

Annexure-A

Item No.4 of 381 EC (11.11.2022)
F.No.14-443/2022-PCI (Appeal Process 2022-2023)
02.381/2022-PCI
Online application for 2022-2023 (DS)
Online application for 2022-2023 (AS)Pt.V

AFFIDAVIT

(to be submitted by the Pharmacy Institution)

(On One Hundred Rupees India Non Judicial Stamp Paper)

“We, _____ and
(Name of Principal / Head of Institution)

(Name of Departmental Secretary of the State Government (applicable for Govt.
institutions) or
President / Chairman / Director / Secretary of the Management / Society / Trust)

hereby certify that –

a) The compliance report submitted by _____,
(Name of Institution with complete address)

Bearing PCI ID _____, is correct and true.

b) The information submitted by me in the Council’s prescribed proforma
(enclosed as Annexure-A I) is correct and true.

c) In case approval is granted / admissions are restored for the year 2022-23, the
same is subject to the verification of the compliance report by the PCI at any
later date.

d) In case compliance is found to be false / un-satisfactory / fraudulent/ misleading
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i) The Principal / Head of Institution and Departmental Secretary of the State
Government (applicable for Govt. institutions) or President / Chairman /
Director / Secretary of the Management / Society / Trust), who are the
signatory to this affidavit will be liable for action as per the law of the
country.

.2.

ii) PCI may initiate action as deemed fit including notice u/s 13(1) of the Pharmacy Act, 1948 for withdrawal of approval and the consequences thereof and the responsibility will rest on the Institution itself and PCI shall not be held responsible for this.”

Deponent
(Departmental Secretary of the State Government (Principal / HOI of the Institution)
(applicable for Govt. institutions)
or President / Chairman / Director / Secretary
of the Management / Society / Trust)

Deponent

We, the deponents above named, do hereby verify that we have read and understood the contents of the above affidavit signed by us. We state that the facts stated in the above affidavit are true and correct to the best of my knowledge.

Deponent
(Departmental Secretary of the State Government (Principal / HOI of the Institution)
(applicable for Govt. institutions)
or President / Chairman / Director / Secretary
of the Management / Society / Trust)

Deponent

Date : _____
Place : _____

Solemnly affirmed before me
by.....who has been identified.
by.....who is known to me.

Notary”
Annexure I and II enclosed.

Annexure-AI to Annexure-A

Prescribed format of Institute's Information

Institutes Information

Sl.No.	Particular	Institution's reply
1.	Name of College	
2.	PCI ID	
3.	Address with Pincode	
4.	College contact details:	
5.	I. Address: II. Email: III. Phone nos.: IV. Website address:	
6.	Accreditation Status, NBA/NAAC (enclose Copy of certificate)	
7.	Name of Principal I. Mobile: II. Email id:	

Reason of Appeal

Sl.No.	Particular	Institution's reply	
1.	Appeal for	Restoration of Intake	
	<ul style="list-style-type: none"> • Provide the decision copy • For Increase in Intake and Introduction of New course please provide details of additional Infrastructure, Library, Faculty and Equipment as per the norms. 	Incnease in Intake	
		<ul style="list-style-type: none"> • D.Pharm 	
		<ul style="list-style-type: none"> • B.Pharm 	
		<ul style="list-style-type: none"> • M.Pharm (Specialization wise) 	
		<ul style="list-style-type: none"> • Pharm. D 	
		<ul style="list-style-type: none"> • Pharm. D(PB) 	
	<ul style="list-style-type: none"> • B.Pharm (Practice) 		

Details of Faculty**Total No. of Faculty members of the Institute (Course wise)****Annexure I**

Sl. No.	Names of faculty members with Aadhar card number, PAN card No, Pharmacist Registration No.	Date of Appointment/ Date of Promotion	Qualification				Total Teaching Experience	Designation (Order of the competent authority enclosed)	Pay Scale (Order of the competent authority enclosed)
			B.Pharm	M.Pharm with Specialization	Pharm.D. / Pharm.D(PB)	Ph.D			
1.									

* For the appointed new faculties, latest relieving order of the institute with PCI Id and joining letter should be enclosed.

Declaration* regarding faculty

- Declaration of Principal/Director/Dean that he has verified and certified all the educational and experience documents of the faculty members.
- Order of the competent authority about the salary of faculty members being paid regularly on monthly basis into the account directly by RTGS & their income tax is being deducted regularly & deposited in the account.
- Order of the competent authority after the verification of the Form 16 and 26 AS from the Traces website.
- The Dean/Principal/Director and also Chairman Management (in case of Private college) to verify and certify that they have verified every fact as above and they are responsible for the veracity of the facts mentioned above.
- Please note that in case any of the above information is found to be wrong, they would be held responsible for the same and action as may be deemed fit will be initiated by the PCI as per the statutory provisions of the Pharmacy Act, 1948 and as per the law of the country.

Name :	Name :
Signatures :	Signatures :
Seal :	Seal :
Date : (Principal/Director/Dean/ HOI)	Date : (Departmental Secretary of the State Government (applicable for Govt. institutions) or President / Chairman / Director / Secretary of the Management / Society / Trust)

Institute Details		
Sl. No.	Information	Institution's reply
1.	NOC of the State Government	
2.	Affiliation of Examining Authority with Intake	
3.	Date of First approval with approved Intake	
4.	Date of previous last 4 years approvals of PCI (Please provide approval letters of Each)	
	1 st approval	
	2 nd Approval	
	3 rd Approval	
	4 th Approval	
5.	Year of Approval u/s 12 of Pharmacy Act.(Provide approval letters)	
6.	Number of Students admitted in last session (2021-2022) <ul style="list-style-type: none"> • D.Pharm • B.Pharm • M.Pharm (Specialization wise) • Pharm. D • Pharm. D(PB) • B.Pharm (Practice) • 	
7.	Whether the Institute has ever been denied for approval of any batch or reduced intake? If so, the reason thereof. Please provide the relevant copies of PCI decision of denial or reduced intake.	
8.	Whether your Institute ever been given extension of approval based on undertaking from management? If so, please provide the copy of affidavit containing the accepted deficiencies.	
9.	Whether your Institute filed any court case or ever been a party to any court case against PCI? If so, kindly provide the details of the case along with the orders of the Court.	
10.	Whether your college been granted any permission through the order of the court? If yes, mention the year in which permission was granted & also provide the copy of the said order.	

Sl. No.	Information	Institution's reply
11.	Whether you have undergone any surprise assessment for your college? If yes, kindly provide the date on which such assessment took place and details of show cause notice, if any issued and the reply submitted thereafter.	
12.	Whether your management / trust/society of private college runs any other Pharmacy or other college in the same campus or in different campus? If yes, please provide all relevant details for the same.	
13.	Please provide the date of last regular assessment of your Institute. Please provide the details of deficiencies pointed out that time, if any along with the compliance report submitted, if any.	
14.	In case, the deficiencies pointed out in the last regular assessment was not complied, please provide point by point compliance details at the present date.	
15.	Please mention the deficiencies which are yet to be complied at the present date.	

Certified that the above information provided is correct and has been verified by the undersigned

Please note that the signatories are fully responsible for the veracity of the above information and if any false information is provided, action may be initiated by the PCI as per the statutory provisions of the Pharmacy Act, 1948 and as per the law of the country.

Name :	Name :
Signatures :	Signatures :
Seal :	Seal :
Date : (Principal/Director/Dean/ HOI)	Date : (Departmental Secretary of the State Government (applicable for Govt. institutions) or President / Chairman / Director / Secretary of the Management / Society / Trust)