

# PHARMACY COUNCIL OF INDIA

(Constituted under the Pharmacy Act, 1948)

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Post Box No.7020  
DELHI - 110 002

Ref.No. 32-711/2010-PCI

40170-72

Speed Post

- 7 SEP 2016

✓ The Principal  
Ratnamani College of Pharmacy  
Ratnamani Education Campus, Shankhalpur  
Ta-Becharaji, Road to- Becharaji  
**Distt. Mehsana - 384 210 (North Gujarat)**

**Sub: Decision of 271<sup>st</sup>/EC (July, 2016) of the PCI.**

Sir/Madam

With reference to the subject cited above, please find enclosed herewith the decision taken by 271<sup>st</sup> Executive Committee of the PCI in its meeting held on 15<sup>th</sup> July, 2016 in respect of your institution. The same are posted on Council's website [www.pci.nic.in](http://www.pci.nic.in) also.

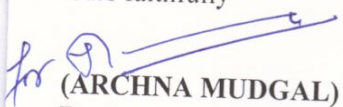
For guidelines regarding "SIF submission last date" and "Affiliation fee", kindly refer to Council's website [www.pci.nic.in](http://www.pci.nic.in)

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.

The recommendation of the Executive Committee will be placed in the next Central Council meeting of PCI for ratification.

This is for information.

Yours faithfully

*for*  
  
(ARCHNA MUDGAL)  
Registrar-cum-Secretary

Cc to -

1. The Registrar,  
Gujarat Technological University,  
L.D. College of Engineering Campus,  
2<sup>nd</sup> Floor, ACPC Building, Navrangpura,  
**Ahmedabad - 380 015 (Gujarat)**
2. The Registrar,  
Gujarat State Pharmacy Council  
Old Nursing College Building, Block No.4/A,  
Third floor, Opp. Cancer Hospital, Gate No.6,  
Civil Hospital Campus, Asarva,  
**Ahmedabad - 380 016 (Gujarat)**

(ARCHNA MUDGAL)  
Registrar-cum-Secretary

Ankit/ 271 Action taken Prd Sir/hd-10/1.9.2016

*Admin*  
*- copy Mr Ketan*  
*10 09 16*

*PKC*  
*10*  
In./Out No. 1107  
Date 10-9-2016  
Receiver Sign. *(R)*

**Minutes of 02.271<sup>st</sup> Executive Committee (EC) meeting of the Council held on 15<sup>th</sup> July, 2016 at Chennai (Tamil Nadu).**

Item No.87 & 88: \* 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.</u> <u>Course</u> <u>IR No.</u>	<u>State/ File No.</u> <u>Name of institutions</u>	<u>For</u> <u>adms.</u> <u>Limited</u> <u>to</u>	<u>Approved for</u> <u>conduct of course/</u> <u>u/s 12 / extension</u> <u>upto academic</u> <u>session</u>	<u>Name of the Examining</u> <u>Authority</u>
Item No.87 Degree IR No.4th (April,2015)	<b>GUJARAT</b> 32-711/2010-PCI Ratnamani College of Pharmacy Ratnamani Education Campus, Shankhalpur Ta-Becharaji, Road to- Becharaji Distt.Mehsana – 384 210. (Formerly known as Shree Krishna Institute of Pharmacy Krishna Campus, Shankhalpur Ta-Bechraji, Distt. Mehsana – 384 210 North Gujarat)	60	Extension upto 2016-2017	The Registrar Gujarat Technological University, L.D. College of Engineering Campus, 2nd Floor, ACPC Building, Navrangpura Ahmedabad – 380 015.

**Other decision (32-711/2010-PCI)**

- It was further decided to approve the change in the name of the institution as per following details -

<u>From</u>	<u>To</u>
Shree Krishna Institute of Pharmacy Krishna Campus, Shankhalpur Ta-Bechraji, Distt. Mehsana – 384 210 (North Gujarat)	Ratnamani College of Pharmacy Ratnamani Education Campus, Shankhalpur Ta-Becharaji, Road to- Becharaji Distt. Mehsana – 384 210 (North Gujarat)

\* 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 recommend to the Council 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

*(Handwritten signature/initials)*