



# 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. 02.384/2022-PCI/16020

14 DEC 2022

To

All new Pharmacy Institutions which have applied for 2022-2023 academic session

- Sub: i) Appeal on the decisions of 384<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 384 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** so as to reach the PCI on or before 21.12.2022.
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) Compliance received after 21.12.2022 will not be entertained by the PCI.
  - c) The compliance/ representation on dashboard shall be in the following format -

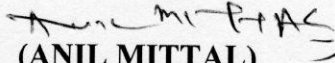
S.No	Decision of the relevant Central Council leading to appeal (please quote decision as available on PCI website)	Specific compliance	Annexure No. of the supporting document if any

..2..

- 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.

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

Yours faithfully

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

## Annexure-I

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

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College Name : \_\_\_\_\_

State in which : \_\_\_\_\_  
College is situated

PCI ID : \_\_\_\_\_

Department Name : \_\_\_\_\_

<b>Statuary Documents</b>			
1.	<p><u>For D.Pharm course</u></p> <ul style="list-style-type: none"><li>• Consent of affiliation of the Examining Authority for D.Pharm for 2022-2023 academic session.</li></ul> <p><u>For B.Pharm course</u></p> <ul style="list-style-type: none"><li>• Consent of affiliation of the Examining Authority for B.Pharm for 2022-2023 academic session.</li><li>• 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)</li></ul> <p>For M.Pharm course established by the Central Government / State Government institutions</p> <p>-----</p> <ul style="list-style-type: none"><li>• Consent of affiliation of the Examining Authority for M.Pharm for 2022-2023 academic session.</li></ul>	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
<b>Principal</b>			
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.
<b>Faculty Details</b>			
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

<b>Land documents</b>			
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.
15.	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
16.	Construction cost of Building		Enclose CA Certified copy
17.	Is the land or building is under mortgage/loan	Yes/No	If No Enclose Certificate/declaration
18.	Is any other course is running in the same Building	Yes/No	If yes name of courses  If No Enclose declaration.
19.	Is previously any intuition was running on building/land	Yes/No	If yes enclose closure certificate from the concern authority.

20.	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.
21.	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.
22.	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.
23.	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.
24.	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.
25.	Is registration of Municipality/Tehsil/Panchayat office available such as Professional tax certificate/ Shop and Establishment certificate	Yes/No	If yes enclose copy
26.	Bank Account details in which fees to be received		Enclose cancel cheque copy

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

Name of Principal : _____	Name of Trustee : _____
Signature of Principal : _____	Signature of Trustee : _____

**\* 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.