## Format for Proposal Invited from Govt. Institutions for upgradation of infrastructure

Ref. No. 14-124/2010-PCI-12229-301 dt. 5.8.2010

To

All Government Diploma Pharmacy Institutions.

Sub: Financial Assistance for up-gradation of Diploma Pharmacy Institutions under State Government.

Sir/ Madam,

With reference to the subject cited above, it is informed that the Pharmacy Council of India is considering a proposal to extend one time financial assistance for up-gradation of Government Diploma Pharmacy Institution to Degree Pharmacy institution

The interested Pharmacy Institutions under State Government are hereby requested to submit the complete proposal as per enclosed proforma per return of mail so as to reach the PCI on or before 16.08.2010.

This may be kindly treated as Most Urgent.

Yours faithfully

(ARCHNA MUDGAL) Registrar-cum-Secretary \_\_\_\_\_

## PART – A General Information

1.	Name of the Institution	:	
2.	Complete Postal Address	:	
	STD Code	:	
	Telephone No.	:	
	Fax No.	:	
	E.Mail	:	
3.	Name of the Contact Person	:	
	Telephone No. (Off.)	:	
	Telephone No. (Res)	:	
	STD Code	:	
	Mobile	:	
	Fax No.	:	
	E.Mail	:	
4.	Present approval status of D.Pharm. Course by PCI	:	Approved upto for (sessions)
5.	Whether the State Government is prepared to share the Expenditure under the Central Scheme to the extent of 15%	:	

 $\label{eq:part-B} \textbf{PART}-\textbf{B}$  Information for up-gradation of Diploma Pharmacy Institution to Degree Institution.

Sl. No	Particulars	Details of existing positions/ facilities.	Requirement as per existing norms	Extent of gap	Total amount required to meet the gaps (Rs.)
1.	<u>Infrastructure</u>				
	a) Building (Sq.Mtr.)				
	b) Laboratories (No.)				
	c) Central Instrumentation Room				
	d) Machine Room				
	e) Lecture Halls (No.)				
	f) Library (Sq. Mtr.)				

Note – Separate Sheet if required may be enclosed.

Sl. No	Particulars	Details of existing positions/ facilities.	Requirement as per existing norms	Extent of gap	Total amount required to meet the gaps (Rs.)
2.	<b>Teaching Faculty</b>				
	a) Present Number				
	b) Annual Salary Paid				
3.	Equipments Lab-wise				
4.	Books/ Journals (No.)				
5.	Computers (No.)				
6.	Audio-visual teaching aids (No.)				
7.	Furniture (No.)				
Date: Place:					
Signature of Principal/ Dean :					
Mobile No. :		_			
Fax No. :		_			
E-mail :					

Note – Separate Sheet if required may be enclosed.

## **SUMMARY SHEET**

Sl. No.	Particulars	Area (Sq. Mtr.)	Amount Required (Rs.)
1.	Building		<u> </u>
a)	Floor area of laboratories to be increased		
b)	Floor area of Classroom to be increased		
c)	Floor area of Library to be increased		
d)	Floor area of Machine Room to be increased		
e)	Floor area of Central Instrumentation Room to be increased		

## **SUMMARY SHEET**

Sl.	Particulars	<b>Amount Required</b>
No.		<u>(Rs.)</u>
2.	Additional Instruments.	
3.	Extra Annual Salary required to be paid.	
4.	Additional Books/ Journals.	
5.	Additional Computers.	
6.	Additional Furniture Required.	
7.	Additional Audio Visual teaching aid required.	