PHARMACY COUNCIL OF INDIA
(Constituted under the Pharmacy Act, 1948)

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

Sub: Inspection of Degree Course in Pharmacy

ORDER

In pursuance of the provisions of Sec.16 of the Pharmacy Act 1948 read with regulation 9 & 18 of Education Regulations-1991 as amended up to date Prof. P.V. Sharma & Dr. Sushant Kumar Shrivastava Inspectors of the Council will inspect Degree Course in Pharmacy conducted at the Nehru College of Pharmacy, Nila Garden, Pampady, Thiruvilwamala, Distt. Thrissur (Kerala) on any two mutually decided days immediately to verify adequacy of arrangements for teaching in regard to building, accommodation, equipment, staff, museum & library etc. as specified in Appendix-B of aforesaid Regulations.

2. The inspectors may also attend at any examination held during the inspection period and report on the sufficiency of every examination they attend.

3. The course conducting authority will make available all the original records for actual verification by the inspectors and extend full co-operation.

4. The inspectors may specifically verify the rectification of deficiencies pointed out in the previous inspection report and particularly report the improvements made by the institution. (not applicable in case of first inspection)

5. Please find enclosed herewith a copy of blank “Staff Declaration Form”. This form be photocopied and got filled by individual teaching staff member including Principal/HOD. The duly filled in form be handed over to PCI inspectors at the time of inspection for verification and forwarding alongwith the Inspection Report.

6. It was observed that sometimes institutions are declaring holidays at the time of inspection or staff & students are not present at the time of inspection for interaction with inspectors. In view of it, it was decided to inform the institutions that -
   i) no holidays shall be declared at the time of inspection and enough opportunities be provided to PCI inspectors for interaction with staff & students at the time of inspection.
   ii) in the event, the staff & students are not available at the time of inspection, the inspection will be treated as null & void and re-inspection will be done by the Council at the cost of institution.
   iii) to ensure that inspection is done during the working days, institution shall submit its academic calendar with SIF.

IMPORTANT

7. Vide circular dt.29.10.2013, the PCI has instructed all the pharmacy institutions as under -
   a) All institutions shall have website compulsorily and website-address be informed to PCI.
   b) The SIF submitted by the institution to PCI shall be displayed on institution’s website immediately and shall continue to be on website till PCI inspection is done.

Council’s said circular dt.29.10.2013 is available on Council’s website. In view of above, you are requested to specifically verify at the time of inspection as to whether -
   a) the institution has created its website and intimated the website address to PCI.
   b) the SIF as enclosed with the deputation letter is displayed by the institution on its website till PCI inspection is done.

Please record your specific comments on the above issues in the enclosed format as Appendix-VII

Kindly acknowledge its receipt.

For (ARCHNA MUDGAL)
Registrar-cum-Secretary
To
The Principal
Nehru College of Pharmacy
Nila Garden, Pampady, Thiruvilwamala,
Thrissur Distt. – 680 597 (Kerala).

Duly Attested Affidavit –
It is requested to submit following duly attested affidavit by the Notary Public on Court paper duly signed by the Principal and Authorized signatory of the management of the pharmacy institution to the inspectors at the time of inspection positively failing which action as deemed fit shall be initiated by PCI.

i) Institute will restrict admission to sanctioned intake by PCI & will not admit students beyond sanctioned intake without prior approval of the PCI.

ii) Institute will not start additional Pharmacy Programme/start 2nd / evening / additional shift in the existing pharmacy institution.

iii) Institution shall comply with statutory norms and standards prescribed by the PCI from time to time.

iv) The entire consequences of failure to comply with the undertaking shall rest on the institution and PCI in no way shall be responsible for the same.

Copy to:

The Registrar
Kerala University of Health Sciences,
Medical College P.O.

Thrissur – 680 596 (Kerala)

With the request that answer books, award sheet and any other documents as desired by the inspectors may kindly be shown to them to enable them to report on the sufficiency of examination & compliance of conditions prescribed in Appendix-C of Education Regulations-1991.

For (ARCHNA MUDGAL)
Registrar-cum-Secretary
PHARMACY COUNCIL OF INDIA
STAFF DECLARATION FORM

From

Teacher's Name .................................................................
(as on University Degree certificate)

Recent Passport size photo of the Employee
Signed by Dean/Principal of the College.

Date of Birth & Age ..............................................................

<table>
<thead>
<tr>
<th>Qualification</th>
<th>College &amp; University</th>
<th>Year</th>
<th>Registration No. with State Pharmacy Council</th>
<th>Name of the State Pharmacy Council</th>
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<tr>
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</tr>
<tr>
<td>M.Pharm</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>(Ph.D.)/others</td>
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<td></td>
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</tbody>
</table>

Copies of Registration Certificate and University degree/PG/Ph.D. be attached.

Present Designation: ________________________________________________

Department: ______________________________________________________

College: _________________________________________________________

City: ____________________________________________________________

Nature of appointment: Permanent/Temporary/Adhoc/Honorary/Part-time

Whether belongs to: O.G./SC/ST/OBC/Ex-service/Others

Contd. on page 2
Permanent Residential Address of employee: 

Copy of Passport/Voter Card/Ration Card/PAN No./Electricity Bill/Driving License Attached as a proof of residence.

<table>
<thead>
<tr>
<th>STD Code</th>
<th>Phone No.</th>
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<tbody>
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</tbody>
</table>

STD Code

Phone & Fax Number with Code Office:
Residence:
E-mail address:
Date of joining present institution: _______ as (Designation)

Details of the previous appointments/teaching experience

<table>
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<th>Name of Institution</th>
<th>From</th>
<th>To</th>
<th>Total Experience in years</th>
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<tbody>
<tr>
<td>Lecturer</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reader/</td>
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<td>Assistant</td>
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<td>Professor</td>
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<tr>
<td>Principal</td>
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</tbody>
</table>

1) Before joining present institution I was working at _______ as _______ and relieved on _______ after resigning/retiring (relieving order is enclosed from the previous institution).

2) I am not working in any other Pharmacy College/Medical College/Dental College/Industry/Community Pharmacy/Hospital Pharmacy/Govt. Service/any other service in the State or outside the State in any capacity full-time/part-time other than the above.

Contd. on page 3
I have drawn total emoluments from this college as under:

<table>
<thead>
<tr>
<th>Month</th>
<th>Amount Received</th>
<th>TDS</th>
</tr>
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<tbody>
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<tr>
<td>March, 2013</td>
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</tbody>
</table>

(Copy of my form 16 (TDS certificate) for financial year 2012-2013 is attached)

P.A.N.: ___________________________ Circle: ___________________________

**Declaration**

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2011-2012.

2. It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Register of Registered Pharmacists).

**Signature of the Employee:**

Date: ___________________________ Place: ___________________________

**Endorsement**

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Countersigned by the Director/Dean/Principal in respect of Teaching Staff

Date: ___________________________ Place: ___________________________
Ref. No. 32-290/2014-PCI

Dr. Sushant Kumar Shrivastava
Reader
Department of Pharmaceutics
Institute of Technology
Banaras Hindu University
VARANASI (Uttar Pradesh).

Sub: Inspection of B.Pharm course conducted at Nehru College of Pharmacy, Nila Garden, Pampady, Thiruvilwamala, Thrissur Distt. – 680 597 (Kerala).

Inspection material of Prof. P.V. Sharma received back from Post office.

Sir,

This is in continuation to Council’s letter dt. 19.2.2014. It is informed that Dr. Brahmeshwar Mishra will inspect the institution alongwith your goodself. Dr. Brahmeshwar Mishra has been deputed vice Prof. P.V. Sharma to inspect the above cited institute.

Kindly inspect the college on any two mutually decided days immediately.

Yours faithfully

For (ARCHNA MUDGAL)
Registrar-cum-Secretary

C.C. to:
1. Dr. Brahmeshwar Mishra
   Department of Pharmaceutics
   Institute of Technology
   Banaras Hindu University
   VARANASI – 221 005 (U.P.).
   - Kindly inspect the above cited institution with Dr. Sushant Kumar Shrivastava. Your deputation letter is enclosed herewith.

2. The Principal
   Nehru College of Pharmacy
   Nila Garden, Pampady, Thiruvilwamala,
   Thrissur Distt. – 680 597 (Kerala).
3. The Registrar  
Kerala University of Health Sciences,  
Medical College P.O.  
Thrissur – 680 596 (Kerala)  

For (ARCHNA MUDGAL)  
Registrar-cum-Secretary