

PHARMACY COUNCIL OF INDIA

(Constituted under the Pharmacy Act, 1948)

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DELHI – 110 002

Ref.No.50-185/2015(A)-PCI

4278587

Speed Post

The Principal
B.L.D.E Association's
College of Pharmacy,
Post. Box No. 40, BLED
University Campus, Solapur Road,
Bijapur – 586 103 (Karnataka)

The Registrar
Rajiv Gandhi University
of Health Sciences,
Karnataka, 4th 'T' Block, Jayanagar,
Bangalore- 560 041 (Karnataka)

15 SEP 2016

Sub: Decision of 271th EC (July, 2016) of the PCI.

Sir/Madam


With reference to the subject cited above, please find enclosed herewith the decision taken by 271st Executive Committee of the PCI in its meeting held on 15th July, 2016 in respect of your institution. The same are posted on Council's website www.pci.nic.in also.

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.


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

Yours faithfully


(ARCHNA MUDGAL)
Registrar-cum-Secretary

Cc to –

The Registrar,
Karnataka State Pharmacy Council,
No.514/E, 1st Main,
Vijayanagar Club Road,
R.P.C. Layout, Vijayanagar, 2nd Stage,
BANGALORE – 560 040 (Karnataka)


(ARCHNA MUDGAL)
Registrar-cum-Secretary


21/9/16

Minutes of 02.271st Executive Committee (EC) meeting of the Council held on 15th July, 2016 at Chennai (Tamil Nadu).

- * 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.
- In view of above, please intimate 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.
- 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 -

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| <p>i) In respect of HOD of Pharmacy Practice Department</p> <ol style="list-style-type: none"> Name of HOD Designation Qualification at graduate level Qualification at PG level with specialization Name of Training Centre Duration of Training Nature of Training Sign of Principal | <p>ii) In respect of Pharmacy Practice Faculty of Pharmacy Practice Department</p> <ol style="list-style-type: none"> Name of Pharmacy Practice Staff Designation Qualification at graduate level Qualification at PG level with specialization Name of Training Centre Duration of Training Nature of Training Sign of HOD |
|---|--|

- 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 -

- Name of the Institution : _____
- Name of the affiliating university : _____
- 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

Handwritten signature