

# PHARMACY COUNCIL OF INDIA

(Constituted under the Pharmacy Act, 1948)

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.50-663/2016-PCI

1838086

Speed Post.

- 8 JUL 2016

The Principal  
Seven Hills College of Pharmacy,  
Venkatramapuram Village  
Ramachandrapuram Mandal,  
Tirupati-517 561 (A.P.)

The Registrar,  
Jawaharlal Nehru Technological University,  
Kukatapally  
Hyderabad - 500 072. (Andhra Pradesh)

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

Sir/Madam

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

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.  
4<sup>th</sup> 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)**

**01.099.431 to 447:** \* 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.443  Pharm.D and Pharm.D (P.B)  IR No.5 <sup>th</sup> (March, 2016)	<b>ANDHRA PRADESH Pharm.D</b> 50-663/2015-PCI Seven Hills College of Pharmacy, Venkatramapuram Village Ramachandrapuram Mandal, Tirupati-517 561.	30	For 2016- 2017 for conduct of 5 <sup>th</sup> year  Allow 30 admissions for 2016- 2017 in 1 <sup>st</sup> year (For Pharm.D.)	The Registrar Jawaharlal Nehru Technological University, Kukatapally Hyderabad – 500 072.	Sri Padmavathi Medical College for Women Hospital Tirupati.
	<b>Pharm.D. (PB)</b> 50-663/2015-PCI Seven Hills College of Pharmacy, Venkatramapuram Village Ramachandrapuram Mandal, Tirupati-517 561.	10	For 2016- 2017 for conduct of 6 <sup>th</sup> year  Allow 10 admissions for 2016- 2017 in 4 <sup>th</sup> year (For Pharm.D. (PB)		

\* 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 -

1. The institution shall comply with the requirements of Pharm.D. Regulations, 2008 particularly regarding appointment of teaching staff, equipments and Hospital facility.
2. 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 –

**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