

LIC PROFORMA B.PHARM-III
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

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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 - | | | | |
| 20 - | | | | |

Note:-

1. List of students in UG Course admitted in the Years 20 -20 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 |
|--------|--|---|-------------------|
| | TOTAL CONSTRUCTED AREA OF COLLEGE | 2550 | |
| 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 | 850 | |
| | a. Rasashastra & Bhaishajya Kalpana – III I. Store room II. Instrument room | 100 30 30 | |
| | b. Dravyaguna – II I. Museum | 100 50 | |
| | c. Pharmacognosy of Ayurvedic Drugs – II | 100 | |
| | d. II – Store Room | 20 | |
| | e. Pharmaceutical Analysis of Ayurvedic Drugs – II | 100 | |
| | f. Pharmacology & Toxicology of Ayurvedic Drugs – I | 100 | |

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| | | | |
|----|---|-------------------------------------|--|
| | g. Pharmaceutical Technology of Ayurvedic Drugs – I Instrument Room | 100 20 | |
| 7. | Canteen | 100 | |
| 8. | Herbal Garden | Adequate Number of Medicinal Plants | |

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 | |
| 1 | HODs for B.Pharm Course | Minimum 10 | 20 Sq mts x 04 | | | |
| 2 | Faculty Rooms for B.Pharm (Ayu.) 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 | | | |
| 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) | | | |

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| | | | |
|---|------------------------------------|------|--|
| 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/ Deficie |
|---------|-------------------------------------|----------------------------------|-----------|-------------|---------------|------------------|
| | | | 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. | Department / Subject | No. of Dept. Library Books | No. of Charts | No. of Models /Specimen | No. of Praposed Lectures / Practicals carried out in the Academic Year 2014-15 | |
|---------|--|----------------------------|---------------|-------------------------|--|-----------|
| | | | | | Theory | Practical |
| 1. | Rasashastra & Bhaishajya Kalpana – III | | | | | |
| 2. | Dravyaguna – II | | | | | |
| 3. | Pharmacognosy of Ayurvedic Drugs – II | | | | | |
| 4. | Pharmaceutical Analysis of Ayurvedic Drugs – II | | | | | |
| 5. | Pharmacology & Toxicology of Ayurvedic Drugs – I | | | | | |
| 6. | Pharmaceutical Technology of Ayurvedic Drugs – I | | | | | |
| 7. | Pharmaceutical Engineering | | | | | |

* 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 | |

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| | | |
|-------|--|--|
| (i) | Subjective Books | |
| (ii) | Medical Journals / Pharma 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 | Number of Teachers required as per GAU Norms | | | Number of Existing Teachers | | | Total |
|---------|--|--|----------------------|---------------------|-----------------------------|---------------------|---------------------|-------|
| | | Professor | Associate professors | Assistant Professor | Professor | Associate professor | Assistant Professor | |
| 1. | Rasashastra & Bhaishajya Kalpana – III | | | | | | | |
| 2. | Dravyaguna – II | | | 1 | | | | |
| 3. | Pharmacognosy of Ayurvedic Drugs – II | | | 1 | | | | |
| 4. | Pharmaceutical Analysis of Ayurvedic Drugs – II | | | 1 | | | | |
| 5. | Pharmacology & Toxicology of Ayurvedic Drugs – I | | | 1 | | | | |
| 6. | Pharmaceutical Technology of Ayurvedic Drugs – I | | | 1 | | | | |
| 7. | Pharmaceutical Engineering | -- | -- | -- | | | | |
| | TOTAL | | | 5 | | | | |

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

IX. INFORMATION OF VISITING FACULTIES

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

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

X. DETAILS OF TECHNICAL & OTHER STAFF

| Sr.No. | Department | 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 | 4 | |
| | | Office Superintendent | 1 | |

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Signature of Principal with date

| | | | | |
|--------------|---|---|---------------------|--|
| | | Computer Data operator Store keeper & Peon | 3 | |
| 3. | Rasa Shastra & Bhaishajya Kalpana - III | Laboratory Technician Laboratory Attenders | 1 1 | |
| 4. | Dravyaguna – II | Laboratory Technician Laboratory Attenders | 1 1 | |
| 5. | Pharmacognosy of Ayurvedic Drugs – II | Laboratory Technician Laboratory Attenders | 1 1 | |
| 6. | Pharmaceutical Analysis of Ayurvedic Drugs – II | Laboratory Technician Laboratory Attenders | 1 1 | |
| 7. | Pharmacology & Toxicology of Ayurvedic Drugs – I | Laboratory Technician Laboratory Attenders | 1 1 | |
| 8. | Pharmaceutical Technology of Ayurvedic Drugs – I | Laboratory Technician Laboratory Attenders | 1 1 | |
| 9. | Herbal Garden | Gardener | 1 | |
| 10. | | Cleaning Personal | 1 for Each Floor | |
| TOTAL | | | 26 | |

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 norms of GAU | Yes/No (If no please mention 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 | | | | | | | | | |

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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 TWO YEARS 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 Laboratory |
| | C) | Pharmacognosy of Ayurvedic Drugs Laboratory |
| | D) | Pharmaceutical Analysis of Ayurvedic Drugs Laboratory |
| | E) | Pharmacology & Toxicology of Ayurvedic Drugs Laboratory |
| | F) | Pharmaceutical Technology of Ayurvedic Drugs Laboratory |
| 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 *

| 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 |
|---------------|-------------------------|----------------------|----------------------|----------------------------|--|--------------------|-----------------------------------|------------------|
| | | | | | | | | |

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Signature of Principal with date

Annexure - V

DETAILS OF EQUIPMENT AND INSTRUMENTS FOR VARIOUS SECTIONS OF COLLEGE

A) RASASHASTRA AND BHAI SHAJYA KALPANA DEPARTMENT

| Sr. No. | Name | Minimum Requirement | Number of Instruments and Equipments available |
|---------|---|---------------------|--|
| 1. | Muffle furnace-Vertical | 01 | |
| 2. | Valuka yantra with Bhatthi (for Kupipakva rasayana) | 01 | |
| 3. | Gas stove Single | 10 | |
| 4. | Hasantika(Charcoal stove) | 01 | |
| 5. | Wire mesh | 02 | |
| 6. | Distillation apparatus | 01 | |
| 7. | Iron kadai Big | 02 | |
| 8. | Iron kadai (small) | 04 | |
| 9. | Glass beaker 500 ml. | 01 | |
| 10. | Glass rod | 01 | |
| 11. | Kupi | 04 | |

B) DRAVYAGUNA DEPARTMENT

LIST OF GLASSWARES

| Sr.No. | Name | Requirement | Available Number |
|--------|--------------------------|-------------|------------------|
| 1. | Plastic jar | 75 | |
| 2. | Glass jar with glass lid | 15 | |

LIST OF GLASSWARES

| 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

LIST OF GLASSWARES

| Sr. No. | Essential Equipment and Instruments | Available Number | Requirement |
|---------|-------------------------------------|------------------|-------------|
| 1 | Separating Funnel | 250ml | 10 |
| 2 | beaker | 50 ml | 10 |
| 3 | beaker | 100 ml | 10 |

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Signature of Principal with date

| | | | |
|----|-------------------------|-------------|-----|
| 4 | beaker | 250 ml | 10 |
| 5 | beaker | 500 ml | 10 |
| 6 | Measuring cylinder | 100 ml | 20 |
| 7 | Measuring cylinder | 50 ml | 20 |
| 8 | Measuring cylinder | 10 ml | 20 |
| 9 | Spatula | | 20 |
| 10 | Tripod stand | 8 inch | 20 |
| 11 | Funnel | 6 inch | 20 |
| 12 | Funnel | 4 inch | 20 |
| 13 | Evaporating disc | 4 inch | 20 |
| 14 | Pipette | 1 ml | 05 |
| 15 | Pipette | 2 ml | 05 |
| 16 | Pipette | 5 ml | 05 |
| 17 | Pipette | 10 ml | 05 |
| 18 | Pipette | 25 ml | 40 |
| 19 | Dropper | 10 ml | 10 |
| 20 | Capillaries | | 200 |
| 21 | Pair of Tongs | | 05 |
| 22 | Test Tubes | 20 ml | 200 |
| 23 | Test Tube Holder | | 20 |
| 24 | Test Tube Stand | | 10 |
| 25 | Pipette stand | | 02 |
| 26 | Conical Flask | 250 ml | 10 |
| 27 | Volumetric Flask | 250 ml | 05 |
| 28 | Volumetric Flask | 100 ml | 05 |
| 29 | Wash Botteles | 250 ml | 20 |
| 30 | Spray Bottle for T.L.C. | 50 ml | 10 |
| 31 | Burette | 50 ml | 10 |
| 32 | Burette Stand | | 02 |
| 33 | Glass Mortar Pestle | 5 inch D.M. | 05 |

LIST OF INSTRUMENTS

| Sr. No. | Equipments | Minimum Requirements | Available Nos. | Remarks / Required |
|---------|--|----------------------|----------------|--------------------|
| 1 | Microscope with Micrometry and attached camera | 01 | | |
| 2 | Slide | 2 Boxes | | |
| 3 | Cover Slips | 2 Boxes | | |
| 4 | Soxhlet apparatus | 02 | | |
| 5 | Water Bath | 01 | | |
| 6 | TLC chamber and sprayer | 05 | | |
| 7 | Clavengers apparatus | 02 | | |
| 8 | Hot Air Oven | 01 | | |
| 9 | Incubator | 01 | | |
| 10 | Stage Micrometer | 05 | | |
| 11 | Eye piece Micrometer | 05 | | |
| 12 | Magnetic Stirrer | 05 | | |
| 13 | Test Sieve for microscopy | 1 set | | |
| 14 | Rotary Microtome for | 1 | | |

Signature of Visitors with date
Signature of Principal with date

| | | | | |
|----|--|---|--|--|
| | sectioning of plant parts with all accessories | | | |
| 15 | Automatic Knife Sharpner | 1 | | |
| 16 | UV Chamber | 2 | | |

D) PHARMACEUTICAL ANALYSIS DEPARTMENT**LIST OF GLASSWARE**

| Sr. No. | Name | Capacity | Qty. |
|---------|--------------------------|------------|------|
| 1 | Separating Funnel | 250ml | 20 |
| 2 | Beaker | 50 ml | 25 |
| 3 | Beaker | 100 ml | 25 |
| 4 | Beaker | 250 ml | 25 |
| 5 | Beaker | 500 ml | 20 |
| 6 | Measuring cylinder | 100 ml | 25 |
| 7 | Measuring cylinder | 50 ml | 25 |
| 8 | Measuring cylinder | 10 ml | 25 |
| 9 | Spatula | | 30 |
| 10 | Tripod stand | 8 inch | 20 |
| 11 | Funnel | 6 inch | 20 |
| 12 | Funnel | 4 inch | 20 |
| 13 | Evoperating disc | 4 inch | 25 |
| 14 | Pipette | 1 ml | 20 |
| 15 | Pipette | 2 ml | 20 |
| 16 | Pipette | 5 ml | 20 |
| 17 | Pipette | 10 ml | 20 |
| 18 | Pipette | 25 ml | 20 |
| 19 | Pipette | 50 ml | 20 |
| 20 | Pipette Bulk | 25 ml | 20 |
| 21 | Pipette Bulk | 50 ml | 20 |
| 22 | Crucible porcelain | 10 ml | 25 |
| 23 | Burette | 50 ml | 25 |
| 24 | Dropper | 10 ml | 20 |
| 25 | Watch Glass | | 20 |
| 26 | Petri dish | 8 cm. | 20 |
| 27 | Glass slides | | 40 |
| 28 | Glass plates for T.L.C. | 10x10 c.m. | 20 |
| 29 | Glass Chamber for T.L.C. | | 10 |
| 30 | Capillaries | | 100 |
| 31 | Pair of Tongs | | 20 |
| 32 | Test Tubes | 20 ml | 100 |
| 33 | Test Tube Holder | | 25 |
| 34 | Test Tube Stand | | 20 |
| 35 | Pipette stand | | 5 |
| 36 | Iodine Flask | 250 ml | 40 |
| 37 | Air Condenser | | 20 |
| 38 | Clevenger assembly | | 2 |
| 39 | Soxhlet apparatus | | 2 |

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|----|-------------------------|-------------|----|
| 40 | Conical Flask | 250 ml | 40 |
| 41 | Volumetric Flask | 250 ml | 20 |
| 42 | Volumetric Flask | 100 ml | 20 |
| 43 | Wash Bottles | 250 ml | 20 |
| 44 | Spray Bottle for T.L.C. | 50 ml | 20 |
| 45 | Burette Stand | | 20 |
| 46 | Glass Mortar Pestle | 5 inch D.M. | 5 |

LIST OF INSTRUMENTS

Essential Requirement

| Sr. No. | Name | Requirement |
|---------|---------------------------------|-------------|
| 1 | Water Bath- 12 Holes | 2 |
| 2 | Hot Air Oven | 2 |
| 3 | Muffle Furnace | 2 |
| 4 | Bunsen Burner | 5 |
| 5 | Hot Plate | 5 |
| 6 | Digital Balance | 2 |
| 7 | pH Meter | 2 |
| 8 | Abbe's Refractometer | 5 |
| 9 | Hand held Refractometer | 10 |
| 10 | Polarimeter | 1 |
| 11 | Flame Photometer | 1 |
| 12 | U.V.Spectrophotometer | 1 |
| 13 | Tablet Disintegration apparatus | 1 |
| 14 | Friability Test Apparatus | 1 |
| 15 | U.V.Chamber | 2 |

Desirable Requirement

| Sr. No. | Name | Requirement |
|---------|-----------------------|-------------|
| 1 | Ultra Sonicator | 1 |
| 2 | I.R. Moisture Balance | 1 |
| 3 | Glassware Washer | 1 |

E) PHARMACOLOGY & TOXICOLOGY OF AYURVEDIC DRUGS

LIST OF GLASSWARE

| Sr. No. | Name & Capacity | Qty. |
|---------|---|--------|
| 1. | Plastic Jar | 5 |
| 2. | Animal cage plastic | 6 |
| 3. | Water bottle for animals | 6 |
| 4. | Pipettes 0.1ml,0.2ml,0.5ml,1ml,2ml,5ml,10ml,20,ml. | 5 each |
| 5. | Micropipettes 0.1,0.2,0.5,1,2,3 ml | 5 each |
| 6. | Beakers 10,20, 50, 100, 200, 500, 1000, 2000ml | 5 each |
| 7. | Test tubes 10ml | 100 |
| 8. | Artery forceps | 15 |
| 9. | Clips | 15 |
| 10. | I.V. infusion sets | 10 |

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| | | |
|-----|---|--------|
| 11. | Plastic beakers 100, 200, 500, 1000, 2000ml | 5 each |
|-----|---|--------|

LIST OF INSTRUMENTS

| Sr. No. | Name | Required |
|---------|--|----------|
| 1. | Electro-convulsimeter | 1 |
| 2. | Cook's pole climbing apparatus | 1 |
| 3. | Open-field behaviour apparatus | 1 |
| 4. | Elevated Plus maze for Rat & Mice | 1 |
| 5. | Tunnel board apparatus | 1 |
| 6. | Plethymometer | 1 |
| 7. | Tele thermometer | 1 |
| 8. | Eddy's hot plate (Analgesimeter) | 1 |
| 9. | Analgesimeter (Radiant heat type) | 1 |
| 10. | Actophotometer | 1 |
| 11. | Microscope with H.lamp | 2 |
| 12. | Isolated tissue assemblies | 4 |
| 13. | Dissection box | 4 |
| 14. | Relevant photographs, charts and audio visual c.d.'s | |

F) PHARMACEUTICAL TECHNOLOGY OF AYURVEDIC DRUGS**LIST OF GLASSWARES**

| Sr. No. | Name | Quantity. | Requirement | Remarks |
|---------|--------------------|---------------|-------------|---------|
| 1 | Mortar pastel | 8 inches Dia. | 20 | |
| 2 | Beaker | 50 ml | 25 | |
| 3 | Beaker | 100 ml | 25 | |
| 4 | Beaker | 250 ml | 25 | |
| 5 | Beaker | 500 ml | 5 | |
| 6 | Measuring cylinder | 100 ml | 25 | |
| 7 | Measuring cylinder | 50 ml | 25 | |
| 8 | Measuring cylinder | 10 ml | 25 | |
| 9 | Spatula | | 30 | |
| 10 | Tripod stand | 8 inch | 20 | |
| 11 | Funnel | 6 inch | 20 | |
| 12 | Funnel | 4 inch | 20 | |
| 13 | Evaporating disc | 4 inch | 25 | |
| 14 | Evaporating disc | 3 inch | 25 | |
| 15 | Bunsen Burner | 6 inch | 20 | |

LIST OF INSTRUMENTS**Essential Requirement**

| Sr. No. | INSTRUMENTS | Requirement | Remarks |
|---------|--------------------------------------|-------------|---------|
| 1 | Table top tablet compression machine | 1 | |

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| | | | |
|----|---|---|--|
| 2 | Table top cream/ointment manufacturing vessel with adjustment of homogenizer & vacuum | 1 | |
| 3 | Weighing balance(4 digit) | 4 | |
| 4 | Mixer with exchangeable attachments(Table Top) | 2 | |
| 5 | Homogeniser (Table Top) | 2 | |
| 6 | Tablet Compression (8 or 16 station) | 1 | |
| 7 | Monsento Hardness Tester | 2 | |
| 8 | Phizer Hardness Tester | 2 | |
| 9 | GMP Granulator (Lab model) | 1 | |
| 10 | Capsule filling machine (Manual, Lab model, Table Top.) | 1 | |
| 11 | Suppository Moulds | 4 | |
| 12 | Tapping Device for sieves (Partical size determination) | 1 | |
| 13 | Vaccume pump 0.5 HP | 1 | |
| 14 | Disintegrator | 1 | |
| 15 | Dissolution test apperatus | 1 | |
| 16 | Digital Balance (0.001 gm capacity) | 2 | |
| 17 | Jacketed vessel (for Semisolid products) | 1 | |
| 18 | Pulverizer lab model | 1 | |
| 19 | Water Bath | 2 | |

Desirable Requirement

| Sr. No. | Name of Instruments | Quantity |
|---------|--|----------|
| 1 | Table top tablet compression machine | 1 |
| 2 | Table top cream/ointment manufacturing vessel with adjustment of homogeniser & vaccume | 1 |
| 3 | Vaccume pump 0.5 HP | 1 |
| 4 | Jacketed vessel (for Semisolid products) | 1 |
| 5 | fully automatic Digital Powder Characteristic Tester | 1 |
| 6 | Optical Microscope with Camera Lucida and Moniter Attachment | 1 |
| 7 | Computer (With Internal Lan or WIFI)(2 for staff and 1 for Instrumentation Lab.) | 3 |
| 8 | LCD Projector | 1 |
| 9 | LCD Projector Mount | 1 |
| 10 | Laptop (for 1. LCD projector) | 1 |
| 11 | UPS for Computer / LCD projector | 3 |
| 12 | Scott Volumeter (Powder bulk density volumeter) | 5 |

LIST OF CHEMICALS**A) DRVYAGUNA DEPARMENT**

| 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 | |

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B) PHARMACOGNOSY DEPARTMENT

| Sr. No. | Chemicals | Minimum Requirement | Available Nos. | Remarks / Required |
|---------|----------------------------|---------------------|----------------|--------------------|
| 1 | Acetic anhydride | 500 ml | | |
| 2 | Ferric Sulphate | 500 gm | | |
| 3 | Pyridine | 500 ml | | |
| 4 | Sodium Nitropruside | 500 ml | | |
| 5 | KOH | 500 gm | | |
| 6 | NaOH | 500 gm | | |
| 7 | Hydroflouric acid 40% | 500 ml | | |
| 8 | m – nitrobenzene | 500 ml | | |
| 9 | Kedde Reagent | 500 ml | | |
| 10 | Sodium Borate | 500 gm | | |
| 11 | p – nitrosodimethylaneline | 500 ml | | |
| 12 | Bromine Solution | 500 ml | | |
| 13 | Kieselguhr | 500 gm | | |
| 14 | Picric acid | 500 ml | | |
| 15 | Sodium carbonate | 500 gm | | |
| 16 | Vanilline | 500 ml | | |
| 17 | Mayer's Reagent | 500 ml | | |
| 18 | Wagner's Reagent | 500 ml | | |
| 19 | Hager's Reagent | 500 ml | | |
| 20 | Dragondroff's Reagent | 500 ml | | |
| 21 | NH ₃ | 1 Ltr | | |
| 22 | Petroleum Ether 60 – 80 | 1 Ltr | | |
| 23 | FeCl ₃ | 500 ml | | |
| 24 | Ammonium venadate | 500 ml | | |
| 25 | Potassium dichromate | 500 ml | | |
| 26 | Nitro cellulose | 500gm | | |
| 27 | CuSO ₄ | 500 gm | | |
| 28 | Gelatin | 500 gm | | |
| 29 | Sodium acid phosphate | 500 gm | | |
| 30 | Phenazone | 500 ml | | |
| 31 | Ethanol | 1 Ltr | | |
| 32 | Mercuric Chloride | 500 ml | | |
| 33 | Antimony tri chloride | 500 ml | | |
| 34 | Mg | 100 gm | | |

C) PHARMCEUTICAL ANALYSIS DEPARTMENT

| Sr. No. | CHEMICALS | Pack Size ml / Gm | Piece |
|---------|--------------------------------------|-------------------|-------|
| 1 | Acetone | 2.5litre | 1 |
| 2 | Acetone | 500 ml | 5 |
| 3 | Conc. HCL | 2.5 Liter | 3 |
| 4 | Conc. H ₂ SO ₄ | 2.5 Liter | 3 |
| 5 | Conc. HNO ₃ | 2.5 Liter | 3 |
| 6 | Ammonia Solution | 500 ml | 3 |

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| | | | |
|----|----------------------------|-----------|----|
| 7 | NaOH Pellets | 500 gm | 3 |
| 8 | KOH Pellets | 500 gm | 3 |
| 9 | Kaolin Heavy | 500 gm. | 3 |
| 10 | KMnO ₄ Crystals | 500 gm. | 3 |
| 11 | AgNO ₃ Crystals | 10 gm. | 5 |
| 12 | Toluene | 500 ml | 5 |
| 13 | Ethyl Acetate | 500 ml | 5 |
| 14 | Formic Acid | 500 ml | 2 |
| 15 | Methanol | 500 ml | 5 |
| 16 | Methanol | 2.5 Liter | 3 |
| 17 | Ethanol | 500 ml | 10 |
| 18 | Butanol | 500 ml | 2 |
| 19 | Diethyl Ether | 2.5 liter | 5 |
| 20 | Chloroform | 500 ml | 10 |
| 21 | Pet. Ether 40-60 | 500 ml | 20 |
| 22 | Pet. Ether 60-80 | 500 ml | 20 |
| 23 | Wij's Solution | 500 ml | 10 |
| 24 | Potassium Iodide | 500 gm. | 3 |
| 25 | Indigo Carmine | 500 gm. | 2 |
| 26 | Gelatine | 500 gm. | 3 |
| 27 | Sodium Chloride | 500 gm. | 3 |
| 28 | Methyl Orange | 500 gm. | 1 |
| 29 | Phenolphthalein | 500 gm. | 1 |
| 30 | 1'10 Phenanthroline | 500 gm. | 1 |
| 31 | Benzene | 500 ml | 3 |
| 32 | Dicloromethane | 500 ml | 3 |
| 33 | Sodium Sulphate | 500 gm | 3 |
| 34 | Lead Acetate | 500 gm. | 3 |
| 35 | Sodium Oxalate | 500 gm. | 3 |
| 36 | Potassium Oxalate | 500 gm. | 3 |
| 37 | Fehling A | 500 ml | 10 |
| 38 | Fehling B | 500 ml | 10 |
| 39 | Potassium Dichromate | 500 gm. | 1 |
| 40 | Ferric Chloride | 500 gm. | 3 |
| 41 | Bismuth Sub nitrate | 500 gm. | 1 |
| 42 | Anisaldehyde | 500 ml | 5 |
| 43 | Glacial Acetic Acid | 500 ml | 2 |
| 44 | Hexane | 500 ml | 3 |

D) PHARMACOLOGY DEPARTMENT

| Sr. No. | Name | Requirement |
|---------|---|-------------|
| 1 | NaCl (Sodium chloride –AR) | 500 gm |
| 2 | KCl (potassium chloride –AR) | 500 gm |
| 3 | CaCl ₂ (calcium chloride –AR) | 500 gm |
| 4 | MgCl ₂ (Magnesium chloride –AR) | 500 gm |
| 5 | NaHCO ₃ (Sodium bicarbonate –AR) | 500 gm |

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|----|---|-----------|
| 6 | MgSO ₄ .7H ₂ O (Magnesium Sulfate Heptahydrate –AR) | 500 gm |
| 7 | NaH ₂ PO ₄ (Sodium dihydrogen phosphate –AR) | 500 gm |
| 8 | KH ₂ PO ₄ (Potassium dihydrogen phosphate –AR) | 500 gm |
| 9 | Glucose (AR) | 1000 gm |
| 10 | Acetylcholine | 5 – 10 gm |
| 11 | Histamine | 5 – 10 gm |

E) PHARMACEUTICAL TECHNOLOGY OF AYURVEDIC DRUGS

| Sr. No. | CHEMICALS | Pack Size ml / Gm | Requirement | Remarks |
|---------|-------------------------------|-------------------|-------------|---------|
| 1 | Acetone | 2.5litre | 1 | |
| 2 | Acetone | 500 | 1 | |
| 3 | Acacia | 500 | 1 | |
| 4 | Arachis oil | 500 | 2 | |
| 5 | Bantonite | 250 | 1 | |
| 6 | Benzene | 500 | 1 | |
| 7 | Bees wax(white) | 500 | 1 | |
| 8 | Bees wax(Yellow) | 500 | 1 | |
| 9 | Benzoic Acid | 500 | 1 | |
| 10 | Borax | 500 | 2 | |
| 11 | Boric Acid | 500 | 1 | |
| 12 | Butyl Acetate | 500 | 1 | |
| 13 | Calamine | 500 | 1 | |
| 14 | Calcium carbonate | 500 | 6 | |
| 15 | Calcium Chloride | 500 | 1 | |
| 16 | Carbopol (439) | 500 | 1 | |
| 17 | Carbopol (436) | 500 | 1 | |
| 18 | Castor oil | 500 | 2 | |
| 19 | Ceto stearyl alcohol | 500 | 1 | |
| 20 | Cetyl alcohol | 500 | 1 | |
| 21 | Chloroform | 500 | 1 | |
| 22 | Clove oil | 500 | 1 | |
| 23 | Coconut Oil | 500 | 2 | |
| 24 | CM-1000 | 500 | 1 | |
| 25 | EDTA | 500 | 1 | |
| 26 | Ethyl Acetate | 500 | 1 | |
| 27 | Ethyl Cellulose | 500 | 1 | |
| 28 | Disodium Citrate | 500 | 1 | |
| 29 | Dextrose | 500 | 3 | |
| 30 | Glycerine | 500 | 4 | |
| 31 | Hard gelatine capsule (empty) | 500 | 5 | |
| 32 | Hard Soap (powdered) | 500 | 1 | |
| 33 | Iso-propyl Alcohol (LR grade) | 500 | 3 | |
| 34 | Iodine | 100 | 2 | |
| 35 | Jasmine oil (Oil Grade) | 100 | 1 | |
| 36 | Jasmine oil (Shampoo Grade) | 100 | 1 | |
| 37 | Kaoline | 500 | 1 | |

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|----|------------------------------|---------|---|--|
| 38 | Lactose | 500 | 2 | |
| 39 | Lanoline | 500 | 1 | |
| 40 | Lavender oil (Oil Grade) | 100 | 1 | |
| 41 | Lavender oil (Shampoo Grade) | 100 | 1 | |
| 42 | Lenette Wax | 500 | 2 | |
| 43 | m-Cresol | 500 | 2 | |
| 44 | Menthol | 100 | 1 | |
| 45 | Mentha oil | 500 | 1 | |
| 46 | Methanol | 2.5 lit | 2 | |
| 47 | Methyl Salicylate | 500 | 1 | |
| 48 | Nutmeg oil | 500 | 1 | |
| 49 | Pipermint oil | 500 | 1 | |
| 50 | Oleic Acid | 500 | 1 | |
| 51 | SLES | 5 Lit | 1 | |
| 52 | SLS (powder) | 500 | 1 | |
| 53 | SLS Needles | 500 | 1 | |
| 54 | Sucrose (LR Grade) | 500 | 2 | |
| 55 | Sodalime | 500 | 1 | |
| 56 | Sodium Chloride | 500 | 1 | |
| 57 | Sodium Sulphide | 500 | 1 | |
| 58 | Sodium Carbonate | 500 | 4 | |
| 59 | Sodium Bicarbonate | 500 | 2 | |
| 60 | Sodium Alginate | 500 | 1 | |
| 61 | Span 2000 | 500 | 1 | |
| 62 | Span 8000 | 500 | 1 | |
| 63 | Spermaceti | 500 | 1 | |
| 64 | Starch Powder | 500 | 3 | |
| 65 | Stearic Acid | 500 | 1 | |
| 66 | Stearyl alcohol | 500 | 1 | |
| 67 | Talc | 500 | 2 | |
| 68 | Tannic Acid | 500 | 1 | |
| 69 | Terpentine Oil | 500 | 2 | |
| 70 | Thymol | 100 | 1 | |
| 71 | Titanium dioxide | 500 | 1 | |
| 72 | Toluene | 500 | 2 | |
| 73 | Tragakanth Gum | 500 | 1 | |
| 74 | Trisodium citrate | 500 | 1 | |
| 75 | Tween 20 | 500 | 1 | |
| 76 | Tween 80 | 500 | 1 | |
| 77 | Vaniline | 100 | 1 | |
| 78 | zinc oxide | 500 gm | 1 | |

Signature of Visitors with date

Signature of Principal with date

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

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

| 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 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 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 | | | |

Signature of Visitors with date

Signature of Principal with date

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

GUJARAT AYURVED UNIVERSITY JAMNAGAR**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