

PHARMACY COUNCIL OF INDIA

(Constituted under the Pharmacy Act, 1948)

TELEGRAM : 'FARMCOUNCIL'
TELEPHONE : 23239184, 23231348
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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.50-659/2015-PCI

18402-08

- 8 JUL 2016

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 Nehru Technological University,
Kakinada- 533 003 (Andhra Pradesh)

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

Sir/Madam

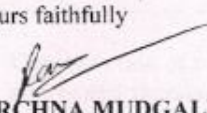
With reference to the subject cited above, please find enclosed herewith the decision taken by 99th Central Council of the PCI in its meeting held on 10th & 11th June, 2016 in respect of your institution. The same are posted on Council's website www.pci.nic.in also.

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 -

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

- 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.

..2..

Received
11/7/16

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

(ARCHNA MUDGAL)
Registrar-cum-Secretary

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

01.099.240 to 253: * 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>	<u>Name of Hospital</u>
Item No.241 Pharm.D IR No.2 nd (Feb- March, 2016)	ANDHRA PRADESH Pharm.D 50-659/2015-PCI Vijaya Institute of Pharmaceutical Sciences for Woman Samsung Godown Backside, Pratap Industries Road, Enicpadu, Vijayawada – 521108.	30	For 2016- 2017 for conduct of 2 nd year Allow 30 admissions for 2016- 2017 in 1 st year (For Pharm.D.)	The Registrar Jawaharlal Nehru Technological University, Kakinada- 533 003.	Govt. General Hospital Vijaywada.

* **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.
- 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 –

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





**VIJAYA INSTITUTE OF PHARMACEUTICAL
SCIENCES FOR WOMEN**

Permitted by Govt. of A.P. Approved by AICTE, New Delhi
Pharmacy council of India, New Delhi & Affiliated to JNTU Kakinada

Enikepadu, VIJAYAWADA - 521 108
Telephone No. : +91 866 6460998
Fax No. : +91 866 2844998
e-mail : vijayapharmacyfw@gmail.com

Ref. No: VIPW/175/16-17

Date:30.03.2017

To
The Registrar-Cum-Secretary,
Pharmacy Council of India,
Combined Councils Building,
Temple Lane, Kotla Road,
Aiwan-E-Ghalib Marg,
Post Box.No:7020,
NEW DELHI-110 002.

Respected Madam,

**Sub:- Submission of 3rd Compliance Report towards the 3rd Inspection of
Pharm. D Course-Reg.**

Ref:- 50-659/2015-PCI/7651415, Dated: 22/03/2017.

With reference to the above, I am here by submitting the compliance report to the PCI as per the inspection held during 27th , 28th Feb and 1st Mar'2017 for Pharm.D course by **Dr. R. Sudeendra Bhat & Prof. Y.D. Satyanarayana** and the report received on 25th March, 2017.

Deficiency	Action taken by the Institution
NIL	NA

Thanking you,

Yours faithfully,

(Dr. K. Padmalatha)
VIJAYA INSTITUTE OF
PHARMACEUTICAL SCIENCES FOR WOMEN
ENIKEPADU, VIJAYAWADA
PIN-521 108

PHARMACY COUNCIL OF INDIA

(Constituted under the Pharmacy Act, 1948)

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

22 MAR 2017

Sub.: PCI-Observations on the 3rd Inspection Report (February-March, 2017) of the Pharm.D & Pharm.D. (Post Baccalaureate) Course and exam. in Pharmacy.

Sir

With reference to the correspondence on the subject cited above, please find enclosed herewith a copy of the 3rd Inspection Report of the Pharm.D & Pharm.D. (Post Baccalaureate) Course in Pharmacy of your institution conducted by Dr.R. Sudeendra Bhat & Prof. Y.D. Satyanarayana on behalf of this Council on 27th February to 1st March, 2017.

Kindly rectify the shortcomings reflected in the enclosed Inspection Report and submit compliance with documentary evidence within 20 days of the issuance of this letter in the following format -

PROFORMA FOR SUBMISSION OF COMPLIANCE TO THE PHARMACY COUNCIL OF INDIA

Deficiencies to be rectified as per the enclosed Inspection Report.	Action taken by the instt. to rectify the deficiencies.
1.	
2.	
3.	
and soon.	

Please note that the compliance submitted in the format other than prescribed above will not be entertained by the Council. Hence please ensure to submit compliance in the above prescribed format only.

Kindly acknowledge its receipt.

Yours faithfully

(ARCHNA MUDGAL)
Registrar-cum-Secretary

Encl: as above

Copy with a copy of the Inspection Report is forwarded for information and necessary action, as above to -

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

(ARCHNA MUDGAL)
Registrar-cum-Secretary

Rahul/50-659 ORD 2017/hd-4/20.3.2017.