

सोबत तंत्रशिक्षण संचालनालय, म.रा.मुंबई यांचे शैक्षणिक वर्ष २०२२-२३ करिता औषधनिर्माणशास्त्र अभ्यासक्रमांच्या मान्यता प्रक्रियेबाबतचे पत्र क्रमांक क्र.२/एनजीसी/मान्यता/२०२२/१०३२ दिनांक ०४/११/२०२२ व फार्मसी कौन्सिल ऑफ इंडिया, नवी दिल्ली यांचे पत्र क्र. RefNo.१४-४४३/२०२२-PCI(Appeal Process २०२२-२०२३)१४७०५-०९ Date ०३ NOV २०२२ सोबत जोडलेले आहे. कृपया त्याचे अवलोकन करावे व त्याप्रमाणे संबंधित संस्थानी कार्यवाही करावी.

क्र.विकाअ/शिक्षण/२०२२/ 2865
तंत्रशिक्षण विभागीय कार्यालय, अमरावती.
दि. 4/11/2022

प्रति,

प्राचार्य, सर्व औषधनिर्माणशास्त्र संस्था, अमरावती विभाग, अमरावती यांना आवश्यक कार्यवाहीकरीता अग्रेषित.



प्र.सहसंचालक,
तंत्रशिक्षण, विभागीय कार्यालय,
अमरावती.

प्रत: प्रोग्रामर, तंत्रशिक्षण विभागीय कार्यालय, अमरावती यांना विभागीय कार्यालयाच्या संकेतस्थळावर प्रसिध्द करण्यासाठी.



महाराष्ट्र शासन

तंत्रशिक्षण संचालनालय, महाराष्ट्र राज्य

३, महापालिका मार्ग, पत्र पेटी क्र. १९६७, मुंबई ४०० ००९.

दूरध्वनी क्र. ०२२-६८५९७४५०, ४४२ व ४४३

ई-मेल - desk2@dtmaharashtra.gov.in, वेबसाईट: http://www.dtmaharashtra.gov.in



क्रमांक: २/एनजीसी/मान्यता/२०२२ १०३२

दिनांक: ४ NOV 2022

प्रति,
सहसंचालक,
तंत्रशिक्षण विभागीय कार्यालय,
मुंबई, पुणे, नाशिक, औरंगाबाद,
अमरावती व नागपूर.

विषय :- शैक्षणिक वर्ष २०२२-२३ करीता नवीन औषधनिर्माणशास्त्र अभ्यासक्रमांच्या मान्यता प्रक्रियेबाबत.....

फार्मसी काँसिल ऑफ इंडिया, नवी दिल्ली

संदर्भ :- १) फार्मसी काँसिल ऑफ इंडिया यांनी त्यांचे संकेतस्थळावर प्रसिध्द केलेले पत्र क्र. 14-

443/2022-PCI (appeal process 2022-23)/14367, दि. 22.10.2022.

२) फार्मसी काँसिल ऑफ इंडिया यांनी त्यांचे संकेतस्थळावर प्रसिध्द केलेले पत्र क्र. 14-

443/2022-PCI (Appeal Process 2022-23)/14705-09, दि. 03.11.2022.

महोदय,

फार्मसी काँसिल ऑफ इंडिया, नवी दिल्ली यांनी शैक्षणिक वर्ष २०२२-२३ करीता मान्यता प्रक्रियेमध्ये विद्यमान औषधनिर्माणशास्त्र अभ्यासक्रमांच्या संस्थांमधील कमी केलेल्या अभ्यासक्रमांच्या प्रवेश क्षमता पूर्ववत करण्याबाबतच्या पुढील कार्यवाहीसाठी संदर्भ क्र. १ व २ अन्वये सूचना निर्गमित केलेल्या आहेत. सदर पत्रांच्या प्रती सोबत जोडल्या आहेत. तरी आपल्या विभागाच्या कार्यक्षेत्रातील औषधनिर्माणशास्त्र अभ्यासक्रमांच्या संस्थांना सदर पत्रे आपले स्तरावरून अग्रेषित करून पुढील उचित कार्यवाही करण्याचे निर्देश देण्यात यावेत, ही विनंती.

आपला

(डॉ. गोविंद संगवई)

सहा. संचा. (तां.)

तंत्रशिक्षण, महाराष्ट्र राज्य, मुंबई.



PHARMACY COUNCIL OF INDIA

(Constituted under the Pharmacy Act, 1948)

E-MAIL : registrar@pci.nic.in
WEBSITE : www.pci.nic.in
Telephone : 011-61299901
011-61299902
011-61299903

NBCC Centre, 3rd Floor,
Plot No.2, Community Centre
Man Anandamai Marg
Okhla Phase I
NEW DELHI - 110 020

Clarification

03 NOV 2022

Ref.No.14-443/2022-PCI (Appeal Process 2022-2023) / 14705-09

Sub: Clarification on Council's Notification dt.22.10.2022. (s/25)

- Ref:**
1. The decisions of various Executive Committees and Central Council as posted on Council's website during 2022-2023 approval cycle.
 2. Notification No.14-443/2022-PCI(appeal process 2022-2023) / 14367 dt.22.10.2022. (s/25)

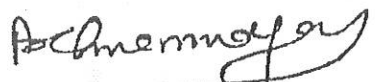
Sir/Madam

1. It may please be recalled that for 2022-2023 approval cycle, the PCI has uploaded the decisions regarding approval of institutions on its website. In some cases, earlier approved intake of students was reduced.
2. The matter was considered by 379 EC in its meeting held on 15.10.2022 which 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.

The above decision of 379 EC was notified on Council's website vide notification dt.22.10.2022.

3. In view of above, I am directed to clarify that decisions of Central Council and various Executive Committees reducing the intake in various pharmacy courses are to be read with Council's notification dt.22.10.2022 notifying that 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.

Yours faithfully



~~(ARCHANA MUDGAL)~~
Registrar-cum-Secretary

To all the –

1. State Governments
2. Examining Authorities
3. Admission making authorities
4. Institutions
5. State Pharmacy Councils



PHARMACY COUNCIL OF INDIA

(Constituted under the Pharmacy Act, 1948)

E-MAIL : registrar@pci.nic.in NBCC Centre, 3rd Floor,
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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 (Departmental Secretary of the State Government (Principal / HOI of the Institution) (applicable for Govt. institutions) or President / Chairman / Director / Secretary of the Management / Society / Trust)	Deponent (Principal / HOI of the Institution) (applicable for Govt. institutions) or President / Chairman / Director / Secretary of the Management / Society / Trust)
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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 (Departmental Secretary of the State Government (Principal / HOI of the Institution) (applicable for Govt. institutions) or President / Chairman / Director / Secretary of the Management / Society / Trust)	Deponent (Principal / HOI of the Institution) (applicable for Govt. institutions) or President / Chairman / Director / Secretary of the Management / Society / Trust)
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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.	Incnease 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 : Signatures : Seal : Date : (Principal/Director/Dean/ HOI)	Name : Signatures : Seal : Date : (Departmental Secretary of the State Government (applicable for Govt. institutions) or President / Chairman / Director / Secretary of the Management / Society / Trust)
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