

a. Details of Affiliation Fee Paid - Annex-2

| Name of the Course | Affiliation Fee paid up to | Receipt No | Dated | Remarks of the Inspectors |
|--------------------|----------------------------|------------|------------|---------------------------|
| B. Pharm | 2017 | 173586 | 26/07/2017 | |
| D.Pharm | 2017 | 173585 | 26/07/2017 | |

b. APPROVAL STATUS: - Annex-3

| Name of the Course | Approved up to | In take Approved and Admitted | PCI | STATE GOVERNMENT | UNIVERSITY | Remarks of the Inspectors |
|--------------------|----------------|-------------------------------|-----------------------------|------------------|---------------------------|---------------------------|
| B. Pharm | 2017-18 | Approval Letter No and Date | 32-255/2014-PCI, EC/12/8/17 | 24/98 | BPUT/8548(11), 17/12/2016 | |
| | | Approved Intake | 100 | 100 | 100 | |
| | | Actually Admitted | 100 | 100 | 100 | |

c. STATUS OF APPLICATION

| COURSES INSPECTED FOR | | | | | | |
|-----------------------|-----------------------|-----|-----------------------------|-----|----------------|-----------------------------|
| Faculty / Subject | Extension of Approval | | Increase in Intake of Seats | | Remarks | |
| | Yes | No | Yes | No | Current Intake | Proposed increase in Intake |
| B. Pharm | Yes | Yes | Yes | Yes | 100 | No |

Note: Enclose relevant documents - Annex-4
A - I. 6

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same Building / campus? If Yes, Give Details

Yes

Yes

No

No

A - I. 6 a

| Status of the Pharmacy Course: | |
|--------------------------------|------------------------------|
| Independent Building | <input type="checkbox"/> Yes |
| Wing of another college | <input type="checkbox"/> No |
| Separate Campus | <input type="checkbox"/> Yes |
| Multi Institutional Campus | <input type="checkbox"/> No |

Examining Authority :
With complete postal
Address, Telephone No.
and STD Code.

Signature of the Head of the Institution

Signature of the Inspectors

Principal
Gayatri College of Pharmacy
Sambaipur (Odisha)

B - DETAILS OF THE INSTITUTION

| | | | | | |
|--------------------------------|----------------|------------------------------------|---|----------------------|------------------------------|
| B-I.1 Name of the Principal | | Prof.(Dr.) Santosh Kumar Mahapatra | | | |
| Qualification/ Experience | Qualification* | | Teaching Experience Required | Actual experience | Remarks of the Inspectors |
| | M. Pharm | Yes | 17 years, out of which 7 years as Prof. / HOD | 25 Years | |
| | PhD | Yes | 12 years, out of which at least 07 years as Asst. Prof | | |

* Documentary evidence should be provided - Annex 5

B-I.2

For institution seeking continuation of affiliation

| Course | Date of last Inspection | Remarks of the Previous Inspection Report | Complied / Not Complied | Intake reduced/Stopped in the last 03 years* |
|----------|----------------------------|---|----------------------------|---|
| B. Pharm | 10/04/2017 11/04/2017 | DEFICIENCY | Complied | No |

* Enclose Documents

B-I.3

| | |
|---|------------------------------------|
| Status of Governing Council: | Society |
| Details of the Governing Body | Enclosed (Annexure- 8) |
| Minutes of the last Governing council Meeting | Enclosed (Annexure- 7) |

B-I.4

Pay Scales:

| Staff | Scale of pay | PF | Gratuity | Pension benefit | Remarks of the Inspectors |
|---------------------------|----------------------------|-----|----------|--------------------|------------------------------------|
| Teaching Staff | AICTE /UGC/State Govt. Yes | Yes | No | No | |
| Non- Teaching Staff | State Government Yes | Yes | No | No | |

B-I.5

B. Pharm Course: Admission Statement for the Past Three Years

| ACADEMIC YEAR | Year 2015-16 | Year 2016-17 | Year 2017-18 |
|-----------------------------|--------------|--------------|--------------|
| Sanctioned | 60 | 100 | 100 |
| No. of Admissions | 59 | 89 | 100 |
| Unfilled Seats | 3 | 8 | 0 |
| No. of Excess Admissions | 0 | 0 | 0 |

Signature of the Head of the Institution
Principal

Gayatri College of Pharmacy
Sambalpur (Odisha)

Signature of the Inspectors

B-I.6

Academic information: Percentage of UG results for the past three years based on University Calendar

| ACADEMIC YEAR | Year 2015-16 | Year 2016-17 | Year 2017-18 |
|----------------------|--------------|--------------|--------------|
| 1 st year | 46.5 | 24.1 | 42.70 |
| 2 nd year | 37.7 | 57.6 | 50.00 |
| 3 rd year | 30.0 | 52.5 | 87.97 |
| Final year | 51.2 | 83.3 | 59.32 |
| Pass % (Final Year) | 51.2 | 83.3 | 59.32 |

B - II

Co - Curricular Activities / Sports Activities

| | |
|--|--|
| Whether college has NSS Unit (Yes/No)? If no give reasons | Yes |
| NSS Programme Officer's Name | Mr.G.K.Jana, Dr. S.Panda |
| Programme conducted (mention details) | HEALTH CAMPS, BLOOD DONATION CAMPS, FLOOD RELIEF CAMPS, SCIENTIFIC AND PROFESSIONAL PROGRAMMES |
| Whether students participating in University level cultural activities / Co- curricular/sports activities | Yes |
| Physical Instructor | Not available |
| Sports Ground | Individual |

Signature of the Head of the Institution

Principal
Gayatri College of Pharmacy
Sambalpur (Odisha)

Signature of the Inspectors

