

**Nepal Pharmacy Council (NPC)**  
**Self-Appraisal Report/Inspection report**

**1. General Information**

**Date:**

Code	Name of Institution/College				
1.1	Type of Institution				
1.2	Full address				
1.3	Telephone Number/s				
1.4	Email address				
1.5	Website				
1.6	Affiliated to (if applicable)				
1.7	Date of affiliation				
1.8	Date of Approval from NPC				
1.9	Accreditation expiry date				
1.1	Program	Diploma/BPharm/MPharm			
1.11	Principal/Campus Chief/Dean				
1.12	HoD				
1.13	Coordinator/s (if applicable)				
1.13.1	<i>Diploma</i>				
1.13.2	<i>BPharm</i>				
1.13.3	<i>MPharm</i>				
1.14	Contact persons/mob/email				
1.15	Currently running health science programs (Other than pharmacy)				
1.16	Approved quota	BPharm		MPharm	
1.17	Existing student number	Diploma	BPharm	MPharm	
1.17.1	<i>First Year</i>				
1.17.2	<i>Second Year</i>				

1.17.3	<i>Third Year</i>				
1.17.4	<i>Fourth Year</i>				

## 2 Physical facility

SN	Indicator	Full point	Your rating	Rating Council	Remarks
2.1	Own building	100			
2.2	Rented building	25			
2.3	Class room space & furniture	50			
2.4	Space for faculty/staffs	25			
2.5	Space for library	25			
2.6	Space for reading room	25			
2.7	Library furniture	25			
2.8	Space for computer lab	25			
2.9	Computers	25			
2.10	Sport space & facility	25			
2.11	Canteen space & facility	25			
2.12	Power back up	25			
2.13	Community demo lab	25			
2.14	Physique garden	25			
2.15	Text books	25			
2.16	Reference books	25			
2.17	Journals access	25			
2.18	Excess to e-books	25			
2.19	Dedicated computer	25			
2.20	Internet access	50			
2.21	Hostel facility	25			
2.22	Logistics for faculty	25			
2.23	Laboratory safety	25			
2.24	Fire safety	25			
2.25	Class room AV facility	25			
2.26	Adequacy of toilet facility & cleanliness	25			
2.27	Pilot plant	25			
	<b>Total</b>	<b>800</b>			
<b>3</b>	<b>Faculty &amp; Staffs</b>				

3.1	Core pharmacy faculty(FT)	150					
3.2	Allied faculty (FT)	25					
3.3	Part time faculty	25					
	<b>Total</b>	<b>200</b>					

4	Laboratory Facility	P'cognosy /Natural	P'Analysis/ Chem	M'biology/ Biochem	Ceutics/Inst	Clinical	Total	Remarks
4.1	Space (25)							
4.2	Working table (25)							
4.3	Equipment/Machine (25)							
4.4	Glass ware (25)							
4.5	Chemical/Reagents (25)							
4.6	Others (If any...)							
	<b>Total</b>							
<b>5</b>	<b>Practical performance</b>							
5.1	Adequacy (25)							
5.2	Single/group (25)							
5.3	Log book (25)							
5.4	Daily evaluation (25)							
5.5	Student register (25)							
5.6	Manual (25)							
5.7	Std. attendance (25)							
5.8	Others (if any)							
	<b>Total</b>							

Remarks (if any) from the side of college (about lab)

**Remarks (if any) from the side inspection team  
(about lab)**

## **6 Others**

<b>SN</b>	<b>Indicator</b>	<b>Full point</b>	<b>Your rating</b>	<b>Rating Council</b>	<b>Remarks</b>
6.1	Regularity of classes	25			
6.2	Seminar/Presentations	25			
6.3	Internal evaluation system	25			
6.4	Average student attendance %	100			
6.5	Extracurricular activities	25			
6.6	Field activities	25			
6.7	Faculty development plan	25			
6.8	Faculty meetings	25			
6.9	Class monitoring	25			
6.1	Teacher evaluation	25			
6.11	Theory class log book	25			
6.12	Cleanliness of lab	25			
6.13	Average pass rate of past three batches	50			
6.14	Student access to teacher's note	25			
6.15	Research facilities	25			
6.16	Publication of institute	25			
6.17	Publications of faculty	25			
6.18	Seminar room	25			

6.19	Conference room	25			
6.2	Scholarship policy (routine)	25			
6.21	Scholarly award	25			
6.22	Project/presentation award	25			
6.23	Student publication	25			
6.24	Corporate social responsibility	25			
6.25	Student welfare activity	25			
6.26	College security	25			
6.27	Availability of teaching modules	25			
6.28	Practice exposure/Internship	25			
6.29	Quality policy	25			
6.30	Defined VMGO	25			
6.31	Certification (if any)	25			
6.32	QA Policy	25			
6.33	Transport facility	25			
6.34	Planning for future	25			
6.35	Financial strength	25			
6.36	Student enrolment	25			
6.37	Entrance record (if applicable)	25			
6.38	Alumunai	25			
6.39	Animal house	25			
6.40	Collaboration	25			
	<b>Total</b>	<b>1100</b>			

Over all remarks (from the institute)

Overall remarks from the inspection team

The above evaluation is based on the evidence and is all factual. The undersigned will be responsible if any faulty evaluation.

Authorized signatory from the institution

.....

Name:

Designation:

Email:

Cell No:

Office seal

Inspectors name/signature

1.

2.

3.

4.

5.

Date:

*Note: Please enclose a separate report on the agreement made or instruction given by the inspector/s to the institute about the corrections/improvements to be made*