Ref. No.14-124/2009-PCI/30948-57

Dt. 09.03.2011

<u>Urgent</u> <u>Time - bound</u>

Speed Post / E-Mail

The Principal

Sub.: <u>Financial Assistance for introduction of M.Pharm course/New M.Pharm specialization in Govt. Degree Pharmacy Institutions.</u>

Sir

I am directed to refer to your letter No.______ dtd._____on the above subject and to say that the question of providing financial assistance for introduction/addition of M.Pharm specialization to your institution is under active consideration.

On preliminary scrutiny of your proposal, it is found that –

- a) existing facilities already available with your institution are not filled up properly. For example, area (in sq.mts) of the already available infrastructural facilities under various heads like laboratories, lecture halls, library etc is not clearly indicated to assess the extent of gap.
- b) similarly, the exact additional requirement of the building, laboratories, Central Instrumentation Room, machine room, lecture halls, library, teaching faculty, equipments, books/journals, computers, AV aids, furniture etc. is not clearly shown.
- c) the expenditure involved for additional requirement therein as called for has not been properly reflected.

It is, therefore, requested that the information, in the enclosed proforma, may kindly be filled in and sent to this Council immediately latest by 15.3.2011. It may be noted that –

a) without clear details as sought in the enclosed proforma, your proposal may not be processed.

- b) the total financial assistance available for the purpose shall not exceed an amount of Rs.2.00 crores as a one-time grant during the XIth Five Year Plan.
- c) The recurring and maintenance expenditure thereafter shall be borne by the State Govt. You are therefore requested to prioritize the requirement of funds within the ceiling limits.

Yours faithfully

(ARCHNA MUDGAL) Registrar-cum-Secretary Format for furnishing information by the State Government Degree Pharmacy Institutions for introduction of M.Pharm. Course/ New M.Pharm. Specialization.

PART - A**General Information** Name of the Institution 1. 2. Complete Postal Address STD Code Telephone No. : Fax No. E.Mail Name of the Contact Person Telephone No. (Off.) Telephone No. (Res) STD Code Mobile Fax No. E.Mail Approved upto _____ for ____ Present approval status of B.Pharm. Course by PCI (sessions) (admissions) 5. Present M.Pharm. Specialization conducted (Not applicable, if no M.Pharm.) 6. Proposed M.Pharm. Specialization.

PART - B

Information for introduction of M.Pharm. Course/New M.Pharm. Specialisation in State Government Pharmacy Degree Institutions.

Sl. No	Particulars	Details of existing positions/ facilities		Additional Requirem- ent		Extent of gap		Tentative cost on CPWD/PWD rates to meet the gap
		No.	Sqm.	No.	Sqm.	No.	area in Sqm.	(Rs.)
1.	<u>Infrastructure</u>						•	
	a) Laboratories							
	b) Lecture Halls							
	c) Machine Room							
	d) Central Instrumentation Room							
	e) Library							

Note - Separate Sheet if required may be enclosed.

Sl. No	Particulars	Requirement	Details of existing positions/ facilities.	Extent of gap	Tentative cost to meet the gap (Rs.)				
2.	Teaching Faculty								
	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.)								
<u>TOTAL</u>									
Date: Place:									
Signature of Principal/ Dean :									
Mobile No. :		_							
Fax No. :		-							
E-mail :		_							

Note – Separate Sheet if required may be enclosed.