

PHARMACY COUNCIL OF INDIA

(Constituted under the Pharmacy Act'1948)

TELEGRAM : 'FARMCOUNCIL'

Building,

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Combined Councils'

Temple Lane, Kotla Road,

Aiwan-E-Ghalib Marg,

Post Box No. 7020,

NEW DELHI - 110 002

Ref.No.16-22/2012-PCI/78778-80886

dt.28/02/2013

All Institutions D.Pharm./B.Pharm. approved-

- a) u/s 12 of the Pharmacy Act.
- b) for conduct of course.

Sub.: PCI-Remittance of the Affiliation Fee for 2013-2014 academic session.

Sir,

With reference to the subject cited above, it is intimated that-

- a) The affiliation fee for 2013-2014 academic session is due.
- b) The last date of submission of Affiliation Fee is 15.05.2013.
- c) The affiliation fee rates are under :-
 - i) Rs.15,000/- only per annum for Diploma Course in Pharmacy.
 - ii) Rs.15,000/- only per annum for Degree Course in Pharmacy.
- d) Please note that-
 - i) The fee should be sent only in the form of demand draft in favour of Pharmacy Council of India payable at New Delhi alongwith the duly filled in proforma which is enclosed herewith as **Appendix – I**.
 - ii) Institutions running both D.Pharm. & B. Pharm. courses simultaneously has to pay separate DDs. One for D.Pharm. and other for B. Pharm.
 - iii) Mentioning file number of your institution is very important while submitting fees. For file number please refer to any of Council's communication sent to you, it is on top left hand side. Please note that-
 - Diploma file number starts with 17-
 - Degree file number starts with 32-
 - Pharm.D & Pharm.D. (PB) file number starts with 50-
 - iv) The E-mail address of your institution is also very important, as we are forwarding the receipt through E-mail only.
 - v) You may also refer to Council's website **www.pci.nic.in** under the lists of approved u/s12 or approved for conduct of course as per approval status of your institution.

The file number is mentioned in the column of S.No. of your institution. For example

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S.No.	Name of the Institutions	Admissions	Approval Upto Academic session	Examining Authority
1 / XXX (File No.)	PQR Pharmacy College	AB	CD	EF

- 1 is S.No. of the List
- XXX is your file number.
- if your course is D.Pharm., File No. will be 17-XXX.
- if Course is B.Pharm., File No. will be 32-XXX
- if Course is Pharm.D & Pharm.D.(PB), File No. will be 50-XXX

vi) Payment of this fee does not mean automatic approval of the course at your institution.

- c) **Kindly expedite due remittance of the affiliation fee together with the arrears, if any, due for the previous years.**
- d) **Please note that no action will be taken by the Council regarding consideration of approval in the absence of affiliation fee and extreme consequences thereof shall rest on you.**

Yours faithfully

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(ARCHNA MUDGAL)
Registrar-cum-Secretary

Pharmacy Council of India

Sub.: Proforma for Submission of Affiliation Fee.

1. Name of the College

: _____

2. College E-mail Address :

3. Name of Course :

Please tick (√) relevant portion

D. Pharm. ()

B. Pharm. ()

Pharm.D. & Pharm.D.(PB) ()

4. The details of affiliation fee forwarded:-

File No.	D.D. No.	Date	Amount (Rs.)	Session