per Norms in number | Requirement as per Norms, in area | Available | | Remarks/ Deficiency |
|---------|------------------------------------|------------------------------------|-----------------------------------|-----------|----------------|---------------------|
| | | | | No. | Area in Sq Mts | |
| 2 | Faculty Rooms for B. Pharm. course | | 10 Sq Mts. x n (n=No of teachers) | | | |
| 3. | Library Staff | Librarian Assist. Librarian | 10 Sq Mts. x 2 | | | |

IV. STUDENT FACILITIES:

| Sr. No. | Name of infrastructure | Requirement as per Norms, in area | Available | | Remarks/ Required |
|---------|---|-----------------------------------|-----------|------------------|-------------------|
| | | | No. | Area in Sq. Mts. | |
| 1 | Girl's Common Room (Essential) | 60 Sq. Mts. | | | |
| 2 | Boy's Common Room (Essential) | 60 Sq. Mts. | | | |
| 3 | Toilet Blocks for Boys | 24 Sq. Mts. | | | |
| 4 | Toilet Blocks for Girls | 24 Sq. Mts. | | | |
| 5 | Drinking Water facility – Water Cooler (Essential). | 5 Sq. Mts., each floor | | | |

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Signature of Principal with date

| | | | |
|---|------------------------------------|--|--|
| 6 | Boy's Hostel (Desirable) | 9 Sq. Mts. / Room Single occupancy | |
| 7 | Girl's Hostel (Desirable) | 9 Sq. Mts. / Room (single occupancy) 20 Sq Mts. / Room (triple occupancy) | |
| 8 | Power Backup Provision (Desirable) | ---- | |

IV – A. DETAILS OF HOSTEL

| Hostel | Area (sq.mtr.) | Own / Rented | No. of Rooms | Capacity | Mess facility (available/not available) | Warden (available/not available) |
|--------|----------------|--------------|--------------|----------|---|----------------------------------|
| Boys | | | | | | |
| Girls | | | | | | |

V. AMENITIES

| Sr. No. | Name | Requirement as per Norms in area | Available | | Not Available | Remarks /Deficiency |
|---------|-------------------------------------|----------------------------------|-----------|-------------|---------------|---------------------|
| | | | No. | Area in Sq. | | |
| 1. | Principal quarters | 80 Sq. Mts. | | | | |
| 2. | Staff quarters | 16 x 80 Sq. Mts. | | | | |
| 3. | Canteen | 100 Sq. Mts. | | | | |
| 4. | Parking Area for staff and students | | | | | |
| 5. | Bank Extension Counter | | | | | |
| 6. | Co-operative Stores | | | | | |
| 7. | Guest House | 80 Sq. Mts. | | | | |
| 8. | Transport Facilities for students | | | | | |
| 9. | Medical Facility (First Aid) | | | | | |

VI. DETAILS OF COLLEGE DEPARTMENTS

| Sr. No. | Departments/Subjects | No. of Dept. Library Books | No. of Charts | No. of Models/ Specimen | No. of Praposed Lectures / Practicals carried out in the Academic Year 20 -20 | |
|---------|--|----------------------------|---------------|-------------------------|---|-----------|
| | | | | | Theory | Practical |
| 1. | Rasashastra & Bhaishajya Kalpana –II | | | | | |
| 2. | Dravyaguna – I | | | | | |
| 3. | Pharmacognosy of Ayurvedic Drugs – I | | | | | |
| 4. | Pharmaceutical Analysis of Ayurvedic Drugs – I | | | | | |

Signature of Visitors with date

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| | | | | | | |
|----|-------------------------------------|--|--|--|--|--|
| 5. | Physical Pharmacy and Pharmaceutics | | | | | |
| 6. | Pharmaceutical Microbiology | | | | | |
| 7. | Pharmaceutical Biochemistry | | | | | |
| 8. | Environmental Studies | | | | | |

* Detail list of instruments and equipments attach separately.

VII. DETAILS OF VARIOUS SECTIONS

LIBRARY

| Sr.No. | Details | Number of Books available |
|--------|--|---------------------------|
| 1. | Number of books | |
| (i) | Subjective Books | |
| (ii) | Medical Journals | |
| (iii) | Others (Unani / Siddha, etc.) | |
| (iv) | Total number of books | |
| 2. | Number of seats available in reading room (At least 50 Seats for 60 Intake- 80 Seats for 100 Intake) | |
| 3. | Number of computers with internet facility | |

VIII. INFORMATION OF TEACHING STAFF

| Sr. No. | Department/ Subjects | Number of Teachers required as per GAU Norms | | | Number of Existing Teachers | | | Total |
|---------|--|--|---------------------|---------------------|-----------------------------|---------------------|---------------------|-------|
| | | Professor | Associate professor | Assistant Professor | Professor | Associate professor | Assistant Professor | |
| 1. | Rasashastra and Bhaishajya Kalpana – II | | | 1 | | | | |
| 2. | Dravyaguna – I | | | 1 | | | | |
| 3. | Pharmacognosy of Ayurvedic Drugs – I | | | 1 | | | | |
| 4. | Pharmaceutical Analysis of Ayurvedic Drugs – I | | | 1 | | | | |
| 5. | Physical Pharmacy and Pharmaceutics | | | 1 | | | | |
| 6. | Pharmaceutical Microbiology | | | 1 | | | | |
| 7. | Pharmaceutical Biochemistry | | | 1 | | | | |
| 8. | Environmental Studies | | | --- | | | | |
| | TOTAL | | | 7 | | | | |

Note:- Detailed information of teaching staff be furnished as per Annexure-II

XI. INFORMATION OF VISITING FACULTIES

| Sr. No. | Subject | Faculty Name |
|---------|---------|--------------|
| | | |
| | | |
| | | |

Signature of Visitors with date

Signature of Principal with date

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Note:- Attach Separate sheet of Details of Visiting Faculties Annexure – III

X. DETAILS OF TECHNICAL & OTHER STAFF

| Sr.No. | Department/Subject | Post | Requirement | Available |
|--------------|--|---|------------------|-----------|
| 1. | Library | Librarian | 1 | |
| | | Assistant Librarian | 1 | |
| | | Library Attendant or Peon | 2 | |
| 2. | College Office | Clerical staff for administrative and accounts services | 1 | |
| | | Office Superintendent | 1 | |
| | | Computer Data operator | 3 | |
| | | Store keeper & Peon | | |
| 3. | Rasa Shastra & Bhaishajya Kalpana - II | Laboratory Technician | 1 | |
| | | Laboratory Attenders | 1 | |
| 4. | Dravyaguna | Laboratory Technician | 1 | |
| | | Laboratory Attenders | 1 | |
| 5. | Pharmacognosy of Ayurvedic Drugs – I | Laboratory Technician | 1 | |
| | | Laboratory Attenders | 1 | |
| 6. | Pharmaceutical Analysis of Ayurvedic Drugs – I | Laboratory Technician | 1 | |
| | | Laboratory Attenders | 1 | |
| 7. | Pharmaceutical Microbiology | Laboratory Technician | 1 | |
| | | Laboratory Attenders | 1 | |
| 8. | Pharmaceutical Biochemistry | Laboratory Technician | 1 | |
| | | Laboratory Attenders | 1 | |
| 9. | Herbal Garden | Gardener | --- | |
| 10. | | Cleaning Personal | 1 for Each Floor | |
| TOTAL | | | 25 | |

Note:- Detailed information of technical & other staff be furnished as per Annexure-IV

XI. ADDITIONAL REQUIREMENTS

| | | |
|-----------|---|---|
| 1. | College Council | Available / Not Available |
| i. | No. of Members | |
| ii. | Name of Members (Attach List) | |
| ii. | Yearly No. of Meetings | |
| 2. | Information regarding college website as per norms (Mention the website address) | Yes/No Please furnish the details of information uploaded on College Website as per 9(3) of MSR. |

XII. SALARY INFORMATION OF TEACHERS

| Sr.No. | Pay Scale + Grade pay | Tick whichever applicable | Remarks |
|--------|--------------------------------------|--|---------|
| 1. | Mode of payment through Bank | Yes/No (If no please mention reason thereof) | |
| 2. | Pay Scale + Grade pay | Pay Scale + Grade pay of Professor | |
| | | Pay Scale + Grade pay of Associate Professor | |
| | | Pay Scale + Grade pay of Assistant Professor | |
| 3. | Existing pay scale of teaching staff | State Govt./UGC/others | |
| 4. | Teachers promotion policy as per | Yes/No (If no please mention | |

Signature of Visitors with date

Signature of Principal with date

| | | | |
|--|--------------|-----------------|--|
| | norms of GAU | reason thereof) | |
|--|--------------|-----------------|--|

Signature of Visitors with date

Signature of Principal with date

IX. FINANCIAL INFORMATION

| MONTH WISE EXPENDITURE FROM 1 ST JAN 20 TO 31 ST DEC 20 | | | | | | | | | |
|---|-----------|--------------------------------|------------------------------------|--|---|---|-----------------------------|---------------------------------|---|
| Sr. No | Month | Total salary of teaching staff | Total salary of non teaching staff | Total expenditure on purchase of new books | Total expenditure on furniture & fixtures | Total expenditure on equipments & instruments | Total purchase of raw drugs | Total purchase of Lab chemicals | Building construction and other expenditure |
| 1 | January | | | | | | | | |
| 2 | February | | | | | | | | |
| 3 | March | | | | | | | | |
| 4 | April | | | | | | | | |
| 5 | May | | | | | | | | |
| 6 | June | | | | | | | | |
| 7 | July | | | | | | | | |
| 8 | August | | | | | | | | |
| 9 | September | | | | | | | | |
| 10 | October | | | | | | | | |
| 11 | November | | | | | | | | |
| 12 | December | | | | | | | | |
| Total | | | | | | | | | |
| GRAND TOTAL OF EXPENDITURE from 1 st Jan 20 to 31 st Dec 20 | | | | | | | | | |
| TOTAL INCOME from 1 st Jan 20 to 31 st Dec 20 | | | | | | | | | |

Signature of Visitors with date

Signature of Principal with date

SECTION C**OTHER ALLIED & INFRASTRUCTURE REQUIREMENTS****I) SPORTS AND GAMES FACILITY**

| | |
|---|--|
| Sports and Games Facility – available / not available | |
|---|--|

II) TRANSPORT FACILITY

| | |
|--|--|
| Transport facility – available/not available | |
|--|--|

III) PROGRESS MADE BY THE INSTITUTION IN LAST YEAR ON SALIENT POINTS

| Sr. No. | Important Information of College | Progress made by college |
|---------|---|--------------------------|
| 1. | Construction of college and hospital building | |
| 2. | Appointment of Teaching staff | |
| 3. | Appointment of Non-Teaching staff | |
| 4. | Appointment of Paramedical and other Hospital staff | |
| 5. | Expansion of various departments of college | |
| 6. | Expansion of Herbal Garden, Plantation of New Plants | |
| 7. | Any national/international/state level seminars, ROTP, etc. | |
| 8. | Publication by college and teaching staff | |
| 9. | Research activities if any | |
| 10. | Awards won by teaching staffs and students | |

Signature of Visitors with date

Signature of Principal with date

IV. Declaration of Principal of the College

I, _____ s/o Shri _____ Principal,
_____ (name of the College)
solemnly writing that if any information provided by me in Proforma and **Annexures** found false, I shall be held responsible in the matter. I shall have no objection if any legal action is taken by the GAU against me.

Signature of Principal

Dated _____

Place: _____

Name with Stamp

V. Declaration of Secretary/President of the Trust / Society of the College

I, _____ s/o Shri _____
Secretary/President, _____ (name of
the Society) solemnly state that, looking after the management of the college & hospital.
The information provided by the Principal in the proforma and **Annexures** are true. If any
information provided by the Principal found false the undersigned has no objection for any
legal action initiated by the GAU against the Principal and me.

Signature of

Secretary/President

Dated _____

Place: _____

Name with Stamp

LIST OF ANNEXURES TO BE SUBMITTED BY COLLEGE

| Sr.No. | Annexure Number | Name of the Annexure |
|---------------|------------------------|---|
| 1. | Annexure-I | Details of students admitted in Under Graduate course for the year 20 - , 20 - & 20 - . |
| 2. | Annexure-II | Proforma to furnish the details of Teaching Staff |
| 3. | Annexure-III | Details of Visiting Faculties |
| 4. | Annexure-IV | Proforma to furnish the details of Non-Teaching & Other Staff |
| 5. | Annexure -V | Details of Equipment & Instruments for various sections of College |
| | A) | Rasashastra and Bhaishajya Kalpana Laboratory (Teaching) |
| | B) | Dravyaguna |
| | C) | Pharmacognosy of Ayurvedic Drugs |
| | D) | Pharmaceutical Analysis of Ayurvedic Drugs |
| | E) | Physical Pharmacy and Pharmaceutics |
| | F) | Pharmaceutical Microbiology |
| | G) | Pharmaceutical Biochemistry |
| 6. | Annexure-VI | Notarized Affidavit to be filled up by Newly Appointed Teachers after last visitation in the given format |
| 7. | Annexure VII | Soft copy (in CD/DVD) and hard copy group photographs with Teaching staff and non-teaching staff of College and the visiting faculties separately. The name of each staff member should be mentioned on the bottom of the photograph. |
| 8. | Annexure VIII | Soft copy (in CD/DVD) of Annexure-II (Details of Teaching Staff) in MS Excel (.xls or .xlsx) format |

Signature of Visitors with date

Signature of Principal with date

ANNEXURE-I

DETAILS OF UNDER GRADUATE STUDENTS ADMITTED IN THE YEAR 20 -20 , 20 -20 & 20 -20 *

| Sr. No | Name of Student | Father's Name | Date of Birth | Fee Receipt number and date | Residential address | Management Quota | % of PCB in 10+2 | Category (Gen./ SC/ST/ OBC/ others) |
|--------|-----------------|---------------|---------------|-----------------------------|---------------------|------------------|------------------|--------------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

* If applicable

Signature of Visitors with date

Signature of Principal with date

ANNEXURE-II

PROFORMA TO FURNISH THE DETAILS OF TEACHING STAFF

| Sr. No | Name of the Teacher | | | Father's Name | Date of Birth | UG Qualification (University & year) | PG Qualification with subject (University & year) | Date wise details of Experience in chronological order (1 st appointment to till date) | | | Department (Subject of) | Nature of present appointment (regular/ contractual/ deputation/ part time/ adhoc) | Local Residential Address | Permanent Address | Name of State Board & Registration Number | Salary Account Number , Name of Bank & Branch | Telephone Number & Mobile Number of Teacher | Photograph of Teacher (Attested by the Principal) | Signature of Teacher (At the time of visitation) |
|--------|---------------------|------------|-------------|---------------|---------------|--------------------------------------|---|---|-------------|---------------------|-------------------------|--|---------------------------|-------------------|---|---|---|---|---|
| | Sur Name | First Name | Middle name | | | | | Duration | Designation | Name of the college | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

Note: Please download a copy of Annexure I in MS Excel Format (.xls) from the university Website www.ayurveduniversity.edu.in and fill up the details and annex the same as softcopy in the form of CD/DVD as Annexure VI. Enclose a Printed / hard copy of the same as **ANNEXURE I** and attach the certified copies of UG Registration Certificates, experience certificates, joining Report, Relieving Order, Form No. 16 and all other relevant documents and original notarized affidavit.

If any teaching staff is promoted after submitting notarized affidavit he/she may submit a new affidavit along with necessary documents and get duly verified by the visitors.

Signature of Visitors with date

Signature of Principal with date

ANNEXURE-III

DETAILS OF VISITING FACULTIES

| Sr. No | Name of the Teacher | | | Father's Name | Date of Birth | UG Qualification (University & year) | PG Qualification with subject (University & year) | Date wise details of Experience in chronological order (1 st appointment to till date) | | | Department (Subject of) | Nature of present appointment (regular/ contractual/ deputation/ part time/ adhoc) | Local Residential Address | Permanent Address | Name of State Board & Registration Number | Salary Account Number , Name of Bank & Branch | Telephone Number & Mobile Number of Teacher | Photograph of Teacher (Attested by the Principal) | Signature of Teacher (At the time of visitation) |
|--------|---------------------|------------|-------------|---------------|---------------|--------------------------------------|---|---|-------------|---------------------|--------------------------|--|---------------------------|-------------------|---|---|---|--|---|
| | Sur Name | First Name | Middle name | | | | | Duration | Designation | Name of the college | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

Note: Please download a copy of Annexure III in MS Excel Format (.xls) from the university Website www.ayurveduniversity.edu.in and fill up the details and annex the same as softcopy in the form of CD/DVD as Annexure VIII. Enclose a Printed / hard copy of the same as ANNEXURE III and attach the certified copies of UG Registration Certificates, experience certificates, joining Report, Relieving Order, Form No. 16 and all other relevant documents and original notarized affidavit.

Signature of Visitors with date

Signature of Principal with date

ANNEXURE-IV

PROFORMA TO FURNISH THE DETAILS OF NON – TEACHING & OTHER STAFF

| Sr. No. | Name of Employee | Father's Name | Qualification | Date of Appointment | Nature of Appointment (regular/contractual/Part time) | Designation | Name of working department | Pay Scale |
|---------|------------------|---------------|---------------|---------------------|---|-------------|----------------------------|-----------|
| | | | | | | | | |

Signature of Visitors with date

Signature of Principal with date

Annexure - V

DETAILS OF EQUIPMENT AND INSTRUMENTS FOR VARIOUS SECTIONS OF COLLEGE**A) RASASHASTRA AND BHAI SHAJYA KALPANA DEPARTMENT****Essential Requirement**

| Sr. No. | Name | Minimum Requirement | Number of Instruments and Equipments available |
|----------------|---|----------------------------------|---|
| 1. | Utensils S.S. pateela- 5 lt. S.S. Dishes (tras) S.S. flat dishes (Lids for pateela) Small Darvi (For Parpati) Plastic sieves | 05 04 05 05 05 | |
| 2. | YANTRAS- Urdhva patana Adhaha patana Tiryaka patana | 01 01 01 | |
| 3. | Earthen vessels - Sarava Pots (For patana) Nand Lamp (Clay Diya-For Sveta parpati) | 01 dozen 06 01 01 dozen | |
| 4. | Enamel Trays (Medium size) | 06 | |
| 5. | Jute bag (Sack) | 02 | |
| 6. | Pill cutting machine (Lab. scale) | 01 | |
| 7. | Pulverizer (Lab. scale) | 01 | |
| 8. | Oven (Lab. scale) | 01 | |

*Signature of Visitors with date**Signature of Principal with date*

Note: - Khalva yantra etc. included in previous list.

Desirable Requirement

| Sr. No. | Name | Minimum Requirement | Number of Instruments and Equipments available |
|---------|--------------------------------------|---------------------|--|
| 1. | Stick making machine (Lab. scale) | 01 | |
| 2. | Pill cutting machine (Lab. scale) | 01 | |
| 3. | Granulator (Lab. scale) | 01 | |
| 4. | Tablet punching machine (Lab. scale) | 01 | |

B) DRAVYAGUNA DEPARTMENT

LIST OF GLASSWARES

| Sr.No. | Name | Requirement | Available Number |
|--------|-------------|-------------|------------------|
| 1. | Plastic jar | 25 | |

LIST OF INSTRUMENTS

| Sr. No. | Essential Equipment and Instruments | Requirement | Available Number |
|---------|-------------------------------------|-------------|------------------|
| 1. | Field magnifier | 1 | |
| 2. | Compound microscope | 10 | |
| 3. | Dissecting Microscope | 20 | |
| 4. | Vasculam | 1 | |
| 5. | Herbarium press | 1 | |
| 6. | Hot plate | 1 | |
| 7. | Hot air oven | 1 | |

C) PHARMACOGNOSY DEPARTMENT

| Sr. No. | Instrument | Minimum Requirement | Available Nos. | Remarks / Required |
|---------|--------------------------|---------------------|----------------|--------------------|
| 1 | Dissecting Microscope | 25 | | |
| 2 | Compound Microscope with | 25 | | |
| 3 | Magnifying Lens | 25 | | |
| 4 | Refrigerator | 01 | | |
| 5 | Mixer Grinder | 01 | | |
| 6 | Mortar & Pastel | 05 | | |
| 7 | Mortar & Pastel | 05 | | |
| 8 | Projection Microscope | 01 | | |
| 9 | Water bath | 01 | | |
| 10 | Slides | 3 Boxes | | |

Signature of Visitors with date

Signature of Principal with date

| | | | | |
|----|-------------|-------------|--|--|
| 11 | Cover Slips | 3 Boxes | | |
| 12 | Watch Glass | 20 Small | | |
| 13 | Watch Glass | 20 Medium | | |
| 14 | Watch Glass | 20 Large | | |
| 15 | Needles | 50 | | |
| 16 | Forceps | 20 Small | | |
| 17 | Forceps | 20 Large | | |
| 18 | Beaker | 20 - 50 ml | | |
| 19 | Beaker | 20 – 100 ml | | |
| 20 | Petri Dish | 25 – Medium | | |

D) PHARMACEUTICAL ANALYSIS DEPARTMENT

LIST OF GLASSWARES

| Sr.No. | Name of glassware | Requirement | Available Number |
|--------|---|-------------|------------------|
| 1 | Burette | 20 | |
| 2 | Vol. Pipette 10ml. | 20 | |
| 3 | Vol. Pipette 25ml | 20 | |
| 4 | Gra. Pipette 1ml | 10 | |
| 5 | Gra. Pipette 2ml | 10 | |
| 6 | Gra. Pipette 5 ml | 10 | |
| 7 | Gra. Pipette 10 ml | 10 | |
| 8 | Wire gauze | 50 | |
| 9 | Tripod stand | 20 | |
| 10 | Burette Stand | 20 | |
| 11 | Watch glass | 50 | |
| 12 | Measuring cylinder 10ml | 25 | |
| 13 | Measuring cylinder 50ml | 25 | |
| 14 | Measuring cylinder 100ml | 25 | |
| 15 | Iodometric flask | 20 | |
| 16 | Volumetric flask 100ml | 50 | |
| 17 | Conical flask 250ml | 50 | |
| 18 | Conical flask 100ml | 50 | |
| 19 | Thermometer 360 | 25 | |
| 20 | Specific gravity bottle 25ml | 25 | |
| 21 | Specific gravity bottle 25ml with thermometer | 5 | |
| 22 | Funnel 75mm | 50 | |
| 23 | Water Condenser | 25 | |
| 24 | Evaporating Dish | 25 | |
| 25 | Spatulla | 25 | |
| 26 | Platinum wire | 25 | |
| 27 | Test tube stand | 25 | |
| 28 | Test tubes | box 2 | |
| 29 | Clevenger's apparatus | 5 | |
| 30 | Soxhlet apparatus (1000ml) | 5 | |
| 31 | Crucible | 25 | |
| 32 | Volumetric flask 250ml | 10 | |

Signature of Visitors with date

Signature of Principal with date

| | | | |
|----|-----------------------|----|--|
| 33 | Volumetric flask 10ml | 10 | |
|----|-----------------------|----|--|

LIST OF INSTRUMENTS

| Sr.No. | Name of Instruments | Available Nos. | Remarks / Required |
|--------|---------------------------------------|----------------|--------------------|
| 1 | Hot plate | | 2 |
| 2 | Digital pH meter | | 2 |
| 3 | Distillation Unit | | 1 |
| 4 | Analytical Balances for demonstration | | 1 |
| 5 | Digital balance 10mg sensitivity | | 1 |
| 6 | Digital Balance (1mg sensitivity) | | 1 |
| 7 | Water Bath | | 3 |
| 8 | Muffle Furnace | | 1 |
| 9 | Mechanical Stirrers | | 2 |
| 10 | Magnetic Stirrers with Thermostat | | 2 |
| 11 | Hot Plate | | 3 |
| 12 | Pfizer hardness tester | | 2 |
| 13 | Water bath 6 holes | | 3 |
| 14 | Monsanto Hardness Tester | | |
| 15 | Monsanto hardness tester | | 5 |
| 16 | Friability Tester | | |

E) PHYSICAL PHARMACY AND PHARMACEUTICS DEPARTMENT**LIST OF GLASSWARES**

| Sr. No | Name | Quantity. | Requirement | Remarks |
|--------|-------------------------|------------|-------------|---------|
| 1 | Stalagmomenometer | | 25 | |
| 2 | Specific Gravity Bottle | | 25 | |
| 3 | Ostwalds viscometer | | 25 | |
| 4 | Mortar pastle | 8 inch Dia | 20 | |
| 5 | Beaker | 50 ml | 25 | |
| 6 | Beaker | 100 ml | 25 | |
| 7 | Beaker | 250 ml | 25 | |
| 8 | Beaker | 500 ml | 5 | |
| 9 | Measuring cylinder | 100 ml | 25 | |
| 10 | Measuring cylinder | 50 ml | 25 | |
| 11 | Measuring cylinder | 10 ml | 25 | |
| 12 | Spatula | | 30 | |
| 13 | Tripod stand | 8 inch | 20 | |
| 14 | Funnel | 6 inch | 20 | |
| 15 | Funnel | 4 inch | 20 | |
| 16 | Evaporating disc | 4 inch | 25 | |
| 17 | Evaporating disc | 3 inch | 25 | |
| 18 | Bunsen Burner | 6 inch | 20 | |

Signature of Visitors with date

Signature of Principal with date

| | | | | |
|----|-----------------|--|-----|--|
| 19 | Test Tube | | 200 | |
| 20 | Test Tube stand | | 25 | |

LIST OF INSTRUMENTS

| Sr. No. | INSTRUMENTS | Requirement | Remarks |
|---------|---|-------------|---------|
| 1 | Weighing balance(4 Digit) | 4 | |
| 2 | Tapping Device for sieves (Particle size determination) | 1 | |
| 3 | Vacuum pump 0.5 HP | 1 | |
| 4 | Digital Balance (0.001 gm capacity) | 2 | |
| 5 | Jacketed vessel (for Semisolid products) | 1 | |
| 6 | Water Bath | 2 | |
| 7 | Digital Viscometer (Cone Plate Viscometer) | 1 | |
| 8 | fully automatic Digital Powder Characteristic Tester | 1 | |
| 9 | Optical Microscope with Camera Lucida and Monitor Attachment | 1 | |
| 10 | Hot Air Oven | 1 | |
| 11 | Digital Balance (10 mg Variation) | 10 | |
| 12 | Computer (With Internal Lan or WIFI)(2 for staff and 1 for Instrumentation Lab.) with printing facility | 3 | |
| 13 | LCD Projector | 1 | |
| 14 | LCD Projector Mount | 1 | |
| 15 | Laptop (for 1. LCD projector) | 1 | |
| 16 | UPS for Computer / LCD projector | 3 | |
| 17 | 3 in 1 Printer | 1 | |
| 18 | Scott Volumeter (Powder bulk density volumeter) | 5 | |
| 19 | Software for Partical size analyzer | 1 | |
| 20 | Automated Tablet Testing System (for W,T,L,H) | 1 | |
| 21 | 21 CFR Part 11 compliant and LIMS capable software for Tablet testing System | 1 | |

F) MICROBIOLOGY DEPARTMENT**LIST OF GLASSWARES**

| Sr. No. | Name of Glassware | Quantity |
|---------|---------------------------------|----------|
| 1. | Flask 50 ml | 6 |
| 2. | Flask 100 ml | 6 |
| 3. | Flask 250 ml | 12 |
| 4. | Flask 500 ml | 6 |
| 5. | Test tube | 200 |
| 6. | Sugar tube | 100 |
| 7. | Glass pipettes 10ml, 5 ml,1 ml | 20 each |
| 8. | Measuring cylinder 50 ml,100 ml | 5 each |
| 9. | Glass beaker 250 ml,500 ml | 5 each |
| 10. | Glass slide | 2 box |
| 11 | Cavity slide | 1 box |
| 12. | Glass spreader | 10 |

Signature of Visitors with date

Signature of Principal with date

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|--------------------|--|----------------|
| 13. | L spreader | 1 box |
| 14. | Cover slip | 2 box |
| Other requirements | | |
| 1. | Cup borer | 1 set |
| 2. | Wire loop | 10 pieces |
| 3. | Cotton | 5 roles |
| 4. | Tripod stand with wire gorse | 5 each |
| 6. | Auto pipette(5-50 μ l), (20-200 μ l), (100-1000 μ l), (1-5 ml) | 2/ each range |
| 7. | Tips of all range | 2 packets each |
| 8. | Tip box of 1ml & 500 μ l tips | 2 box each |

LIST OF INSTRUMENTS**Essential Requirement**

| Sr. No. | Name of Instrument | Quantity |
|---------|-------------------------|----------|
| 1. | Compound Microscope | Min 20 |
| 2. | Autoclave | 2 |
| 3. | Orbital shaker | 1 |
| 4. | Burner | Min 6 |
| 5. | Water bath | 1 |
| 6. | Gas cylinder | 1 |
| 7. | Digital balance machine | 1 |
| 8. | Spectrophotometer | 1 |
| 9. | Colorimeter | 1 |
| 10. | Hot air oven | 1 |
| 11. | Refrigerator | 1 |
| 12. | pH meter | 2 |

Desirable Requirement

| Sr. No. | Name of Instrument | Quantity |
|---------|-------------------------|----------|
| 1. | Laminar air flow | 1 |
| 2. | Hot plate | 1 |
| 3. | Incubator | 1 |
| 4. | Incubator with humidity | 1 |

G) BIOCHEMISTRY DEPARTMENT**LIST OF GLASSWARES**

| Sr. No. | Name of Glassware | Quantity |
|---------|--|----------|
| 1. | Flask 50 ml | 6 |
| 2. | Flask 100 ml | 6 |
| 3. | Flask 250 ml | 12 |
| 4. | Flask 500 ml | 6 |
| 5. | Test tube | 200 |
| 6. | Glass pipettes 10ml, 5 ml, 2 ml, 1 ml | 20 each |
| 7. | Measuring cylinder 50 ml, 100 ml, 250 ml, 500 ml | 10 each |
| 8. | Graduated Beaker 50 ml, 100 ml, 250 ml, 500 ml | 20 each |
| 9. | Burette 50 ml | 20 |

Signature of Visitors with date

Signature of Principal with date

| | | |
|--------------------|---|----------------|
| 10. | Volumetric flask 100 ml,250 ml,500 ml | 20 each |
| Other requirements | | |
| 1. | Tripod stand with wire gauze | 5 each |
| 2. | Auto pipette(5-50 µl) ,(20-200 µl) ,(100-1000 µl) ,(1-5 ml) | 2/ each range |
| 3. | Tips of all range | 2 packets each |
| 4. | Tip box of 1ml & 500 µl tips | 2 box each |

LIST OF INSTRUMENTS**Essential Requirement**

| Sr. No. | Name of Instrument | Quantity |
|---------|-----------------------------|----------|
| 1. | Digital colorimeter | 2 |
| 2. | Spectrophotometer | 1 |
| 3. | Refrigerator | 1 |
| 4. | Water bath | 1 |
| 5. | High speed centrifuge | 1 |
| 6. | Digital balance | 1 |
| 7. | Gel Electrophoresis Chamber | 1 |
| 8. | pH meter | 2 |

Desirable Requirement

| Sr. No. | Name of Instrument | Quantity |
|---------|--------------------|----------|
| 3. | Vortex mixture | 1 |
| 6. | Hot air oven | 1 |
| 7. | Incubator | 1 |

LIST OF CHEMICALS**A) DRAVYGUNA**

| Sr.No. | Name of chemical | Pack size ml/gm | Available |
|--------|------------------|-----------------|-----------|
| 1. | Formalin | 5 lit | |
| 2. | Ethyl Alcohol | 2 lit | |
| 3. | Acetic acid | 2 lit | |
| 4. | Glycerine | 200 ml | |

B) PHARMACOGNOSY DEPARTMENT

| Sr. No. | Chemicals | Minimum Requirments | Available Nos. | Remarks / Required |
|---------|--------------------------------|---------------------|----------------|--------------------|
| 1 | Phloroglucinol | 2 Packs | | |
| 2 | HCl | 500 ml | | |
| 3 | Chloral Hydrate | 1 Kg. | | |
| 4 | Iodine Solution | 500 ml | | |
| 5 | Sudan III | 500 ml | | |
| 6 | Ruthenium Red | 1 gm | | |
| 7 | H ₂ SO ₄ | 500 ml | | |
| 8 | HNO ₃ | 500 ml | | |
| 9 | Lactophenol | 500 ml | | |

Signature of Visitors with date

Signature of Principal with date

| | | | | |
|----|-------------------------------|--------|--|--|
| 10 | Petroleum Ether Light | 1 Ltr. | | |
| 11 | Resorcinol | 100 gm | | |
| 12 | Borax | 100 gm | | |
| 13 | H ₂ O ₂ | 500 ml | | |
| 14 | Fehling's I | 500 ml | | |
| 15 | Fehling's II | 500 ml | | |
| 16 | Methanol | 1 Ltr | | |
| 17 | Chloroform | 500 ml | | |
| 18 | Acetic Acid | 500 ml | | |
| 19 | α – naphthol | 500 gm | | |
| 20 | Molisch's Reagent | 500 ml | | |
| 21 | Formaldehyde | 5 Ltr | | |
| 22 | Lead subacetate | 500 ml | | |
| 23 | Lead acetate | 500ml | | |

C) PHARMACEUTICAL ANALYSIS DEPARTMENT

| Sr.No. | Name of chemical | Pack size ml/gm | Available Nos. | Remarks / Required |
|--------|--------------------------------|-----------------|----------------|--------------------|
| 1 | Phenolphthalein indicator | 50gm | | |
| 2 | Potassium hydroxide | 500gm | | |
| 3 | Carbon tetrachloride, | 1.5 lit | | |
| 4 | Silver nitrate LR | 50gm | | |
| 5 | Ammonium hydroxide | 500gm | | |
| 6 | Acetone | 2.5 lit. | | |
| 7 | Potassium iodine solution (KI) | 500gm | | |
| 8 | Sodium thiosulphate | 250gm | | |
| 9 | Starch Powder | 250gm | | |
| 10 | Conc. HCl | 2.5 lit | | |
| 11 | Sodium hydroxide | 500gm | | |
| 12 | ammonium hydroxide | 250gm | | |
| 13 | Ferric chloride | 250gm | | |
| 14 | lead acetate | 250gm | | |
| 15 | Ammonium hydroxide | 250gm | | |
| 16 | Potassium ferricyanide | 250gm | | |
| 17 | Potassium hydroxide | 250gm | | |
| 18 | Mayer's reagent, | 125ml | | |
| 19 | Picric acid | 125ml | | |
| 20 | Wagner's reagent | 125ml | | |
| 21 | Dragendroff's reagent, | 125ml | | |
| 22 | Conc. Sulphuric acid | 2.5 lit | | |
| 23 | Ferric ammonium sulphate | 250gm | | |
| 24 | Chloroform | 1.5 lit | | |
| 25 | Ammonium thiocyanate | 250gm | | |
| 33 | Potassium paramagnet | 50gm | | |
| 34 | Methyl orange indicator | 25gm | | |
| 35 | Ammonium oxalate | 250gm | | |

Signature of Visitors with date

Signature of Principal with date

| | | | | |
|----|--|---------|--|--|
| 36 | FAS indicator (Ferric ammonium sulphate) | 25gm | | |
| 37 | Ferrous sulphate | 250gm | | |
| 38 | Conc.HNO ₃ | 2.5 lit | | |
| 39 | Iodine monochloride (Wiji's solution) | 1.5 lit | | |
| 40 | Ethanol | 2.5 lit | | |
| 41 | Methanol | 2.5 lit | | |
| 42 | Isopropyl alcohol | 1.5 lit | | |
| 43 | Diethyl ether | 2.5 lit | | |
| 44 | Ferrous sulphate | 500gm | | |
| 45 | Kaolin powder | 250gm | | |

D) PHYSICAL PHARMACY AND PHARMACEUTICS

| sr. No. | CHEMICALS | Pack Size ml / Gm | Piece |
|---------|-------------------------------|-------------------|-------|
| 1 | Acetone | 2.5litre | 1 |
| 2 | Acacia | 500 | 1 |
| 3 | Acetone | 500 | 1 |
| 4 | Arachis oil | 500 | 2 |
| 5 | Bantonite | 250 | 1 |
| 6 | Benzene | 500 | 1 |
| 7 | Benzoic Acid | 500 | 1 |
| 8 | Butyl Acetate | 500 | 1 |
| 9 | Calcium carbonate | 500 | 6 |
| 10 | Calcium Chloride | 500 | 1 |
| 11 | Chloroform | 500 | 1 |
| 12 | Dextrose | 500 | 3 |
| 13 | Disodium Citrate | 500 | 1 |
| 14 | Ethyl Acetate | 500 | 1 |
| 15 | Ethyl Cellulose | 500 | 1 |
| 16 | Glycerine | 500 | 4 |
| 17 | Iso-propyl Alcohol (LR grade) | 500 | 3 |
| 18 | Lactose | 500 | 2 |
| 19 | m-Cresol | 500 | 2 |
| 20 | Menthol | 100 | 1 |
| 21 | Methanol | 2.5 lit | 2 |
| 22 | Oleic Acid | 500 | 1 |
| 23 | SLS (powder) | 500 | 1 |
| 24 | Sodium Bicarbonate | 500 | 2 |
| 25 | Sodium Carbonate | 500 | 4 |
| 26 | Sodium Chloride | 500 | 1 |
| 27 | Sodium Sulphide | 500 | 1 |
| 28 | Span 2000 | 500 | 1 |
| 29 | Span 8000 | 500 | 1 |
| 30 | Starch Powder | 500 | 3 |

Signature of Visitors with date

Signature of Principal with date

| | | | |
|----|--------------------|--------|---|
| 31 | Stearic Acid | 500 | 1 |
| 32 | Stearyl alcohol | 500 | 1 |
| 33 | Sucrose (LR Grade) | 500 | 2 |
| 34 | Talc | 500 | 2 |
| 35 | Titanium dioxide | 500 | 1 |
| 36 | Toluene | 500 | 2 |
| 37 | Tragakanth Gum | 500 | 1 |
| 38 | Tween 20 | 500 | 1 |
| 39 | Tween 80 | 500 | 1 |
| 40 | zinc oxide | 500 gm | 1 |

E) MICROIOLOGY DEPARTMENT

| Sr. No. | Name of Media | Quantity | Req. Quantity |
|---------|---------------------------------------|----------|---------------|
| 1. | Nutrient agar | 250 gm | 2 |
| 2. | Nutrient broth | 250 gm | 2 |
| 3. | Saubaurase dextrose broth | 250 gm | 2 |
| 4. | Potato extract broth | 250 gm | 2 |
| 5. | Peptone | 250 gm | 1 |
| 6. | Yeast extract | 250 gm | 1 |
| 7. | Agar Agar powder | 250 gm | 2 |
| 8. | Mac-conkey agar | 250 gm | 1 |
| 9. | Simmon citrate agar | 250 gm | 1 |
| 10. | Eosine methylene blue agar (EMB agar) | 250 gm | 1 |
| 11. | Isopropyl alcohol (LR grade) | 500 ml | 1 |
| 12. | Crystal violet | 100 gm | 2 |
| 13. | Methylene blue | 100 gm | 2 |
| 14. | Nigrosine black stain (10%) | 100 ml | 2 |
| 15. | Gram's iodine | 100 gm | 2 |
| 16. | Paraffin strip to cover Petri plate | ----- | 1 role |
| 17. | Acetone | 500 ml | 1 |
| 18. | Safranin | 100 gm | 2 |
| 19. | Ziehl's carbol fuchsin | 100 gm | 2 |
| 20. | Malachite green | 100 gm | 2 |
| 21. | Copper sulphate | 500 gm | 1 |
| 22. | Potassium permanganate | 500 gm | 1 |
| 23. | Chloroform | 500 ml | 1 |
| 24. | Albert's stain | 100 ml | 2 |
| 25. | Lygol's iodine | 100 gm | 2 |
| 26. | Tannic acid | 100 ml | 2 |
| 27. | Congo red | 100 gm | 2 |
| 28. | Xylene | 500 ml | 1 |
| 29. | Methanol | 500 ml | 1 |
| 30. | Ethanol | 500 ml | 1 |
| 31. | HCl | 500 ml | 1 |
| 32. | H2SO4 | 500 ml | 1 |
| 33. | Chloroform | 500 ml | 1 |
| 34. | Methyl red | 100 gm | 2 |
| 35. | Potassium iodide | 100 gm | 2 |

F) BIOCHEMISTRY DEPARTMENT

| Sr. No. | Name of chemical | Quantity |
|---------|------------------|----------|
|---------|------------------|----------|

Signature of Visitors with date
Signature of Principal with date

| | | |
|-----|----------------------------|---------|
| 1. | Sodium potassium tartarate | 500 gms |
| 2. | Ammonium molybdate | 100 gms |
| 3. | Sodium tungstate | 100 gms |
| 4. | Cholesterol | 25 gms |
| 5. | Diacetyl monoxime | 100 gms |
| 6. | Thio semi carbazide | 100 gms |
| 7. | Sulphanilic acid | 100 gms |
| 8. | Urea | 500 gms |
| 9. | Sodium arsenate | 100 gms |
| 10. | Potassium ferrycynide | 25 gms |
| 11. | Succinic acid | 500 gms |
| 12. | Bromocresol green | 25 gms |
| 13. | Phosphotungstic acid | 100 gms |
| 14. | Ferric chloride | 500 gms |
| 15. | Acetic acid | 500 ml |
| 16. | o- toluidine | 500 ml |
| 17. | Phenol reagent | 500 ml |
| 18. | L- aspartic acid | 25 gms |
| 19. | α ketoglutarate | 25 gms |
| 20. | Creatinine | 25 gms |
| 21. | Phenolphthelein | 500 gms |
| 22. | Methanol | 500 ml |
| 23. | Sodium sulphate | 500 gms |
| 24. | Copper sulphate | 500 gms |
| 25. | Sodium bicarbonate | 500 gms |
| 26. | Dextrose | 500 gms |
| 27. | Sodium benzoate | 500 gms |
| 28. | Sodium nitrate | 500 gms |
| 29. | Sodium hydroxide pellets | 500 gms |
| 30. | Diethyl ether | 500 ml |
| 31. | Sulphosalicylic acid | 500 gms |
| 32. | Sodium carbonate | 100 gms |
| 33. | HCl | 500 ml |
| 34. | Sulphuric acid | 500 ml |
| 35. | Topffer's reagent | 500 ml |
| 36. | Potassium permanganate | 100 gms |
| 37. | Sodium chloride | 100 gms |
| 38. | EDTA powder | 25 gms |
| 39. | Acetone | 500 ml |
| 40. | Ammonium oxalate | 500 gms |
| 41. | Brij 35 | 500 gms |
| 42. | Picric acid | 500 gms |
| 43. | Orthophosphoric acid | 500 ml |
| 44. | Bovine albumin | 5 gms |
| 45. | Ammonium chloride | 500 gms |
| 46. | Orcinol reagent | 100 gms |
| 47. | Copper acetate | 500 gms |
| 48. | Benedict's solution | 500 ml |
| 49. | Copper sulphate | 500 gms |
| 50. | Barbaturic acid | 500 gms |
| 51. | Acetic acid | 500 ml |
| 52. | Phenyl hydrazine | 100 gms |
| 53. | Sodium azide | 100 gms |
| 54. | Thio urea | 500 gms |
| 55. | Thimol crystals | 100 gms |

Signature of Visitors with date

Signature of Principal with date

| |
|---|
| Pass Port Size Photograph (To be attested by) |
|---|

ANNEXURE VI

**NOTARISED AFFIDAVIT TO BE FILLED UP BY NEWLY APPOINTED
TEACHERS AFTER LAST VISITATION
IN THE GIVEN FORMAT**

| Sr. No. | Information of Teacher | To be filled up by Teacher | | | |
|---------|---|--|-----------------------------|--------------------|----------------------------|
| 1. | Name of the Teacher (Sur Name- First Name- Middle Name) | | | | |
| 2. | Change of Name (if Applicable after marriage) | | | | |
| 3. | Date of Birth (dd / mm / yyyy) (xx/xx/xxxx) | | | | |
| 4. | UG Qualification (University & year) | Year | | | |
| | | Name of the University | | | |
| 5. | PG Qualification with subject (University & year) of completion | Subject | | | |
| | | Year | | | |
| | | Name of the University | | | |
| 6. | Ph.D (if applicable) | Subject | | | |
| | | Year | | | |
| | | Name of the University | | | |
| 7. | Post wise details of Experience in chronological order (* Date, Month and Year wise experience should be mentioned) | Duration (dd/mm/yyyy) to (dd/mm/yyyy) | Department (Subject) | Designation | Name of the college |
| | | | | | |
| | | | | | |
| | | | | | |

Signature of Visitors with date

Signature of Principal with date

| | | | | | | |
|-----|--|------------------|-------------------------|--|--|--|
| | | | | | | |
| 8. | Present working Department (Subject) | | | | | |
| 9. | Present Designation | | | | | |
| 10. | Nature of present appointment (regular/contractual/deputation) | | | | | |
| 11. | Name of present working college | | | | | |
| 12. | Permanent Residential Address | | | | | |
| 13. | Local Residential Address | | | | | |
| 14. | State Board/ Council Registration detail | | Registration Number | | | |
| | | | Name of State Board | | | |
| 15. | Bank detail | | Salary Account Number | | | |
| | | | Name and Branch of Bank | | | |
| | | | | | | |
| 16. | Contact Number | Mobile Number | | | | |
| | | Residence Number | | | | |
| | | Email ID | | | | |

I hereby solemnly affirm that the above information is correct as per my record and knowledge. I further affirm that if any information given in this affidavit is found to be incorrect/ false, I shall be liable to be any disciplinary action.

Date:

Signature of Deponent/ Teacher

I hereby solemnly affirm that the above information is correct as per my record and knowledge. I further affirm that if any information given in this affidavit is found to be incorrect/ false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:

Signature of Principal with Stamp

Signature of Visitors with date

Signature of Principal with date

Guidelines/Instructions for Colleges regarding Visitation

1. College may download the updated visitation Proforma (Part I) from website of GAU and may use it to expand the tables wherever necessary. Annexure-III (**MS-excel format**) should be separately downloaded from Gujarat Ayurved University website, duly filled & sent along with the visitation Proforma. Hard copy of visitation Proforma (Part I) is enclosed for ready reference.
2. Any change in the prescribed format will not be accepted by Gujarat Ayurved University.
3. Read the Proforma carefully before filling up.
4. College should keep ready three sets of Visitation Proforma duly signed on each page by the Principal/ Dean/ Director along with all annexure for visitors.
5. A soft copy of the details of teaching staff as per Annexure-II should be submitted along with the visitation report.
6. New teacher appointed after visitation of the college will not be considered/counted in the faculty list of the concerned college.
7. Any data / documents submitted by the college after visitation will not be accepted by the Gujarat Ayurved University.
8. Page-wise Index of all annexure should be provided.
9. Attested copy of UG & PG Certificates, Experience Certificates, Joining Report Relieving letter and Affidavit (As per Annexure-VI) of newly appointed teachers after the last visitation should be attached.
10. Teachers of Govt. colleges/ constituent colleges of University should also submit the affidavit of newly appointed teachers after the last visitation.
11. If false affidavit/ false experience is submitted by any teacher or if teacher is found in duplicity, then legal action will be initiated by the central council against the concerned teacher and Principal of the college.
12. Copy of Form No. 16 issued for purpose of income tax should be submitted in respect of all the teaching staff. (Not admissible for Govt./ constituent colleges of University).
13. Financial information should be filled as per enclosed Proforma.
14. College should make arrangement of videographer and photographer during visitation of Gujarat Ayurved University team for preparing CD and group photographs with Teaching staff and non-teaching staff of College with the visitors separately. The name of each staff member should be mentioned on the bottom of the photograph. It is to be noted that without CD & Photograph, the visitation report will not be accepted by Gujarat Ayurved University.
15. If college has any queries/ doubt/ other information required regarding the visitation Proforma, you are requested to contact telephonically or send an email to the Gujarat Ayurved University on the given mail-ID, i.e. **academic@ayurveduniversity.com**.
16. The filled up visitation Proforma shall be typed and submitted in a separate CD to the visitors.
17. MOU's with government dispensary / hospital and pharmacy to be attached with the Proforma separately.

Signature of Visitors with date

Signature of Principal with date