



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
Maa Anandamai Marg
Okhla Phase I
NEW DELHI – 110 020

Ref.No. 02.378/2022-PCI / 14827

11 NOV 2022

To all

All Pharmacy Institutions

- Sub: i) Appeal on the decisions of 378th 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 378 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

..2..

- 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

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 specializati on 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.