

PHARMACY COUNCIL OF INDIA

(Constituted under the Pharmacy Act, 1948)

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Ref.No.17-1091/2015-PCI
32-1178/2015-PCI

2015/13

Speed Post.

26 JUL 2016

The Principal
School of Pharmaceutical Studies Faculty of Health
Science, Dr.K.N.Modi University. INS-I RIICO
Industrial Area Phase -II, Newai,
Dist.Tonk (Rajasthan)

The Registrar,
Dr.K.N.Modi University
Newai (Rajasthan)

Sub: Decision of 99th /CC (June, 2016) of the PCI.

Sir/Madam

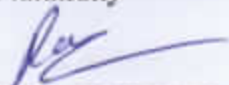
With reference to the subject cited above, please find enclosed herewith the decision taken by 99th Central Council of the PCI in its meeting held on 10th & 11th June, 2016 in respect of your institution. The same are posted on Council's website www.pci.nic.in also.

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.

This is for information and reporting compliance with documentary evidence per return of mail,

Yours faithfully


(ARCHNA MUDGAL)
Registrar-cum-Secretary

Cc to -

The Registrar,
Rajasthan Pharmacy Council,
Sahkar Bhavan-22, Godown Circle
Sardar Patel Dispensary Campus, Sardar Patel Marg
Jaipur - 302 006 (Rajasthan)

- 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.

(ARCHNA MUDGAL)
Registrar-cum-Secretary

Minutes of 01.099th CC Meeting held on 10th & 11th June, 2016 at Dharamshala (H.P)

01.099.214 to 218: * 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. / Course / IR No.</u>	<u>State/ File No. / Name of institutions</u>	<u>For adms. Limited to</u>	<u>Approved for conduct of course/ u/s 12 / extension upto academic session</u>	<u>Name of the Examining Authority</u>
Item No.218 Diploma IR No.1st (July,2015)	RAJASTHAN 17-1091/2015-PCI School of Pharmaceutical Studies Faculty of Health Science, Dr.K.N.Modi University. INS-I RIICO Industrial Area Phase -II, Newai, Dist.Tonk	60	For 2016-2017 for conduct of 1 st year	The Registrar, Dr.K.N. Modi University Newai.
Degree IR No.1st (July,2015)	32-1178/2015-PCI School of Pharmaceutical Studies Faculty of Health Science, Dr.K.N.Modi University. INS-I RIICO Industrial Area Phase -II, Newai, Dist.Tonk	60	For 2016-2017 for conduct of 1 st year	The Registrar, Dr.K.N. Modi University Newai.
<u>Other decision</u>				
- It was decided that the approval granted to D.Pharm and B.Pharm 1 st year course for 2015-2016 academic session for 60 admissions be treated for 2016-2017 academic session as no admissions were made in D.Pharm and B.Pharm course 1 st year during 2015-2016 academic session.				

* **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 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, 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.
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 -

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|---|--|
| <p>i) In respect of HOD of Pharmacy Practice Department</p> <p>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</p> | <p>ii) In respect of Pharmacy Practice Faculty of Pharmacy Practice Department</p> <p>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</p> |
|---|--|

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

