



PHARMACY COUNCIL OF INDIA

(Constituted under the Pharmacy Act, 1948)

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NBCC Centre, 3rd Floor,
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Maa Anandamai Marg
Okhla Phase I
NEW DELHI – 110 020

Ref.No. 14-56/2022-PCI (Appeal Process for 2022-2023 as) 19265 29 MAR 2023

To

All new Pharmacy Institutions.

Sub: i) Appeal on the decisions of Executive Committee of the PCI.
ii) Specific compliance be submitted in the Appeal process.

Sir/Madam

1. With reference to the subject cited above, it is informed that the decisions of various ECs were conveyed to all respective institutions.
2. Wherever EC has decided to reject the application, the institutions may prefer an appeal and submit the compliance / representation on -
 - a) institution's dash board.
 - b) e.mail ID - pci.appeal@gmail.com
3. Please note that -
 - a) Hard copy etc. will not be entertained.
 - b) Compliance received after 7.4.2023 will not be entertained by the PCI.
 - c) The compliance / representation on dashboard / above e.mail ID shall be in the following format -


S.No	Decision of the relevant Executive Committee leading to appeal (please quote decision.	Specific compliance	Annexure No. of the supporting document if any

.2.

- d) Compliance shall be given only in the enclosed prescribed format (**Annexure- I**). Please ensure it for speedy consideration of your appeal.
- e) The supporting documents/documentary evidence shall be in English/Hindi or translated copy duly attested by the Principal and clearly legible.

4. Please also note that institutions which have already submitted the appeal may ignore this circular.

Yours faithfully


(ANIL MITTAL)
(I/C) Registrar-cum-Secretary

Annexure-I

Format for submission of compliance for appeal process 2022-20223 for new institutions

College Name : _____

State in which : _____
College is situated

PCI ID : _____

Department Name : _____

Statuary Documents			
1.	<p><u>For D.Pharm course</u></p> <ul style="list-style-type: none">• Consent of affiliation of the Examining Authority for D.Pharm for 2022-2023 academic session. <p><u>For B.Pharm course</u></p> <ul style="list-style-type: none">• Consent of affiliation of the Examining Authority for B.Pharm for 2022-2023 academic session.• NOC of the State Government (since the State Government gives NOC only once and hence the NOC of the State Government for previous years shall be treated as applicable for 2022-2023 academic session also) <p>For M.Pharm course established by the Central Government / State Government institutions</p> <p>-----</p> <ul style="list-style-type: none">• Consent of affiliation of the Examining Authority for M.Pharm for 2022-2023 academic session.	Yes/No	If Yes Enclose Letter
2.	PAN Card of Institution	Yes/No	Enclose the copy

3.	Constitutional Document	Yes/No	Trust Deed for Trust/MOA, AOA, COI for Company
4.	KYC documents for Promoter/Trustee	Yes/No	PAN Card, Aadhar Card, Passport size photo Above document required Self-Attested
5.	GST Registration Certificate	Yes/No	Enclose the copy
Principal			
6.	Appointed	Yes/No	If yes enclose last salary drawn certificate and Reliving Certificate of Previous Institute
7.	Offer Letter		Enclose the copy
8.	Resume		Enclose the copy self-attested
9.	Consented	Yes/No	If yes enclose last salary drawn certificate and NOC Certificate from the Institute in which Presently working.
Faculty Details			
10.	Appointed		If yes enclose last salary drawn certificate and Reliving Certificate of Previous Institute.
11.	Consented		If yes enclose last salary drawn certificate and NOC Certificate from the Institute in which Presently working.
12.	Offer Letter		Enclose the copy
13.	Resume/CV		Enclose the copy self-attested

Land documents			
14.	Land Area as per norms	Yes/No	If Yes Enclose Certified copy of Land Use Certificate, Certificate of single piece of land. Latest revenue paid receipt. In case of university/ multi-intuition campus clear allocation of particular land number for new institution by govt. land department.
1.	Is Institutes building is complete and ownership of building and land is with Institute.	Yes/No	If Yes Enclose approved Building Map by local govt. authority having land number in map, Building completion certificate, Building insurance certificate, Building fire safety certificate
17.	Construction cost of Building		Enclose CA Certified copy
18.	Is the land or building is under mortgage/loan	Yes/No	If No Enclose Certificate/declaration
19.	Is any other course is running in the same Building	Yes/No	If yes name of courses If No Enclose declaration.
20.	Is previously any intuition was running on building/land	Yes/No	If yes enclose closure certificate from the concern authority.

21.	Is laboratories are complete and furnished.	Yes/No	If yes enclose Actual clear four angle geo tag photograph (Coloured pixel.) of all the Equipped laboratories as per norms having clear view of platform, gas and water supply arrangement, finished Class rooms with furniture, Toilet (M/F and Physically challenged), Ramp at entrance / Lift in case of multi storied building.
22.	Is Furniture chemical, glassware and equipment's are available as per the norms	Yes/No	If yes enclose CA Certified GST paid bills on the name of Institute.
23.	Is Library is available as per the norms	Yes/No	If yes enclose appointment of Librarian and CA certified GST Paid Bills of Books and journals.
24.	Is Computer laboratories available as per norms	Yes/No	If yes enclose CA certified GST Paid Bills of computers and printers with remark for use of licensed software.
25.	Is Social pharmacy laboratories maintained as per New regulations	Yes/No	If yes enclose four angle geo tag Actual clear photograph (Colour pixel.) of the lab.
26.	Is registration of Municipality/Tehsil/Panchayat office available such as Professional tax certificate/ Shop and Establishment certificate	Yes/No	If yes enclose copy
27.	Bank Account details in which fees to be received		Enclose cancel cheque copy

28.	Bank Account details from which salary is to be paid		Enclose cancel cheque copy
29.	Any other bank accounts not specified above	Yes/No	Provide: Bank Account Number Name of the Account Holder Name of the Bank
30.	Latest Electricity Bill and Telephone Bill		Enclose copy
31.	GSTR 3B		Enclose Latest return's copy
32.	Employees details		Provide total number of employees, Name of the employees and designations of the employees
33.	Contact Details		Provide official email ID and contact number

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.