

PHARMACY COUNCIL OF INDIA

(Constituted under the Pharmacy Act, 1948)

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Post Box No.7020
DELHI - 110 002

Ref.No.50-780/2015-PCI

49914-20

Speed Post

The Principal
Swathi College of Pharmacy,
NH-5, Next to Nellore toll Plaza,
Venkatachalam

Nellore-524320 Distt. (Andhra Pradesh)

The Registrar
Jawaharlal Nehru Technological University,
Anantapuram - 515 002 (Andhra Pradesh)

15 SEP 2016

Sub: Decision of 272nd /EC (August, 2016) of the PCI.

Sir/Madam

With reference to the subject cited above, please find enclosed herewith the decision taken by 272nd Executive Committee of the PCI in its meeting held on 3rd August, 2016 in respect of your institution. The same are posted on Council's website www.pci.nic.in also.

The recommendation of the Executive Committee will be placed in the next Central Council meeting of PCI for ratification.

For guidelines regarding "SIF submission last date" and "Affiliation fee", kindly refer to Council's website www.pci.nic.in

It is requested to follow the instructions of the PCI regarding submission of affiliation fee and Standard Inspection Form (SIF) within the stipulated time period as fixed by the PCI.

This is for information.

Yours faithfully


(ARCHANA MUDGAL)

For Registrar-cum-Secretary

Cc to -

1. The Registrar,
Andhra Pradesh Pharmacy Council,
3rd Floor, 21st Century Complex,
Nampally,
HYDERABAD - 500 001 (Andhra Pradesh)

- Please note that -

- a) the above approval granted by PCI is only for the conduct of "Course of Study".
- b) the said approval is -
 - i) not a final approval u/s 12 of the Pharmacy Act for the purpose of registration as a pharmacist.
 - ii) State Pharmacy Council has not to register the students on the basis of above approval of "Course of Study".
- c) the State Pharmacy Council shall grant registration to students of above institution only when the PCI grants final approval u/s 12 of the Pharmacy Act and forwards a copy of notification/communication to this effect to State Pharmacy Council.


22/09/16

2. The Secretary (Health)
Government of Andhra Pradesh,
Secretariat Building
Health Medical & F.W. Deptt.,
HYDERABAD – 500 022 (Andhra Pradesh)

3. The Principal, Secretary,
Govt. of Andhra Pradesh,
Dept. of Higher Education
J-Block, AP Secretariat,
Hyderabad (Andhra Pradesh)

4. The Commissioner-Technical Education,
Govt. of Andhra Pradesh,
B.R.K Bhavan, Masab Tank,
Hyderabad (Andhra Pradesh)

5. The Secretary
Andhra Pradesh State Council
Of Higher Education,
Sankethika Vidya Bhavan,
Opp. Mahavir Hospital, Masab Tank,
Hyderabad (Andhra Pradesh)

(ARCHNA MUDGAL)
Registrar-cum-Secretary

Minutes of 272nd Executive Committee held on 3rd August, 2016 at New Delhi

Item No.76 to 91: * Consideration of the approval of Diploma / Degree / Pharm.D / Pharm.D (Post Baccalaureate) course and examination in pharmacy at the undermentioned institutions

<u>Item No.</u> <u>Course</u> <u>IR No.</u>	<u>State/ File No.</u> <u>Name of</u> <u>institutions</u>	<u>For</u> <u>admns.</u> <u>Limited</u> <u>to</u>	<u>Approved</u> <u>for</u> <u>conduct of</u> <u>course/ u/s</u> <u>12 /</u> <u>extension</u> <u>upto</u> <u>academic</u> <u>session</u>	<u>Name of the</u> <u>Examining</u> <u>Authority</u>	<u>Name of Hospital</u>
Item No.85 Pharm.D IR No.1st (March,2016)	ANDHRA PRADESH <u>Pharm.D</u> 50-780/2015-PCI Swathi College of Pharmacy, NH-5, Next to Nellore toll Plaza, Venkatachalam Nellore-524320 Distt.	30	For 2016- 2017 for conduct of 1 st year (For Pharm.D.)	The Registrar Jawaharlal Nehru Technological University, Anantapuram Hyderabad - 515 002.	Simhapuri Hospitals, NH-5, Chintareddy pallem Cross road Nellore.

* Consideration of the approval of Diploma / Degree / Pharm.D / Pharm.D (Post Baccalaureate) course and examination in pharmacy at the undermentioned institutions

It was decided to recommend to the Council to grant approval for conduct / extension of approval / u/s 12 of the Pharmacy Act, 1948 of Diploma / Degree / Pharm.D / Pharm.D (Post Baccalaureate) course and examination in pharmacy subject to the following conditions -

- the institution shall submit SIF every year as per the Time-Schedule prescribed by the Council.
- the institution shall submit annual affiliation fee on or before due date.
- the institution shall appoint the teaching faculty with the qualification and experience as prescribed under the "Minimum Qualification for Teachers in Pharmacy Institutions Regulations, 2014".

Besides above conditions, institutions seeking approval of Pharm.D / Pharm.D (Post Baccalaureate) course shall comply with the following conditions -

- The institution shall comply with the requirements of Pharm.D. Regulations, 2008 particularly regarding appointment of teaching staff, equipments and Hospital facility.
- Further the PCI recommends that Pharmacy Practice Faculty including HOD shall undergo at least 1 Continuing Education Programme / Training Programme of minimum 3 days duration every year and participation in atleast one seminar/conference every year.

3. In view of above, it was decided to ask the institutions concerned to intimate the council per return of mail the number of such Continuing Education Programmes / Training Programmes / Seminar / Conference etc. attended by HOD and pharmacy practice faculty during the last one year with documentary evidence i.e. participation certificate etc.
4. The institution to submit full compliance of the Pharm.D Regulations, 2008 as per following details:-

Training of HOD of Pharmacy Practice Department and Pharmacy Practice Faculty

The HOD & the faculty of Pharmacy Practice Department who are not qualified with M.Pharm Pharmacy Practice Qualification or Pharm.D Qualification and have other specialized training of qualification in the Pharmacy Practice Department, shall undergo the training as per Regulations 3 vi) of Appendix-B of Pharm.D Regulations, 2008. The following details be submitted –

i) In respect of HOD of Pharmacy Practice Department

- a) Name of HOD
 b) Designation
 c) Qualification at graduate level
 d) Qualification at PG level with specialization
 e) Name of Training Centre
 f) Duration of Training
 g) Nature of Training
 h) Sign of Principal

ii) In respect of Pharmacy Practice Faculty of Pharmacy Practice Department

- a) Name of Pharmacy Practice Staff
 b) Designation
 c) Qualification at graduate level
 d) Qualification at PG level with specialization
 e) Name of Training Centre
 f) Duration of Training
 g) Nature of Training
 h) Sign of HOD

5. The institution shall upload the details of students of Pharm.D./ Pharm.D (Post Baccalaureate) course separately as applicable on Council's website and the institutions website, year wise giving the following details –

- a) Name of the Institution : _____
 b) Name of the affiliating university : _____
 c) Name of the hospital where the clerkship and internship is done : _____

S.No.	Name of Student	Father's Name	Date of Birth	Course : Pharm.D/ Pharm.D (PB)	Year of admission	University Registration No.	Year of Passing



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15 SEP 2016

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Combined Council's Building
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Kola Road,
Delhi-110002

21