# PHARMACY COUNCIL OF INDI

(Constituted under the Pharmacy Act, 1948)

**TELEGRAM** 

: `FARMCOUNCIL'

Combined Councils' Building, Temple Lane, Kotla Road

TELEPHONE FAX No.

: 23239184, 23231348 : 011-23239184

Aiwan-E-Ghalib Marg

E-MAIL

: pci@ndb.vsnl.net.in

Post Box No.7020

WEBSITE

: www.pci.nic.in

Ref.No.50-643/2015-PCI 32981-87

DELHI-110 002

Speed Post.

The Principal Sri Venkateswara College of Pharmacy. R.V.S. Nagar, Tirupati Raod,

The Registrar Jawaharlal Nehru Technological University, Ananthapuram,

Hyderabad-515 002 (Andhra Pradesh)

Chittoor - 517 127 (Andhra Pradesh)

Sub: Decision of 97th /CC (June, 2015) of the PCI.

Sir/Madam

With reference to the subject cited above, please find enclosed herewith the decision taken by 97th Central Council of the PCI in its meeting held on 20th & 21st June, 2015 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 -

1. The Registrar, Andhra Pradesh Pharmacy Council, 3<sup>rd</sup> 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.
- 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)
- The Commissioner-Technical Education, Govt. of Andhra Pradesh,
   B.R.K Bhavan, Masab Tank,
   Hyderabad (Andhra Pradesh)
- Principal Secretary to Govt.
   Room No. 407, Higher Education Dept.
   4<sup>th</sup> Floor, J Block,
   A.P. Secretariat, Hyderabad

(ARCHNA MUDGAL) Registrar-cum-Secretary 01.097.408:

Consideration of approval of Pharm.D and Pharm.D (PB) conducted at Sri Venkateswara College of Pharmacy, R.V.S. Nagar, Tirupati Raod, Chittoor – 517 127 (Andhra Pradesh), in the light of 4<sup>th</sup> Inspection Report (April, 2015).

Name of approved Hospital - RVS Institute of Medical Sciences (RVS hospital) RVS Nagar, Chittoor 517 127.

(50-643/2015-PCT)

408.1 The latest information on record was placed.

### 408.2 Regarding Pharm.D. course, it was decided to -

- i) grant approval for 2015-2016 academic session for 30 admissions for the conduct of 4<sup>th</sup> year Pharm.D course.
- ii) allow 30 admissions for 2015-2016 academic session in 1st year Pharm.D. course.

## 408.3 Regarding Pharm.D. (PB) course, it was decided to -

- i) grant approval for 2015-2016 academic session for 10 admissions for the conduct of 5<sup>th</sup> year Pharm.D (Post Baccalaureate) course.
- ii) allow 10 admissions for 2015-2016 academic session in 4<sup>th</sup> year Pharm.D (Post Baccalaureate) course.

### 408.4 It was further decided to instruct the institution -

- i) that every year it has to apply to PCI in the SIF for the conduct of early inspection for year-wise approval for conduct of course or otherwise on the basis of which the institution can make further admission/no admission. When the students are in the final year Pharm.D/Pharm.D (Post Baccalaureate), an inspection will be conducted by PCI for consideration of approval u/s 12 of the Pharmacy Act for the purpose of registration as pharmacist. It is the responsibility of the institution to apply in the prescribed SIF to PCI before due date.
- ii) to comply with the requirements of Pharm.D. Regulations, 2008 particularly regarding appointment of teaching staff, equipments and Hospital facility.
- iii) to insist for the compliance of appointment of Principal and teaching staff as per the qualification and experience prescribed under the "Minimum Qualification for Teachers in Pharmacy Institutions Regulations, 2014".
- 408.5 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.
- 408.6 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.
- 408.7 It was further decided to instruct the institution to submit full compliance of the Pharm. Decided to instruct the institution to submit full compliance of the Pharm. Decided to instruct the institution to submit full compliance of the Pharm. Decided to instruct the institution to submit full compliance of the Pharm. Decided to instruct the institution to submit full compliance of the Pharm. Decided to instruct the institution to submit full compliance of the Pharm. Decided to instruct the institution to submit full compliance of the Pharm. Decided to instruct the institution to submit full compliance of the Pharm. Decided to instruct the institution to submit full compliance of the Pharm. Decided to instruct the institution to submit full compliance of the Pharm. Decided to instruct the institution to submit full compliance of the Pharm. Decided to instruct the institution to submit full compliance of the Pharm. Decided to instruct the institution to submit full compliance of the Pharm. Decided to institute the institution to submit full compliance of the Pharm. Decided to institute the institution to submit full compliance of the Pharm. Decided to institute the institution to submit full compliance of the Pharm. Decided to institute the institute t

### 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 Pr Department	ractice ii) In respect of Pharmacy Practice Faculty of Pharmacy Practice Department
	<ul> <li>a) Name of HOD</li> <li>b) Designation</li> <li>c) Qualification at graduate level</li> <li>d) Qualification at PG level with specia</li> <li>e) Name of Training Centre</li> <li>f) Duration of Training</li> <li>g) Nature of Training</li> <li>h) Sign of Principal</li> </ul>	<ul> <li>a) Name of Pharmacy Practice Staff</li> <li>b) Designation</li> <li>c) Qualification at graduate level</li> <li>d) Qualification at PG level with specialization</li> <li>e) Name of Training Centre</li> <li>f) Duration of Training</li> <li>g) Nature of Training</li> <li>h) Sign of HOD</li> </ul>
408.8	Pharm.D./ Pharm.D (Post Baccalau website and the institutions website,	ne institution to upload the details of students of areate) course separately as applicable on Council's year wise giving the following details—
	<ul><li>a) Name of the Institution</li><li>b) Name of the affiliating university</li><li>c) Name of the hospital where the clerkship and internship is done</li></ul>	

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