



# PHARMACY COUNCIL OF INDIA

(Constituted under the Pharmacy Act, 1948)

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Plot No.2, Community Centre  
Maa Anandamai Marg  
Okhla Phase I  
NEW DELHI - 110 020

Ref.No. 02.375/2022-PCI

14-56/2022-PCI (Approval Process for 2022-2023 as)

13654

20 SEP 2022

To all

All Pharmacy Institutions

- Sub: i) Appeal on the decisions of 375<sup>th</sup> Executive Committee of the PCI as uploaded on PCI's website.  
ii) Specific compliance be submitted in the Appeal process.

Sir/Madam

With reference to the subject cited above, it is informed that -

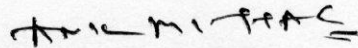
1. decisions of 375 EC are uploaded on the Council's website. The other decisions are under process and are being posted shortly.
2. the institutions may prefer an appeal and submit the compliance/ representation on institution's dash board only.
3. please note that -
  - a) no separate email, hard copy etc. will be entertained. If the compliance/ representation is not on institution's dash board, same will not be considered and the consequences of the same will rest on institution.
  - b) The compliance/ representation on dashboard shall be in the following format

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 if any

- c) Wherever compliance relates to teaching staff, the information shall be given only in the enclosed prescribed format (**Annexure- I**). Please ensure it for speedy consideration of your appeal.
- d) The supporting documents/documentary evidence shall be in English duly attested by the Principal and clearly legible.

Your kind support is solicited for effective management of appeal process 2022-2023.

Yours faithfully

  
(ARCHNA MUDGAL)  
Registrar-cum-Secretary



## Annexure-I

### Format for submission of teaching staff details to PCI for appeal process 2022-20223

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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 -**

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