

1 Approval

PHARMACY COUNCIL OF INDIA

(Constituted under the Pharmacy Act, 1948)

Phano (15-16) - (1)

TELEGRAM : 'FARMCOUNCIL'
TELEPHONE : 23239184, 23231348
FAX No. : 011-23239184
E-MAIL : pci@ndb.vsnl.net.in
WEBSITE : www.pci.nic.in

Combined Councils' Building,
Temple Lane, Kotla Road
Aiwan-E-Ghalib Marg
Post Box No.7020
DELHI - 110 002

Ref.No.50-659/2014-PCI

19848-54

Speed Post.

The Principal
Vijaya Institute of Pharmaceutical
Sciences for Woman Samsung Godown
Backside, Pratap Industries Road, Eniekpadu,
Vijayawada - 521108 (Andhra Pradesh)

The Registrar,
Jawaharlal Nehra Technological University,
Kakinada
Kakinada - 533 003 (Andhra Pradesh)

3 AUG 2015

Sub: Decision of 97th /CC (June, 2014) 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,
3rd Floor, 21st Century Complex,
Nampally,
HYDERABAD - 500 001 (Andhra Pradesh)

06/8/15

- Please note that -

- the above approval granted by PCI is only for the conduct of "Course of Study".
- the said approval is -
 - not a final approval u/s 12 of the Pharmacy Act for the purpose of registration as a pharmacist.
 - State Pharmacy Council has not to register the students on the basis of above approval of "Course of Study".
- 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.

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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. Principal Secretary to Govt.
Room No. 407, Higher Education Dept.
4th Floor, J Block,
A.P. Secretariat, Hyderabad

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(ARCHNA MUDGAL)
Registrar-cum-Secretary

01.097.210: Consideration of approval of Pharm.D and Pharm.D (PB) conducted at Vijaya Institute of Pharmaceutical Sciences for Woman Samsung Godown Backside, Pratap Industries Road, Eniepadu, Vijayawada - 521108, in the light of 1st Inspection Report (February & March, 2015).

Name of the approved Hospital- Govt. General Hospital Vijaywada, Andhra Pradesh

(50-659/2014-PCI)

210.1 The latest information on record was placed.

210.2 It was decided to grant approval for 2015-2016 academic session for 30 admissions for the conduct of 1st year Pharm.D course.

210.3 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”.

210.4 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.

210.5 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.

210.6 It was further decided to instruct 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

210.7 It was also decided to instruct the institution to 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