

E-mail: principal.sop@iecuniversity.com, Mobile: +91-7832902939

Ref. No.: IECU/SOP/PCI/2017-18/83

Date: 31/08/2017

To

Mrs. Archana Mudgal
Registrar-Cum-Secretary
Pharmacy Council of India
New Delhi, INDIA

Subject: For New Course Approval of D. Pharmacy (Diploma in Pharmacy) for the Session 2018-19.

Hon'ble Madam,

We are hereby submitting you the completely filled "SIF-A" along with necessary annexure in triplicate (One original and two Photocopies) for grant of approval for New Course of D. Pharmacy (Diploma in Pharmacy) for the Session 2018-19. Please find enclosed herewith the Demand Draft(s) for **Affiliation Fee and Inspection Fee** (as applicable) for the **total amount of 75000/-** (Rupees Seventy Five Thousand Only) vide **DD No.: 000743 and 000741 dated 30/08/2017** respectively with following bank details:


Bank: Axis Bank Ltd.

IFSC Code: UTIB0002381

Branch: Nanakpur, Panchkula, Haryana

Kindly acknowledge the receipt.

Forwarded with wishes & regards!


Dr. Vimal Arora
Principal
IEC School of Pharmacy



Enclosures:

1. DD for affiliation fee & inspection fee of 75000/- (Rupees Seventy Five Thousand Only) vide DD No.: 000743 and 000741 dated 30/08/2017
2. Completely filled SIF-A.

Campus: Plot No.: 7 & 10, Atal Shiksha Nagar, Village Kallujhanda, Near Pinjore-Nalagrah Highway
District: Solan, Himachal Pradesh- 174103 (INDIA)
Website: www.iecuniversity.com

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting D. Pharm course

(To be filled and submitted to PCI by an organization seeking approval of the course / continuation of the approval)

(SIF-A)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No. :

NAME OF THE INSPECTORS: 1.
(BLOCK LETTERS)

2.

PART - I

A - GENERAL INFORMATION

A - I. 1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	IEC SCHOOL OF PHARMACY Plot No.: 7 & 10, Atal Shiksha Kunj Village Kallujhanda, Pinjore-Nalagrah Highway Tehsil Baddi, District: Solan (H.P.)-174103. principal.sop@iecuniversity.com
Year of starting of the course	2018
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Trust
A - I. 2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	Vocational Education Foundation Plot No 4, Institutional Area, Knowledge Park-1, Surajpur Kasna Road, Greater Noida, Uttar Pradesh vicechancellor@iecuniversity.com www.iecuniversity.com
A - I. 3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	Dr. Vimal Arora Principal IEC School of Pharmacy 7832902939 8725861761 draroravimal@gmail.com
A - I. 4 Name and Address of the Head of the Institution	To be advertised

Signature of the Head of the Institution



Signature of the Inspectors

A-I. 5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. Details of Affiliation Fee Paid

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated
D. Pharm	2018-19		

b. APPROVAL STATUS:

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVERNMENT	Remarks of the Inspectors
D. Pharm		Approval Letter No and Date	A/F		
		Approved Intake			
		Actually Admitted			

c. STATUS OF APPLICATION

Course	Extension of Approval		Increase in Intake of Seats		Remarks	
	Yes	No	Yes	No	Current Intake	Proposed increase in Intake
D. Pharm	Yes	No	No	No	A/F	60

Note: Enclose relevant documents

A-I. 6

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same Building / campus? If yes, give status

Yes No

A-I. 6 a

Status of the Pharmacy Course:	
Independent Building	<input type="checkbox"/> Yes
Wing of another college	<input type="checkbox"/> No
Separate Campus	<input type="checkbox"/> No
Multi Institutional Campus	<input type="checkbox"/> Yes

Examining Authority:
(With complete postal Address,
Telephone No. and STD Code.)

The Vice Chancellor
IEC University, Plot No. 7 & 10, Atal Shiksha Kunj,
Kallujhanda, Baddi, Solan, H.P. -174103
Phone: 7832902929.

Signature of the Head of the Institution



Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B-I.1 Name of the Principal	To be advertised.
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Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm		05 years	To be advertised	
PhD (Desirable)		02 years			

* Documentary evidence should be provided

B-I.2

For institution seeking continuation of approval

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
D. Pharm				

* Enclose Documents

B-I.3

Pay Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
Teaching Staff	AICTE /UGC/State Govt. Yes / No	Yes / No	Yes / No	Yes / No	
Non- Teaching Staff	State Government Yes / No	Yes / No	Yes / No	Yes / No	

B-I.4

D. Pharm Course: Admission statement for the past three years

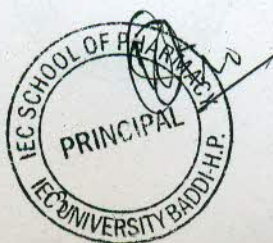
ACADEMIC YEAR	2018-19	200-	200-
Sanctioned	New Application		
No. of Admissions			
Unfilled Seats			
No. of Excess Admissions			

B-I.5

Academic information: Percentage of D. Pharm results for the past three years:

ACADEMIC YEAR	Year 2018-19	Year 200-	Year 200-
D. Pharm	New Application		

Signature of the Head of the Institution

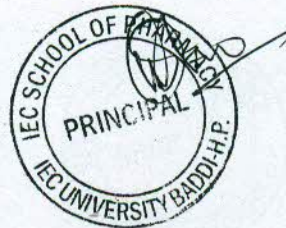


Signature of the Inspectors

B - II

Co - Curricular Activities / Sports Activities

Whether college has NSS Unit (Yes/No)? If no give reasons	Yes
NSS Programme Officer's Name	Mrs. Poonam Mehta
Programme conducted (mention details)	
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes/No
Physical Instructor	Available / Not available
Sports Ground	Individual / Shared



Signature of the Head of the Institution

Signature of the Inspectors

