

Unfilled Seats	0	0	
No of Excess Admission	0	0	

**B - I.5**

Academic information: Percentage of D Pharm results for the past three years:

ACADEMIC YEAR	2014-2015	2015-2016
D Pharm	75	80

Signature of the Head of the Institution

Signature of the Inspectors

**B - II**

Co-Curricular Activities / Sports Activities

Whether college has NSS Unit(Yes/No)?	Yes
If no give reasons	
NSS Program Officer's Name	MANSI ✓
Programme Conducted Details	Blood donation, Plantation
Whether students participating in University level cultural activities/Co-curricular/Sports activities	No
Physical Instructor	Not Available
Sports Ground	Individual
Are you Associated with other Organization/Institution/Trust/Society Running Pharmacy Course	Yes
Organization/Institution/Trust/Society Name	
Complete Postal Address.	
Telephone No.	
Nature of Association	

Signature of the Head of the Institution

Signature of the Inspectors

**C - FINANCIAL STATUS OF THE INSTITUTION**

Audited financial Statement of Institute should be furnished

C .1 Resources and funding agencies (give complete list)

C .2 Please provide following Information

Receipts			Expenditure		Remarks
Sl. No.	Particulars	Amount	Sl. No.	Particulars	
1.	Grants			CAPITAL EXPENDITURE	
	a. Government	0.00			