

**LIC PROFORMA B.PHARM-IV
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.
			Mobile No.
		2. Registrar	Name
			Office Tel. No.
			Mobile No.
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 -				
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 – IV I. Store room II. Instrument room	100 30 30	
	b. Dravyaguna – III I. Museum	100 50	
	c. Pharmacognosy of Ayurvedic Drugs – III	100	
	d. II – Store Room	20	
	e. Pharmaceutical Analysis of Ayurvedic Drugs – III	100	
	f. Pharmacology & Toxicology	100	

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	of Ayurvedic Drugs – II		
	g. Pharmaceutical Technology of Ayurvedic Drugs – II Instrument Room	100 20	
7.	Canteen	100	
8.	Museum	100	
9.	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 10			
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			
6	Boy's Hostel (Desirable)	9 Sq. Mts. / Room Single occupancy			

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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 Availa ble	Remark s/ 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 Proposed Lectures / Practicals carried out in the Academic Year 2014-15	
					Theory	Practical
1.	Rasashastra & Bhaishajya Kalpana -IV					
2.	Dravyaguna - III					
3.	Pharmacognosy of Ayurvedic Drugs - III					
4.	Pharmaceutical Analysis of Ayurvedic Drugs – III					
5.	Pharmacology & Toxicology of Ayurvedic Drugs – II					
6.	Pharmaceutical Technology of Ayurvedic Drugs – II					
7.	Forensic Pharmacy & Pharmaceutical Management					

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* 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 / 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 / Subject	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 & Bhaishajya Kalpana –IV	1	1	1				
2.	Dravyaguna - III	1	1	1				
3.	Pharmacognosy of Ayurvedic Drugs - III	1	1	1				
4.	Pharmaceutical Analysis of Ayurvedic Drugs – III	1	1	1				
5.	Pharmacology & Toxicology of Ayurvedic Drugs – II	1 or 1		1				
6.	Pharmaceutical Technology of Ayurvedic Drugs – II	1	1	1				
7.	Forensic Pharmacy & Pharmaceutical Management	--	--	--				
	TOTAL	5 or 6	5 or 6	6				

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

VI. DETAILS OF TECHNICAL & OTHER STAFF

Signature of Visitors with date

Signature of Principal with date

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	
		Computer Data operator	1	
		Store keeper & Peon	3	
3.	Rasa Shastra & Bhaishajya Kalpana	Laboratory Technician	1	
		Laboratory Attenders	1	
4.	Dravyaguna	Laboratory Technician	1	
		Laboratory Attenders	1	
5.	Pharmacognosy of Ayurvedic Drugs	Laboratory Technician	1	
		Laboratory Attenders	1	
6.	Pharmaceutical Analysis of Ayurvedic Drugs	Laboratory Technician	1	
		Laboratory Attenders	1	
7.	Pharmacology and Toxicology of Ayurvedic Drugs	Laboratory Technician	1	
		Laboratory Attenders	1	
10.	Pharmaceutical Technology of Ayurvedic Drugs	Laboratory Technician	1	
		Laboratory Attenders	1	
11.	Herbal Garden	Gardener	1	
12.		Cleaning Personal	1 for Each Floor	
TOTAL			26	

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

VII. 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.

VIII. 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 1st Jan 20 to 31st Dec 20									
TOTAL INCOME from 1st Jan 20 to 31st 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	
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II) TRANSPORT FACILITY

Transport facility – available/not available	
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III) PROGRESS MADE BY THE INSTITUTION IN LAST TWO YEARS ON SALIENT POINTS

S. 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.	Expansion of various departments of college	
5.	Expansion of Herbal Garden, Plantation of New Plants	
6.	Any national/international/state level seminars, ROTP, etc.	
7.	Publication by college and teaching staff	
8.	Research activities if any	
9.	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 CCIM 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 CCIM 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 & 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 -

*

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.

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 & BHAI SHAJYA KALPANA DEPARTMENT**

Sr. No.	Name	Minimum Requirement	Number of Instruments and Equipments available
1.	Muffle furnace- Horizontal	01	
2.	Tras- Steel dish	02	
3.	Sarava	02 dozen	
4.	Porcelain jars 5 lt.	1 dozen	
5.	Glass beaker 250 ml.	½ dozen	
6.	Glass rod	½ dozen	
7.	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	
3.	Glass jar	10	
4.	Spatula	As per need	
5.	Crucible	20	
6.	Blotting paper	As per need	
7.	Watch glass	25	
8.	Beaker	5	
9.	Petri dish	10	
10.	Slide boxes	2 boxes	
11.	Cover slip	4 boxes	

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 air oven	1	
7.	Weighing balance	1	
8.	Mixture grinder	1	
9.	Mortar pastle	1	
10.	Hot plate	1	

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C) PHARMACOGNOSY DEPARTMENT

LIST OF GLASSWARES

Sr. No.	Name	Capacity	Requirements
1	Separating Funnel	250ml	10
2	Beaker	50 ml	10
3	Beaker	100 ml	10
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	Evoperating 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	Digital Balance	1		
2	Digital pH meter	1		
3	Distillation Unit	1		

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

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 porceline	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 Condensor		20
38	Clevenger assembly		2
39	Soxhlet apparatus		2
40	Conical Flask	250 ml	40
41	Volumetric Flask	250 ml	20
42	Volumetric Flask	100 ml	20
43	Wash Botteles	250 ml	20
44	Spray Bottle for T.L.C.	50 ml	20

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Signature of Principal with date

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
16	Burner	10

Desirable Requirement

Sr. No.	Name	Requirement
1	Ultra Sonicator	1
2	I.R. Moisture Balance	1
3	Glassware Washer	1
4	H.P.L.C.	1
5	H.P.T.L.C.	1
6	Gas Chromatograph	1

E) PHARMACOLOGY & TOXICOLOGY DEPARTMENT**LIST OF GLASSWARES**

Sr. No.	Name	Requirement
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
11.	Plastic beakers 100, 200, 500, 1000, 2000ml	5 each

Signature of Visitors with date

Signature of Principal with date

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 (Analgesiometer)	1
9.	Analgesiometer (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 DEPARTMENT**LIST OF GLASSWARES**

Sr. No.	Name	Requirements	Quantity.
1	Mortar pestle	8 inch 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	Bunsurn Burner	6 inch	20
16	Petri dish	4 inch	25

LIST OF INSTRUMENTS**Essential Requirement**

Sr. No.	INSTRUMENTS	Quantity
1	Hot Air Oven	1
2	Digital Balance (10 mg Variation)	10
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

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10	Capsule filling machine (Manual, Lab model, Table Top.)	1
11	Suppository Moulds	4
12	Tapping Device for sieves (Partical size determination)	1
13	3 in 1 Printer	1
14	Disintegrator	1
15	Dissolution test apperatus	1
16	Digital Balance (0.001 gm capacity)	2
17	Scott Volumeter (Powder bulk density volumeter)	5
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	Scott Volumeter (Powder bulk density volumeter)	5

LIST OF CHEMICALS**A) DRAVYAGUNA DEPARTMENT**

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	

B) PHARMACOGNOSY DEPARTMENT

Sr. No.	Chemicals	Minimum Requirements	Available Nos.	Remarks / Required
1	Tincture of Alkanna	500 gm		
2	Benzoic acid	500 ml		
3	Cinnamic acid	500 ml		
4	Boric acid	500 ml		
5	Phenol	500 ml		
6	Cresol	500 ml		
7	Acetone	500 ml		
8	Millon's reagent	500		

C) PHARMACEUTICAL 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

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4	Conc. H ₂ SO ₄	2.5 Liter	3
5	Conc. HNO ₃	2.5 Liter	3
6	Ammonia Solution	500 ml	3
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	5
44	Hexane	500 ml	5
45	Sodium Carbonate	500 gm.	3
46	Potassium Nitrate	500	3

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D) PHARMACOLOGY & TOXICOLOGY 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
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 m

E) PHARMACEUTICAL TECHNOLOGY DEPARTMENT

Sr. No.	CHEMICALS	Pack Size ml / Gm	Piece
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

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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
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	Soda lime	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

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ANNEXURE VI
NOTARISED AFFIDAVIT TO BE FILLED UP BY
NEWLY APPOINTED TEACHERS

Pass Port Size Photograph (To be attested by Principal)
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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			

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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