



PHARMACY COUNCIL OF INDIA

(Constituted under the Pharmacy Act, 1948)

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Maa Anandamai Marg
Okhla Phase I
NEW DELHI – 110 020

Ref. No. 01.112/2021-PCI

Online Application for 2021-2022(DS &AS) | 1422
cc in – 14-56/2020-PCI (Review of SIF)(A)

Date: 17 JUN 2021

To

All Pharmacy Institutions

Sub: Specific compliance be submitted in the Appeal process.

- Ref: 1. *Uploading of minutes of 111th (6th and 7th April, 2021) and 112th (10th June, 2021) Central Council on Council's website.*
2. *Council's circulars dated 15/6/2021 and 16/6/2021*

Sir/Madam

This is in continuation to above cited circulars with regard to appeal process for 2021-2022 academic session.

The perusal of appeals received by the Council reveals that compliance submitted is not specific to the deficiencies / observations pointed out in the decisions of the Central Council.

In view of the same, it is requested to submit the point wise specific compliance in the following guiding format.

1. College Name : _____
2. State in which : _____
college is situated
3. PCI ID : _____

S.No.	Decision of the relevant Central Council leading to appeal (Please quote decision as available on PCI website)	Specific Compliance	Annexure No. of the supporting document

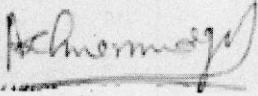
.2.

For submitting the compliance with regard to teaching staff, prescribed format as already available on Council's website in circular dated 16th Jun, 2021, has to be used. A copy of the same is again enclosed as **Annexure-I** for ready reference.

Your kind support is solicited for effective management of appeal process 2021-22.

Please note that last date of submission of appeal is 22.6.2021 (6.00 pm).

Yours faithfully



(ARCHNA MUDGAL)
Registrar-cum-Secretary

**Format for submission of teaching staff details to PCI for
appeal process 2021-2022**

College Name : _____

State in which
College is situated : _____

PCI ID : _____

Department Name : _____

S.No.	Faculty Name	Date of Joining	Qualification			Total teaching experience in years
			UG level	PG level * (Mention specialization at M.Pharm level)	Ph.D	

Name of Principal : _____

Signature of Principal : _____

*** Please note that –**

- a) specialization at M.Pharm has to be necessarily indicated failing which the said faculty will not be taken into consideration.
- b) For each department, details of teaching staff are to be submitted separately and not to be mixed.