

PHARMACY COUNCIL OF INDIA

(Constituted under the Pharmacy Act, 1948)

E-MAIL : registrar@pci.nic.in
WEBSITE : www.pci.nic.in
Telephone : 011-61299901, 61299902
011-61299903

NBCC Centre, 3rd Floor,
Plot No.2, Community Centre
Maa Anandamai Marg
Okhla Phase I
NEW DELHI - 110 020

Ref.No.14-293/2019-PCI[TOT/FORMAT]
14-352/2020-PCI(Seminar)

9603

Dated : 25.02.2020

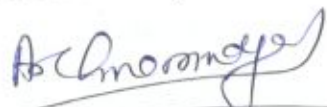
CIRCULAR

Sub: Application for Continuing Education Programme for the conduct of seminars, conferences/training of trainers (TOT).

Sir/Madam

1. The PCI invites applications for availing financial assistance from PCI for the conduct of Continuing Education Programmes (CEP) / refresher courses for registered pharmacists / pharmacy faculty [training of trainers (TOT)].
2. The institutions desirous of conducting said programmes may apply to PCI. In this connection, please find attached herewith -
 - a) Theme for Continuing Education Programmes to be followed alongwith suggested topics to be covered. - (Appendix-1)
 - b) Prescribed application format titled "Application Form for availing financial assistance from PCI to organize Continuing Education Programme (CEP)". - (Appendix-2)
3. Please note that -
 - a) applications shall be submitted in Council's prescribed format (Appendix-2) only.
 - b) the last date of receipt of application is 10.03.2020 by 6.00 pm.
 - c) the institutions which have already approached the PCI for CEP grant shall submit application afresh in the prescribed format.
 - d) the applications will not be processed and will be filed by the PCI without any correspondence, if it is -
 - i) not in Council's prescribed format.
 - ii) received after the due date and time i.e. after 10.3.2020 and 6.00 pm.
 - iii) incomplete i.e. prescribed documents are not enclosed [for example Annexure-I to IV], unsigned etc.

Yours faithfully


(ARCHANA MUDGAL)
Registrar-cum-Secretary



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Theme for Continuing Education Programme

THEME : Smart approaches to teaching, learning and evaluation

Suggested Topics

1. Education – tenets & techniques
2. Communication – verbal, non-verbal & written
3. Analytical thinking & problem solving
4. Leadership in higher education (HE)
5. Self-Management - time, work & stress
6. Re-skilling & up-skilling
7. Micro teaching & lesson planning
8. Study plan, courses & credits
9. Formative & summative assessment
10. Communication skills for academics
11. Ethics & decision making in high education (HE)
12. Program outcomes, study plan & mapping
13. Institutional research / quality assurance in higher education
14. Design of new courses & curriculum



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Application Form for availing financial assistance from PCI to organize Continuing Education Program (CEP)

1. Details of Organization:

Name of Institution/ Department	
Status	Government / grant in aid / unaided
Year of Establishment	
Name of Trust/Management	
PCI Institute ID	
Address	
Name of Principal/Director	
Contact no.	
E-Mail Id	

2. Details of Organization faculty:

Name of Convener	
Designation & Affiliation	
Contact no.	
E-Mail Id	

3. Details of the pharmacy courses offered by Institute

Name of Course	Year of Start	Whether PCI approved u/s 12 or Approved for conduct of course	Whether accredited with NBA/NAAC

.2.

4. Whether Institute received grant earlier also from PCI to organize CEP.

(If Yes give following details and attach report)

Theme :

Amount : Rs.

Date of CEP :

5. Detail of Proposed CEP: (Attach separate sheet as Annexure-I)

- a. Target audience:
- b. Justification of adopting proposed theme (explain the need here):
- c. Expected Learning Outcomes or Objectives of the CEP (please see Notes at the end of this Application form)
- d. Proposed date(s) of the CEP:
- e. Venue:
- f. No. of Participants:
- g. Details of infrastructural facility available with the Institute to organize CEP (Auditorium, conference hall, guest house, audio visual facilities etc.)

6. Program schedule in detail: (Attach separate sheet as Annexure-II)

Date	Time	Activity	Venue

7. Name & Brief Introduction of Speakers: (Attach separate sheet as Annexure-III)

Name	Designation	Organization	Activity

8. Amount of financial assistance expected with breakup: (in Rs.)

- a. Media and Banner:
- b. Registration fee:
- c. Remuneration to Speakers:
- d. Remuneration to Organizing body:
- e. TA and accommodation:
- f. Food and water:

.3.

- g. Sound / Stage / Technical:
- h. Total Expenditure:
- i. Net Grant expected:

9. Name of Bank & Account details for release of grant: (Attach copy of cancelled Cheque)

- a) Name of the Bank : _____
- b) Name of the account holder : _____
- c) Account No. : _____
- d) IFSC Code : _____

10. Certificate titled “CERTIFICATE (to be submitted by the institution applying for grant for CEP)” be enclosed as Annexure-IV. [to be submitted alongwith Application Form]

11. Prescribed format titled “Proforma for submission of CEP Report to PCI” is enclosed as Annexure-V. [to be submitted by the institution after completion of CEP programme]

12. Prescribed formats for maintaining the record for TA and honorarium to Resource Persons are enclosed as Annexure-VI & VII respectively for reference of the institution. [to be maintained by the institution]

**Name and Signature of
Convener**

**Name and Signature of
Head of the Institution
Official Seal**

Notes to Para 5.c. of Application Form

1. CEP's Learning Outcomes (LO) / Objectives for 3 days program

Max. of 6 to 9 to be written by the college, 2/3 each from Knowledge, Skill & attitude domains as per Blooms taxonomy, learning domains & hierarchy of learning. LO's to be measurable, specific, relevant & useful. Appropriate action verb to be used. LO statement to commence as,

“At the end of the 3 days CEP, participant will be able to”....).

Note : Feedback of the participants will be taken on the 3rd day of CEP, against the listed LO's by the CEP center)

A quick example & sample for writing Program LO's

Theme: Smart approaches to teaching, learning and evaluation

1. **Example of LO's / Objectives** (suggestive only). CEP centers have to write their own LO's

At the end of the 3 days CEP, participant faculty will be able to

- 1.1 Explain the specific objectives of Teaching, Learning & Assessment in Pharmacy education
- 1.2 List the roles & responsibilities of Teachers and Students in Pharmacy education
- 1.3 Differentiate between formative & summative assessment with examples
- 1.4 Describe the specific roles of teachers in molding & developing the students' Knowledge, Skill & Attitude
- 1.5 Explain the smart approaches that can be adopted to imbibe in students analytical thinking & problem solving abilities
- 1.6 Describe the smart ways of shifting knowledge based learning / teaching to skill oriented learning / teaching
- 1.7 Appreciate the role of Teacher & Teaching in imbibing ethical principles in students
- 1.8 Motivate the faculty to become Self-directed, team based & collaborative learner
- 1.9 Raise the aspirations of faculty for higher ethical values based on Indian ethos & modernity

2. Session Details

1. Topic
2. Start & end time

.5.

3. Speakers Name
4. Speakers Designation
5. Speakers 8 to 10 line brief CV (enclose pdf)
6. Speakers PPT's approximately 20 to 25 for 01 hr.session (enclose pdf)
7. LO's for the topic (optional or compulsory to be decided by PCI). LO's writing guidelines given below as example.
8. LO's. Max.of 6 only to be written, 2 from each domain. . LO's to be measurable, specific, relevant & useful. Appropriate action verb to be used. LO statement to commence as,

At the end of the session / topic, participant will be able to...

Session LO's to be written by the speaker or expert

Feedback of the participants will be taken at the end of each day against the listed LO's by the Speaker / Expert for the session

A quick example & sample for writing Topic LO's

Topic: Communication – verbal, non-verbal & written

(Sample for the purpose of explanation only. Speakers to write their own LO's depending on the topic selected / suggested by them)

3. Example of LO's / Objectives (suggestive only).

At the end of the session / topic, participant faculty will be able to

1. Explain the important components of verbal, non-verbal & written communication
2. Demonstrate with few examples as to what constitutes good & effective communication
3. List Do's & Don'ts in effective communication – verbal, non-verbal & written
4. Practice & list few key points to make effective class room communication
5. Practice & list few points while drafting a letter to the Principal or HOD about the new & innovative teaching technique you (faculty) wish to adopt from the new semester in your course
6. Appreciate the role of effective communication in career building of faculty & students

Annexure-IV

CERTIFICATE

(to be submitted by the institution applying for grant for CEP)

This is to certify that

- a) Institution has no objection if the PCI sponsored Continuing Education Program (CEP) is organized in the Institution premises.

From

to

(Date)

(Date)

- b) Space and other infrastructural facilities would be extended for organizing the aforesaid CEP.
- c) The funds shall be utilized for the purpose for which they are sanctioned within the time frame prescribed by the PCI.
- d) I hereby undertake to -
- i) submit the CEP report in Council's prescribed proforma (Annexure-V) and submit the documents prescribed therein. I also undertake to abide by the rules and other conditions prescribed from time to time.
 - ii) refund any unutilized amount to the Pharmacy Council of India with the Report in the form of Demand Draft in favour of Pharmacy Council of India payable at New Delhi.
 - iii) refund the funds immediately to Pharmacy Council of India in case the CEP is cancelled or not conducted.
 - iv) keep a record of TA claim and honorarium to Resource persons for one year in Council's prescribed format (Annexure-VI & VII respectively).

**Name and Signature of
Convener**

**Name and Signature of
Head of the Institution
Official Seal**

Check List to attach with CEP application:

- 1) Latest PCI approval letter**
- 2) NBA/NAAC accreditation letter (If any)**
- 3) Earlier CEP report and Utilization (If any)**
- 4) Copy of cancelled cheque**



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Proforma for submission of CEP Report to PCI

1. Title of Event : _____
2. Date(s) of event held : _____
3. Venue : _____

4. Program summary report and brochure to be attached.

(Please enclose as **Annexure-A**)

5. Details of dignitaries present in inaugural and valedictory function with Name, Designation, Affiliation, contact details etc.

(Please enclose as **Annexure-B**)

6. Details of invited speakers/experts like Name, Designation, Affiliation, Contact Details, Topic, Presentation notes etc.

(Please enclose as **Annexure-C**)

.2.

7. Total number of participants with their names, institute, contact details etc along with attendance report.

(Please enclose as **Annexure-D**)

8. * Statement of income and expenditure in the enclosed format.

(Please enclose as **Annexure-E**)

9. * Utilization certificate duly attested by the Chartered Accountant with signature and seal of institute head in the enclosed format.

(Please enclose as **Annexure-F**)

10. * A certificate to the effect that the expenditure claimed as not been sought from any other source in the enclosed format.

(Please enclose as **Annexure-G**)

11. Copies of vouchers duly signed by the coordinator.

(Please enclose as **Annexure-H**)

12. Photographs/media coverage.

(Please enclose as **Annexure-I**)

Signature and stamp of Director/Principal

Signature of Convener

* Please ensure to submit documents in the enclosed format only.

Annexure-E

Format for Statement of Income and Expenditure (to be sent alongwith claim)

1. Name & Address of the Institution : _____

2. Dates of CEP : _____

3. Income (from registration fee etc.)

Head : Income

A. _____ : Rs.

B. _____ : Rs.

C. _____ : Rs.

D. _____ : Rs.

E. _____ : Rs.

TOTAL : Rs.

4. Expenditure

Head : Expenditure

A. _____ : Rs.

B. _____ : Rs.

C. _____ : Rs.

D. _____ : Rs.

E. _____ : Rs.

TOTAL : Rs.

Certified that an amount of Rs.----- is incurred under incidental expenses towards conduct of PCI sponsored CEP program at our Institution.

Name and Signature of the
Head of the Institution
with seal

Name and Signature of
Finance Officer/ Accounts Officer/
with seal

Name, Address and Signature of the
practicing Chartered Accountants
with seal & Membership No.

Name : _____

Address : _____

Signature : _____

Membership No. : _____

Seal of Chartered Accountant

Annexure-F

Utilization Certificate

It is certified that an amount of Rs.....(Rupees..... only) incurred towards the expenditure for organizing PCI sponsored CEP has been utilized for the purpose for which it is allocated and in accordance with the terms and conditions as laid down by the Pharmacy Council of India, New Delhi.

If any excess payment is noticed as a result of check or audit objection at a later stage, we have no objection for refund, adjust or regularization of the objected amount.

**Name and Signature of
Convener**

**Name and Signature of
Head of the Institution
Official Seal**

**Name, Address and Signature of the
practicing Chartered Accountants
with seal & Membership No.**

Name : _____

Address : _____

Signature : _____

Membership No. : _____

Seal of Chartered Accountant

Annexure-G

No. _____

Date : _____

Certificate

It is certified that we have not claimed the expenditure from any other source in the said head for which we are claiming the financial assistance from the PCI.

Name of Person : _____

Designation : _____

Signature : _____

Date : _____

Annexure-VI

Format for Payment of TA to Resource person **(For use and retention in the office of the institution conducting CEP)**

1. Name, Designation & Address of the Resource person:
2. Name & Address of the Institution visited for CEP:
3. Date of CEP:
4. Travelling Allowance –

Journey	<u>DEPARTURE</u>			<u>ARRIVAL</u>			<u>Mode of Journey</u> - ROAD (Taxi, Bus, etc.) - AIR - RAIL	FARE (Rs.)
	Station	Date	Time	Station	Date	Time		
	a	b	c	d	e	F	g	h
Onward Journey								
Return Journey								
							Total	

I certify that the above stated expenditure is incurred for the purpose of visiting the institution for CEP, sponsored by Pharmacy Council of India **and is correct.**

Signature of Resource person _____

Date _____

(To be used by the **Institution's** office)

Amount Applicable for TA Rs.:	Received Rs.:
Any Others Rs.:	Name :
Total Rs.:	Signature of Resource Person

Annexure-VII

Honorarium Receipt for Resource person

(For use and retention in the office of the institution)

RECEIPT

Received with thanks a sum of Rs.
(in words)..... by NEFT/RTGS/Cheque/D.D. towards PCI sponsored
CEP conducted on _____.
(DD/MM/YYYY)

Name & Address
of the Resource person
.....

State **Pincode**.....

Place:

Date:

Signature of the Resource Person

