

GOVERNMENT OF ANDHRA PRADESH
DEPARTMENT OF TECHNICAL EDUCATION

OFFICE OF THE
DIRECTOR OF TECHNICAL EDUCATION
ANDHRA PRADESH :: MANGALAGIRI

Cir.Memo. No.: E/CTE/PCI/2022

Date: 31.10.2022

Sub: Technical Education- EoA for Pharmacy Institutes for A.Y 2022-23
- Submission of latest PCI approval copy along with affidavit -
Certain instructions - Reg.

Ref: No:14-443/2022-PCI (appeal Process 2022-2023)/14367, Dated
22.10.2022 from the Registrar- Cum- Secretary, Pharmacy Council
of India, New Delhi

While enclosing the copy of the reference cited, all the Principals of the Pharmacy Institutes concerned in the A.P are here with informed that the institutes which are submitted affidavit for the cases mentioned in the circular are instructed to submit the copy of the latest PCI approval along with the copy of the affidavit submitted to the PCI to this office as per the following address at the earliest to take further necessary action for submitting the EoA proposals to the Government by this office.

Assistant Director(Tech), E-Section
O/o Director of Technical Education, A.P,
D.No.11-307, Garudari K.K Towers, Lakshminarasimha Colony,
Bypass Road, Near NRI Hospitals, Mangalagiri,
Guntur District- 522503

The scanned copies shall be mailed to cteapeh2018@gmail.com without fail.

Note: Treat it as most urgent

Sd/-C.Naga Rani
DIRECTOR

To,
All the Principals of the Pharmacy Institutes concerned
Copy to
The Registrars Universities Concerned
The Secretary, APSCH, Mangalagiri
The Principal Secretary, Higher Education Department, AP Secretariat,
Velagapudi, Guntur District

Raminu
For Director 31/10/22
31/10/22



PHARMACY COUNCIL OF INDIA

(Constituted under the Pharmacy Act, 1948)

E-MAIL : registrar@pci.nic.in NBCC Centre, 3rd Floor,
WEBSITE : www.pci.nic.in Plot No.2, Community Centre
Telephone : 011-61299901 Maa Anandamai Marg
011-61299902 Okhla Phase I
011-61299903 NEW DELHI – 110 020

Ref.No.14-443/2022-PCI(appeal process 2022-2023)/ 14367

Date:22.10.2022

NOTIFICATION

1. This is in reference to the communications of PCI with regard to the appeal process where the decisions of approval for the academic session 2022-23 have been communicated through PCI website for the institutions to prefer an appeal.
2. I am directed to state that 379 Executive Committee in its meeting held on 15.10.2022 has decided as under -
 - a) wherever admission intake was reduced in 2022-2023 academic session in pharmacy course(s), the previous approved intake during 2021-2022 academic session be restored for 2022-2023 academic session also.
 - b) to notify to all such Institutes that an affidavit* should be uploaded on institution's dash board on the portal of Pharmacy Council of India, New Delhi within one month of receipt of this Notification without fail. There should not be any change/modification/alteration in the affidavit provided with this Notification. In case any change is observed, the same will not be entertained at any cost and the liabilities will rest only with the Institute and NOT PCI.
3. In view of above, all institutions are hereby directed to submit the prescribed affidavit (enclosed as Annexure-A) along with their appeal application (enclosed as Annexure-B) and update the faculty data on PCI portal within one month of receipt of this notification.
 - i) Increase in intake. (applicable in case institution has applied earlier at the time of submission of SIF for 2022-2023)
 - ii) Introduction of New course (D.Pharm, B.Pharm, M.Pharm, Pharm.D, Pharm.D (PB), B.Pharm (Practice))
 - iii) Restoration of reduced seats.

Yours faithfully

**For Registrar-cum-Secretary
Pharmacy council of India**

Note: Please note that -

1. * Scanned copy of Affidavit should be uploaded on portal. (Size of file should not be more than 20 MB)
2. The original hard copy of the same should be sent to PCI office only by Registered post.

AFFIDAVIT
(to be submitted by the Pharmacy Institution)

(On One Hundred Rupees India Non Judicial Stamp Paper)

“We, _____ and
(Name of Principal / Head of Institution)

(Name of Departmental Secretary of the State Government (applicable for Govt.
institutions) or
President / Chairman / Director / Secretary of the Management / Society / Trust)

hereby certify that –

a) The compliance report submitted by _____,
(Name of Institution with complete address)

Bearing PCI ID _____, is correct and true.

b) In case approval is granted / admissions are restored for the year 2022-23, the same is subject to the verification of the compliance report by the PCI at any later date.

c) In case compliance is found to be false / un-satisfactory / fraudulent/ misleading -

i) The Principal / Head of Institution and Departmental Secretary of the State Government (applicable for Govt. institutions) or President / Chairman / Director / Secretary of the Management / Society / Trust), who are the signatory to this affidavit will be liable for action as per the law of the country.

ii) PCI may initiate action as deemed fit including notice u/s 13(1) of the Pharmacy Act, 1948 for withdrawal of approval and the consequences thereof and the responsibility will rest on the Institution itself and PCI shall not be held responsible for this.”

Deponent	Deponent
(Departmental Secretary of the State Government (applicable for Govt. institutions) or President / Chairman / Director / Secretary of the Management / Society / Trust)	(Principal / HOI of the Institution)

We, the deponents above named, do hereby verify that we have read and understood the contents of the above affidavit signed by us. We state that the facts stated in the above affidavit are true and correct to the best of my knowledge.

Deponent	Deponent
(Departmental Secretary of the State Government (applicable for Govt. institutions) or President / Chairman / Director / Secretary of the Management / Society / Trust)	(Principal / HOI of the Institution)

Date : _____
Place : _____

Solemnly affirmed before me
by.....who has been identified.
by.....who is known to me.

Notary”
Annexure I and II enclosed.

Prescribed format of Appeal Application**Institutes Information**

Sl.No.	Particular	Institution's reply
1.	Name of College	
2.	PCI ID	
3.	Address with Pincode	
4.	College contact details:	
5.	I. Address: II. Email: III. Phone nos.: IV. Website address:	
6.	Accreditation Status, NBA/NAAC (enclose Copy of certificate)	
7.	Name of Principal I. Mobile: II. Email id:	

Reason of Appeal

Sl.No.	Particular	Institution's reply	
1.	Appeal for	Restoration of Intake	
	<ul style="list-style-type: none"> • Provide the decision copy • For Increase in Intake and Introduction of New course please provide details of additional Infrastructure, Library, Faculty and Equipment as per the norms. 	Increase in Intake	
		<ul style="list-style-type: none"> • D.Pharm 	
		<ul style="list-style-type: none"> • B.Pharm 	
		<ul style="list-style-type: none"> • M.Pharm (Specialization wise) 	
		<ul style="list-style-type: none"> • Pharm. D 	
		<ul style="list-style-type: none"> • Pharm. D(PB) 	
		<ul style="list-style-type: none"> • B.Pharm (Practice) 	

Details of Faculty**Total No. of Faculty members of the Institute (Course wise)****Annexure I**

Sl. No.	Names of faculty members with Aadhar card number, PAN card No, Pharmacist Registration No.	Date of Appointment/ Date of Promotion	Qualification				Total Teaching Experience	Designation (Order of the competent authority enclosed)	Pay Scale (Order of the competent authority enclosed)
			B.Pharm	M.Pharm with Specialization	Pharm.D. / Pharm.D(PB)	Ph.D			
1.									

* For the appointed new faculties, latest relieving order of the institute with PCI Id and joining letter should be enclosed.

Declaration* regarding faculty

- Declaration of Principal/Director/Dean that he has verified and certified all the educational and experience documents of the faculty members.
- Order of the competent authority about the salary of faculty members being paid regularly on monthly basis into the account directly by RTGS & their income tax is being deducted regularly & deposited in the account.
- Order of the competent authority after the verification of the Form 16 and 26 AS from the Traces website.
- The Dean/Principal/Director and also Chairman Management (in case of Private college) to verify and certify that they have verified every fact as above and they are responsible for the veracity of the facts mentioned above.
- Please note that in case any of the above information is found to be wrong, they would be held responsible for the same and action as may be deemed fit will be initiated by the PCI as per the statutory provisions of the Pharmacy Act, 1948 and as per the law of the country.

Name :	Name :
Signatures :	Signatures :
Seal :	Seal :
Date : (Principal/Director/Dean/ HOI)	Date : (Departmental Secretary of the State Government (applicable for Govt. institutions) or President / Chairman / Director / Secretary of the Management / Society / Trust)

Annexure-II

Institute Details		
Sl. No.	Information	Institution's reply
1.	NOC of the State Government	
2.	Affiliation of Examining Authority with Intake	
3.	Date of First approval with approved Intake	
4.	Date of previous last 4 years approvals of PCI (Please provide approval letters of Each)	
	1 st approval	
	2 nd Approval	
	3 rd Approval	
	4 th Approval	
5.	Year of Approval u/s 12 of Pharmacy Act.(Provide approval letters)	
6.	Number of Students admitted in last session (2021-2022) <ul style="list-style-type: none"> • D.Pharm • B.Pharm • M.Pharm (Specialization wise) • Pharm. D • Pharm. D(PB) • B.Pharm (Practice) • 	
7.	Whether the Institute has ever been denied for approval of any batch or reduced intake? If so, the reason thereof. Please provide the relevant copies of PCI decision of denial or reduced intake.	
8.	Whether your Institute ever been given extension of approval based on undertaking from management? If so, please provide the copy of affidavit containing the accepted deficiencies.	
9.	Whether your Institute filed any court case or ever been a party to any court case against PCI? If so, kindly provide the details of the case along with the orders of the Court.	
10.	Whether your college been granted any permission through the order of the court? If yes, mention the year in which permission was granted & also provide the copy of the said order.	

Sl. No.	Information	Institution's reply
11.	Whether you have undergone any surprise assessment for your college? If yes, kindly provide the date on which such assessment took place and details of show cause notice, if any issued and the reply submitted thereafter.	
12.	Whether your management / trust/society of private college runs any other Pharmacy or other college in the same campus or in different campus? If yes, please provide all relevant details for the same.	
13.	Please provide the date of last regular assessment of your Institute. Please provide the details of deficiencies pointed out that time, if any along with the compliance report submitted, if any.	
14.	In case, the deficiencies pointed out in the last regular assessment was not complied, please provide point by point compliance details at the present date.	
15.	Please mention the deficiencies which are yet to be complied at the present date.	

Certified that the above information provided is correct and has been verified by the undersigned

Please note that the signatories are fully responsible for the veracity of the above information and if any false information is provided, action may be initiated by the PCI as per the statutory provisions of the Pharmacy Act, 1948 and as per the law of the country.

Name :	Name :
Signatures :	Signatures :
Seal :	Seal :
Date : (Principal/Director/Dean/ HOI)	Date : (Departmental Secretary of the State Government (applicable for Govt. institutions) or President / Chairman / Director / Secretary of the Management / Society / Trust)