



PUSHPAGIRI
COLLEGE OF PHARMACY
MEDICITY CAMPUS, PERUMTHURUTHY



POLICY MANUAL

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INTERNAL QUALITY ASSURANCE CELL (IQAC)

The Internal Quality Assurance Cell (IQAC) of Pushpagiri College of Pharmacy is established as a permanent mechanism to ensure, sustain, and enhance quality in all institutional processes. The IQAC works towards embedding a culture of quality in all academic, administrative, and support processes and ensures continuous improvement in institutional performance of Pushpagiri College of Pharmacy. This policy manual serves as an authoritative document defining the philosophy, structure, roles, procedures, and operational mechanisms of IQAC.

This policy shall come into force from **January 2026** and shall be binding on all stakeholders of the institution. In consultation with the top management, the IQAC may amend or update this policy as deemed necessary and apply discretion in specific cases. This Policy Manual defines the **structure, functions, powers, procedures, and operational framework** of the IQAC

Vision

To establish a comprehensive, transparent, and sustainable quality assurance system that fosters academic excellence, research innovation, professional competence, ethical values, and societal commitment in pharmaceutical education.

Mission

- To institutionalize global best practices in quality assurance and continuous improvement.
- To promote excellence and innovation in pharmacy education, research, and professional practice.
- To ensure stakeholder-centric, outcome-oriented, and technology-enabled academic processes.
- To align institutional systems with national and international accreditation and regulatory benchmarks

IQAC Quality Policy

Pushpagiri College of Pharmacy is committed to providing high-quality pharmaceutical education and research aligned with societal needs and professional standards. The institution

adopts a proactive and evidence-based approach to quality assurance, emphasizing continuous improvement, accountability, transparency, inclusiveness, and sustainability.

The Quality Policy is guided by the following principles:

- Outcome-Based Education (OBE)
- Continuous Quality Improvement (CQI)
- Stakeholder-driven decision-making
- Academic and research excellence
- Ethical governance and social responsibility
- Benchmarking and best practice adoption
- Digitalization and data-driven quality monitoring

Objectives of IQAC

The objectives of the IQAC are to:

- Develop and implement a robust internal quality assurance framework.
- Promote learner-centric, outcome-based, and experiential learning methodologies.
- Strengthen research culture, innovation, consultancy, and IPR activities.
- Enhance faculty competence through continuous professional development.
- Ensure transparent, participatory, and efficient governance.
- Monitor institutional performance using measurable quality indicators.
- Facilitate preparation, submission, and compliance of NAAC, PCI, KUHS, and other regulatory requirements.
- Identify, document, and institutionalize best practices and innovations.

Scope of IQAC

The scope of IQAC encompasses all functional domains of the institution, namely:

- **Academic Processes**
 - Curriculum planning, delivery, and enrichment
 - Teaching–learning methodologies and assessment practices
 - Academic calendar implementation and monitoring
 - Outcome assessment and attainment analysis

- **Research, Innovation, and Extension**
- Research policy implementation
- Funded research, publications, and patents
- Industry–institution interaction
- Community pharmacy and public health outreach

- **Faculty and Staff Development**
- Faculty induction and mentoring systems
- Training, FDPs, and leadership development
- Performance appraisal and feedback systems

- **Student Support and Progression**
- Mentoring, counseling, and career guidance
- Skill development and employability enhancement
- Scholarships, grievances, and welfare measures

- **Governance and Administration**
- Strategic planning and policy implementation
- E-governance and digital transformation
- Risk management and compliance monitoring

- **Infrastructure and Learning Resources**
- Laboratories, libraries, and ICT resources
- Safety, maintenance, and sustainability practices

Composition of IQAC

The IQAC shall be constituted in accordance with NAAC guidelines and global best practices.

Members

- Chairperson: Head of the Institution
- IQAC Coordinator (Senior Faculty Member)
- IQAC Secretary
- Senior Administrative Officers
- Teachers (minimum six, representing all departments)
- One Management Representative

- One or Two External Experts (Academia / Industry / Quality Assurance)
- One Alumnus
- One Student Representative
- One Local Community / Society Representative

Tenure

The tenure of members shall normally be two years.

Rotation and reconstitution shall ensure continuity and infusion of new perspectives.

The IQAC shall meet at least once in six months. The agenda, minutes and Action Taken Reports are documented periodically.

Roles and Responsibilities

Chairperson

- Provide visionary leadership and strategic oversight.
- Approve quality policies, action plans, and review outcomes.
- Ensure institutional commitment to quality culture.

IQAC Coordinator

- Plan, implement, and monitor IQAC activities.
- Convene meetings and maintain statutory documentation.
- Coordinate accreditation, ranking, and audit processes.
- Act as nodal officer for quality-related communications.

IQAC Members

- Contribute to planning and implementation of quality initiatives.
- Assist in data collection, analysis, and reporting.
- Serve as departmental quality ambassadors.

Stakeholder Roles

Students

- Comply with academic regulations and ethical standards.

- Engage actively in learning, research, and extension activities.
- Provide structured feedback for quality improvement.

Faculty

- Deliver outcome-based, innovative teaching–learning practices.
- Engage in research, consultancy, and professional development.
- Participate in quality audits and review mechanisms.

Alumni

- Provide industry and professional feedback.
- Support placements, internships, and mentoring.
- Promote institutional goodwill and outreach.

Management

- Provide strategic direction and resource support.
- Encourage research, innovation, and global exposure.
- Facilitate quality-driven institutional growth.

Functions of IQAC

The IQAC shall:

- Establish institutional quality benchmarks and KPIs.
- Conduct Academic and Administrative Audits (AAA).
- Implement stakeholder feedback systems.
- Promote digitalization and ICT integration.
- Organize quality-focused workshops and training.
- Document and disseminate best practices.
- Monitor statutory and accreditation compliance.
- Ensure timely submission of AQAR and other reports.

IQAC Meetings

- IQAC shall meet **at least twice a year**
- Emergency meetings may be convened if required
- Quorum: **One-third of total members**
- Minutes of meetings shall be documented and circulated
- Action Taken Reports (ATR) shall be prepared

Quality Assurance Mechanisms

- **Academic Quality**
 - Curriculum planning and enrichment
 - Academic calendar monitoring
 - Result analysis and outcome assessment
 - Continuous Internal Evaluation (CIE)
- **Administrative Quality**
 - Process optimization
 - E-governance initiatives
 - Grievance redressal monitoring
- **Research & Innovation**
 - Research policy implementation
 - Seed money and incentives
 - IPR and innovation support

Feedback Policy

The IQAC shall ensure:

- Collection of feedback from students, alumni, parents, employers, and faculty
- Online and offline feedback mechanisms
- Analysis and dissemination of feedback
- Corrective actions based on feedback outcomes
- Documentation of improvement outcomes

Documentation and Record Management

IQAC shall maintain:

- Minutes of meetings
- AQAR reports
- Best practices documentation
- Policy documents
- Data repositories for NAAC and other agencies

Internal and External Audit

- Academic and Administrative Audit (AAA) shall be conducted periodically
- External quality audits may be arranged
- Audit findings shall be reviewed and acted upon

Best Practices and Innovations

IQAC shall identify, document, and promote:

- Institutional best practices
- Innovative teaching and learning models
- Community engagement initiatives
- Green and sustainability practices

Stakeholder Engagement

IQAC shall encourage active participation of:

- Students
- Faculty
- Alumni
- Employers
- Community representatives

Review and Continuous Improvement

- The IQAC Policy Manual shall be reviewed every **two years**
- Amendments may be made based on NAAC/other accreditation body guidelines or institutional needs

Confidentiality and Ethics

- Ethical conduct in all quality processes
- Confidential handling of institutional data
- Compliance with regulatory and legal norms

Effective Date

This IQAC Policy Manual comes into effect from **31.01.2026** and shall remain in force until revised.



IQAC MEMBERS (2025-2030)

| Sl. No. | Name of Member | Designation |
|----------------|--------------------------------|-------------------------------|
| 1 | Rev. Dr. Mathew Mazhavancheril | Management Representative |
| 2 | Dr. Santhosh M. Mathews | Chairperson |
| 3 | Dr. Malini S. | Vice-Chairperson |
| 4 | Dr. Jeenu Joseph | Vice-Chairperson |
| 5 | Dr. Christy K. Jose | IQAC Coordinator |
| 6 | Dr. Anjana M. N | IQAC Secretary |
| 7 | Mrs. Shiji Jibu | Senior Administrative Officer |
| 8 | Mrs. Mincy Mathew | Faculty Representative |
| 9 | Mrs. Anju V | Faculty Representative |
| 10 | Dr. Anju A Varghese | Faculty Representative |
| 11 | Mrs. Preethu P John | Faculty Representative |
| 12 | Mrs. Deepthi Mathew | Faculty Representative |
| 13 | Mrs. Rani Manju | Faculty Representative |
| 14 | Mrs. Bincy K Chacko | Faculty Representative |
| 15 | Mr. Santhosh T. R | External Experts-Industry |
| 16 | Mrs. Merin T. Koshy | Alumnus |
| 17 | Mr. Amal George | Student Representative |
| 18 | Mr. Jacob Zacharia | Parent Representative |
| 19 | Mr. Roy Varghese | Local Community |

INTERNAL ACADEMIC AUDIT (IAA) POLICY

1. PURPOSE OF THE INTERNAL ACADEMIC AUDIT

The Internal Academic Audit (IAA) is a structured, objective, and documented quality assurance process established to systematically evaluate the academic functioning of all departments of the Pharmacy College. The audit critically reviews academic processes, teaching–learning practices, assessment methods, research activities, and student support systems. The primary purpose of the IAA is to ensure continuous quality improvement, promote academic accountability at the departmental level, and support evidence-based decision-making in alignment with the accreditation requirements of the National Assessment and Accreditation Council (NAAC) and the Quality Assurance System (QAS) of Kerala University of Health Sciences (KUHS).

2. SCOPE OF THE AUDIT

The scope of the Internal Academic Audit encompasses all academic and academic-support activities undertaken by each department of the Pharmacy College. This includes curriculum planning and delivery, teaching–learning and evaluation practices, faculty performance and professional development, research and innovation activities, student support and progression mechanisms, academic infrastructure and learning resources, and academic governance, documentation, and compliance with regulatory requirements.

3. FREQUENCY AND PERIODICITY

The Internal Academic Audit shall be conducted once every academic year. The audit shall cover one complete academic year, either January to December or as defined by the institutional academic calendar. The audit process shall be coordinated and monitored by the Internal Academic Audit Committee under the supervision of the Internal Quality Assurance Cell (IQAC).

4. INTERNAL ACADEMIC AUDIT STRUCTURE

4.1 Audit Authority

The authority for conducting the Internal Academic Audit shall rest with the Principal of the College, who shall function as the Chairperson, and the Internal Quality Assurance Cell (IQAC), which shall oversee the planning, implementation, and monitoring of the audit process.

4.2 Audit Team

The audit team shall comprise the IQAC Coordinator, senior faculty members nominated as internal auditors, and the Heads of Departments, who shall be responsible for conducting self-audits of their respective departments.

4.3 Auditee

All academic departments of the Pharmacy College shall be subject to the Internal Academic Audit.

5. AUDIT METHODOLOGY

The Internal Academic Audit shall be conducted through a systematic methodology that includes department-wise self-evaluation, verification of academic records and supporting documents, interaction with Heads of Departments and faculty members, review of academic performance indicators, and identification of strengths, gaps, and best practices. The audit shall follow a transparent, participative, and evidence-based approach.

6. AUDIT CRITERIA AND INDICATORS (NAAC & QAS ALIGNED)

Criterion 1: Curricular Aspects

The audit shall assess curriculum planning, implementation, and enrichment practices. Key indicators include preparation and adherence to the academic calendar, maintenance of course files containing syllabus, lesson plans, and course objectives, implementation of curriculum in accordance with KUHS and Pharmacy Council of India (PCI) regulations, conduct of value-added and certificate courses, and mechanisms for curriculum feedback and enrichment.

Documents verified shall include academic calendars, lesson plans and course files, minutes of Board of Studies and academic meetings, and feedback analysis reports.

Criterion 2: Teaching–Learning and Evaluation

This criterion evaluates the effectiveness of teaching methodologies and assessment practices. Key indicators include the use of ICT-enabled and experiential learning methods, student-centric learning practices, mentoring and tutorial systems, conduct of Continuous Internal Evaluation (CIE), and alignment of question papers with course outcomes. Documents verified shall include teaching plans and presentations, attendance registers, internal assessment records, question papers, evaluated answer scripts, and CO–PO mapping records.

Criterion 3: Research, Innovation and Extension

The audit shall review research productivity and extension activities. Key indicators include research publications and funded projects, faculty participation in conferences and workshops, student research initiatives, extension and outreach programmes, and innovation and intellectual property initiatives. Documents verified shall include publication lists, project records, conference participation certificates, and extension activity reports.

Criterion 4: Infrastructure and Learning Resources (Academic Component)

This criterion focuses on the adequacy and effective utilization of academic infrastructure. Key indicators include availability and maintenance of laboratories and equipment, ICT facilities

supporting teaching–learning, and access to library resources and e-learning materials. Documents verified shall include laboratory stock registers, equipment maintenance logs, and library usage statistics.

Criterion 5: Student Support and Progression (Academic Focus)

The audit shall assess academic support systems for students. Key indicators include academic counselling and mentoring mechanisms, remedial and advanced learner programmes, academic performance analysis, progression and placement support, and guidance for competitive examinations. Documents verified shall include mentoring records, remedial class schedules, and result analysis reports.

Criterion 6: Governance, Leadership and Management (Academic Practices)

This criterion evaluates academic governance and leadership at the departmental level. Key indicators include departmental academic planning, faculty participation in academic governance, decentralization of academic responsibilities, and implementation of academic policies. Documents verified shall include departmental action plans, committee minutes, and faculty role assignment records.

Criterion 7: Institutional Values and Best Academic Practices

The audit shall review institutional values and best academic practices. Key indicators include ethical academic practices, promotion of gender equity and inclusivity, environmental consciousness in laboratories, and implementation of innovative academic practices. Documents verified shall include descriptions of best practices, academic ethics policies, and records of green laboratory initiatives.

7. DEPARTMENTAL SELF-AUDIT FORMAT

Each department shall submit a structured self-audit report containing the department profile, academic objectives and outcomes, criterion-wise qualitative and quantitative analysis, identification of strengths, weaknesses, opportunities, and challenges, Action Taken Report (ATR) on the previous audit, and a detailed action plan for the forthcoming academic year.

8. AUDIT REPORTING

The findings of the Internal Academic Audit shall be documented in a structured audit report. The report shall record non-conformities, observations, commendations, and department-wise recommendations for improvement.

9. ACTION TAKEN REPORT (ATR)

All departments shall submit an Action Taken Report within the stipulated timeframe. The ATR shall include details of corrective and preventive actions taken in response to audit observations. Follow-up audits shall verify the effective implementation of the recommended actions.

10. OUTCOMES OF THE INTERNAL ACADEMIC AUDIT

The Internal Academic Audit is expected to result in improved quality of teaching–learning processes, enhanced academic documentation, strengthened compliance with NAAC and KUHS–QAS requirements, and promotion of best practices and innovation across departments.

The Internal Academic Audit serves as a vital quality assurance mechanism to strengthen academic excellence, ensure accreditation preparedness, and foster a culture of continuous improvement in the Pharmacy College.



ACADEMIC REGULATORY POLICY

1. Purpose and Scope

This policy establishes the academic regulations governing the conduct of undergraduate and postgraduate programs in Pharmacy. It ensures compliance with national regulatory bodies (e.g., Pharmacy Council of India, University Grants Commission) and promotes academic integrity, professional ethics, and excellence in pharmaceutical education.

2. Governance and Compliance

- All programs shall adhere to the standards prescribed by the **Pharmacy Council of India (PCI)** and relevant university regulations.
- The college shall maintain accreditation with statutory bodies and undergo periodic audits.
- Any amendments to national or state-level pharmacy education guidelines shall be incorporated into this policy within six months of notification.

3. Admission Regulations

- Eligibility criteria shall follow PCI and university norms.
- Admission shall be merit-based, with transparent procedures including entrance examinations or qualifying marks.
- Reservation policies shall comply with government regulations.

4. Curriculum and Instruction

- The curriculum shall be structured according to PCI-approved syllabi, with periodic revisions to incorporate advances in pharmaceutical sciences.
- Instruction shall balance theoretical knowledge, laboratory practice, clinical exposure, and research training.
- Credit-based systems shall be adopted to ensure flexibility and academic mobility.

5. Attendance and Progression

- Students must maintain a minimum of **75% attendance** in theory and practical classes to be eligible for examinations.
- Continuous internal assessment shall account for at least **30% of the final grade**.
- Students failing to meet progression requirements must undergo remedial instruction before reappearing for assessments.

6. Examination and Evaluation

- Examinations shall be conducted in accordance with university and PCI guidelines.
- Evaluation shall be transparent, with provisions for reevaluation and grievance redressal.
- Academic dishonesty, including plagiarism or malpractice, shall result in disciplinary action ranging from grade penalties to suspension.

7. Research and Ethics

- All research activities must comply with institutional ethics committee approvals.
- Plagiarism checks are mandatory for dissertations, theses, and publications.
- Students and faculty must adhere to Good Laboratory Practices (GLP) and Good Clinical Practices (GCP).

8. Professional Conduct

- Students shall uphold professional behavior consistent with the **Code of Ethics for Pharmacists**.
- Dress codes, laboratory safety protocols, and patient confidentiality must be strictly observed.
- Any violation of professional conduct shall be subject to disciplinary proceedings.

9. Quality Assurance

- The college shall establish an **Internal Quality Assurance Cell (IQAC)** to monitor academic standards.
- Feedback from students, faculty, and stakeholders shall be systematically collected and acted upon.
- Annual academic audits shall be conducted to ensure compliance with regulatory norms.

10. Grievance Redressal

- A formal mechanism shall exist for addressing student grievances related to academics, examinations, or faculty conduct.
- Appeals shall be reviewed by the Academic Council, with final decisions subject to university regulations.

11. Policy Review

- This policy shall be reviewed every **three years** or earlier if mandated by regulatory authorities.
- Amendments shall be approved by the Governing Body and communicated to all stakeholders.

CO-CURRICULAR POLICY MANUAL

1. INTRODUCTION

Co-curricular activities are an integral part of pharmacy education, aimed at the holistic development of students beyond the formal curriculum. These activities complement academic learning and enhance professional skills, ethical values, leadership qualities, and social responsibility. This policy manual outlines the framework for planning, implementing, monitoring, and evaluating co-curricular activities in the pharmacy college.

Co-curricular activities are structured academic-related activities conducted outside regular classroom teaching but aligned with the curriculum, including:

- Professional and academic activities
- Research and innovation activities
- Extension and outreach programs
- Skill development programs

2. PURPOSE OF THE POLICY

The purpose of this policy is to:

- Promote all-round development of pharmacy students.
- Integrate academic learning with practical exposure.
- Encourage participation in professional, scientific, and community-oriented activities.
- Ensure systematic planning and documentation of co-curricular activities.
- Align activities with PCI, University, and NAAC requirements.

3. SCOPE

This policy applies to all undergraduate, postgraduate offered by the institution, including:

- B.Pharm
- Pharm.D

It covers students, faculty members, coordinators, and administrative staff involved in co-curricular activities.

4. OBJECTIVES

- To enhance students' professional competence and employability.
- To develop communication, leadership, teamwork, and problem-solving skills.
- To inculcate ethical values and social responsibility.
- To encourage innovation, research orientation, and lifelong learning.
- To provide exposure to current trends in pharmaceutical sciences and healthcare.

5. TYPES OF CO-CURRICULAR ACTIVITIES

5.1 Academic and Professional Activities

- Seminars, webinars, workshops, and conferences
- Guest lectures by industry experts and academicians
- Journal clubs and case presentations
- Continuing education programs

5.2 Research and Innovation Activities

- Student research projects
- Poster and paper presentations
- Participation in research competitions
- IPR awareness programs

5.3 Extension and Outreach Activities

- Health camps and awareness programs
- Community pharmacy services
- National Pharmacy Week celebrations
- NSS / Red Ribbon Club / Swachh Bharat activities

5.4 Skill Development Activities

- Soft skill and communication training
- Industrial visits and hospital training
- Entrepreneurship development programs
- Computer and digital literacy programs

6. ROLES AND RESPONSIBILITIES

6.1 Principal

- Provide leadership and overall supervision.
- Ensure alignment with regulatory and accreditation requirements.
- Approve annual co-curricular activity plans.

6.2 Faculty Coordinators

- Organize and conduct assigned activities.
- Motivate and guide students for participation.
- Maintain records, reports and photographs.

6.3 Students

- Actively participate in co-curricular activities.
- Follow institutional guidelines and discipline.
- Submit required reports and feedback.

7. IMPLEMENTATION

- Activities shall be evenly distributed throughout the academic year.
- Participation of students shall be encouraged without affecting regular academic schedules.
- Necessary approvals shall be obtained prior to conducting activities.

8. ASSESSMENT AND EVALUATION

- Student participation may be considered for internal assessment, as per university norms.
- Attendance and performance in activities shall be recorded.
- Feedback from participants shall be collected and analyzed.
- Outcomes shall be reviewed for continuous improvement.

9. DOCUMENTATION AND RECORD KEEPING

- Maintain activity reports with objectives, outcomes, and photographs.
- Preserve attendance sheets, certificates, and feedback forms.
- Compile records for NAAC, PCI, and other accreditation requirements.

10. CODE OF CONDUCT

- All activities shall be conducted in a disciplined and ethical manner.
- Students shall adhere to institutional rules and professional standards.
- Activities shall promote inclusiveness and respect for diversity.

11. REVIEW AND AMENDMENT

- This policy shall be reviewed periodically.
- Amendments may be made based on regulatory changes, institutional needs, and feedback.
- Any modification shall be approved by the appropriate academic authority.

12. CONCLUSION

The Co-Curricular Policy Manual serves as a guiding document to ensure structured and meaningful co-curricular engagement of pharmacy students, fostering professional excellence, social responsibility, and lifelong learning.

DISCIPLINARY POLICY MANUAL

1. Purpose of the Policy:

The purpose of this Disciplinary Policy Manual is to maintain a safe, orderly, and academically conducive environment at Pushpagiri College of Pharmacy, Thiruvalla. This policy aims to promote discipline, ethical conduct, mutual respect, and professional behavior among students, faculty, and staff, in accordance with the norms of the Pharmacy Council of India (PCI), KUHS regulations, and institutional values.

2. Scope:

This policy applies to:

- ❖ All students (B Pharm. Pharm.D & Pharm D Interns).
- ❖ Teaching and non-teaching staff.
- ❖ All academic, administrative, clinical, co-curricular, and extracurricular activities.
- ❖ Conduct within the campus, hostels, practice sites, college vehicles, and during college-events.

3. Core Principles:

- ❖ Fairness and impartiality.
- ❖ Transparency in disciplinary procedures.
- ❖ Natural justice (right to be heard).
- ❖ Proportionality of punishment.
- ❖ Confidentiality and dignity of individuals.

4. Code of Conduct: 4.1 General Conduct - All students are expected to:

- ❖ Maintain discipline, punctuality, and regular attendance.
- ❖ Show respect to faculty, staff, patients, and peers.
- ❖ Follow institutional rules, dress code, and professional ethics.
- ❖ Uphold the reputation of the institution.

4.2 Academic Conduct:

- ❖ No malpractice during examinations or assessments.
- ❖ No plagiarism, falsification of records, or misuse of academic resources.
- ❖ Regular attendance as per university and PCI norms.

4.3 Professional and Ethical Conduct;

- ❖ Maintain patient confidentiality during hospital/clinical postings.
- ❖ Follow ethical pharmacy practice guidelines.
- ❖ Avoid misuse of drugs, chemicals, or laboratory facilities.

4.4 Prohibited Conduct: - The following acts are strictly prohibited:

- ❖ Ragging in any form (as per UGC Anti-Ragging Regulations).
- ❖ Physical or verbal abuse, harassment, or intimidation.
- ❖ Substance abuse (alcohol, narcotics, tobacco) within campus.
- ❖ Damage to institutional property.
- ❖ Use of mobile phones during classes/exams without permission.
- ❖ Cyber misconduct, including misuse of social media.

5. Classification of Misconduct:

5.1 Minor Misconduct:-

- ❖ Late coming or irregular attendance.
- ❖ Dress code/professional outlook violations.
- ❖ Disruptive behavior in class.
- ❖ Non-compliance with instructions.

5.2 Major Misconduct:

- ❖ Examination malpractice.
- ❖ Ragging, bullying, or harassment.
- ❖ Physical violence or threats.
- ❖ Substance abuse.
- ❖ Forgery, theft, or vandalism.
- ❖ Repeated minor offenses

6. Disciplinary Authorities: Class Teacher / Class In-charge (**Class-level Authority**)



Head of the Department (**Department-level Authority**)



Vice Principals (**Institutional-level Authority-1**)



Disciplinary Committee (if necessary)



Head of the Institution/ Principal (**Institutional-level Authority-2**)

(The final decision-making power for major misconduct and suspensions.)

The Disciplinary Committee: A standing committee appointed by the Principal, consisting of senior faculty members, a student representative (optional/advisory), and a non-teaching staff representative to investigate serious allegations.

7. Disciplinary Procedure (The Process):

Reporting: How an incident is reported (written complaint to the Class In-charge or Principal).

Preliminary Inquiry: A quick check to see if the complaint has merit.

Show-Cause Notice: The accused is given a written notice explaining the charges and asked to provide an explanation within a specific timeframe.

Formal Inquiry: If the explanation is unsatisfactory, the Disciplinary Committee conducts a hearing where evidence is reviewed and witnesses are heard.

Final Decision: The Committee submits a report with recommendations to the Principal for a final order.

8. Penalties and Sanctions:

Clearly defining the "Proportionality of Punishment" mentioned in your Core Principles:

| Level | Severity | Action Taken |
|-------|----------|---|
| 1 | Minor | Verbal warning, written apology, or informative task. |
| 2 | Moderate | Formal written warning (placed in student file), fine, or parental meeting. |
| 3 | Major | Suspension for a specific period, removal from clinical postings, or debarment from exams. |
| 4 | Severe | Permanent expulsion from the college or reporting to law enforcement (in case of ragging/criminal acts) |

Section 9: Record Keeping: State that all disciplinary actions will be recorded in the student/staff personal file.

Section 10: Review of Policy: State that the policy will be reviewed every 2-3 years to align with new PCI or University guidelines (if needed).

UNIVERSITY EXAMINATION POLICY MANUAL

1. Purpose

The purpose of this policy is to ensure the **smooth, transparent, and fair conduct of university examinations** in accordance with the rules and regulations prescribed by Kerala University of Health Sciences.

2. Scope

This policy applies to all pharmacy programs conducted in the institution, including:

- B.Pharm
- Pharm.D
- Pharm.D (Post Baccalaureate)
- M.Pharm

The policy governs:

- Internal assessment examinations
- University theory examinations
- Practical examinations
- Viva-voce examinations
- Evaluation and result processing

3. Eligibility to Appear for University Examination

A student shall be eligible to appear for the university examination only if the following conditions are satisfied:

- 1. Attendance Requirement**
 - Minimum **80% attendance** in theory and practical classes separately in each subject.
- 2. Internal Assessment Requirement**
 - The candidate must obtain the minimum required internal marks prescribed by the university.
- 3. Submission of Records**
 - Laboratory records, assignments, and seminar reports must be submitted before the examination.
- 4. Scheme of Examination**

University examinations consist of:

4.1 Theory Examination

- Conducted by KUHS at the end of each semester/year.
- Maximum marks usually **100 per theory subject**.

4.2 Practical Examination

Includes:

- Laboratory experiment
- Practical record evaluation
- Viva-voce examination.

4.3 University Evaluation

External examiners appointed by KUHS conduct practical and viva examinations.

5. Schedule of Examinations

- **Regular university examinations** are normally conducted at the end of each academic year or semester.
- **Supplementary examinations** are usually conducted **within six months of the regular examination**.

The exact timetable will be published by the university.

6. Criteria for Passing

A student is declared **PASS** if he/she obtains:

1. **Minimum 50% marks in theory**
(Internal assessment + University examination separately)
2. **Minimum 50% marks in practical**
(Internal assessment + University practical and viva separately)
3. If a student fails in theory or practical, he/she must reappear for that component as per KUHS regulations.

7. Grading System

The university follows a **credit and grading system for B.Pharm and M.Pharm**.

Key terms:

- **SGPA (Semester Grade Point Average)**
Awarded when a student passes all subjects in a semester.

- **CGPA (Cumulative Grade Point Average)**
Calculated after completion of the entire course.

8. Supplementary Examination

Students who fail in one or more subjects may appear for **supplementary examinations** conducted by KUHS.

Rules:

- Supplementary exams are normally held **twice a year**.
- Students must apply through the college within the prescribed deadline.

9. Malpractice and Unfair Means

Any student found guilty of malpractice during examinations will be subject to disciplinary action as per KUHS regulations.

Examples include:

- Copying or possession of unauthorized material
- Communication with other candidates
- Impersonation
- Tampering with answer scripts

Punishments may include:

- Disciplinary action as per the university guidelines.

10. Revaluation and Scrutiny

Students dissatisfied with their marks may apply for:

1. **Revaluation**
2. **Answer script scrutiny**

Applications must be submitted within the time limit prescribed by KUHS.

11. Publication of Results

Results are declared by the Kerala University of Health Sciences and published on the university website.

The college will notify students after the official publication of results.

12. Record Maintenance

The examination cell of the college shall maintain:

- Internal assessment records
- Attendance records
- Practical examination registers
- Result analysis reports
- University communication files

These records are maintained for academic audits and accreditation.

PREPARATION OF UNIVERSITY EXAMINATION DUTY LIST

1. Examination Committee

The Principal shall constitute an **Examination Committee**, including:

- Chief Superintendent
- Invigilators
- Supporting staff

2. Types of Examination Duties

| Duty | Responsibility |
|----------------------|------------------------------------|
| Chief Superintendent | Overall supervision |
| Invigilators | Conduct exam inside hall |
| Technical staff | Support printing and documentation |

3. Preparation of Invigilator Duty List

The Vice Principal (Academics) prepares the duty list considering:

- Equal distribution of duties among faculty
- Avoid assigning invigilation to subject teachers of the same paper
- Adequate number of invigilators per hall

Standard rule:

1 invigilator for every 25 students

3. Instructions to the Chief Superintendent (KUHS Examinations)

3.1. Appointment and Responsibility

- The CS is responsible for the **overall conduct of the university examination** in the institution.
- The CS must ensure that all examinations are conducted **strictly according to KUHS rules and confidentiality requirements.**

3.2. Receipt and Safe Custody of Question Papers

- The CS should **download/receive question papers from the KUHS examination portal** at the specified time.
- Question papers must be kept **confidential and secure** until distribution to the examination halls.
- Unauthorized persons should **not be allowed access** to question papers or examination materials.

3.3. Preparation Before Examination

The CS should:

- Arrange **examination halls with proper seating arrangements** ensuring adequate spacing.
- Verify **student hall tickets and identity cards.**
- Ensure availability of:
 - Attendance sheets
 - Answer booklets
 - Additional sheets
 - Seals and envelopes
 - Malpractice report forms

3.4. Briefing of Invigilators

- Conduct a **meeting with invigilators before the examination.**
- Provide instructions regarding:
 - Distribution of answer booklets
 - Checking hall tickets

- Handling malpractice
- Time management and bell system
- Ensure **strict invigilation throughout the examination period.**

3.5. Conduct of the Examination

The CS must ensure:

- Students enter the hall **at least 30 minutes before the exam.**
- Question papers are distributed **only at the scheduled time.**
- Invigilators sign the **attendance sheets and answer booklet covers.**
- Students **do not possess prohibited items** such as mobile phones, notes, or electronic devices, water bottles.

3.6. Handling Malpractice

- Any suspected **malpractice must be reported immediately.**
- The CS should:
 - Confiscate unauthorized materials
 - Record the incident
 - Obtain written statements from the candidate and invigilator
 - Send the report to KUHS along with supporting documents.

3.7. Collection and Packing of Answer Scripts

After the examination:

- Ensure answer scripts are **collected, counted, and arranged properly.**
- Verify the **number of answer booklets with the attendance sheet.**
- Pack scripts **course-wise and subject-wise** in sealed covers.
- Sign and seal all packets before dispatch.

3.8. Dispatch to KUHS

- Send the answer scripts **immediately to the KUHS valuation camp/centre** as instructed.
- Maintain **dispatch records and acknowledgement receipts.**

3.9. Maintenance of Records

The CS must maintain:

- Attendance records
- Invigilator duty list
- Malpractice reports
- Dispatch register of answer scripts
- Examination incident register

3.10. Confidentiality and Integrity

- The CS must ensure **confidentiality of the examination process**.
- Any **violation of KUHS examination rules** may lead to disciplinary action.

4. Instructions for Invigilators

Invigilators must:

1. Report **30 minutes before exam**.
2. Verify hall tickets.
3. Distribute answer books and question papers.
4. Ensure no malpractice occurs.
5. Collect answer scripts and submit to the exam control room

5. Post-Examination Procedure

After the exam:

- Answer scripts are counted and sealed.
- Attendance sheet is signed by invigilators.
- Scripts are handed over to the Chief Superintendent for dispatch to KUHS.

EXTRACURRICULAR ACTIVITIES POLICY MANUAL

1. Introduction & Policy Statement

Pushpagiri College of Pharmacy is committed to the holistic development of every student. We recognise that extracurricular and co-curricular activities are not optional add-ons but essential for nurturing physical, emotional, social, cognitive, and creative growth.

We promote a balanced ecosystem where academics and activities complement each other, fostering leadership, teamwork, discipline, creativity, and responsible citizenship.

Policy Commitment: Every student will have equal opportunity to participate. Activities will be scheduled without affecting regular academics, and non-compliance with safety or conduct rules will invite disciplinary action.

2. Purpose & Objectives

Purpose: To provide a structured framework for planning, implementing, monitoring, and evaluating extracurricular activities in line with NEP 2020 and state regulations.

Objectives:

- Achieve holistic development (cognitive, affective, psychomotor domains).
- Ensure 100% student participation (minimum one activity per student).
- Promote inclusivity, gender equality, and accessibility for differently-abled students.
- Develop life skills, leadership, and environmental/social responsibility.
- Maintain academic balance (no extra classes during activity periods; no summer extra classes).
- Uphold highest standards of safety, especially during tours and competitions.

3. Scope

Applies to:

- All students, teachers, staff, coaches, parents, and visitors.
- All extracurricular, co-curricular, and club activities on/off campus.
- All levels (B. Pharm/Pharm D).

4. Legal & Regulatory Framework

We strictly comply with:

National Education Policy 2020 – Emphasis on experiential learning, arts, sports, vocational exposure, and no hard separation of activities.

5. Categories of Extracurricular & Co-Curricular Activities

Activities are classified as follows (aligned with NEP 2020 and Kerala traditions):

| Category | Examples | Frequency / Highlights |
|---------------------------------------|---|--|
| Arts & Cultural | Music, Dance, Drama, Painting, Literary (debate, quiz, elocution), Kerala School Kalolsavam | Annual Kalolsavam |
| Sports & Physical | Athletics, Football, Cricket, Basketball, Yoga, Indoor games | Annual Sports Meet; Inter-college competitions |
| Clubs & Societies | NSS | Weekly meetings + projects |
| Community Service | Haritha Keralam projects, Blood donation camps, Social awareness drives | Mandatory hours per year |
| Educational Tours / Excursions | Study tours, Field trips, Educational camps | Max 3 days/year; strict safety protocol |
| Leadership & Others | Student Council, Entrepreneurship cells | Regular elections & events |

6. Procedures

6.1 Planning & Scheduling

- Annual Academic Calendar to include all activities.
- No regular classes during allotted activity periods (as per 2023 General Education directive).

6.2 Participation & Selection

- Open to all; minimum one activity per student.
- Selection for competitive events through fair trials/auditions.

- Special provisions for differently-abled and girls.

6.3 Safety & Excursion Protocol (Mandatory)

- Prior parent meeting + written consent.
- Only Kerala Tourism / MVD-approved operators & vehicles.
- Notify MVD/RTO one week in advance for inspection.
- Teacher:Student ratio 1:15; Head of Institution or senior teacher must accompany.
- No travel between 10 p.m.–5 a.m.; First-aid kit, emergency contacts, and mobile phones for teachers only.
- Insurance cover and health fitness certificate mandatory.

6.4 Funding & Resources

- PTA + Management.
- Transparent accounts; no hidden charges for compulsory activities.

7. Roles & Responsibilities

- **Principal/Management:** Overall responsibility, budget approval, policy enforcement.
- **Extracurricular Coordinator** (designated senior teacher): Planning, scheduling, liaison with Education Department.
- **Teachers & Coaches:** Supervision, training, safety compliance.
- **Students:** Active participation, discipline, respect for team/venue.
- **PTA & Parents:** Support, consent, feedback.

8. Code of Conduct & Discipline

- Respect for diversity, environment, and opponents.
- Zero tolerance for ragging, substance abuse, or misconduct.
- Dress code, punctuality, and mobile-phone restrictions during events/tours.
- Disciplinary action as per institution rules / KER.

9. Inclusivity, Health & Safety

- Barrier-free access and special coaches for differently-abled students.
- Gender-sensitive participation.
- Regular health check-ups and counselling support.
- All staff trained in child protection and first aid.

10. Monitoring, Evaluation & Recognition

- Review meetings.
- Annual performance report
- Certificates, trophies, and grace marks
- Integration with academic evaluation

11. Review & Continuous Improvement

This manual will be reviewed annually or after major policy changes. Feedback from students, parents, and staff is encouraged.

HOUSEKEEPING AND MAINTENANCE POLICY MANUAL

1. Purpose

The purpose of this policy is to ensure a clean, safe, hygienic, and well-maintained campus environment in accordance with the requirements of PCI and other quality standards.

Proper housekeeping and maintenance improve safety, learning environment, and infrastructure sustainability.

2. Scope

This policy applies to the entire institutional campus including:

- Classrooms
- Laboratories
- Library
- Administrative offices
- Corridors and staircases
- Seminar halls
- Computer laboratories
- Toilets and washrooms
- Campus surroundings

3. Objectives

- Maintain high standards of cleanliness and hygiene
- Ensure proper maintenance of infrastructure and laboratory facilities
- Provide a safe and healthy academic environment
- Prevent accidents through preventive maintenance
- Maintain records required for PCI and other accreditation inspections

4. Housekeeping Policy

4.1 Daily Cleaning

- Floors shall be swept and mopped daily.
- Furniture, equipment and windows shall be dusted regularly.
- Dustbins shall be emptied daily.

4.2 Classroom Cleaning

- Classrooms shall be cleaned before the start of academic hours.
- Boards, desks and podiums shall be dusted.

4.3 Laboratory Cleaning

- Laboratory benches must be cleaned after each practical session.
- Chemical spills must be cleaned immediately.
- Glassware must be washed and stored properly.
- Laboratory waste should be disposed safely.

4.4 Washroom Hygiene

- Washrooms must be cleaned at least three times per day.
- Continuous supply of water, soap and sanitation materials should be ensured.

5. Waste Management

Waste generated on campus should be segregated into:

- Biodegradable waste
- Non-biodegradable waste
- Laboratory waste
- Chemical hazardous waste

Proper disposal should be carried out according to environmental and safety guidelines.

6. Maintenance Policy

6.1 Infrastructure Maintenance

Regular inspection and maintenance should be carried out for:

- Buildings and classrooms
- Laboratory furniture and equipment
- Electrical installations
- Plumbing systems
- Water supply systems
- Air conditioning units

6.2 Preventive Maintenance

Preventive maintenance activities include:

- Electrical inspection every 6 months
- AC servicing annually
- Water tank cleaning periodically
- Calibration of laboratory equipment

6.3 Corrective Maintenance

Corrective maintenance shall be performed when faults occur such as:

- Electrical repair
- Plumbing repair
- Replacement of damaged furniture
- Repair of laboratory equipment

7. Maintenance Request Procedure

Step 1: Faculty or staff report maintenance issues to the maintenance department.

Step 2: Complaint recorded in maintenance register.

Step 3: Maintenance team inspects the problem.

Step 4: Repair work is carried out.

Step 5: Completion of work recorded and verified.

8. Roles and Responsibilities

Management:

- Provide adequate housekeeping staff
- Allocate budget for maintenance
- Monitor infrastructure quality

Housekeeping Staff:

- Perform cleaning duties
- Maintain hygiene
- Report damages

Maintenance Staff:

- Conduct inspections
- Perform repair work
- Maintain maintenance records

Faculty and Students:

- Maintain cleanliness
- Report infrastructure damage

9. Safety Measures

- Cleaning staff should use personal protective equipment.
- Electrical repairs must be carried out by authorized personnel.
- Chemical waste must be handled safely.
- Warning signs must be placed during cleaning operations.

10. Monitoring and Review

- Monthly inspection of campus cleanliness
- Quarterly maintenance review
- Annual review of housekeeping policy

Reports should be maintained for institutional audits and accreditation processes.

11. Documentation and Records

The following records shall be maintained:

- Housekeeping duty register
- Maintenance complaint register
- Preventive maintenance schedule
- Equipment service records
- Inspection reports



LIBRARY POLICY MANUAL

The central library of Pushpagiri college of pharmacy was established in the year 2004. The central library plays the role of an information provider, ensuring the smooth functioning essential for teaching, learning, as well as research.

The central library is meticulously organized into four sections: Circulation section, Reference section, Journal section and Reading section, each designed to foster an environment of learning and exploration.

Each department has its own department library to satisfy the academic needs of faculty and students. The HODs of each Department act as the concerned authority of their department library.

Library advisory committee

The library advisory committee is dedicated to enhancing library services and resources for the college community. In collaboration with the library staff, the committee helps to ensure that the library meets the changing needs and remains a vital resource for faculty and students.

Functions and Responsibilities of the Library Advisory Committee:

- To facilitate coordination between students, faculty and the library, i.e. to obtain the advice and views of students on library needs in their area and report these views to the library.
- The library advisory committee meeting is conducted twice a year, to ensure a follow-up on library related problems and regarding the implementation of the suggestions mentioned earlier.
- To adopt measures to enhance readership and to seek feedback on library functions from readers.
- To help in getting recommendations in formulating rules, regulations and guidelines for the purchase of books and journals.
- To formulate policies and matters pertaining to Central Library/Departmental Libraries.
- To facilitate the process of purchasing books and journals as per the demand from individual faculty forwarded through HODs.

Members of Library Advisory Committee 2025-2026

1. Mrs. Teenu Anne Tony - Chairperson
2. Mrs. Soumya Muraleedharan - Secretary

3. Mrs. Pheba Susan Thomas - Member
4. Dr. Anju A Varghese - Member
5. Mrs. Neethi Shaju - Member

Rules and Regulations

1. Membership

- The faculty and students of Pushpagiri College of Pharmacy are only allowed to use the Central library.
- Members should produce their College identity card at the entrance of the library to enter.
- For lending books students should produce their library membership card.

2. Opening Hours

The library will be open from **8:30 am to 4:30 pm** on all days except Sundays and public holidays.

3. User Statistics

The entry register of user's (students and staff) is maintained on a daily basis in the library.

4. Book Purchase Policy

- Faculty and student's could recommend the books needed for purchase.
- Publisher's catalogue are also taken into consideration for latest purchases.

5. Periodical Purchase Policy

The selection of Indian & foreign journal subscription during the academic year is made on the basis of recommendations from the faculty of our college and Library Advisory Committee.

6. Newspaper

- Library has subscription of leading newspapers in English and Malayalam language.
- Newspapers are purchased from local vendors to ensure proper and in time availability.

7. E- resources

Subscription to K- HUB PHARMACY E -LIBRARY and Pharma Intelligence E- resources packages are renewed in every year.

8. Lending policy

The limits are as follows

Faculty : 5 Books for one month

Students : 2 Books for 7 days, reissue can be done for 7 more days.

Periodicals and Reference books are not issued .

In case of late return of books, students will have to pay fine at the rate of Rs.10 per day.

9. Liability for missing books

In case of any book is lost or damaged by the member, the member shall replace the book or shall pay the cost of replacement.

10. No Due certificate

- To ensure return of books from students, 'no due certificate' from the library is made mandatory for students before getting the original documents from the college.
- To ensure return of books from staff, 'no due certificate' from the library is mandatory for staff before finishing their resignation formalities from the college.

11. Stock Verification Policy

- Complete physical verification of books are carried out every year to ensure the correctness of stock.
- The books found missing during stock verification are listed out.
- The stock verification report and list is approved from the Principal/The Library Advisory Committee.

General Rules

- 1.Students are not permitted to enter the library without College identity card.
- 2.Students must wear the college uniform while entering the library.
- 3.Readers should observe strict silence inside the Library. Reading halls are meant for individual study and research only.
- 4.Use of Mobile phone is not permitted inside the Library premises.
- 5.Users are not allowed to carry eatables/drinks inside the Library premises.
- 6.Library membership card is non-transferable.
- 7.Readers are not allowed to bring their personal books or any printed material (spiral/bound book/photocopied material) inside the Library.
- 8.Personal belongings like bags, umbrellas etc. should be deposited at the Property Counter.
- 9.Marking, scratching, damaging, mutilating, stealing, library materials or property will invite disciplinary action against the defaulters.
- 10.Users should not rest or keep their feet on tables, chairs, shelves, etc.
- 11.The library shall not be responsible for any loss or damage of the personal belongings of the users.
- 12.Computers and laptops in the library premises should be used for academic purpose only.
- 13.Violating the rules will result in strict disciplinary action.

PURCHASE POLICIES AND PROCEDURES

Recognition of the needs

- The lodged with the purchase department in the prescribed Purchase Requisition Form submitted and forwarded by the authorized person either directly or through the Stores Department.
- The request needs to be submitted in writing and be sufficiently detailed. All the proposals should be routed through the proper channel.
- The purchase requisition should specify the details, such as specification of materials, quality, quantity, suggested supplier, etc. Concerned in charge, Department head, Principal of the institution, and Director of the institution concerned, the initiation of the procedure starts with the recognition of the need.

The Selection of the Supplier and the Requisition of Quotations

- This is an important part of the process; cost, speed of service, and dependability all need to be investigated before making a final decision. The rule of thumb is to get at least three quotes. Request quotes for the item needed, short-listing the companies and finalized a company or supplier.

Request for Quotation (RFQ) or Request for Quotation Proposal (RFP)

- After identifying potential suppliers, the purchasing department sends a Request for Quotation (RFQ) or Proposal (RFP).
- Suppliers provide detailed price quotes, delivery timelines, payment terms, and additional services in response. The purchasing team evaluates the responses based on cost effectiveness, compliance with specifications, and the supplier before making a final selection.
- Recommendations of the College-level normal Purchase and with the approval of the Director of the institution, up to fifty thousand, greater than fifty thousand, approval taken permission from the CEO of Pushpagiri Medical Society

Negotiations with the firm

- Once proposals arrive, evaluation begins against predetermined criteria involving price, quality, delivery, payment terms, and warranty provisions, then negotiating with companies and finalizing the quotation and selecting the company for purchase.
- Comparative statements and quotations are submitted for approval

Preparation of Comparative Statement

- Gathering all the received quotations and making a comparison statement based on specifications, quantity, etc. for taking a purchase decision.

- Quotation and Comparative statement are to be submitted for approval by the director of the institution. The principal and the purchase committee recommend the quotation based on the genuineness of the supplier, quality, and price. The director of the institution will approve the recommended quotation.

Purchase Order creation and placing the order:

- Once the supplier is selected, the next step is to place the purchase order. Purchase order is signed by the director of the institution. Out of these copies, one copy each is sent to the store-keeper, supplier, accounts section, inspection department, and the department placing the requisition, and one copy is retained by the purchase department for record

Order Acknowledgment and Confirmation

- After receiving the purchase order, the supplier acknowledges and confirms the order. This step is to make sure that the supplier has received the purchase order, understands the requirements, and can fulfill the order as agreed upon.

Follow-up on the order:

- After issuing the purchase order, follow up to ensure the purchase order is confirmed by the supplier and that the delivery is promised.

Receiving and inspection of the materials:

- Once the supplier delivers the ordered goods, the store department inspects the delivered items for quantity, quality, and compliance with specifications.
- The quantities are verified and tallied with the GRN and purchase order.
- The receipt of the materials will be recorded on the store register, which also specifies the name of the supplier and the purchase order number.
- If there is any discrepancy or damaged condition of the consignment, the purchase department will inform the supplier of replacements or refunds.

Invoice verification and payment processing

- After the goods are received and verified, the supplier sends an invoice for payment.
- The purchase and accounts departments verify the invoice against the purchase order and goods receipt note (GRN) to ensure accuracy.
- The invoice is checked to see that the goods were duly authorized to purchase, they were properly ordered, they are priced as per the agreed terms, the quantity and quality conform to the order, the calculations are arithmetically correct, tax-related matters, etc.

- After all verification, payment will be released as per the terms and conditions in the purchase order.

Maintenance of the records:

- Records include purchase requisitions, purchase orders, supplier contracts, goods receipt notes, invoices, inspection reports, and payment documents.
- Proper documentation of the entire purchasing process is essential for audit purposes, legal compliance, and future reference.

These procedures are to be adopted for the purchase of various kinds of consumable and non-consumable items, etc. These are also applicable to the research project funds and Library books



RESEARCH AND DEVELOPMENT POLICY

Research, innovation and development are important aspects to enhance quality education by the Higher Education Institutions (HEIs). Societal challenges of our country can only be addressed by having a strong and vibrant higher education ecosystem with an emphasis on research, innovation and technology development. Research happens to be one of the pioneer aspect of academic activities which help the institution to achieve excellence in the field of education. Research is the foundation of knowledge that brings new energy, builds state-of-the-art facilities, promotes research publications, develops collaborations and becomes part of active community that shares the mission objectives. Taking these into consideration, Pushpagiri College of Pharmacy, Thiruvalla framed and implemented its Research Policy.

Custodian of the Research Policy

The Research Policy shall have an Institutional Research Committee (IRC) to function under the Principal, Pushpagiri College of Pharmacy, and the Institutional Academic Council (IAC), and scientific committee to assist and advise in matters related to research within the college.

Research Overview

Pushpagiri College of Pharmacy, Thiruvalla, boasts a well-structured setup that fosters meaningful research engagement among both faculty and students. It provides ample support for transforming research outcomes into patents and publications related to entrepreneurial endeavours.

Here are the key elements and characteristics of the facilities:

- **Institutional Research Policy:** The institution has formulated a comprehensive research policy delineating guidelines for faculty, B.Pharm, and Pharm.D Research, thesis preparation, and research grant applications. It also outlines timelines for completing research work, thereby establishing a structured research framework.
- **Institutional Research Committee:** Comprising experts from different domains, this board facilitates strategic planning for research activities with valuable guidance and mentorship to ensure the effectiveness of research.
- **Reward Policy:** By implementing a reward system for both students and faculty, active participation in research is incentivized. This may include financial rewards to acknowledge significant contributions to research.
- **Seed Money:** Students and Faculty members have the opportunity to secure seed money/grants providing initial funding for research projects and fostering innovation from external funding agencies.
- Regular programs on Intellectual Property Rights awareness ensure the protection of commercial research innovations.

- **Institutional Animal Ethics Committee:** A dedicated committee oversees and guides research involving animals, ensuring adherence to ethical standards in such studies.
- **PhD Guideship:** Faculty members registered as PhD guides in various Universities contribute to foster a culture of advanced research

CODE OF ETHICS IN RESEARCH

1. **Responsibilities of researchers:** Researchers should include following key values in their research:
 2. **Social responsibilities:** Researchers form a broad community and are responsible for enrichment of the community. The researcher should be tuned with local, national and international community problems and their research should address these issues.
 3. **Justice:** It refers to fair treatment to all individuals; it is one of the most important objectives of this institute. At least four aspects of justice, which maintain conducive research environment are as follows:
 - Fairness of specific agreement and transduction: This refers to fairness of specific agreement and transduction between the individuals and is representatives involved in research.
 - Fairness of distribution: This refers to distribution benefits for specific community and its members. e.g. funds allocation from the project to the individual teacher for their funding and result of the research should be aimed at benefiting all parts of society.
 - Fairness of contribution requested: This refers to selection of human participants for research, ethical community guidelines for human volunteers & animals and Health and Hazard Safety guidelines for biologicals should be followed.
 - Fairness of punishment imposed: This refers to processes and actions dealing with contravention of research ethics or regulation and it should be fair.
 4. **Goodwill:** This refers to conduct of research in ethical way. All researchers involved in research should be protected from harm and efforts should be made to ensure their well-being. The principles of goodwill refer to generous or charitable behaviour, which may not be compulsory to everybody. It is goodwill and refers to two principles.
 - Do not cause harm
 - Increased possible benefits and reduce possible harm

This should be considered especially for projects in pharmacology, where human and animal subjects are involved, also individuals involved in research should avoid harm to each other.
5. **Respect for the individuals:** This refers to autonomy of an individual for his action unless such actions are clearly detrimental to others to show lack of respect for autonomous person means to disregard person opinions, thoughts, actions and not to grant him the field freedom and to act in

terms to withhold information that is essential for making a considerate discussion when there is no compelling reason to do so. Respect for immature and unaccountable person requires that such person should be protected when they are immature or unaccountable.

6. **Professionalism:** Professional standards are the part of responsibilities for individual Following professional responsibilities should be adopted by the researchers.
 - Integrity: Every researcher should be able to rely on truth and objectivity of reports of other scientists.
 - Quality: Researchers are responsible for a quality, accuracy, reliability of their own research or research done under supervision. The research should be limited to academics and technical, financial excellence of his research area. Highest quality standards should be applied for planning, implementation and reporting of research.
 - Accountability: Individual researcher shall be responsible for originality of the work and reporting the research. The disclosure of the research shall be as per contract, if any prior to the research.
7. **Discrimination:** Discrimination may be based upon services, benefits, opportunities, facilities of PCP being withheld for someone on grounds of race, gender, sex, pregnancy, marital status, family status, ethnic or social origin, color, sexual orientation, old age, disability or medical condition, religion, conscience or belief, cultural language and birth should be avoided at any cost. Discrimination also includes any communication whether oral or written, electronic or non-verbal, that promotes lack of respect or intolerance towards specific individuals or groups. No researcher may directly or indirectly unfairly discriminate against any person or any reason(s). PCP believes in creating conducive environment for research that regards work performance and research success. Discrimination on any of one or more grounds having negative impact should be avoided at all cost of researchers.
8. **Abusing supervisory authority:** Abusing supervisory authority is a serious issue, which includes conditional or apparently conditional benefit opportunities or facilities on basis of performance not related to the academic achievement or work performance of the person being supervised. Such abuse of authority can take place even if it is not in benefiting supervising concern and such exploitation should be refrained. Person with supervisory authority over individuals who are closely related to them or person with whom they are close relationship are more liable to cause conflict of interest and are advice to relinquish the academic and work supervision of such person.
9. **Sexual harassment:** Sexual harassment in any form should be refrained and should be reported to the sexual harassment cell of the institute.

Objectives of the Research Policy

The principal objectives of the Research Policy are as follows:

1. To develop desired awareness regarding research in the faculty/students of Pushpagiri College of Pharmacy. To establish a right kind of research culture through various research initiatives and programs
2. To create a research fund for supporting and facilitating research initiatives and projects of faculty members and students.
3. To develop rules, procedures and guidelines for granting research support, instituting awards, and supporting all other related activities
4. To develop rules, procedures and guidelines for granting study leave, sabbatical leave, duty leave, reduction in workload, etc. for faculty members' research activities.
5. To guide faculty members in the effective integration of research projects with the regular curriculum implementation and curriculum enrichment activities.
6. To identify researchers about the appropriate research opportunities announced by different academic, research, industry or government organizations.
7. To provide a research code, which informs all researchers about the ethical and legal norms and principles to be followed in the conduct of research.
8. To establish linkages including MOU s for long-term relationships with national and international research organizations for widening the scope of research opportunities and funding options available to the teachers and students of the Institution.
9. To support the publication of the research work/projects in reputed academic journals and provide incentives for the same.
10. To support the presentation/communication of the research work/projects as well as their findings and recommendations through academic events such as workshops/seminars/guest lectures or the media.

Guiding Principles

While administering the Research Policy, the respective College, Institutional Research Committee should affirm the following guiding principles:

Composition of Institutional Research Committee

The Institutional Research Committee will have the following composition

- HOD & Professor – Chairperson
- HOD & Professor - Member Secretary
- Six Faculty Members (HOD from 3 departments, B. Pharm & Pharm D project Co-Ordinator, Clinical Co-Ordinator)

The Research Cell may be expanded with the inclusion of more members as necessary.

- I. Researchers shall be given the freedom to choose their subject matter of research, provided that the choice shall be in alignment with the priorities of the institution, society, nation, and planet.
- II. Researchers shall be given the freedom to select support from the available funding sources for the success of their research and formulate their own findings.

- III. No techniques of research shall violate the code of ethics about individual rights of human beings, their health, safety, and privacy
- IV. Research techniques should not violate the code of ethics about the infliction of injury or pain on animals, excessive abuse on animals, humans or nature.
- V. While allocating funds and resources, merit shall be the primary consideration.

Research Policy Implementation Mechanism

The college shall have a well-defined research quality which shall act as a guideline for the scholars, teachers, and all other concerned personnel.

The specific roles and functions of the IRC will be as follows:

1. To provide research facilities in terms of infrastructure, i.e., laboratory equipment, and research incentives required by the faculty.
2. To promote a research culture (eg, teaching workload remission, opportunities for attending conferences).
3. To prepare rules & guidelines for Grant of Research-related leave and other remissions, a research agenda with relative priorities.
4. To support the faculty to undertake research by collaborating with other research organizations/ industry.
5. To organize workshops/ training programmes/ sensitization programmes are conducted by the institution to promote a research culture on campus.
6. To approach National and international organizations such as CSIR, DST-SERB, DST, DBT, NATO, DRDO, and BARC to fund major and minor research projects undertaken by the faculty/students.
7. To improve the availability of research infrastructure requirements to facilitate research.
8. To develop and implement an official Code of Ethics to check malpractices and plagiarism in research.
9. To facilitate Interdepartmental/interdisciplinary research projects.
10. To institute research awards.
11. To provide incentives for the faculty who receive state, national, and international recognition for research contributions, as well as research awards and recognition from reputed professional bodies and agencies.
12. To promote the publication of research articles by the faculty in reputed/refereed journals.
13. To maintain a database of research work and research projects undertaken by the faculty and students, as well as collect data by metrics such as Citation Index, Impact Factor, h-index, SNIP, SJR, etc.
14. To encourage publication leading to patent/ patenting research activities.
15. To encourage collaborative research with International/ National reputed institutes.

GUIDELINES FOR FINANCIAL ASSISTANCE TO PROMOTE ACADEMIC RESEARCH AND DEVELOPMENT ACTIVITY TO THE FACULTY AND STUDENTS:

The institutional research monitoring committee formulates the following guidelines for applying grant for financial support to the faculty and students who carry out academic research and projects in the College.

1. Doctoral Research:

- Faculty, who have registered for PhD program of any University, either state or private but recognized by the UGC for the purpose, are eligible to apply for the following grants once in the duration of the program.

2. Research Projects:

- To approach National and international organizations such as CSIR, DST-SERB, DST, DBT, NATO, DRDO and BARC to fund major and minor research projects undertaken by the faculty / students.

This grant is subject to the following rules:

- Faculty can choose any funding agency mentioned above for getting financial support for conducting research works.
- If more than one faculty is involved in the research project, the proposal shall be submitted by the Principal Investigator.
- Inter-departmental research projects are also eligible for grant application .
- The proposal should be submitted in the prescribed format to the college
- The Principal Investigator should submit progress reports of the research project on a quarterly basis to the management.

PUBLICATION POLICY

Purpose

The purpose of this Publication Policy is to establish guidelines and standards for the dissemination of research and scholarly work produced by faculty members, researchers, and students. The policy aims to promote high-quality publications, ensure ethical practices, and enhance college's reputation in the academic and research community.

Scope

This policy applies to all forms of publications, including but not limited to journal articles, conference proceedings, books, book chapters, patents, technical reports, and online publications.

Key Principles

Quality of Research Publications

- Faculty and researchers are encouraged to publish in quality journals and conferences of high repute. The use of journals indexed in Scopus, Web of Science, or other recognized indexing services is strongly recommended. Preference should be given to publications in journals with a high impact factor.
- The University recommends publishing in UGC approved journals listed in <https://www.ugc.ac.in/journallist/>. Only such publications shall be considered for career progression, increments, and for incentives.
- Predatory journals and pseudo-journals: These journals do not meet scholarly standards of publications. Such journals have increased in the recent past for financial benefits and most often are not peer reviewed. Hence the college strongly condemns publishing in such journals. Faculty and students are advised to be informed of such journals and practices, and to avoid publishing/supporting them in any way.
- Open Access Journals: Open access journals are scholarly journals that are available online free of any direct cost to the readers. The following recommendation is made for evaluating legitimacy and “safety” of Open Access Journals. Check with the Directory of Open Access Journals (DOAJ) accessible at <https://doaj.org/>. DOAJ is a website maintained by a non-profit organization that lists Open Access Journals that meet basic publishing quality standards by exercising peer review or editorial quality

Ethical Publishing Practices

All publications must adhere to ethical guidelines, including avoiding plagiarism, ensuring proper authorship attribution, and maintaining integrity in research reporting. Research misconduct, including data fabrication, falsification, and duplicate publication, is strictly prohibited.

Authorship Criteria

Authorship must be limited to individuals who have made significant intellectual contributions to the research. The order of authorship should reflect the relative contributions, and all co-authors must approve the final manuscript.

Acknowledgement of Funding and Institutional Support

All publications must appropriately acknowledge funding agencies, grants, and institutional support provided by the Pushpagiri Group of Institutions.

Publication Committee

The Publication Committee will have the following composition

- **Asso. Professor (Dept. Of Pharmacology) – Chairperson**
- **Asso. Professor (Dept. Of Pharmaceutics) – Secretary**
- **Asst. Professor (Dept. Of Pharmacy Practice)- Member**
- **Asst. Professor (Dept. Of Pharmaceutical Chemistry) – Member**
- **Asst. Professor (Dept. Of Pharmacognosy) – Member**

Review and Approval Process

Internal Review Mechanism

- Faculty and researchers are encouraged to seek peer feedback within the college before submission to external journals or conferences. The publication committee may be established to provide guidance and improve the quality of manuscripts approved by DORI.
- Procedure: Students are instructed to submit the research work (manuscript) to their concerned guides in the prescribed format before the final university project presentation. After corrections are made, the guide will be sent to the publication committee. After scrutiny, the committee will submit the manuscript by mail or online submission to the indexed journal.

Publication Incentives and Support

- Pushpagiri College of Pharmacy may offer financial incentives, awards, or recognition for publications in top-tier journals and conferences. Financial Support for Publication Fees -The college may provide partial financial support to faculty for publication in reputable journals. Requests for financial support must be submitted to the publication committee, with justification and proof of journal credentials.

Monitoring and Reporting

- Policy Review and Updates This policy will be reviewed periodically and updated as needed to reflect advancements in research practices and changes in publication standards.

Regulatory Approval

In order to promote high scientific and ethical standards, and facilitate intellectual property in professional education, clinical research, and the community, any research work and subsequent publication must follow the following regulatory bodies, as applicable.

- The research study shall abide by the university's policy on intellectual property rights.
- As per university policy, approval of research studies by the Institutional Research Committee (IRC), the Institutional Ethics Committee (IEC) for work related to clinical studies, and the Institutional Animal Ethics Committee (IAEC) Purpose of Control and Supervision of Experiments on Animals (CPCSEA) is mandatory.

INTELLECTUAL PROPERTY RIGHTS (IPR) POLICY

An IPR policy is essential for protecting innovation and creativity in academia. A well-drafted IPR policy provides structure, predictability, and a framework to create, innovate, grant IPRs, and commercialize them to bring them to market so that the innovation can be made available to society. Intellectual Property (IP) refers to creations of the mind: inventions; literary and artistic works; and symbols, names, and images used in commerce. IP gets protection of law that confers legal rights – the IP Rights (IPRs), for example, patents, copyright, and trademarks, etc., are legal protection.

The National IPR Policy, 2016, is a giant leap by the Government of India to spur creativity and stimulate innovation. According to the National IPR Policy, a professionally run Cell for IPR Promotion and Management is to be set up in organizations to facilitate the creation, promotion, and commercialization of IP assets.

Aims & Objectives of IPR Cell:

- IPR Cell envisions promoting academic freedom and protecting the interests of inventors in the creation and commercialization of intellectual property with legal and financial support as needed.
- The IPR Cell envisages providing an environment for academic innovation, R&D excellence, and conducting dedicated programs on IPR for the undergraduate and postgraduate students, as well as organizing regular IPR counselling programs for research scholars and faculty members.

The objectives of the IPR Cell are to:

- To promote academic freedom for commercial innovations, safeguard the intellectual property, and provide comprehensive support for all intellectual property rights issues relating to intellectual property generated at Pushpagiri College of Pharmacy.
- To provide and seek legal support, wherever necessary, to defend and protect the intellectual property rights obtained by PCP against any infringement/ unauthorized use.
- To create an environment for acquiring new knowledge through innovation and research, compatible with the goals of the Institute.
- To help and support in exploring the prospects of commercialization of IPs generated.

The functions of the IPR Cell are:

- PCP–IPR Cell shall create awareness on IPR and drive campaigns for the same, and file or facilitate IP filing.
- IPR Cell will be responsible for conducting IPR Awareness Programs, Self-Training Workshops, and Advanced-level awareness programs for students, faculty, researchers, etc.
- IPR Cell will coordinate the activities of evaluating, protecting, licensing, and managing the IP generated by PCP.
- It shall provide guidance to all PCP personnel and facilitate protection and deployment of intellectual property issues of ownership, confidentiality, useful advice from experts, disclosure, patentability, and transfer.
- An invention will be recommended for patenting only if it is patentable according to national and international patent laws.
- IPR cell members and domain experts approved by the Principal shall decide the commercial value and related aspects on a case-by-case basis.
- The IPR cell shall strive to create a system to avoid misconduct in IPR misuse or plagiarism.
- **Guidelines for IP generation and protection**
 - IP relating to patents, trademarks, industrial designs, and semiconductor integrated circuits and plant variety, whether developed by the students, research scholars, post-doctoral researchers, faculty members, or other personnel, shall belong to PCP if the inventor is part of any program or employed with PCP or has utilized the institutional resources.
 - Ownership of inventions carried out in PCP by the employees, research scholars, and students of PCP, but who are employed with another organization at the time of filing the IP, shall vest with PCP. The inventors shall obtain a No-objection Certificate (NOC) from their current organization in such cases.
 - For all inventions/patentable works developed by the students, research scholars, post-doctoral researchers, faculty members, and other personnel of PCP either independently or in

collaboration with external researchers/industries, it is mandatory that the inventor/s has/have to disclose the creative work through the Invention Disclosure Form (IDF) to the PCP-IPR cell.

Institutional Animal Ethics Committee (IAEC)

As per the "Breeding of and Experiments on Animals (Control and Supervision) Rules, 1998," Pushpagiri College of Pharmacy has formed an Institutional Animal Ethics Committee for control and supervision of experiments on animals performed in the Institute.

Policy

IAEC serves as an independent representative and competent body to review the scientific and ethical merits of research proposals (Form B) and approve the experiments on small animals as per the compliance with the Animal Welfare Act 1992 (ACT), guidelines of CPCSEA, New Delhi.

Objectives

- The IAEC is registered with the CPCSEA (Reg. No. 1776/CPCSEA) and its primary duty is to review and approve all types of research proposals involving small animal experimentation before the start of the study.
- The Committee also monitors research throughout the study and after completion of the study through periodic reports, besides regular visits to the research faculty's animal house and laboratories where the experiments are conducted. It also ensures compliance with all regulatory requirements, rules, guidelines, and laws related to animal experiments.
- IAEC includes eight members, of which four are nominated by CPCSEA and the remaining four members by the institute. The chairperson and member secretary of the committee are nominated by the institute from the existing members. The term of appointment of the committee is for a period of 3 years.
- The committee meets at regular intervals to review new proposals, requests, and existing policies. The committee also regularly monitors the procedures and practices related to animal experiments to ensure that animal welfare and ethics are strictly followed at every point of research.
- IAEC accords quality and consistency in the review of research proposals and to prevent the infliction of unnecessary pain & suffering before, during, and after experiments on animals, to follow the CPCSEA guidelines.
- IAEC ensures that experiments shall be performed in every case by or under the supervision of a qualified person (Minimum qualification- Bachelor of Veterinary Science/ Human Medicine or Postgraduate in life sciences/Pharmaceutical sciences/Lab animal science) and under the responsibility of the Principal Investigator. Every experimenter must be trained enough in animal experimentation either during education or by training.

MoU & COLLABORATIONS

MEMORANDUM OF UNDERSTANDING

The goal of the Memorandum of Understanding (MOU) is to have shared intentions to collaborate on training programs, projects, internships, outreach and extension programs, research, & Innovations with established industries and institutions.

Objectives of the Memorandum of Understanding are to facilitate:

- Major and Minor Projects
- Placements
- Research and Development
- Industrial visits
- Faculty exchange and visiting scholars
- Skill development programs
- Undergraduate and post-graduate student exchange

SCOPE OF CO-OPERATIONS

1. Sharing of Physical Resources for Mutual Benefits:

- a. Laboratory
- b. Library
- c. Workshop
- d. Computer Center/Facility
- e. Classroom
- f. Auditorium, Playground, Indoor stadium, etc.

2. Knowledge Sharing through:

- a. Workshop, Seminar, FDP, Lectures, etc.
- b. Promotion of participation of the faculty members as Resource Persons
- c. Internships for students
- d. Joint academic programs for the Award of Certificate/Diploma
- e. Faculty Exchange, Course sharing, curriculum sharing

3. Research Collaboration

- a. Access to Research Lab, Software, and Data Sharing
- b. Participation in Collaborative Research/Project work for both faculties and Students.
- c. IPR
- d. Collaborative Consultancy work

4. Collaboration with Industry

- a. Collaboration for Student Placement and Apprentice
- b. Industry Visit, Internship and Training
- c. Participation as Industry Expert in Curriculum Development
- d. Engagement in Course/Content delivery
- e. Consultancy works
- f. Data, Laboratory and Equipment sharing for R&D Activities

5. Collaborative activities as Social Responsibility

- a. Joint Awareness Programs
- b. Relief Activities, donation etc.
- c. Collaborative cultural programs

GUIDELINES

Purpose and Scope:

The purpose of the MoU should be clearly stated, and the objectives of the collaboration should be defined. It should also specify the scope of the research, including the duration, milestones, and expected outcomes. This will ensure that the parties have a shared understanding of the goals and expectations of the collaboration.

Responsibilities and Contributions

The MoU should outline the responsibilities and contributions of each party. This includes defining the roles and tasks of each party, the resources and funding they will provide, and the timeline for the completion of tasks. Ensuring that the roles and responsibilities are clearly defined is essential to avoid confusion and misunderstandings.

Intellectual property

Intellectual property (IP) is a crucial aspect of research collaboration. The MoU should clearly define the IP's ownership, management, and protection generated during the collaboration. It should also specify the conditions for the IP's use, dissemination, and commercialization.

Confidentiality

Confidentiality is essential in research collaboration, mainly when dealing with sensitive data or proprietary information. The MoU should include a confidentiality clause that specifies the scope of privacy, the exceptions, and the remedies for breach of confidentiality.

Dispute Resolution

In the event of a dispute or disagreement, the MoU should include a clause outlining the process for resolving disputes. This may include mediation, arbitration, or litigation. It is essential to have a transparent dispute resolution process to avoid costly legal battles and damage to the collaboration.

Termination The MoU should include a termination clause that outlines the circumstances under which the collaboration can be terminated, the notice period, and the consequences of termination.

Ethical Considerations

Research collaboration should be conducted in accordance with ethical principles and guidelines. The MoU should specify the ethical considerations, including the protection of human subjects, the use of animals in research, and the management of conflicts of interest. It should also outline the process for obtaining ethical approval and the reporting requirements for ethical issues.

Collaborative Opportunities

The MoU Agreement should specify the opportunities for collaboration between the parties. This includes joint research projects, joint publications, joint funding applications, and joint conferences and workshops. It should also outline the process for identifying and pursuing new collaborative opportunities.

ACHIEVERS' AWARD POLICY

Pushpagiri College of Pharmacy Achievers' Award Policy (AAP) has been formulated as a guideline to encourage the students and teachers of the College. It reflects the obligations of the college to the teachers and the student community. Recognition and awarding of students for their perseverance and of teachers for their hard work and dedication is of utmost importance for the whole academic exercise. It is framed to point out the nature of awards, awarding processes, scope, mechanisms, and funding/mobilization of funding for the awards.

OBJECTIVES OF (AAP):

- To motivate the teachers and students of PCP towards their academic and non-academic excellence.
- To provide moral boosting to the achievers through announcements in the college meeting and programs.
- To recognize achievements through certification; To provide a monetary award to the best performers in the final semester Examinations; –To showcase the achievers in College website and social media.

RESPONSIBILITIES:

- a) Primary Responsibility: Achievers' Award Cell (AAC) consisting of -
Chairperson: Principal
Convener: IQAC Coordinator
Member: Vice-Principal (Administration & Academics).
- b) Participative Responsibility: Departmental Award cell consisting of -
Chairperson: Principal
Convener: HoD /in-charge/coordinator, of respective Dept/Committee
Members: Faculties of concerned Dept/Committee

SCOPE OF THE POLICY:

The AAP of PCP covers a wide range of areas for recognition and awards to achievers with the support of its stakeholders.

The policy covers the following areas –

➤ Awards in Cash to students:

The AAP of PCP advocates financial encouragement to the students who exhibit excellence in academic and non-academic activities. The Policy states that a specified amount of funds needs to be allocated or mobilized for providing financial encouragement to such achievers. Cash awards shall be provided to the best performers in the Final Semester examinations (B.Pharm/PharmD)

➤ Felicitations and Certifications to Achievers:

- ❖ Achievements of all achievers – students and teachers – shall be recognized through certification or felicitations in a formal meeting or programs of the college or the concerned department//committee.
- ❖ **Best Department award:** The best department based on scholastic and co-scholastic performance shall be awarded /felicitated annually.

RECORD KEEPING POLICY MANUAL

Record Keeping Policy Manual provides a structured framework for managing institutional records in line with NAAC guidelines.

1. Objectives

- Ensure proper documentation of academic and administrative activities
- Facilitate easy retrieval of records for audits, inspections, and accreditation
- Ensure compliance with Accreditation, council and statutory requirements
- Promote transparency, accountability, and continuity
- Protect confidentiality and data security

2. Scope

This policy applies to all academic departments, administrative sections, faculty members, non-teaching staff, students, and support services of Pushpagiri College of Pharmacy.

3. Records to be maintained

3.1 Academic Records

1. File-Time table
2. File-Academic calendar
3. File-Work load
4. File-Monthly attendance
5. File- Circulars
6. File- Sessional exam time table
7. File -Duty Schedule
8. Duty reporting register
9. Question paper register
10. Hall ticket issue register
11. Sessional exam attendance register
12. Examination register-Sessional
13. Examination register-University
14. Grievance register-Sessional
15. Grievance register-University
16. Sessional despatch register
17. Mark register- register
18. Mark register -End semester
19. Answer booklet submission register
20. File-Consolidated mark
21. File- Sessional rank
22. File -University result and result analysis
23. Performance register
24. University Practical examination register

- (admission, attendance, internal assessment, lesson plans)
- Examination Records (question papers, evaluation, results)

- Administrative and Establishment Records (minutes, circulars, service books)
- Financial and Audit Records (fees, vouchers, budgets, audit reports)
- Research, Innovation, and IQAC Records (projects, publications, AQAR, SSR)
- Student Support, Alumni, and Extension Records

Mode of Record Maintenance

Records shall be maintained in physical, digital, or hybrid formats. Important records shall be digitized wherever feasible. Regular data backups shall be ensured using secure institutional systems.

Roles and Responsibilities

- Principal: Overall custodian of institutional records
- Heads of Departments: Maintenance of departmental records
- Section Heads: Maintenance of administrative records
- IQAC: Monitoring, review, and quality assurance of record-keeping

Record Retention and Preservation

Records shall be retained as per statutory norms, university regulations, and institutional requirements. Permanent records include admission registers, degree-related documents, accreditation records, statutory approvals, and audit reports.

Confidentiality and Security Protocols

- ❖ Confidentiality: Records containing sensitive patient or student data must be labeled and stored in a manner that limits access to authorized personnel only.
- ❖ Digital Transformation: If using electronic records, the manual must specify that scanned copies must be non-editable and backed up securely.
- ❖ Physical Maintenance: Paper records should be stored chronologically in a secure, climate-controlled, fireproof, and theft-resistant location to prevent degradation.
- ❖ Confidential and sensitive records shall be accessed only by authorized personnel. Digital records shall be protected through passwords, access controls, and regular backups.

Disposal of Records

Records that have exceeded the prescribed retention period shall be disposed of after obtaining approval from the competent authority, ensuring confidentiality and environmental safety.

Monitoring and Audit

Periodic internal audits shall be conducted to ensure compliance with this policy. IQAC shall review record maintenance practices and suggest improvements.

Review and Amendment

This policy manual shall be reviewed periodically by the IQAC of Pushpagiri College of Pharmacy and updated as required to ensure continued relevance and compliance.

Implementation and Responsibility

Administration: Directors or designated managers are responsible for implementing the policy and periodically reviewing Standard Operating Procedures (SOPs).

STAFF WELFARE POLICY MANUAL

Purpose

The purpose of this policy is to promote the physical, mental, professional, and social well-being of all staff members, ensuring a healthy and supportive work environment that enhances institutional effectiveness.

Scope

This policy applies to:

- Teaching staff (faculty)
- Non-teaching staff
- Auxiliary staff

Objectives

- To ensure job satisfaction and motivation among staff
- To promote professional development
- To maintain a safe and inclusive workplace
- To encourage work–life balance
- To provide social and health-related support

General Welfare Measures

- Clean, hygienic, and safe campus
- Adequate lighting, ventilation, and sanitation facilities
- Separate restrooms for men and women
- Safe drinking water points
- Staff rooms with seating and wash room facilities

Health and Safety Provisions

- First-aid kits available in key locations
- Tie-up with Pushpagiri Medical College for emergencies
- Periodic health awareness programs
- Insurance coverage as per Pushpagiri Medical Society norms (where applicable)

Leave and Work-Life Balance

Staffs are entitled to avail leave as per institutional and affiliating body norms:

- Casual Leave
- Annual Leave
- Maternity Leave (as per law)

- Special Leave in emergencies

Professional Development and Training

- Encouragement to attend FDPs, workshops, seminars
- Support for research and publications (for teaching staff)
- In-house training programs
- Mentoring for newly appointed staff

Financial and Social Welfare

- Timely payment of salaries
- Provident Fund and ESI (as applicable)
- Financial assistance in exceptional circumstances (subject to management approval)

Grievance Redressal Mechanism

- Confidential and fair handling of complaints
- Time-bound resolution process

Gender Sensitization and Safety

- Internal Complaints Committee (ICC)
- Zero tolerance to harassment or discrimination
- Ensure gender equality and workplace ethics
- Respect for diversity and dignity of all staff

Recreational Activities

- Monthly staff meetings
- Staff tour
- Celebration of important days and festivals
- Staff motivation sessions

Code of Conduct and Mutual Respect

All staff shall:

- Maintain professional ethics
- Respect colleagues and students
- Follow institutional rules and regulations

Administration shall:

- Treat all staff fairly
- Ensure transparency in decisions

STUDENT WELFARE POLICY MANUAL

(Institutional Policy for Student Support, well-Being, and Development)

1. PREAMBLE

The Institution is committed to creating a safe, inclusive, supportive, and student-centered environment that promotes holistic development and well-being. Student welfare is a fundamental responsibility of the institution and includes academic support, physical and mental health, safety, financial assistance, and opportunities for personal and professional growth.

This Student Welfare Policy provides a structured framework to ensure that all students receive equitable support services that enable them to successfully complete their education and develop into responsible professionals and citizens.

2. OBJECTIVES OF THE POLICY

The primary objectives of the Student Welfare Policy are:

- To ensure a safe, secure, and supportive learning environment.
- To promote the physical, mental, and emotional well-being of students.
- To provide equal opportunities regardless of gender, caste, religion, disability, or socioeconomic status.
- To support students academically, financially, and socially.
- To establish accessible support systems for counseling and grievance redressal.
- To encourage student participation in co-curricular and extracurricular activities.
- To promote ethical values, discipline, and professional conduct.

3. SCOPE OF THE POLICY

This policy applies to:

- All students enrolled in the institution.
- All departments and student support service units.
- Faculty members involved in student welfare activities.
- Institutional committees responsible for student support.

The policy covers academic support, counseling, financial aid, safety measures, health services, and student development initiatives.

4. PRINCIPLES OF STUDENT WELFARE

The institution shall ensure that student welfare initiatives are guided by the following principles:

- Equity and inclusiveness.
- Confidentiality and dignity.
- Accessibility of support services.
- Student participation in decision-making.
- Timely intervention and responsiveness.

5. COMPONENTS OF STUDENT WELFARE

5.1 Academic Support Services

The institution shall provide:

- Mentoring and academic counseling systems.
- Remedial classes for slow learners.
- Support for advanced learners.
- Bridge courses and skill development programs.
- Career guidance and placement support.

5.2 Physical and Mental Health Support

The institution shall ensure:

- Access to basic medical facilities.
- Periodic health awareness programs.
- Psychological counseling services.
- Stress management and wellness programs.

5.3 Financial Support

Financial welfare measures shall include:

- Information on scholarships and government schemes.
- Fee concessions and institutional financial aid.
- Support for economically disadvantaged students.

5.4 Safety and Security Measures

The institution shall provide:

- Safe campus infrastructure.
- Anti-ragging measures.
- Internal Complaints Committee for prevention of harassment.
- Emergency support mechanisms.

5.5 Student Development Activities

The institution shall promote:

- Participation in sports and cultural activities.
- Leadership and personality development programs.
- Community outreach and social responsibility activities.
- Professional skill development initiatives.

6. STUDENT SUPPORT MECHANISMS

The institution shall establish the following support systems:

- Mentoring System
- Grievance Redressal Cell
- Anti-Ragging Committee
- Internal Complaints Committee
- Counseling Cell
- Career Guidance and Placement Cell

These units shall work collaboratively to address student needs effectively.

7. ROLES AND RESPONSIBILITIES

7.1 Institutional Responsibilities

The institution shall:

- Provide adequate resources for student welfare.
- Establish support committees.
- Monitor student welfare programs.
- Ensure policy implementation.

7.2 Faculty Responsibilities

Faculty members shall:

- Identify students requiring support.
- Provide academic and mentoring guidance.
- Refer students to appropriate support services.

7.3 Student Responsibilities

Students shall:

- Actively utilize welfare services.
- Follow institutional rules and discipline.
- Participate in developmental activities.

8. GRIEVANCE REDRESSAL

Students shall have access to a transparent grievance redressal mechanism. Complaints shall be addressed promptly, fairly, and confidentially through designated committees.

9. MONITORING AND REVIEW

The implementation of this policy shall be monitored through:

- Periodic institutional reviews.
- Student feedback surveys.
- Reports from welfare committees.
- Academic performance and retention analysis.

10. CONFIDENTIALITY

All personal information related to student welfare shall be handled with strict confidentiality and used only for official purposes.

11. AMENDMENT OF POLICY

The institution reserves the right to modify this policy based on regulatory requirements, institutional needs, and evolving student welfare priorities.

POLICY MANUAL -TRAINING AND PLACEMENT CELL

Definition:

This policy document details the organization and management of placements and training opportunities provided to the students enrolled in various academic programs at PCP.

The Placement Policy:

The purpose of this policy is to ensure that placements and internships of registered students of PCP are guided by fair and consistent principles and sound administration so that there is a positive experience and outcome for all stakeholders.

Aim of the Placement Policy:

To achieve this purpose, this institute placement policy aims to:

1. Establish a clear and transparent framework for all processes related to student placements and internships.
2. Define the roles and responsibilities of students participating in the placement and internship process.
3. Maximize the placement rate of registered students.
4. Ensure high-quality placements by attracting top recruiters and securing competitive salary packages.

Scope of the Placement Policy:

This policy is applicable to all students of the institute who have registered with the Training & Placement Cell for placement and/or internship.

Roles and Responsibilities of Training & Placement Cell:

The Training & Placement Cell shall be responsible for:

1. Ensure that the necessary procedures are in place to support this policy;
2. Contacting and inviting companies for placement and internship.
3. Ensuring proper communication between various parties involved in student placement and internship activities.
5. Having regular reviews of adherence to the institute placement policy and ensuring it is documented and periodically updated as per requirements.

Placement Process:

Invitation to Companies for Campus Placement Drives:

- 1.The Training & Placement Cell is dedicated to supporting students of the institute with placements and internships and strive to invite and host as many companies as possible for recruitment drives.
- 2.To facilitate this, we maintain and regularly update a list of companies that have previously visited the institute for recruitment purposes.
- 3.We will begin inviting companies for placement and internship drives at the start of each placement session.
- 4.Our communication will include a brief profile of the institute and a request.
- 5.Companies interested in campus recruitment should express their interest via email.

Selection process by the Company:

- 1.Companies may design their selection process at their discretion, which can include a combination of Pre-Placement Talks (PPTs), written tests (technical/aptitude), group discussions, technical interviews,and HR interviews.
- 2.The Training & Placement Cell expects companies to communicate the details of their selection process and its components well in advance to ensure smooth execution.
- 3.The Training & Placement Cell will provide the necessary infrastructure and assistance, such as informing students and arranging test materials and centres.
- 4.Companies are generally required to provide a shortlist of students for interviews (based on student profiles and/or test performances) to the Training & Placement Cell .

ANTI-RAGGING POLICY

INTRODUCTION

Pushpagiri College of Pharmacy, Thiruvalla strictly adheres to the **UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009** (and amendments) and the **Pharmacy Council of India (PCI)** guidelines. Ragging in any form is a **criminal offense** and is prohibited on campus, hostels, and all associated premises.

POLICY STATEMENT

- Ragging is banned in all forms: physical, verbal, psychological, or cyber.
- Any student found guilty of ragging will face strict disciplinary action, including expulsion, criminal proceedings, and reporting to regulatory bodies.
- The institution maintains zero tolerance towards ragging.

LEGAL FRAMEWORK

- UGC Regulations, 2009
- PCI Circular on Anti-Ragging
- Supreme Court Directives: Ragging is a punishable offense under IPC Sections 323, 506, etc.

ANTI-RAGGING COMMITTEE

Key Members of the Anti-Ragging Committee (UGC Guidelines):

- **Chairperson:** Head of the Institution (Principal/Director/Vice-Chancellor).
- **Representatives of Civil Administration:** Members from local district administration.
- **Representatives of Police Administration:** Local police representatives.
- **Faculty Members:** Senior teachers and, in some cases, the Registrar.
- **Parents/Guardians:** Representatives of students' parents.
- **Student Representatives:** Freshers as well as senior students.

- **Non-Teaching Staff:** Representatives from the administrative staff.
- **Local Media Representative:** A person from the local media.
- **NGO Representative:** A member of an NGO involved in youth activities.

ANTI-RAGGING SQUAD

- Comprises faculty, staff and student members for surprise checks in hostels and campus.
- Reports directly to the Anti-Ragging Committee.

STUDENT UNDERTAKING

As per UGC and PCI norms, every student and parent must submit an **Anti-Ragging Undertaking** at admission:

- Submit online at www.antiragging.in
- Download Undertaking Format (for Hostel inmates)

COMPLAINT & HELPLINE

- **24x7 National Anti-Ragging Helpline:** 1800-180-5522
- **Email:** helpline@antiragging.in
- **College Helpline:** 9946546517

COMPLAINT & ESCALATION PROCESS

Step 1: How to Report Ragging

- **College Helpline:** 9946546517
- **Email:** principalpcp1@gmail.com
- **National Helpline:** 1800-180-5522 | helpline@antiragging.in

Include: date/time, location, description, names (if known), evidence.

Protection: Confidentiality and non-retaliation guaranteed.

Step 2: Immediate Actions (0–24 hrs)

- Acknowledge complaint within 6 hrs.
- Ensure safety and medical care.
- Anti-Ragging Squad conducts preliminary fact-finding within 24 hrs.
- Evidence preserved.

Step 3: Formal Inquiry (Within 72 hrs)

- ARC convenes within 72 hrs.
- Notify accused, collect statements.
- Hearings conducted with accessibility support.
- Findings documented.

Step 4: Decision & Enforcement (Within 7 working days)

- Principal issues final order.
- Penalties: suspension, expulsion, FIR, etc.
- Report case status on National Portal.

Step 5: Appeal (Within 10 days)

- Appeal to Governing Body/University within 10 days.
- Decision within 15 working days.

ROLES & RESPONSIBILITIES

- ARC: Inquiry & recommendations.
- ARS: Surprise checks & immediate response.
- Wardens/Security: First responders.
- Principal: Final orders & compliance reporting.

PROTECTIONS

- Confidentiality, victim/witness support.

- Accessibility accommodations.
- Good-faith complaints never penalized.

DOCUMENTATION

- Complaint register, evidence repository, inquiry files.
- Annual compliance report to UGC/PCI.

PENALTIES FOR RAGGING

- Suspension, withholding scholarships, expulsion, criminal proceedings.

ANNUAL REPORTS

- Anti-Ragging Compliance Report submitted to UGC and PCI annually.

Quick Links

- [UGC Anti-Ragging Regulations](#)
- [PCI Anti-Ragging Guidelines](#)
- [National Anti-Ragging Portal](#)

SOCIAL SERVICE POLICY

The Social service policy manual outlines the framework for community service and youth engagement, with a focus on student involvement in social work and development. It provides guidelines for planning, implementing, and monitoring activities through the National Service Scheme (NSS). The manual emphasizes the importance of linking higher education with community needs and promoting social awareness among students.

Vision

To create socially responsible citizens by fostering a spirit of voluntary service, leadership, and community engagement among students.

Mission

- ❖ To promote community participation through structured NSS activities.
- ❖ To inculcate social responsibility and leadership qualities among students.
- ❖ To address community needs through health, education, and environmental initiatives.
- ❖ To build strong collaboration between the institution and society.

Objectives and Goals:

- **Promote social awareness**
- **Develop leadership qualities**
- **Contribute to national development**
- **Fostering a spirit of volunteerism**
- **Bridging the gap between campus and community**

Organizational Structure

Advisory Committee

The committee oversees planning and implementation of social service activities.

Members include:

Principal / Head of Institution (Chairperson)

NSS Programme Officer

Faculty representatives

Student volunteer leaders

Responsibilities include:

- Planning community service activities
- Coordinating with authorities and community partners
- Maintaining records and reports
- Guiding student volunteers

Activities and Programs:

Regular Activities

- Community surveys
- Awareness campaigns
- Campus cleanliness drives
- Health education programmes
- Geriatric care activities
- Palliative care services

Special Camps

- **7-day NSS Special Camps** in adopted villages
- Community development projects
- Cultural and educational programmes for villagers

AREAS OF COMMUNITY CARE SERVICES

❖ Community Development

- ✓ Village adoption programmes
- ✓ Community survey
- ✓ Women empowerment initiatives
- ✓ Literacy and educational support programmes

❖ Health and Hygiene

- ✓ Medical camps and health awareness programmes
- ✓ Drug abuse awareness campaigns

- ✓ Blood donation camps
- ✓ Nutrition and sanitation awareness

❖ Environmental Activities

- ✓ Tree plantation drives
- ✓ Plastic-free campus initiatives
- ✓ Cleanliness campaigns
- ✓ Water conservation programmes

❖ Social Awareness Programmes

- ✓ Road safety awareness
- ✓ Anti-drug campaigns
- ✓ Gender equality programmes
- ✓ Disaster management awareness

Funding:

The college serves as a Self Financing Unit under NSS. For Self Financing Units(SFU), the fund for activities is to be collected from student volunteers (1250/- per student) .The fund for the activities were managed by PTA account and are audited.

Planning and Implementation of Programs:

The manual outlines the process for identifying community needs, selecting projects, and developing implementation plans.It specifies how funds are to be utilized and accounted for. Mechanisms for evaluating the impact of NSS programs are outlined. The manual provides guidelines for maintaining accurate records of activities and projects.

Documentation and Reporting

Proper documentation must be maintained for all NSS activities, including:

Attendance records

Activity reports

Photographs and media coverage

Feedback from community beneficiaries

Monitoring and Evaluation

Review meetings by NSS Advisory Committee

Evaluation of activities based on participation and community impact

Annual report submission to authorities

Recognition and Incentives

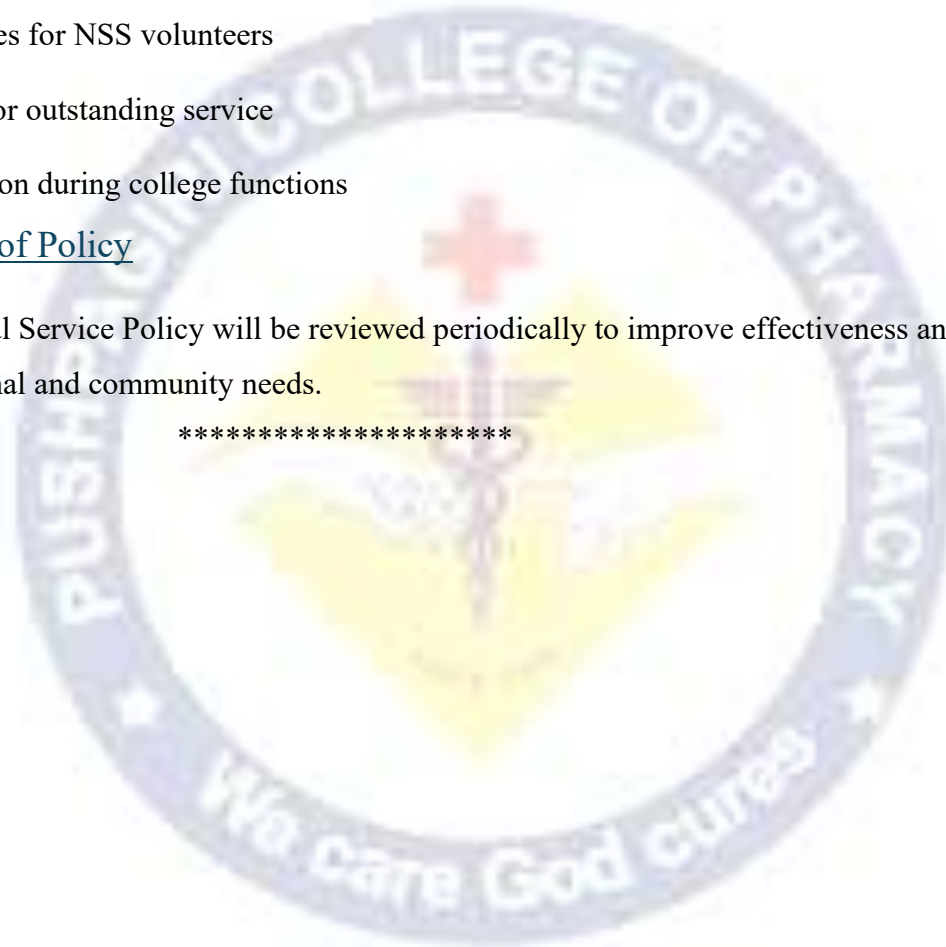
Certificates for NSS volunteers

Awards for outstanding service

Recognition during college functions

Review of Policy

The Social Service Policy will be reviewed periodically to improve effectiveness and align with institutional and community needs.



STUDENT SUPPORT AND GUIDANCE

INTRODUCTION

Pushpagiri College of Pharmacy recognizes and respects the diverse backgrounds, cultures, and life experiences of the students enrolled in the institution. This diversity enriches the institutional environment and encourages both teachers and students to be caring, inclusive, and open-minded. The institution adopts various teaching strategies to ensure that all students have equal access to the curriculum and learning opportunities. In accordance with the academic regulations and student welfare principles of the Kerala University of Health Sciences (KUHS), the college is committed to providing comprehensive academic, professional, psychological, and financial support to students throughout their course of study. The institution also implements the Student Support and Guidance Programme (SSGP) initiated by KUHS to assist undergraduate and postgraduate students in addressing their academic and personal challenges through structured mentoring and guidance.

OBJECTIVES

- To provide academic guidance and mentoring to students.
- To assist students in adapting to the academic environment of KUHS.
- To support students in overcoming academic and personal difficulties.
- To provide career guidance and opportunities for professional advancement.
- To ensure a safe and supportive learning environment.

ORGANIZATION STRUCTURE

The institution shall constitute a Student Support and Guidance Committee consisting of:

- Chairperson : Vice Principal
- Nodal Officer 1 : Professor
- Nodal Officer 2 : Associate Professor
- Management representative : Member
- Faculty Mentors from various disciplines: Member
- Parent representative : Member
- Student representative : Member
- College Union Chairman : Member

- Warden (Men's and Women's hostel) : Member
- NSS Representative : Member

ROLES AND RESPONSIBILITIES

Chairperson (Vice Principal)

- Provide overall leadership and supervision for the Student Support and Guidance Committee.
- Ensure effective implementation of the Student Support and Guidance Programme (SSGP) as per KUHS guidelines.
- Convene and preside over committee meetings.
- Review student support activities and recommend improvements.
- Ensure coordination between faculty mentors, nodal officers, and other stakeholders.

Nodal Officer (Professor and Associate Professor)

- Coordinate the overall functioning of the Student Support and Guidance Programme.
- Monitor the functioning of the mentor–mentee system and ensure that mentoring sessions are conducted regularly.
- Identify students facing academic, personal, or psychological difficulties and discuss the issues with each student individually, suggest solutions, and provide input to help improve their academic performance.
- Arrange appropriate support and refer students to the counsellor when necessary.
- Organize student support programs, including counselling sessions, workshops, and awareness activities related to academic development and well-being.
- Report progress and issues to the Chairperson
- Facilitate communication between faculty mentors and the committee.
- Ensure proper documentation of mentoring and counselling activities.

Faculty Mentors from Various Disciplines (Members)

- Provide academic guidance and mentoring to assigned students.
- Monitor students' academic progress, attendance, and overall well-being.
- Identify students facing academic or personal difficulties and provide appropriate guidance.
- Refer students to the counsellor or committee when necessary.
- Maintain mentoring records and submit reports periodically.

Management Representative (Member)

- Provide institutional support for implementing student welfare initiatives.
- Assist in mobilizing resources required for student support activities.
- Ensure alignment of student support programs with institutional policies.

Parent Representative (Member)

- Provide feedback regarding student welfare and support services.
- Facilitate communication between parents and the institution when necessary.
- Support initiatives that promote the well-being and development of students.

Student Representative (Member)

- Represent student concerns and suggestions to the committee.
- Assist in communicating committee initiatives to the student community.
- Encourage students to utilize available support services.

College Union Chairman – Member

- Represent student concerns, needs, and suggestions in the committee.
- Facilitate communication between students and the Student Support and Guidance Committee.
- Assist in organizing student welfare activities, awareness programs, and support initiatives.
- Encourage student participation in academic, extracurricular, and support programs.
- Help identify issues related to student well-being, discipline, and campus environment.

Warden (Men's and Women's Hostel) – Member

- Monitor and report hostel-related student welfare issues to the committee.
- Ensure a safe, supportive, and healthy living environment in the hostel.
- Identify students facing personal, emotional, or academic difficulties in the hostel and refer them for appropriate support.
- Coordinate with the committee to implement welfare activities for hostel residents.
- Assist in maintaining discipline and addressing grievances related to hostel life.

NSS Representative – Member

- Promote student participation in community service and social responsibility activities.
- Coordinate NSS initiatives that contribute to students' personal and leadership development.

- Support the committee in organizing outreach programs, health camps, and awareness campaigns.
- Encourage volunteerism and community engagement among students.
- Report NSS-related student welfare activities to the committee.

IMPLEMENTATION AND FUNCTIONS OF SSGP

MEETINGS

- Meetings of the SSGP are conducted twice in an academic year or as and when required to discuss student-related issues and review support mechanisms.
- Staff meetings are also conducted every six months (twice per academic year) to discuss concerns related to students and their academic progress.

MENTORSHIP SYSTEM

- As part of the mentorship program, each teacher is assigned 10–15 students as mentees to provide individualized guidance and support.
- Faculty mentors interact personally with the mentees to understand their challenges and provide guidance and appropriate solutions to improve their academic performance.

COUNSELING AND PSYCHOLOGICAL SUPPORT

- Students facing family problems, learning difficulties, anxiety, or depression are referred to the clinical psychologist for professional counselling and support when necessary.

STUDENT SUPPORT SERVICES

- Academic Support
- Personal and Psychological Support
- Career Guidance
- Financial Support
- Health and Wellness Support
- Extracurricular Support

GRIEVANCE REDRESSAL MECHANISM

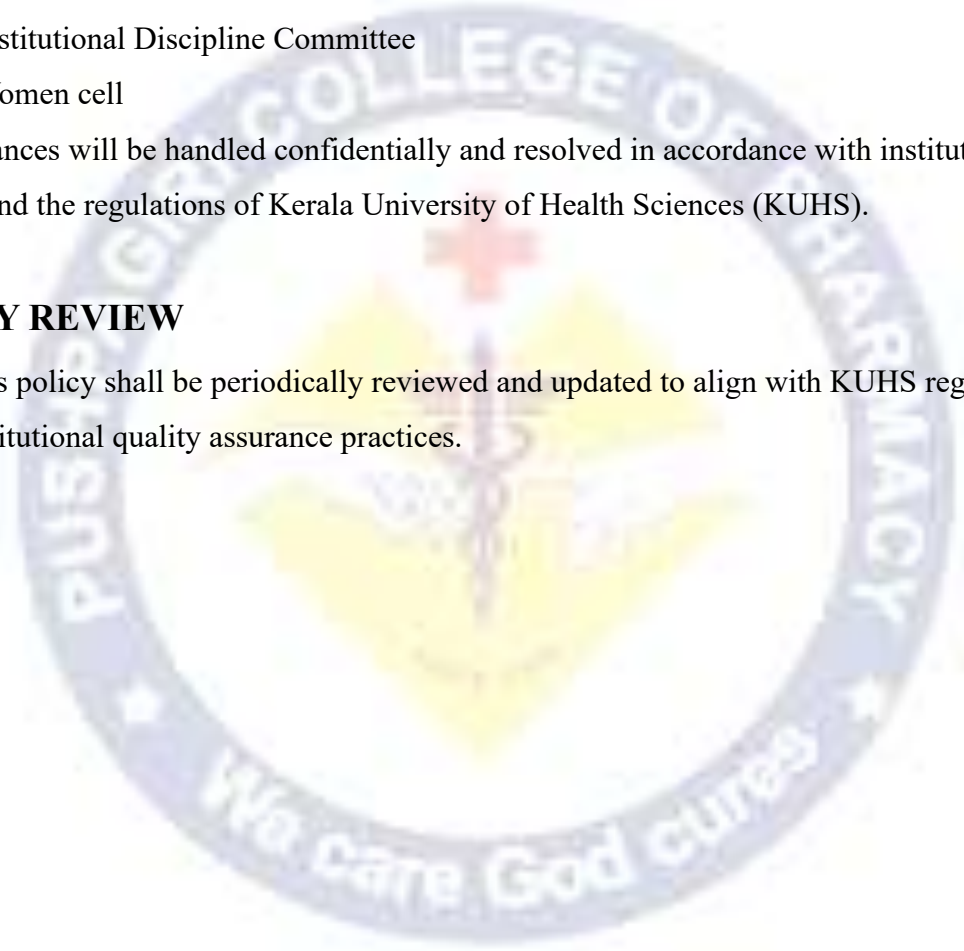
Students may submit complaints or grievances through the following institutional bodies:

- Grievance Redressal Committee
- Anti-Ragging Committee
- Internal Complaints Committee (ICC)
- Student Welfare Committee
- Anti-Discrimination Committee
- Gender Sensitization Cell
- Career Guidance Cell
- Institutional Discipline Committee
- Women cell

All grievances will be handled confidentially and resolved in accordance with institutional policies and the regulations of Kerala University of Health Sciences (KUHS).

POLICY REVIEW

- This policy shall be periodically reviewed and updated to align with KUHS regulations and institutional quality assurance practices.



SC/ST COMMITTEE POLICY MANUAL

Introduction

The Scheduled Castes (SC) and Scheduled Tribes (ST) Committee is constituted by the UGC guidelines and Article 46 of the Constitution of India to ensure protection, welfare, and equal opportunity for SC/ST students and staff in the college. The committee works proactively to prevent discrimination, promote inclusivity, and address any grievances related to caste-based issues.

1. Objective and Scope

This policy manual defines the constitution, duties, and procedures of the Scheduled Caste/Scheduled Tribe (SC/ST) Committee in the college, in line with UGC and Ministry of Education guidelines. It aims to promote equity and inclusiveness by ensuring effective implementation of reservation policies, redressal of grievances, and support services for SC/ST students and staff. The scope covers all academic, administrative, and support functions related to SC/ST categories, including admissions, recruitment, scholarships, and campus climate. The Committee operates under the provisions of the UGC's *Promotion of Equity Regulations, 2012*, and related government directives, as well as the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989.

2. Committee Composition and Roles

The SC/ST Committee is constituted by the Principal and reconstituted each academic year. By UGC/AICTE practice, the Principal (or Director) serves as **Chairperson**. Members include senior faculty, women teachers, and representatives of SC/ST communities among non-teaching staff. A **Member-Secretary** (often a senior faculty or designated liaison officer) coordinates the Committee's work. A typical composition is:

- **Chairperson:** Principal/Director.
- **Vice-Chairperson:** A senior faculty member.
- **Members:** At least five faculty/staff members (including women teachers and non-teaching staff), plus SC/ST student representatives if practicable.
- **Member-Secretary:** Liaison Officer (senior faculty or officer appointed to handle day-to-day functions).

Roles and Responsibilities: The Committee's main functions include:

- **Policy Implementation:** Ensuring implementation of SC/ST reservation policies in admissions, faculty/staff recruitment, and promotions, following government roster rules.

- **Data Monitoring:** Collecting and analyzing data on SC/ST admissions, enrolments, and appointments; preparing annual reports for the UGC/college authorities.
- **Grievance Redressal:** Functioning as the grievance cell for SC/ST students and staff, investigating complaints of discrimination or harassment, and recommending corrective
- **Student Support:** Counseling and guiding SC/ST students on academic or personal issues, providing awareness of scholarship and support programs, and organizing remedial coaching or mentoring.
- **Awareness & Prevention:** Conducting awareness programs on social equity, informing the college community about SC/ST rights, and taking measures to prevent atrocities or bias against SC/ST individuals.
- **Coordination:** Liaising with government agencies (e.g. District Welfare Offices), coordinating with the Equal Opportunity Cell (EOC) or Internal Complaints Cell where applicable, and ensuring hostel or infrastructural support (as per SC/ST entitlements)

The Committee meets at least twice a year (as per AICTE/UGC norms) and more frequently if needed to address pending issues. Decisions are implemented by the college administration, and minutes are recorded for accountability.

3. Policy Objectives

The policy pursues the following objectives, as reflected in UGC guidelines:

- **Implement Reservation:** Enforce the statutory reservation of 15% seats for SC and 7.5% for ST in all admissions and 15%/7.5% in recruitments, according to the Constitution and government order.
- **Equity Monitoring:** Monitor and report on the application of reservation policies, collecting course-wise admission data and employment statistics to ensure quotas
- **Inclusive Integration:** Help SC/ST members integrate into the academic mainstream by removing barriers and providing necessary support.
- **Grievance Redressal:** Provide a transparent mechanism to address SC/ST grievances promptly, in line with UGC advisories and the POA Act provisions
- **Support Services:** Facilitate scholarships, stipends, hostel accommodation, and coaching schemes for SC/ST students, and create an inclusive campus climate through awareness and counseling

These objectives cover policy scope from prevention of discrimination to proactive student development, aligning with the *UGC (Equity) Regulations, 2012*, which mandate institutions to promote equality and establish EOC and SC/ST cell.

4. Grievance Redressal Procedure and Anti-Discrimination Measures

Procedure: The Committee has a formal grievance-handling process. An aggrieved SC/ST student or staff member may submit a written complaint (in person or via email/college portal) to the Committee/Member-Secretary. The Committee will:

1. Acknowledge receipt and classify the complaint (e.g., harassment, academic unfairness, denial of rights).
2. Conduct an inquiry or hearing within 15–30 days, with both parties present as needed.
3. Record findings and recommend actions to the Principal (e.g. counseling, disciplinary measures, legal referral).
4. Communicate the outcome to the complainant and monitor implementation of remedies.
5. Maintain confidentiality and protect complainants from retaliation.

This procedure supplements the general Student Grievance Redressal mechanism by focusing on caste-based or entitlement-related issues. The Committee also liaises with the college's **Internal Complaints Committee** and **Anti-Ragging Cell** for relevant cases, and with police or legal authorities if offenses under the SC/ST (POA) Act are involved.

Anti-Discrimination Measures: The institution follows UGC advisories on preventing discrimination. The Committee, in coordination with the EOC and other cells, will organize sensitization workshops and orientation sessions each year to instill awareness of constitutional rights. Any act of verbal or non-verbal caste bias in classrooms or campus life is addressed through counseling and, if needed, disciplinary action. The Committee ensures compliance with the SC/ST (POA) Act by displaying helpline numbers and reporting serious incidents to authorities.

Support Mechanisms: In addition to grievance redress, the Committee provides mentoring for affected students, refers them to psychological counseling if needed, and follows up to ensure victims continue their studies without bias. For faculty/staff grievances (e.g. denial of promotion under reservation), the Committee may recommend escalation to higher authorities or legal support cells.

5. Reservation Benefits and Scholarship Support

Reservation Implementation: The college strictly adheres to the Government of India reservation policy (15% SC, 7.5% ST) in all academic and service appointments. The Committee oversees the roster system for admissions and recruitments, ensuring seats/positions are properly earmarked and any vacancies carried forward per rules. It coordinates with the Admissions Office to publicize reserved vacancies and with the HR department to maintain reservation records.

Scholarships and Financial Support: The Committee, in collaboration with the **Scholarship Cell**, disseminates information on central and state schemes (e.g. Pre-Matric, Post-Matric, Merit-cum-Means, Central Sector Scholarships) and assists SC/ST students in application procedures. It tracks the timely disbursement of stipends/hostel waivers to eligible students. Priority support (tuition fee concessions, book bank access, transport) is facilitated as per state/central norms.

Academic Support Programs: The Committee arranges remedial coaching and special classes for SC/ST students in subjects where they may lag, and organizes orientation programs to build confidence (overcoming any “inferiority complex” as noted in UGC guidance). It also plans awareness events on competitive exams and job opportunities, as recommended by UGC guidelines. Participation in Dr. B.R. Ambedkar Jayanti and similar events is encouraged to foster community.

6. Annual Reporting and Documentation

The SC/ST Committee submits an **Annual Report** to the college's Governing Body and the Equal Opportunity Cell (if separate), covering its activities and compliance. The report includes:

- **Meeting Records:** Dates of Committee meetings, minutes, and attendance.
- **Admissions/Recruitment Data:** Number of SC/ST students admitted (year-wise, course-wise) and SC/ST candidates appointed/promoted in teaching and non-teaching posts.
- **Reservations Compliance:** Roster position charts showing vacant and filled reserved seats; action taken on any backlog.
- **Grievance Cases:** Summary of complaints received (category, summary), actions taken, and status (resolved/pending).
- **Support Activities:** List of awareness programs, counseling sessions, coaching classes, scholarship drives conducted (with dates and participation).
- **Scholarship Disbursement:** Number of SC/ST students receiving each scholarship/stipend, total amounts disbursed.
- **Infrastructure/Services:** Updates on hostel occupancy by SC/ST students, modifications (e.g., separate common rooms, if any), liaison with Scholarship or Social Welfare Office.
- **Challenges & Recommendations:** Any issues observed (e.g., policy gaps) and suggested improvements.

This report should be aligned with NAAC documentation requirements for Equity and Social Justice. The format may use tables and charts for clarity. An example structure is given below (see Section 7).

Records of all Committee actions (grievance files, meeting minutes, admission statistics) must be maintained securely for review by NAAC peer teams or UGC inspections.

7. Review and Update

This policy manual shall be reviewed biennially. Updates will be made to align with any new UGC or Ministry of Education regulations or amendments to the reservation law. All Committee members must know the latest *UGC (Equity) Regulations, 2012*, and relevant government circulars.



WOMEN CELL POLICY MANUAL

1. Introduction

The Women Cell of **Pushpagiri College of Pharmacy** is established to promote gender equality, women empowerment, and a safe environment for female students and staff. The cell works to create awareness about women's rights, safety, health, and professional development.

The Women Cell functions in accordance with national policies related to women's safety and dignity, including guidelines associated with the **Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013**.

2. Vision

To create a safe, supportive, and empowering academic environment where women can achieve their full potential.

3. Mission

- To promote gender equality within the institution.
- To ensure safety and dignity of women students and staff.
- To conduct awareness programmes on women's rights and health.
- To encourage leadership and professional growth among women.

4. Objectives

1. To create awareness about women's rights and gender equality.
2. To provide a platform for women to discuss their concerns.
3. To promote self-confidence and leadership among women students.
4. To organize seminars, workshops, and awareness campaigns.
5. To support grievance redressal related to women issues.

5. Composition of Women Cell

The Women Cell shall consist of:

- **Chairperson** – Senior female faculty member
- **Secretary** – Faculty member
- **Faculty Representatives** – 4 female faculty members

- **Non-teaching staff Representatives** – 2 female non-teaching staff members
- **Student Representatives** – 2 female students
- **External Member** – 1 female faculty member from another institution
- **1 Female legal advisor** - To provide legal guidance regarding women's rights and relevant laws
- **1 Female Counsellor** – To provide psychological and emotional support to students and staff

6. Functions of the Women Cell

The Women Cell will:

- Promote gender sensitization within the campus.
- Organize workshops on women empowerment.
- Conduct health awareness programmes.
- Celebrate important days such as
 - **International Women's Day**
 - **National Girl Child Day**
- Provide counselling support for female students.
- Encourage participation of women in academic and extracurricular activities.

7. Activities

The Women Cell may conduct:

- Self-defense training programmes
- Health awareness camps
- Legal awareness sessions
- Personality development programmes
- Career guidance programmes
- Gender sensitization workshops

8. Complaint and Grievance Redressal

Women students and staff can approach the Women Cell if they face issues related to:

- Gender discrimination
- Harassment
- Safety concerns

- Emotional or psychological stress

Complaints may be submitted:

- In written form
- Through email
- Directly to the Women Cell members

All complaints will be treated with **confidentiality**.

Serious complaints may be forwarded to the **Internal Complaints Committee (ICC)** as per institutional policy.

9. Meetings

- The Women Cell shall meet **at least twice in a year**.
- Emergency meetings may be called if required.
- Minutes of meetings shall be recorded and maintained.

10. Documentation

The Women Cell will maintain records of:

- Meeting minutes
- Activities conducted
- Attendance of programmes
- Reports and photographs
- Complaints and actions taken

11. Monitoring and Review

The activities of the Women Cell shall be reviewed annually by the Principal and IQAC of the college to ensure effectiveness.

12. Conclusion

The Women Cell of **Pushpagiri College of Pharmacy** is committed to building a campus environment that respects the dignity, safety, and empowerment of women. Through continuous awareness and support initiatives, the cell strives to foster gender equality and holistic development

MINORITY CELL POLICY MANUAL

1. Introduction

The Minority Cell of the College is established to empower students belonging to minority communities such as Muslim, Christian and other notified minorities. The cell ensures equal opportunity in education and promotes inclusive growth by providing academic, financial, and emotional support to minority students.

The cell works to create a supportive environment and ensure that minority students can fully participate in academic and co-curricular activities without discrimination.

2. Vision

To create an inclusive academic environment that promotes equality, diversity, and empowerment of minority students in the institution.

3. Mission

- To provide academic and social support to students belonging to minority communities.
- To ensure equal educational opportunities and prevent discrimination.
- To facilitate scholarships, financial assistance, and career guidance for minority students.
- To promote awareness regarding government schemes and welfare programs.

4. Objectives

The Minority Cell shall function with the following objectives:

1. To ensure equal opportunity for education of students belonging to minority communities.
2. To create awareness about Central and State Government scholarship schemes.
3. To facilitate financial support from government agencies and other funding bodies.
4. To provide counselling and guidance for academic and personal issues.
5. To promote skill development programs such as communication skills, personality development, and career guidance.
6. To establish a grievance redressal mechanism for minority students.
7. To encourage participation of minority students in academic, cultural and professional activities.

5. Scope of the Policy

This policy applies to:

- All students belonging to minority communities in the institution.
- Faculty and staff responsible for implementing student welfare activities.
- Administrative departments coordinating scholarship and welfare schemes.

6. Composition of Minority Cell

The Minority Cell shall consist of the following members:

| Position | Designation |
|-------------|---|
| Chairperson | Principal |
| Coordinator | Senior Faculty Member |
| Member | Faculty Representative |
| Member | Administrative Staff |
| Member | Student Representative |
| Member | Student Representative (Minority community) |

The committee shall be constituted by the Head of the Institution.

7. Roles and Responsibilities

The Minority Cell shall perform the following functions:

7.1 Academic Support

- Identify academically weaker students and arrange remedial classes.
- Provide mentoring and tutorial support.
- Organize career guidance and skill development programs.

7.2 Financial Assistance

- Disseminate information about minority scholarships.
- Assist students in applying for scholarships such as:
 - Post Matric Scholarship for Minorities
 - Merit-cum-Means Scholarship
 - State Minority Welfare Schemes

7.3 Counselling and Guidance

- Provide emotional and psychological support.
- Address academic stress and personal difficulties.

7.4 Grievance Redressal

- Receive complaints from minority students regarding discrimination or other issues.
- Investigate complaints and recommend appropriate action.
- Coordinate with the Grievance Redressal Cell when required.

7.5 Awareness Programs

- Conduct seminars and awareness programs on minority welfare schemes.
- Promote cultural diversity and harmony in the campus.

8. Meetings

- The Minority Cell shall meet at least once per semester.
- Emergency meetings may be conducted if required.
- Minutes of meetings shall be recorded and maintained.

9. Functions and Activities

The Minority Cell may organize the following activities:

- Scholarship awareness programs
- Career guidance sessions
- Personality development workshops
- Remedial coaching classes
- Soft skill development training
- Mentoring programs
- Cultural integration activities

10. Grievance Redressal Mechanism

- Students may submit complaints directly to the Minority Cell Coordinator.
- Complaints can be submitted through:
 - Written application
 - Email
 - Complaint box
- All complaints shall be reviewed confidentially and resolved within a reasonable time.

11. Monitoring and Review

The functioning of the Minority Cell shall be monitored by:

- Principal / Head of Institution
- Internal Quality Assurance Cell (IQAC)

Annual reports of activities and outcomes shall be submitted to the IQAC for review.

12. Documentation

The Minority Cell shall maintain the following records:

- Constitution of the committee
- Minutes of meetings
- Activity reports
- List of beneficiaries
- Scholarship records
- Grievance records

13. Policy Implementation

This policy shall be implemented through coordination between:

- Principal
- Minority Cell Coordinator
- Faculty Members
- Administrative Office
- Student Representatives

INTERNAL COMPLAINTS COMMITTEE (ICC) POLICY MANUAL

(As per the Sexual Harassment of Women at Workplace – Prevention, Prohibition and Redressal Act, 2013)

1. PREAMBLE

The Institution is committed to providing a safe, secure, and respectful environment for all employees and students. Sexual harassment at the workplace violates fundamental rights to equality, dignity, and safe working conditions. This policy establishes the Internal Complaints Committee (ICC) to prevent and address complaints of sexual harassment.

2. OBJECTIVES

The objectives of this policy are:

- To provide protection against sexual harassment at the workplace.
- To prevent and deter acts of sexual harassment.
- To establish a redressal mechanism for complaints.
- To ensure fair, confidential, and timely inquiry.
- To promote awareness and gender sensitization.

3. SCOPE

This policy applies to:

- All employees (teaching, non-teaching, contractual, temporary).
- Students, interns, research scholars, and trainees.
- Visitors, service providers, and vendors within campus.

The policy covers incidents occurring:

- Within campus premises.
- During official travel, field visits, and events.
- In virtual/online work environments.

4. DEFINITION OF SEXUAL HARASSMENT

Sexual harassment includes any unwelcome act or behavior such as:

- Physical contact and advances.
- Demand or request for sexual favors.
- Sexually colored remarks.
- Showing pornography.
- Any verbal, non-verbal, or physical conduct of a sexual nature.

It may also include:

- Implied threats to employment or academic status.
- Interference with work or learning environment.

- Creation of hostile workplace atmosphere.

5. INTERNAL COMPLAINTS COMMITTEE (ICC)

5.1 Constitution of ICC

The institution shall constitute an ICC consisting of:

- **Chairman:** A senior woman employee.
- **Vice Chairman:** A senior woman employee.
- **Members from each department:** From employees committed to women's causes
- **External Member:** From an NGO or association committed to women's rights.

At least 50% of members shall be women.

5.2 Tenure of Members

The tenure of ICC members shall be **three years** from the date of nomination.

6. ROLES AND RESPONSIBILITIES OF ICC

- Receive complaints of sexual harassment.
- Conduct fair and impartial inquiries.
- Maintain confidentiality.
- Recommend appropriate action.
- Submit annual reports.
- Conduct awareness and training programs.

7. COMPLAINT PROCEDURE

7.1 Filing a Complaint

- Complaint must be submitted in writing within **3 months** of the incident.
- Extension of time may be granted for valid reasons.

7.2 Assistance

- ICC shall assist complainant in filing complaints if needed.

7.3 Conciliation

- ICC may facilitate conciliation upon request (excluding monetary settlement).

8. INQUIRY PROCEDURE

- Notice shall be issued to the respondent within 7 days.
- Inquiry shall be completed within **90 days**.
- Both parties shall be given equal opportunity.
- No legal practitioner is permitted during proceedings.

9. INTERIM RELIEF

During inquiry, ICC may recommend:

- Transfer of either party.
- Leave up to 3 months for complainant.

- Restriction of contact between parties.

10. ACTION AND PENALTIES

Based on inquiry findings, actions may include:

- Written apology.
- Warning or reprimand.
- Suspension or termination.
- Deduction from salary for compensation.
- Academic disciplinary action (for students).

11. CONFIDENTIALITY

All proceedings, documents, and identities shall remain confidential as per legal provisions.

12. FALSE OR MALICIOUS COMPLAINTS

If a complaint is proven malicious, appropriate disciplinary action may be taken as per institutional rules.

13. AWARENESS AND PREVENTION

The institution shall:

- Conduct gender sensitization programs.
- Display ICC information prominently.
- Provide training to employees and students.

14. ANNUAL REPORT

ICC shall submit an annual report containing:

- Number of complaints received.
- Number of cases resolved.
- Pending cases.
- Awareness programs conducted.

15. AMENDMENT OF POLICY

The institution reserves the right to amend this policy in accordance with statutory requirements.

FEEDBACK POLICY

INTRODUCTION

The institution aims to empower the students for succeeding in the changing world to become a responsible citizen. The institution through a structured feedback mechanism from various stakeholders ensures quality teaching, learning process, research opportunities, and outreach activities in Professional education. The stake holders play a vital role in the evaluation development of the Institution and enhancement of the quality of learning experience.

Feedback is the essence of two-way communication between the provider and the receiver. Effective feedback, both positive and negative is important for continuous improvement as it helps in understanding the strengths, weaknesses, opportunities and challenges faced by the organization. It is advantageous to the organization as well as the stakeholders as improvisations made based on the feedback received, benefits all the stakeholders. All the stakeholders play a pivotal role in the evaluation process to enhance the Teaching Learning Process to meet the global challenges in different spheres.

PURPOSE AND SCOPE

- Provides space for continuous enhancement of Education, Infrastructure & facilities, procedures and rendered services.
- Audit and enhance the aspects of student learning experiences through the timely collection, analysis and reporting of student feedback concerning teaching, learning and assessment.
- To maintain a current consciousness of the desires and forecast of students and stakeholders of the College.
- Providing students and stakeholders with the scope to actively participate in the continual improvement of programs of study by feedback collected on timely basics.

RESPONSIBILITIES

Internal Quality Assurance Cell (IQAC) has flourished Feedback Mechanism and structure for its analysis. IQAC Coordinator and the coordinators of Feedback Committee will be jointly responsible for the collection, analysis and reporting of student and stakeholder feedback relating to academic and other allied program conducted in college.

STAKEHOLDERS

Stakeholders are any person/persons or organization that has associated with the college. Stakeholders include,

a) Internal Stakeholder

- Management – coordinates activities/programmes at various levels in order to translate its vision, mission, objectives, strategies, goals, targets and outcomes, time to time.
- Faculty – serve as feedback mechanisms of various electronic/physical channels to translate vision, mission, objectives, strategies, goals, targets and outcomes of the department/programme, time to time.
- Students – enable timely feedback on various activities/programmes that help translate goals as career opportunities and capacity building.

b) External Stakeholders

- Parents – key players, who provide constructive suggestions for smooth functioning and betterment of the institution and their ward.
- Alumni – brand ambassadors, who convey the quality of TLP & professional success required to meet the global challenges.
- Employer – Plays pivotal role as end-users of services of our graduates and plug skill-gaps, if any between academia and industry expectations.
- Experts/Resource-Persons/Visiting-Faculty from Renowned Institutions –
- Industry Representatives- internship/ training providers

FEEDBACK MECHANISM

The Feedback Committee shall prepare structured Feedback forms for respective stakeholders. The feedback shall be collected through both online and offline methods. Filled feedback forms shall be analysed by the Feedback Committee.

Feedback on curriculum shall be taken from all the Stakeholders to analyse the success of existing curriculum and to suggest valuable suggestions in other aspects related to teaching, learning and research processes. After the feedback analysis, it shall be forwarded to the competent authority for further process and action. Based on feedback analysis, action taken report shall be generated and necessary remedial measures taken on timely basis.

Feedback analysis will be done by collecting responses from students, faculty, and staff using rating scales and comments. The responses are collected through google forms, and the average (mean) score and percentage are calculated for each question and category. The results are then presented using tables or graphs for easy understanding. Based on the scores, performance is classified as excellent, good, or poor. Written comments are also reviewed to identify strengths

and weaknesses. Finally, a report is prepared, and necessary actions such as improving teaching methods, facilities, or management practices are taken to enhance overall quality.

Feedbacks are to be collected under following broad head –

- Feedback from students on faculty
- Feedback from students on institution, curriculum, and facilities
- Feedback from alumni on institution and curriculum
- Feedback from employers
- Feedback from staff
- Feedback from parents
- Exit feedback from students on overall course and institutional experience

| From whom feedback is collected | Feedback on whom/what | Frequency / Time taken | Mode (Online / Offline) |
|--|--|----------------------------------|--------------------------------|
| Students | Faculty | Every semester | Online |
| Students | College / Institution | Once per year | Online |
| Alumni | College / Curriculum / Facilities | Once per year | Online |
| Employer | Students / Curriculum / Institution | Once per year | Online |
| Staff | Other faculty / Management / Institution | Once per year | Online / Offline |
| Parents | College / Faculty / Facilities | Once per year | Online / Offline |
| Students (Exit feedback) | College / Course / Overall experience | At the time of course completion | Online |

Feedback is obtained periodically from various stakeholders to enhance the academic/ professional/ technical areas and motivate both students and staff to improve their performance.

The feedback is used by the Department Heads, Principal, IQAC to initiate remedial measures if necessary. Further, the Feedback from various sources would significantly contribute to improve performance of academic activities and effectiveness of TLP with ICT/ Modern-pedagogical techniques for the advancement of student's professional career.

CONSOLIDATION AND CORRECTIVE ACTION TAKEN

Action Taken Report and Impact Analysis on TLP (Based on student/faculty feedback):

- Faculty/Instructor/Mentor Meeting, Placement/Admission Orientation/Induction.
- Annual/Career/Graduation Day programmes were held to get the awareness regarding career growth opportunities in global spheres both by way of higher education/employment and entrepreneurship/R&D opportunities.
- In class committee meeting, remedial/additional/tutorial/special classes were provided to students on analytical/typical/critical engineering/sciences papers for better performance.
- In course/syllabus/general review, special classes in theory and lab sessions were arranged for the completion of the syllabus before the internal assessment in light of competitive examinations, career opportunities with real life industry examples and latest R&D followed by the state- of- the art practices and contemporary industry experiences.
- In end semester review, orientations regarding the SEE preparation and additional revision of classes for the slow-pace-learners/weak-performers to makeup themselves and face examinations towards sustainable growth and performance to withstand in competitive society with respectable scores to make them eligible for all government/private competitive examinations. The main focus is in success of the student in the course with respectable grade if not record-break-score.

POLICY MANUAL FOR REMEDIAL CLASSES

For B. Pharm and Pharm. D Programmes

Remedial classes are structured academic interventions provided to students who require additional support to achieve the expected learning outcomes of the curriculum. These classes aim to strengthen the academic performance of students who demonstrate difficulty in understanding course content, performing in assessments, or achieving minimum competency levels. These classes are conducted as an additional part of our mentoring system.

The Institution recognizes remedial education as a mechanism to ensure academic inclusivity, improved student learning outcomes, and reduction of academic failures in both B. Pharm and Pharm. D programs.

Objectives of Remedial Classes

The objectives of remedial classes are:

1. To assist academically weak students in understanding difficult course concepts.
2. To assist learners with mitigating areas of weakness.
3. To improve students' performance in sessional and university examinations.
4. To reduce the failure rate and backlog of students.
5. To provide individualized academic guidance.
6. To improve learning confidence and academic engagement among students.
7. To strengthen foundational knowledge in core pharmacy subjects.
8. To support slow learners through structured academic interventions.
9. To ensure attainment of course outcomes and program outcomes.
10. Overall guidance will be given to students to get a good Academic grade.

Scope of the Policy

This policy applies to:

- All undergraduate students of B. Pharm program
- All students of Pharm. D and Pharm. D (Post Baccalaureate) programs
- All faculty members responsible for course delivery

The remedial teaching policy covers:

- Identification of slow learners
- Planning and scheduling remedial sessions
- Monitoring student improvement
- Documentation and reporting

Identification of Students for Remedial Classes

Students will be identified based on the following academic indicators:

Academic Performance Indicators

Students may be classified as slow learners if they:

- Score below 50% in internal/sessional examinations
- Score below the class average
- Show consistent poor performance in assignments or quizzes
- Demonstrate difficulty in understanding fundamental concepts
- Have poor attendance affecting academic performance

Diagnostic Evaluation

Identification may also be based on: Diagnostic tests, Class tests, Quiz performance, Laboratory performance, Faculty observations and Student self-requests

Faculty Recommendation

Course instructors may recommend students for remedial classes based on: Classroom participation, Conceptual understanding and Academic engagement

Categories of Learners

Students will be categorized into: Slow Learners (Students who require additional academic support to meet the minimum expected performance) and Advanced Learners

Advanced Learners are those students who are ahead on the learning curve and are identified based on the performance in class room, sessional examination and end semester examination. They are more potential with their comprehension, retention, memory, critical thinking, creativity and contextualization practices. Advanced may receive: Advanced learning resources, Research exposure and Competitive exam preparation.

This ensures balanced academic support for all learner groups.

Remedial Teaching Strategies

Different strategies may be adopted depending on the subject and student requirements.

Concerned faculty provides supplemental instruction, which includes exam reviews, individual or class review sessions, and/or complementary reading assignments and Clarifications

Concept Clarification Sessions

Focused sessions addressing difficult topics in different subjects.

Problem Solving Sessions

Faculty may conduct: numerical problem discussions, reaction mechanism explanation and problem/case studies

Tutorial Classes

Tutorials may include: small group discussions, concept reinforcement, question-answer sessions.

Planning and Scheduling

Remedial Class Schedule

Remedial classes may be scheduled at a time convenient for batch without affecting the normal time table. Each remedial session may last 1 to 2 hours per subject per week

The class co-in charge, with the help of subject-in-charge shall identify students requiring remedial support, plan remedial teaching sessions, conduct additional teaching sessions and monitor student progress. There will be a remedial class in-charge who shall monitor the remedial classes of all the batches. He/she should conduct regular meeting to monitor the progress of slow learners, should compile all the documents related to remedial class.

The remedial class in charge should inform the Institution Academic Committee about the start and progress of each remedial session. The IAC shall review remedial teaching outcomes, suggest improvements and ensure policy implementation.

Monitoring and Evaluation

Student progress will be monitored through class tests on selected topic depending on the schedule, assignments based on the course outline, quiz assessments, internal examination results and will be documented.

Feedback may be collected from students attending remedial classes and faculty members conducting the sessions

Improvement will be evaluated by comparing pre-remedial internal marks, post-remedial internal marks and final university marks.

Documentation

Proper documentation must be maintained for remedial classes.

Documents to be maintained include:

1. List of identified slow learners
2. Remedial class schedule
3. Attendance records of remedial classes
4. Assignment sheets
5. Assessment records
6. Performance improvement reports
7. Student feedback forms



MENTORING POLICY MANUAL

(Institutional Mentoring System Policy Document)

1. PREAMBLE

The Institution is committed to fostering the academic, personal, and professional development of students through a structured mentoring system. The mentoring program aims to provide guidance, support, and continuous monitoring to help students achieve academic excellence, emotional well-being, and career readiness.

2. OBJECTIVES OF THE MENTORING SYSTEM

The mentoring system is designed to:

- Support students in academic progression.
- Provide personal guidance and counseling.
- Identify students' strengths, weaknesses, and challenges.
- Promote discipline, ethical values, and professional behavior.
- Enhance communication between students and faculty.
- Facilitate career guidance and skill development.

3. SCOPE OF THE POLICY

This policy applies to:

- All undergraduate and postgraduate students.
- Faculty members assigned as mentors.
- Academic departments implementing mentoring activities.

4. MENTORING STRUCTURE

4.1 Mentor Allocation

- Each faculty member shall be assigned a group of students.
- Typically, one mentor will handle **10–15 students**.
- Mentor allocation shall be done at the beginning of each academic session.

4.2 Duration of Mentorship

- Mentorship shall continue for the entire duration of the student's program, unless reassigned.

5. ROLES AND RESPONSIBILITIES

5.1 Roles of Mentors

Mentors shall:

- Conduct regular mentoring meetings.
- Monitor academic performance and attendance.

- Identify slow learners and advanced learners.
- Provide personal and emotional support.
- Guide students in career planning.
- Maintain mentoring records.
- Refer serious issues to higher authorities if required.

5.2 Roles of Mentees (Students)

Students shall:

- Attend mentoring sessions regularly.
- Maintain open communication with mentors.
- Follow mentor guidance for academic improvement.
- Inform mentors about difficulties faced.

5.3 Roles of Department

The Department shall:

- Assign mentors and mentees.
- Monitor mentoring effectiveness.
- Maintain mentoring documentation.
- Conduct periodic review meetings.

6. MENTORING PROCESS

The mentoring process includes:

1. **Student Allocation:** Assignment of mentors at program commencement.
2. **Initial Interaction:** Understanding student background and needs.
3. **Regular Meetings:** Conducted at least once per month.
4. **Monitoring:** Tracking academic and personal progress.
5. **Documentation:** Maintaining mentoring records.
6. **Feedback Collection:** Periodic student feedback on mentoring.

7. FREQUENCY OF MEETINGS

- Minimum **one mentoring meeting within a period of two months.**
- Additional meetings during examination periods or special needs.

8. RECORD MAINTENANCE

Mentors shall maintain:

- Student profile details.
- Academic performance records.
- Attendance monitoring.
- Counseling notes.

- Action taken reports.

All records shall be kept confidential.

9. CONFIDENTIALITY

All information shared between mentor and mentee shall remain confidential unless disclosure is necessary for student safety or institutional action.

10. SPECIAL SUPPORT MECHANISMS

Mentors shall identify and provide support for:

- Slow learners.
- Economically disadvantaged students.
- Students with emotional or psychological concerns.
- Students requiring career counseling.

11. MONITORING AND EVALUATION

The mentoring system shall be reviewed through:

- Departmental review meetings.
- Student feedback.
- Academic performance analysis.
- Periodic reporting to institutional authorities.

12. GRIEVANCE HANDLING

Students may approach:

- Head of Department
- Mentoring Coordinator
- Institutional Grievance Cell

for issues unresolved at mentor level.

13. AMENDMENT OF POLICY

The Institution reserves the right to modify this policy as per academic requirements and regulatory guidelines.

14. DOCUMENTATION FORMATS

- Mentor-Mentee Allocation Register
- Student Profile Form
- Mentoring Meeting Record Sheet
- Mentor Feedback Form
- Mentee Feedback Form

SCIENTIFIC RESEARCH COMMITTEE POLICY

1. Purpose

The Scientific Research Committee (SRC) is established to promote, review, and monitor research activities within the institution. It ensures that all research conducted by faculty and students follows appropriate scientific, ethical, and regulatory standards.

2. Objectives

- Encourage a research culture among faculty and students.
- Review and approve research proposals before initiation.
- Ensure research complies with ethical guidelines and institutional policies.
- Monitor the quality, progress, and outcomes of research projects.
- Facilitate publications, presentations, and funding opportunities.

3. Composition of the Committee

- Chairperson – Principal / Dean
- Member Secretary – Senior Faculty / Research Coordinator
- Members:
 - Heads of Departments
 - Senior Faculty with research experience
 - Statistician / Research Methodology expert
 - External research expert (if required)

4. Roles and Responsibilities

1. Review research proposals for scientific validity and feasibility.
2. Ensure that research follows ethical and institutional guidelines.
3. Recommend proposals to the Institutional Ethics Committee (IEC) when applicable.
4. Provide guidance on research design, methodology, and statistics.
5. Monitor progress of ongoing research projects.
6. Encourage interdisciplinary and collaborative research.
7. Maintain records of approved research projects and publications.

5. Submission and Review Process

1. Faculty or students must submit the research proposal in the prescribed format.
2. The committee will review proposals in scheduled SRC meetings.
3. The committee may:
 - Approve the proposal
 - Request modifications
 - Reject the proposal with justification
4. Approved proposals may be forwarded to the Ethics Committee for approval if required.

6. Meetings

The Scientific Research Committee shall meet at least twice a year or as required. Minutes of the meeting shall be recorded and maintained.

7. Monitoring and Reporting

- Investigators must submit periodic progress reports.
- Final reports should be submitted after completion of the research.
- Publications resulting from the research should acknowledge the institution.

8. Policy Review

This policy shall be reviewed periodically (every 3–5 years) and updated as necessary to align with institutional and regulatory requirements.

JOURNAL CLUB POLICY

INTRODUCTION

Pushpagiri College of Pharmacy is committed to promoting academic excellence, research culture, and evidence-based pharmaceutical practice among its students and faculty. As part of its continuous efforts to enhance learning and professional development, the institution conducts Journal Club activities for students enrolled in the B. Pharm and Pharm. D programs.

Journal Club serves as an academic platform where students and faculty come together to review, analyse, and critically discuss recent research articles published in reputed scientific journals.

This activity helps students stay updated with the latest developments in pharmaceutical sciences, clinical pharmacy, pharmacotherapy, and healthcare research.

For Pharm. D students, journal club discussions play a vital role in strengthening evidence-based clinical practice, improving understanding of research methodology, and enhancing their ability to apply research findings in patient care. For B. Pharm students, journal club activities foster research interest, critical thinking, and scientific communication skills, which are essential for academic advancement and professional practice.

SCOPE

This policy applies to:

- B. Pharm students (especially Seventh & Eighth semester students)
- Pharm D students

OBJECTIVES

- a. Encourage critical evaluation of current research articles.
- b. Promote evidence-based pharmacy practice.
- c. Improve research methodology understanding.
- d. Develop analytical and presentation skills among students.
- e. Update students and faculty about recent developments in pharmaceutical sciences and clinical pharmacy.
- f. Strengthen research culture within the institution.

- ORGANIZATION STRUCTURE

The institution shall constitute a Journal Club Committee consisting of:

- Principal – Chairman
- Journal Club Secretary – Course Coordinator Pharm D
- Journal Club Joint Secretary – Course Coordinator Pharm D
- Department Faculty Members – Committee Members
- Pharm D Student Representatives- Committee Member
- B Pharm Student Representatives (Seventh/ Eighth) - Committee Member

- ROLES AND RESPONSIBILITIES

1. Principal – Chairman

- Provide overall guidance and supervision for the Journal Club activities.
- Ensure effective implementation of the Journal Club policy.
- Approve the annual plan and schedule of Journal Club presentations.
- Encourage faculty and student participation.

2. Journal Club Secretary – Course Coordinator (Pharm.D)

- Organize and coordinate the Journal Club activities.
- Prepare the annual schedule of presentations.
- Ensure proper selection of peer-reviewed research articles.
- Monitor the conduct of Journal Club sessions.
- Maintain records and documentation of activities.

3. Journal Club Joint Secretary – Course Coordinator (Pharm.D)

- Assist the Journal Club Secretary in organizing and coordinating sessions.
- Support scheduling and communication of Journal Club activities.
- Help in monitoring presentations and discussions.
- Assist in maintaining documentation and reports.

4. Department Faculty Members – Committee Members

- Guide students in selecting appropriate research articles.
- Review and provide feedback on presentations.

- Facilitate discussion and critical appraisal during sessions.
- Encourage active participation of students.

5. Pharm.D Student Representatives – Committee Member

- Assist in coordinating Journal Club sessions among Pharm.D students.
- Communicate schedules and presentation details to students.
- Support presenters during sessions.
- Encourage participation and maintain student engagement.

6. B. Pharm Student Representatives (Seventh/ Eighth) – Committee Member

- Assist in organizing Journal Club presentations for B.Pharm students.
- Communicate presentation schedules and article details.
- Encourage participation and discussion among students.
- Support documentation and coordination during sessions

- FREQUENCY OF JOURNAL CLUB PRESENTATION

Journal club presentations are conducted once every year for students of the Seventh and Eighth semesters of the B. Pharm program and Pharm.D students. This activity provides students with an opportunity to critically review and present recent research articles related to pharmaceutical sciences and clinical practice.

- SELECTION OF ARTICLES

Articles should be selected from:

- Peer-reviewed journals
- Indexed journals (PubMed, Scopus, Web of Science etc.)

Preferred articles include:

- Randomized controlled trials
- Systematic reviews
- Meta-analysis
- Research articles

Articles should preferably be published within the last 5 years.

- FORMAT OF JOURNAL CLUB PRESENTATION

The presentation should include:

1. Title of the article
2. Authors and journal details
3. Background of the study
4. Research objective / hypothesis
5. Study design and methodology
6. Sample size and inclusion criteria
7. Statistical analysis used
8. Results and key findings
9. Critical appraisal of the study
10. Limitations of the study
11. Clinical or pharmaceutical significance
12. Conclusion and recommendations

- EVALUATION OF PRESENTATION

Evaluation may be done using the following criteria:

| Criteria | Marks |
|---|-------|
| Understanding of article/ Preparation of slides | 5 |
| Relevance of the article | 5 |
| Presentation skills | 5 |
| Answering skill / Discussion and responses | 5 |
| Total | 20 |

- DOCUMENTATION AND RECORDS

The following records shall be maintained for Journal club:

- Journal club schedule
- Attendance register
- List of articles presented
- Evaluation forms
- Presentation copies
- Photographs of sessions

- Minutes of discussion

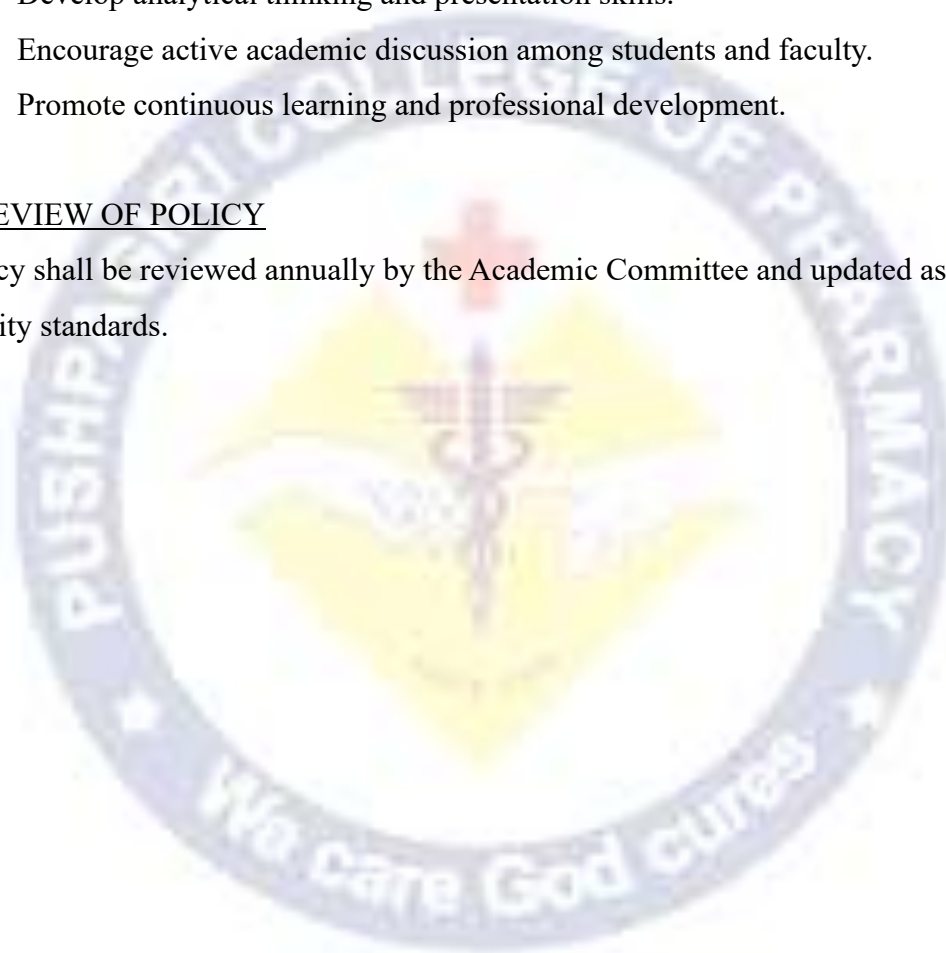
- EXPECTED OUTCOMES:

The Journal Club activity is expected to:

- Improve critical appraisal skills of scientific literature.
- Enhance research awareness and evidence-based practice.
- Develop analytical thinking and presentation skills.
- Encourage active academic discussion among students and faculty.
- Promote continuous learning and professional development.

- REVIEW OF POLICY

This policy shall be reviewed annually by the Academic Committee and updated as required to meet quality standards.



SESSIONAL EXAMINATION POLICY MANUAL

1. Purpose

To outline the procedures and regulations governing the conduct of sessional (internal) examinations to ensure fairness, consistency, and academic integrity.

2. Scope

Applicable to all students and faculty involved in B.pharm and Pharm D programs.

3. Examination Structure

- B.pharm course will have **two sessional exams** for theory and practical per semester and there will be **three theory sessional exams** and **two practical sessional exams** per year for Pharm D programs.
- Exams will cover a proportionate part of the syllabus as notified.
- Each theory exam will be of **30 marks** for **1 hour**.

4. Examination Schedule and Notification

- The regular sessional exam notice and timetable will be released at least two weeks prior to the first exam.
- Students must regularly check the notice board/ Class WhatsApp group for updates.

5. Admit Card / ID Verification

- All students must carry their valid ID cards during exams.

6. Examination Room Conduct

- Students must report to the exam hall at least 15 minutes before the scheduled start time.
- No student will be allowed to enter the hall after the exam begins.
- Mobile phones, smart watches, and electronic devices are not allowed.
- Bags and study materials must be left outside or in designated areas.

7. Writing and Materials

- Only permitted stationery items are allowed.
- Use of unfair means will result in disciplinary actions.

8. Duration and Format

- Each theory sessional exam will typically be of 1 hour duration.
- The question paper format will be

- ✓ 1 Essay for 10 marks , 2 short notes for 5 marks each and 5 Answer briefly questions for 2 marks each for B.pharm
- ✓ 1 Essay for 10 marks , 4 short notes for 5 marks each for Pharm D

9. Submission

- Students should stop writing when instructed.
- Answer sheets must be handed over to the invigilator before leaving.

10.. Results

- Results will be announced within a specified timeframe (e.g., 10 working days).

11. Attendance

- Attendance will take during the exams and absence may result in a zero score.

12. Disciplinary Measures

- Any form of malpractice will be recorded and dealt with according to institutional policies.

Guidelines and Policies for Sessional Exam Invigilators

1. Pre-Examination Duties

- **Report on Time:** Invigilators must arrive at the exam venue at least 30m before the exam starts.
- **Receive Materials:** Collect question papers, attendance sheets, answer booklets and stationeries .
- **Room Setup:** Ensure the exam room is set up properly – spacing between desks, drinking water facility ,working clocks, and proper lighting.
- **Candidate Identification:** Verify each candidate's identity (student ID card,)and conduct frisking before they enter or start the exam.
- **Instructions:** Announce exam duration, permitted materials, and prohibited items (mobile phones, smartwatches, etc.).

2. During Examination Duties

- **Maintain Vigilance:** Stay attentive and circulate the room quietly without disturbing students.
- **Prevent Malpractice:** Watch for signs of malpractice. If suspected, follow the protocol (e.g., confiscate materials and report).
- **Silence and Order:** Ensure a quiet environment. Handle disruptions firmly and calmly.

- **Respond to Queries:** Clarify procedural doubts (not exam content) politely and uniformly.
- **Time Announcements:** Give reminders at suitable intervals (e.g., halfway, 15 minutes remaining).
- **Attendance & Signatures:** Ensure all candidates sign the attendance.
- **Documentation :** Make entries in to the corresponding sessional exam registers provided regarding the details of the respective sessional exam .
- **Grievance Reporting :** Record grievances regarding the exam if any from the Students.

3. Post-Examination Duties

- **Collect Answer Booklets :** Verify all booklets are collected.
- **Sort & Pack:** Arrange answer scripts in order (e.g., roll number-wise) and pack them securely.
- **Return Materials:** Return answer scripts, unused papers, and attendance records to the respective authorities.
- **Report Incidents:** Submit a written report of any unusual incidents (e.g., cheating, medical emergencies).

4. Code of Conduct

- **Professionalism:** Dress formally, speak politely, and act impartially.
- **No Distractions:** Do not use phones, read unrelated materials, or engage in lengthy conversations during invigilation.
- **Confidentiality:** Do not disclose exam content or student performance to anyone unauthorized.
- **Teamwork:** Cooperate with co invigilators and follow instructions .

Guidelines and Policies for Subject In-Charges Regarding Sessional Exams

1. Examination Planning

- Ensure that sessional exams are conducted as per the academic calendar.
- Prepare and submit the two numbers of question papers without duplication in questions with allotted QP Code by mail at least one week before the commencement of exam in advance to the Examination Coordinator
- Ensure question papers align with the course syllabus and learning outcomes.

2. Syllabus Coverage

- Sessional exams must cover the syllabus proportionally .
- Inform students in advance about the syllabus.

3. Evaluation and Result Submission

- Evaluate answer sheets precisely and fairly within 5–7 working days.
- Submit marks and answer scripts to the Sessional Exam Cell as per the timeline after the verification done by the course coordinators
- Maintain a record of marks in the Sessional Examination Mark register.

4. Handling Malpractice

- Follow institutional disciplinary procedures for cases of cheating or misconduct.

5. Student Feedback

- Provide students with their evaluated answer scripts upon time.
- Clarify any doubts or grievances students may have regarding their performance.

6. Record Keeping

- Maintain a record of attendance and marks for internal assessment and submit
- Submit internal marks in the prescribed format by the deadline.

Roles and Responsibilities of a Sessional Coordinator

1. Planning and Scheduling

- Prepare and circulate the sessional exam schedule and notice in coordination with faculty and administration.
- Ensure the schedule avoids conflicts and allows adequate preparation time.

2. Exam Paper Management

- Collect question papers of two sets along with answer key from subject faculty in a timely manner.
- Ensure that papers are moderated (if applicable) and securely stored until the exam.
- Maintain confidentiality and integrity of question papers.

3. Invigilation and Staffing

- Assign invigilators for each exam session.
- Brief invigilators on rules, procedures, and any specific instructions.
- Ensure adequate staffing for supervision and support.

4. Conduct of Exams

- Ensure exam rooms are properly set up (seating arrangements, clocks, drinking water etc.).
 - Distribute and collect question and answer papers securely.
 - Handle any irregularities (cheating, late arrivals, etc.) as per institutional policies.

5. Assessment and Record-Keeping

- Collect evaluated answer sheets from faculty.

- Coordinate with faculty to ensure timely submission of marks.
- Maintain records of attendance, performance, and any issues during exams.

6. **Reporting and Feedback**

- Prepare a report on the conduct of exams, noting any problems and suggestions for improvement.
- Collect feedback from faculty and students if required.



CLINICAL EVALUATION POLICY

The Clinical Policy Manual outlines the standards and expectations for Pharm D students during their hospital-based clinical postings. It ensures consistent practices, promotes professional conduct, and facilitates structured learning through real-time exposure to patient care.

Purpose:

- To guide students, faculty, and clinical preceptors
- To ensure quality and accountability in clinical training

Scope:

- Applicable to all Pharm D students, clinical preceptors, and faculty involved in clinical postings

Goals:

- Develop clinical knowledge and skills
- Promote patient safety and professional behaviour
- Ensure standardized reporting and evaluation

1. General Clinical Policies

2.1 Dress Code & Identification

- Girls:
 - ✓ Attire: Prescribed uniform with coat & Scrubs in the case of Pharm.D interns
 - ✓ Hair: Must be neatly and securely tied back.
 - ✓ Accessories: Avoid excessive or flashy accessories; minimal jewellery only (e.g., small earrings, Wrist watches)
- Boys:
 - ✓ Attire: Prescribed uniform with coat & Scrubs in the case of Pharm.D interns
 - ✓ Grooming: Hair must be neatly trimmed. Beard (if any) should be well-groomed or clean-shaven.
- General Appearance (Both Girls & Boys): Clean, Well-ironed attire with professional and modest look.
- Identity card should be worn visibly at all times while inside the hospital premises.
- White coat should be worn when you are inside the hospital.
- Maintain personal hygiene

2.2 Attendance & Punctuality

- Clinical Posting Schedule: **8:30am to 3:30pm**
- Late arrivals beyond 15 minutes will be dealt with accordingly.
- Full day attendance is mandatory unless prior permission is granted for valid reasons.
- Lunch Break: **12:30pm to 1:30pm**
- If a student is absent, he/she should send mail to pcopd6@gmail.com before 9:00 am. If not sent, double extension should be done. Leave letter should be submitted to the clinical Coordinator on the next day.
- If a student is planning to be absent for more than 3 days, prior permission should be taken from the principal and also shall re-join with the approval letter from the principal.

2.3 Ethical Conduct

- Maintain patient confidentiality
- Avoid unauthorized access to medical records
- No direct intervention without authorized supervision

2.4 Use of Electronic Devices

- Mobile phones are permitted for Interns for academic purposes. No other batches are given the permission to use mobile phones inside the hospital.
- No photography or recording inside hospital without prior permission.

2.5 Emergency Procedures

- Report to Clinical Co-ordinator immediately
- Follow hospital's emergency protocols

1.6 Stipend

- An amount of ₹ 5000/- will be given to the Pharm D Interns per month as a stipend during their internship period based on their monthly attendance.

3. Clinical Posting Guidelines

3.1 Objectives

- Exposure to real-time hospital environment
- Learn therapeutic decision-making and pharmacovigilance
- Observe and participate in ward rounds, clinical discussions

3.2 Posting Schedule

- B pharm 7th Sem: Hospital Pharmacy Postings for 1 month in IP, OP, CBC and Ward Pharmacy.

- B pharm 8th Sem (completed students): Hospital Pharmacy Postings for 3 months in IP, OP, CBC and Ward Pharmacy.
- Second Year Pharm D: 1 month Pharmacy (forenoon) & ward and MRD posting (afternoon)
- Third Year Pharm D: 1 month posting in the following departments:
 - General Medicine
 - Pulmonology
 - Nephrology
 - Dermatology
- Fourth Year Pharm D: 1 month posting in the following departments:
 - General Medicine
 - Neurology
 - Gastroenterology
 - Psychiatry
- Fifth Year Pharm D (Clerkship Postings)

Monthly rotation across departments:

 - General Medicine
 - Cardiology
 - Nephrology
 - Neurology
 - Pulmonology
- Sixth Year Pharm D (Interns)

Monthly rotation across Speciality and Super Speciality departments:

 - General Medicine
 - Cardiology
 - Nephrology
 - Neurology
 - Pulmonology
 - Psychiatry
 - Gynaecology
 - Paediatrics

- Surgery
- Orthopaedics
- Dermatology

3.3 Reporting Time & Place

- 8:45 AM daily at designated hospital department
- Attendance taken by Clinical Coordinator and Secretaries at the respective departments.

3.4 Student Responsibilities

- Maintain logbook daily
- Follow instructions from faculty and preceptors
- Attend ward rounds and discussions actively
- Respect hospital staff and patients

3.5 Faculty & Preceptor Responsibilities

- Supervise and mentor students
- Evaluate logbooks and presentations
- Provide feedback and address student concerns

3.6 Evaluation Criteria

- Logbook maintenance
- Case presentation quality
- Participation and conduct
- Attendance record

4. Clinical Activity Reporting

4.1 Daily Activity Log

- Format includes:
 - Date
 - Department
 - Patient Case ID
 - Diagnosis & Medications
 - Observations/interventions

- Preceptor's initials/signature

4.2 Weekly & Monthly Summary Report

- Submit every Saturday to their respective preceptors
- Should include: (For 5th Year Pharm D Students & Interns)
- Daily cases assessed
- Patient Counselling Documentation Form
- Drug Interaction Documentation Form
- Intervention Documentation Form
- Medication History Interview Form
- Drug Information Request Form

4.3 Case Presentations

- 3 Case Presentations are mandatory during a year for Interns.
- 2 Clerkship Presentations are mandatory for 5th Year Pharm D students.
- Components:
- Patient Profile
- Diagnosis and Investigations
- About the disease and its treatment
- Pharmacological & Non-Pharmacological Management
- Recommendations/Interventions

5. Documentation and Records

5.1 Logbook

- Must be maintained daily and signed weekly
- Reviewed during internal assessments

5.2 Attendance Register

- Maintained by Clinical Coordinator
- Updated monthly

5.3 Registers (For Interns)

1. Movement Register
2. Form Issue register
3. Patient Counselling Register
4. Medication History Interview Register
5. Drug Interaction Register
6. Intervention Register
7. Drug Information Documentation Register
8. Adverse Drug Reaction Register
9. Case presentation Documentation
10. Daily Activity Documentation
11. Library Book Issue Register

All the activity forms should be documented in the Registers, which will be evaluated by the Clinical Coordinator and at the end of the internship these forms should be submitted to college after binding.

6. Assessment and Feedback

6.1 Clinical-posting Evaluation

- Conducted every day
- Feedback provided on clinical participation and documentation

6.2 Student Feedback

- Anonymous form to evaluate Student's well-being, hospital department, faculty, and learning outcomes

7. Appendices

- Appendix A: Medication History Interview Form
- Appendix B: Drug Information Request Form
- Appendix C: Drug Interaction Documentation Form
- Appendix D: Patient Counselling Documentation Form
- Appendix E: Adverse Drug Reaction Form

Appendix: C

**PUSHPAGIRI COLLEGE OF PHARMACY
DEPARTMENT OF PHARMACY PRACTICE
DOCTOR OF PHARMACY
DRUG INTERACTION DOCUMENTATION FORM**

PATIENT NAME: _____ IPGP No: _____ DOA: _____
 AGE (in yrs): _____ WEIGHT (kg): _____ SEX/MF: _____ UNIT: _____

Final Diagnosis:

| Interacting Drugs | Dose | Route | Frequency |
|-------------------|------|-------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Objective drug: _____
Prescriber drug: _____

Number of interactions:
 1 2 3 4

Type of interaction:
 Drug-drug interaction Drug-food interaction
 Chemical-drug interaction Drug-herb/food not interaction
 Drug-herbal interaction Pharmacogenetic interaction

Classification of drug interactions:

Pharmacokinetic drug interactions:
 1. Absorption Distribution Metabolism Excretion
 2. Absorption Distribution Metabolism Excretion
 3. Absorption Distribution Metabolism Excretion

Pharmacodynamic drug interactions:
 1. Additive effect Antagonistic effect Synergistic effect
 2. Additive effect Antagonistic effect Synergistic effect
 3. Additive effect Antagonistic effect Synergistic effect

Pharmaceutical interaction:
 1. Chemical Incompatibility
 2. Chemical Incompatibility
 3. Chemical Incompatibility

Pharmacogenetic interactions:

Onset of action:
 1. Rapid Delayed
 2. Rapid Delayed
 3. Rapid Delayed

Severity:
 1. Minor Moderate Major
 2. Minor Moderate Major
 3. Minor Moderate Major

Documentation:
 1. Positive Suspended Possible Unlikely
 2. Positive Suspended Possible Unlikely
 3. Positive Suspended Possible Unlikely

Effects:
 1. Pharmacologic effect Clinical effect
 2. Pharmacologic effect Clinical effect
 3. Pharmacologic effect Clinical effect

Mechanism of drug interaction: _____

Management of drug interaction: _____

Referral: _____

Notified to and action taken: Accepted Yes No

Attending Pharmacist (Name & Signature): _____
Signature of the staff: _____

Appendix: D



PUSHPAGIRI COLLEGE OF PHARMACY
Department of Pharmacy Practice
DOCTOR OF PHARMACY
PATIENT COUNSELLING DOCUMENTATION FORM

DATE: _____ **TIME:** _____

Type of Patient: In Patient Out Patient

IP Number: _____ OP Number: _____ Date: _____

Age: _____ Sex: _____ Allergies: _____

Current Medical Problems: _____

Current Medication: _____

Whether patient's specific background information collected: YES NO

Counselling Steps Followed

| | |
|--|--|
| <input type="checkbox"/> Call sheet received | <input type="checkbox"/> Patient was counselled about taking other medications including OTC, herbal drugs |
| <input type="checkbox"/> Self instruction given | <input type="checkbox"/> In fact counselling done |
| <input type="checkbox"/> Degree of counselling self | <input type="checkbox"/> Patient's understanding of what to do |
| <input type="checkbox"/> Initial drug related information obtained | <input type="checkbox"/> Counselling given assessment |

Points covered during counselling session

| | |
|--|---|
| <input type="checkbox"/> Name and purpose of medicines | <input type="checkbox"/> Possibility to be taken |
| <input type="checkbox"/> Dosage regimen | <input type="checkbox"/> Storage instructions |
| <input type="checkbox"/> Advice on rational drug | <input type="checkbox"/> Benefits of completing therapy |
| <input type="checkbox"/> Potential side effects | <input type="checkbox"/> Life style modification |
| <input type="checkbox"/> Significant interactions (Drug-Drug, Drug-Food, Drug-Alcohol) | |

Any major barrier involved: Yes No

If yes: Patient mood Provider based System based

Quote specific barrier if any:
 If yes, whether barrier was rightly overcome: Yes No

Time taken for counselling: Less than 10 min 10-20 min More than 20 min

Counselling provided to: Patient Patient's representative

If patient's representative, give reasons:

| | |
|---|---|
| <input type="checkbox"/> Patient is unconscious | <input type="checkbox"/> Illiterate |
| <input type="checkbox"/> Language problem | <input type="checkbox"/> Spoken |
| <input type="checkbox"/> Hearing problem | <input type="checkbox"/> Incontinent Device |
| <input type="checkbox"/> Pediatric patient | <input type="checkbox"/> None |
| <input type="checkbox"/> Others (Specify) | <input type="checkbox"/> Others (Specify) |

Counselling summary:

Counselling material provided: Patient information leaflet Pamphlet Product information leaflet None Others (Specify)

Understanding of patient increased: Yes No

Name of the patient: _____ Signature: _____

Name of the counselling Pharmacist: _____ Signature: _____

Appendix: E



PUSHPAGIRI COLLEGE OF PHARMACY
DEPARTMENT OF PHARMACY PRACTICE
DOCTOR OF PHARMACY

ADVERSE DRUG REACTION REPORTING FORM

| | | | | |
|--|---|---|--------------|----------------|
| Patient Information | | | | |
| Name MR/MS | Sex | Age | Weight | Height |
| Suspected adverse drug reaction: | | | | |
| Medicine or medical treatment and generic name with reg. Date | Dosage, route of administration and frequency | Date and time of onset of reaction | Time stopped | Reason for use |
| | | | | |
| Description of reaction/problem | | | | |
| | | | | |
| Other medicines or vaccine taken at the time of reaction | | Relevant or laboratory data with dates | | |
| | | | | |
| Past medication history | | Other relevant history including pre-existing medical condition | | |
| | | | | |
| Severeness of reaction | | Outcome | | |
| <input type="checkbox"/> Death (old/hrs/dys) <input type="checkbox"/> Life threatening <input type="checkbox"/> Hospitalization <input type="checkbox"/> Disability <input type="checkbox"/> Congenital anomaly <input type="checkbox"/> Required intervention to prevent permanent impairment or damage <input type="checkbox"/> Other: | | <input type="checkbox"/> Fatal <input type="checkbox"/> Recovering <input type="checkbox"/> Unrecovered <input type="checkbox"/> Compensating <input type="checkbox"/> Recovered <input type="checkbox"/> Other: | | |
| Reporting | | Center details (optional) | | |
| <input type="checkbox"/> Doctor <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other: | | | | |
| Name: | | Signature: | | |
| Qualification: | | Date: | | |
| Address: | | | | |

Appendix: F

PUSHPAGIRI COLLEGE OF PHARMACY
Department Of Pharmacy Practice
DOCTOR OF PHARMACY
INTERVENTION DOCUMENTATION FORM

1. PATIENT DETAILS :

NAME : _____ AGE : _____ SEX : _____ IP/OP/NO : _____
 DATE OF ADMISSION : _____
 DIAGNOSIS : _____
 REASON FOR ADMISSION : _____

2. PRESCRIPTION DETAILS :

| SL. NO. | NAME OF THE DRUG | DOSE AND FREQUENCY | LAB FINDINGS |
|---------|------------------|--------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

3. OBSERVED PROBLEM :

- Allergy Interaction Incomplete Prescribing
 Dosing Contraindication Duration
 Inappropriate Drug
 Other: _____

DEFINE PROBLEM:

4. RECOMMENDATIONS

- Drug : _____
- Dose : _____
- Duration : _____
- Others : _____

5. DRUG INTERVENTION BASED ON:

- No response to treatment Inappropriate Regimen
 ADR Lab Data Findings
 Drug Interactions

6. INTERVENTION ACCEPTED:

- Yes No

If No, specify reason: _____

7. INTERVENTION INTIMATED TO:

8. INTERVENTION DONE BY:

NAME : _____ SIGNATURE : _____



POLICY MANUAL FOR TEACHING–LEARNING PROCESS

1.Scope

This policy applies to all academic programs (B. Pharm, Pharm. D, Pharm D PB), faculty members, students, and academic administrators of the college.

2. Objectives

- To promote quality education aligned with program outcomes
- To integrate theory with practical and clinical exposure
- To continuously evaluate and improve academic performance

3. Academic Planning

The subject in-charge will be individually and collectively responsible, to teach the curriculum. The class in charges prepares an academic calendar in accordance with curriculum planner and university tentative dates. Approved by Academic Council and communicated to students. Academic planner and lesson planner are prepared one week prior to the commencement of classes by the corresponding subject in charges and duly approved by HOD, Vice-principals and principal and circulated among the students. Dates of completion of each topic with remarks should be mentioned in the outcome column of the original lesson planner and compiled later with the course file.

4.Teaching Methodologies

Faculty shall adopt diverse methods for teaching such as:

4.1 Teacher-Centered Methods (Traditional):

- Lecture Method: A direct, formal presentation of information by the teacher.
- Demonstration: The teacher demonstrates a process or concept, enabling observational learning.
- Direct Instruction: Structured, teacher-led lessons focused on explicit teaching.

4.2 Student-Centred Methods (Active Learning):

- Inquiry-Based Learning: Students explore, question, and discover answers to solve problems.
- Experiential Learning: Learning through experience, reflection, and doing (e.g., simulations, field trips).
- Project-Based Learning: Students gain knowledge by working on a long-term project to answer a complex question.
- Case-Based Learning: Using real-life scenarios for analysis and problem-solving.

4.3 Collaborative and Group Methods:

Group Discussions: Small group interactions to foster dialogue and solve problems together.

Collaborative Learning: Emphasizes teamwork, communication, and shared responsibility.

Case based Journaling and posters.

4.4 Modern and Specialized Approaches:

- Technology-Based Learning: Using digital tools, multimedia, and online platforms to enhance engagement.
- Differentiated Instruction: Tailoring instruction to meet individual student needs, skills, and learning styles like peer teaching
- Flipped Classroom: Students review new material at home and use classroom time for active application.
- Game-Based Learning: Using games to make learning engaging and interactive like role plays,
- Kinesthetic Learning: Incorporating physical movement and tactile experiences into lesson

Faculty shall adopt any of the traditional or modern methods of teaching and are instructed to file relevant supporting documents, which may include; Teaching material, Schedules, Attendance, documents showing progress after implementing newer teaching methodology and Feedback from students.

5. Assessment Methods

Internal assessment: Continuous mode The marks allocated for Continuous mode (for B.Pharm) of Internal Assessment shall be awarded as per the scheme given below.

| Criteria | Maximum marks | |
|--|---------------|-----------|
| | Theory | Practical |
| Attendance | 4 | 2 |
| Academic activities (Formative assessment methods) | 3 | 1.5 |
| Student-Teacher interaction | 3 | 1.5 |
| Total | 10 | 5 |

5.1 Formative assessment methods:

1. Periodic test papers
2. Assignments
3. MCQ Quiz
4. Open text book test papers
5. One minute test papers
6. viva
7. Spot viva

The faculties are encouraged to conduct any minimum of four formative assessment methods for each sessional to assess the students and file the same with supporting documents like,

- Schedules of conducting the assessment

- Attendance
- Mark sheet
- Feedback from students

5.2 Attendance:

Attendance Policy for Theory and Tutorial Classes:

1. Attendance for each course shall be calculated by considering both theory and tutorial classes together.
2. The total attendance percentage will be computed based on the combined number of theory and tutorial hours conducted for the course.
3. This combined attendance shall be used for the following academic purposes:
 - Monthly attendance monitoring
 - Eligibility for Sessional/Continuous Mode calculations in case of B.Pharm
 - Eligibility for University End Semester Examinations
4. Students must maintain the minimum 80% percentage prescribed by the institution and the university in the combined theory and tutorial sessions to be eligible for examinations.

Guidelines for the allotment of marks for attendance Percentage of Attendance for B.Pharm

| Percentage of attendance | Theory | Practical |
|--------------------------|--------|-----------|
| 95–100 | 4 | 2 |
| 90–94 | 3 | 1.5 |
| 85–89 | 2 | 1 |
| 80–84 | 1 | 0.5 |
| Less than 80 | 0 | 0 |

6.Course file

Each faculty shall maintain a course file in accordance with the check list provided

| | |
|----|---|
| 10 | Lesson planner: Theory only/Both Theory & Practical |
| 11 | Course outcomes (CO) & program outcomes (PO) mapping |
| 12 | Record of syllabus coverage & academic calendar adherence |
| 13 | Enclosed proof for ICT enabled teaching |

| | |
|----|---|
| 16 | Practical sessions conducted is entered in job card, verified and approved |
| 17 | Entry in faculty diary verified and approved |
| 18 | Problem based study |
| 19 | Formative Assessment & evaluation records (Peer Teaching, Assignments, Viva Voce, etc.) |
| 20 | Have you submitted valued answer scripts (Theory & Practical) |
| 21 | Blueprint of I, II, III Sessional exam Question paper |
| 22 | Remedial class documentation |
| 23 | Sessional exam question paper (include Bloom's (T), miller's pyramid (P) with weightage |
| 24 | CO-PO Attainment for Theory |
| 25 | CO-PO Attainment for Practical |
| 26 | Entry of sessional exam marks for Theory in Marks Register |
| 27 | Entry of sessional exam marks for Practical in Marks Register |
| 28 | Checklist for practical exam (I & II Sessional exam) |
| 29 | Sessional exam result analysis for course allotted |
| 30 | IA and summative assessment (University Marks) analysis and report |

LABORATORY SAFETY POLICY

1. Purpose

To ensure a safe laboratory environment for students, faculty, and staff by minimizing risks associated with chemicals, instruments, and experimental procedures in accordance with PCI norms.

2. Scope

This policy applies to all laboratories including Pharmaceutics, Pharmaceutical Chemistry, Pharmacology, and Microbiology laboratories.

3. Responsibilities

Principal: Overall implementation of safety policy.

Laboratory In-charge: Maintain safety measures and ensure compliance.

Faculty: Supervise students and enforce safety rules.

Students: Follow all safety instructions and report hazards.

4. General Laboratory Safety Rules

- Wearing lab coat, gloves, and closed footwear is mandatory.
- Eating, drinking, and mobile usage are prohibited.
- Perform only authorized experiments.
- Maintain cleanliness and discipline.

5. Chemical Safety

- All chemicals must be properly labeled.
- MSDS must be available.
- Use fume hood for volatile substances.
- Store chemicals as per compatibility.

6. Equipment Safety

- Use instruments only after training.
- Report damaged equipment immediately.
- Ensure periodic calibration and maintenance.

7. Fire and Electrical Safety

- Fire extinguishers must be available and functional.
- Avoid open flames near flammable chemicals.
- Ensure proper grounding of electrical equipment.

8. Biological Safety

- Follow aseptic techniques.
- Dispose biological waste in biohazard containers.
- Sterilize materials using autoclave.

9. Waste Disposal

- Segregate chemical, biological, and glass waste.
- Follow institutional and regulatory disposal guidelines.

10. Emergency Procedures

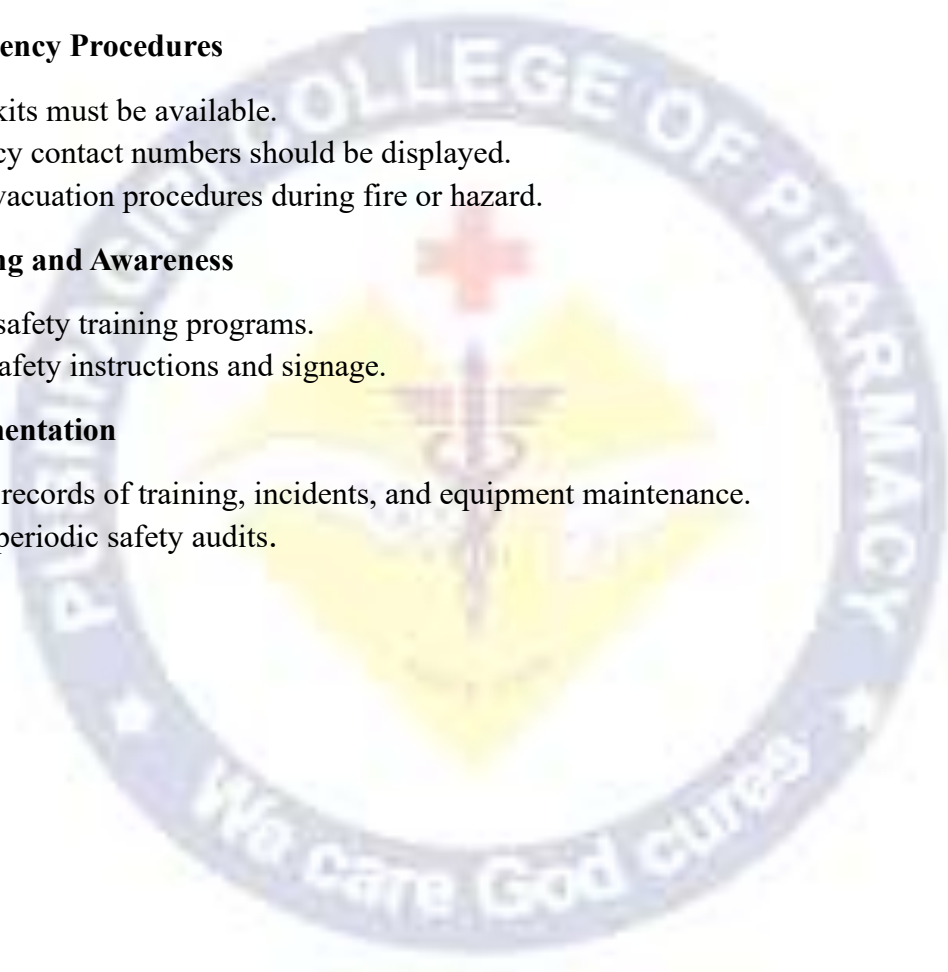
- First aid kits must be available.
- Emergency contact numbers should be displayed.
- Follow evacuation procedures during fire or hazard.

11. Training and Awareness

- Conduct safety training programs.
- Display safety instructions and signage.

12. Documentation

- Maintain records of training, incidents, and equipment maintenance.
- Conduct periodic safety audits.



WASTE MANAGEMENT POLICY

1. Introduction & Policy Statement

Pushpagiri College of Pharmacy is committed to sustainable and responsible waste management. We recognise waste as a resource and adopt the principles of Reduce, Reuse, Recycle, Recover to minimise environmental impact and achieve zero waste to landfill wherever feasible.

This manual aligns with Kerala's vision of a clean, green, and garbage-free state under the Haritha Keralam Mission and Image. We promote decentralised waste management at source and support the Green Protocol.

Policy Commitment: All waste generated at our premises will be segregated at source, processed responsibly, and handed over only to authorised entities (Haritha Karma Sena or Image). Non-compliance will be addressed through internal disciplinary measures.

2. Purpose & Objectives

Purpose: To establish clear procedures for safe, hygienic, and environmentally sound management of all waste streams while ensuring full legal compliance and cost efficiency.

Objectives:

- Achieve 100% source segregation.
- Maximise on-site or decentralised processing of biodegradable waste.
- Ensure 100% recycling/recovery of dry waste and biomedical waste through authorised channels.
- Promote awareness and training among staff, residents, and contractors.
- Monitor performance and continuously improve towards zero-waste goals.
- Comply with all national and state regulations.

3. Scope

This policy applies to:

- All employees, students, contractors, vendors, and visitors.
- All premises and activities under Pushpagiri College of Pharmacy control.

- All waste types generated (biodegradable, non-biodegradable, sanitary and biomedical waste).

4. Legal & Regulatory Framework

We strictly comply with:

- Haritha Keralam Mission – mandatory source segregation, processing, and plastic disposal .
- Image– Bio-Medical Waste Rules.

5. Waste Categories & Segregation

Segregate at source using colour-coded bins (mandatory for everyone):

| Waste Type | Bin Colour | Examples | Handling Guideline |
|--|------------|--|--|
| Biodegradable (Wet) | Green | Kitchen waste, vegetable peels, food leftovers | Process on-site (composting) |
| Non-biodegradable (Dry/Recyclables) | Blue | Plastic | Store dry; hand over to Haritha Karma Sena |
| Biomedical waste | Red | Gloves and syringe without needle | Hand over to Image |
| Biomedical waste | yellow | Cotton, mask, headcap | Hand over to Image |
| Biomedical waste | White | Sharps, needles, lancets | Hand over to Image |

| | | | |
|------------------|------|--------------------------------------|-----------------------|
| Biomedical waste | Blue | Ampoules, glass slide and rods | Hand over to Image |
|------------------|------|--------------------------------------|-----------------------|

Key Rule: Never mix streams. No open burning or dumping.

6. Waste Management Procedures

6.1 Source Segregation

- Place labelled bins in every area.

6.2 On-Site Processing

- **Wet Waste:** composting units
- Use compost for gardening.
- **Dry Waste:** Store and handover to Haritha Karma Sena

6.3 Storage

- Use covered, labelled bins in a designated, ventilated area.
- Empty bins daily (wet) or as scheduled (dry).

6.4 Collection & Transportation

- **Haritha Karma Sena** (community workers) for door-to-door collection.
- Image collection by vehicles only.

6.5 Specific Waste Streams

- **Sanitary Waste:** Institutional incinerators.

7. Roles & Responsibilities

- **Management:** Provide infrastructure, budget, and oversight.
- **All Staff/Residents:** Segregate waste correctly and participate in training.
- **Haritha Karma Sena:** Collection and awareness.

8. Training, Awareness

- Mandatory induction training for new joiners.
- Annual workshops.

9. Monitoring & Reporting

- Conduct monthly and daily waste reporting quantity, segregation efficiency.
- Maintain records (waste logbook, handover receipts).

10. Review & Continuous Improvement

This manual will be reviewed annually or upon regulatory changes. Suggestions for improvement are welcome.



OFFICE PROCEEDINGS MANUAL

This manual provides a structured framework for the efficient functioning of the office. It standardizes administrative practices, establishes accountability, and ensures proper documentation of institutional processes. The manual supports compliance with statutory and regulatory bodies.

The manual serves as a reference document for administrative staff, faculty members, and institutional leadership to understand the procedures related to documentation, communication, record management, and administrative coordination.

Objectives:

- Standardize administrative and office procedures.
- Ensure efficient documentation and record management.
- Facilitate transparency and accountability in institutional administration.
- Support compliance with PCI, NAAC, QCI, and KUHS regulations.
- Improve coordination between academic departments and administrative office.
- Maintain institutional records systematically for inspections and audits.

Scope:

This manual applies to all administrative functions carried out in the college office including:

- Academic administration
- Student services and records
- Staff records management
- Examination coordination
- Institutional correspondence
- Financial documentation
- Record archiving and retrieval
- Regulatory documentation and accreditation support

2. Institutional Governance Structure

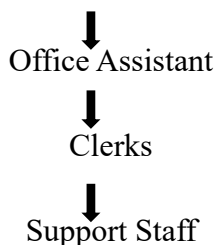
The college administrative office functions under the overall leadership of the Principal.

Administrative Structure:

Principal



Vice Principal (Administration)



Each level of administration contributes to smooth functioning of academic and administrative processes.

3. Roles and Responsibilities

Principal:

Responsible for overall governance, policy implementation, and approval of official documents.

Vice Principal (Administration):

Coordinates office operations, supervises staff, manages documentation, and ensures regulatory compliance.

Office Assistant:

Maintains records, prepares official documents, manages student services, and supports academic administration.

Clerks:

Maintains institutional registers, and files, and handles official correspondence and documentation in the college office. They also support administrative processes such as admissions, examinations, certificate issuance, and compliance documentation while ensuring accuracy, confidentiality, and timely office operations.

Support Staff:

Provides logistical and operational support for office functioning.

4. Office Working Hours and Attendance

Working Hours:

The administrative office functions on all working days of the institution.

- Office Hours: 8:30 AM – 4:30 PM
- Lunch Break: 2:00 PM – 2:30 PM

Attendance:

Staff attendance is recorded through the institutional attendance system. Leave and absence must be reported through official leave application procedures.

5. File Management System

The office maintains a structured file management system to ensure easy retrieval and systematic documentation.

Types of Files:

- Administrative files
- Academic files
- Examination files
- Student records
- Financial documentation
- Accreditation and regulatory files

Each file is assigned a unique identification number.

6. Correspondence Management

Incoming Correspondence:

- Received letters are forwarded for approval to the Principal
- Documents are date stamped.
- Forwarded to the concerned department.

Outgoing Correspondence:

- Drafted by authorized staff.
- Approved by the Principal.

7. Student Admission Records

The office maintains comprehensive student records including:

- Admission register
- Student personal files
- Certificates and academic records
- Fee records
- Scholarship documentation

All records are maintained according to KUHS and PCI requirements.

8. Certificate Issuance Procedure

Students may request official certificates such as:

- Bonafide Certificate
- Course Completion Certificate
- Transfer Certificate
- Conduct Certificate

Requests must be submitted through prescribed forms and processed within the institutional timeline.

9. Examination Support Procedures

The office coordinates with the examination cell to manage:

- Student eligibility verification
- Examination registration
- Hall ticket distribution
- Result documentation
- University communication

10. Staff Service Records

Personal files are maintained for all staff members including:

- Appointment orders
- Educational qualification documents
- Experience certificates
- Service records

11. Leave Management

Staff leave must be applied through prescribed leave application forms.

Procedure:

1. Submission of leave application.
2. Verification by HOD & Vice Principal (Administration).
3. Approval by Principal.

12. Financial Documentation

Financial records maintained include:

- Salary registers
- Fee collection records
- Scholarship records
- Purchase and procurement files
- Audit reports

Financial documentation must comply with institutional audit requirements.

13. Purchase and Procurement Procedure

Purchases are carried out according to institutional procurement policies.

Steps:

- Requirement identification
- Verification by HOD
- Approval from Principal
- Vendor quotation collection
- Purchase order issuance
- Goods receipt verification

14. Inventory and Stock Management

Inventory records are maintained for:

- Laboratory equipment
- Office equipment
- Furniture
- Consumables

Stock registers are updated regularly and verified during audits.

15. Digital Record Management

The institution progressively implements digital record management practices. These include:

- Electronic document storage

- Email-based communication
- Institutional data management systems

16. Confidentiality and Data Protection

Confidential institutional information must be protected. Sensitive information includes:

- Student personal data
- Examination records
- Financial documentation
- Personnel records

17. Grievance Handling Procedure

Grievances from students, staff, or stakeholders are handled through institutional grievance mechanisms. Complaints may be submitted through formal written requests and reviewed by the appropriate committee.

18. Accreditation Documentation

The office maintains records required for accreditation processes such as:

- KUHS inspection documents
- NAAC documentation
- PCI inspection documents
- QCI compliance records

19. Communication and Coordination

Effective communication between departments and administration is maintained through:

- Official circulars
- Email communication
- Staff meetings
- Institutional notices

20. Audit and Compliance Monitoring

Regular audits ensure institutional compliance with financial, academic, and regulatory requirements.

Internal audits and external audits are conducted periodically.

GRIEVANCE REDRESSAL CELL

1. Introduction

The Grievance Redressal Cell (GRC) is established to provide a structured mechanism for students, faculty, and staff to raise concerns and ensure fair, transparent, and timely resolution.

2. Objectives

- Provide a fair and unbiased platform
- Ensure timely redressal
- Promote transparency and accountability
- Maintain discipline
- Comply with regulatory guidelines

3. Scope

- Academic matters
- Administrative issues
- Infrastructure
- Harassment or discrimination
- Examination issues

4. Definition of Grievance

A grievance is any dissatisfaction requiring institutional intervention.

5. Constitution of GRC

Chairperson – Principal

Convener – Senior Faculty

Members – Faculty, Admin Officer, Student Rep, External Member

6. Roles and Responsibilities

Chairperson: Supervision

Convener: Coordination

Members: Investigation and recommendations

7. Submission Procedure

- Written application
- Email
- Online portal
- Complaint box

8. Redressal Mechanism

1. Acknowledgement within 2–3 days
2. Review
3. Investigation
4. Resolution within 10–15 days
5. Communication to complainant

9. Confidentiality

All grievances are handled confidentially.

10. Appeal Process

Appeal within 7 days to Principal/Management.

11. Types of Grievances

- Academic
- Examination
- Harassment
- Ragging
- Infrastructure

12. Exclusions

- Legal matters
- Resolved issues



- Anonymous complaints without evidence

13. Meetings

At least once per semester.

14. Record Maintenance

Maintain register and reports.

15. Monitoring and Review

Periodic review and improvements.

16. Awareness

Orientation and display of procedures.

17. Policy Review

Reviewed every 2-3 years.



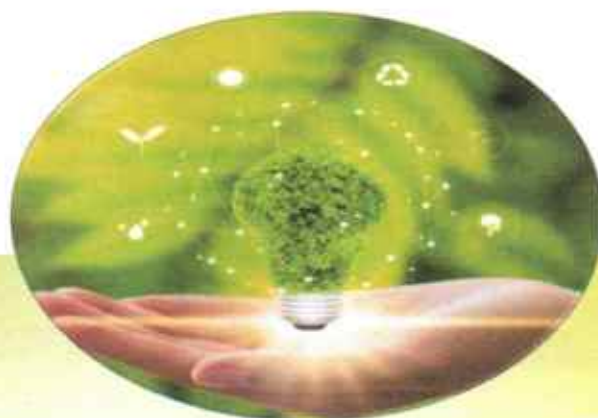


PUSHPAGIRI COLLEGE OF PHARMACY

Medicity Campus, Perumthuruthy PO Thiruvalla

*Accredited with A grade by NAAC and affiliated to
Kerala University of Health Sciences (KUHS)*

Policy Document on Green Campus



Green Campus

“A Green Campus is a place where environmental friendly practices and education combine to promote sustainable and eco-friendly practices in the campus”. The green campus concept offers an institution the opportunity to take the lead in redefining its environmental culture and developing new paradigms by creating sustainable solutions to environmental, social and economic needs of the mankind.

The administration of the Institute believes that everyone has to work out the time bound strategies to implement green campus initiatives. Every individual of PCP Campus will work, may he/she be a student, faculty and support staff to foster a culture of self-sustainability and make the entire campus environmental friendly. The Green Campus Initiatives (GCI) will enable the institution to develop the campus as a living laboratory for innovation.

College environmental aims and objectives

- To promote sound environmental management policies and practices throughout the College.
- To reduce and, where practicable, prevent pollution.
- To adopt targets for improving environmental performance.
- To ensure a sound understanding of current environmental performance.
- The college is striving to develop its institution on a self – sustainable basis in the areas of power, water and cleanliness.
- The faculty, staff and students have to contribute collectively to develop an eco – friendly sustainable campus and disseminate the concept of eco – friendly culture to the nearby community and wherever possible.
- Awareness creations about environmental issues among students and employees.



Restricted entry of vehicles

- The college encourages the employees and students to frequently use public transport, bicycles, etc. to limit the emissions.

Pedestrian-friendly pathways

- The campus have Pedestrian-friendly pathways.

Ban on use of Plastic

- The college continuously committed to work towards plastic-free campus.
- Pushpagiri College of Pharmacy has been constantly adopting practices and revising its policies towards a cleaner and plastic-free campus.
- The Government of Kerala had banned all one time use plastic products with effect from 01.01.2021. Pushpagiri Medical Society had formed a Committee for the effective implementation of the new rule. Following the rule, Pushpagiri Medical Society has issued a notification to Students and all staffs that there would be a ban implemented on the use of single use plastics on the campus.
- The institution through its Nature Club conducts sensitization programs on the harmful impact of single-use plastics and mandates all the students to avoid bringing non-bio-degradable plastic items to the institution, which include plastic bags, cups, plates, small drinking water bottles, straws and sachets. The institution facilitates environment friendly substitutes like stainless steel, washable and reusable tumblers at all water units and mandates the canteen to serve only in paper plates and paper cups to systematically ban the use of plastics on the campus. The Nature Eco Club also encourages the students to sensitize their respective households about the harmful effects of plastics and make their households plastic-free.



- To promote a sustainable environment, Swachh Bharat campaigns, World Water Day celebration, World Environment day celebration are regularly organised. As part of the campaigns, environmentally safe practices such as plastic ban, water conservation, waste segregation, cleanliness are implemented regularly.

Landscaping with trees and plants

- As per the green practices in the campus, Pushpagiri College of Pharmacy is planting more trees within and outside the campus.
- PCP organizes Tree Plantation program every year at the College Campus. Faculty and students take part in the plantation drive, a green initiative of the government. Students and staff enthusiastically initiate and participate in the tree plantations drive on the campus and also outside the campus. "Naallekai oru Maram"- A programme focused on planting trees in connection with 60th Jubilee of Pushpagiri Medical Society was an active step for the betterment of nature and to bring awareness among the students regarding advantages of tree plantation for an Eco-friendly Environment. College celebrated "The World Environmental day" on June 5th 2021 and conduct "Trash to Treasure" competition among students and also talks by eminent people to bring awareness. The plantation program includes plantation of various types of medicinal variety, wild plant species in large numbers. This program promotes eco-friendly environment, by stepping up the oxygen levels on the campus.
- As part of the "Nature Club", activities like organic vegetable farming, harvesting, auction and formation of medicinal plant garden are organized.

Major Green Campus Initiatives:

- Plastic free Campus
- Tree Plantation Drive



- Cleanliness Drive
- Landscaping and gardens
- Nature Club
- Medicinal Garden
- Waste water Management
- Maintenance of water bodies and distribution system in the campus
- Use of LEDs only

E-waste Collection Drive Suggestions:

- To calculate the Carbon Footprint of the college.
- Installation of Solar Panel
- Paperless office

Specific Measures that college can implement:

- Minimize use of paper
- Maximize use of paperless technology i.e. sharing of data /Lecture notes on e-mail etc.
- Take Notes Electronically
- Introduce double-sided printing to reduce paper waste.

The Institute will make all the necessary efforts to involve the students, faculty and staff in “Green Campus Initiatives” by designating the volunteers of Echo Club, NSS with green campus initiative slogan specially designed for the purpose.



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