



IEC
UNIVERSITY
THE KNOWLEDGE EXPERTS

IEC SCHOOL OF PHARMACY

IEC University

Plot No.: 7 & 10, Atal Shiksha Nagar
Village: Kallujhanda, Near Nanakpur,
Pinjore-Nalagrah Highway, Distt.: Solan (H.P.)

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

Ref. No.: IECU/SOP/PCI/2017-18/84

Date: 31/08/2017

To

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

Subject: For Extension of Approval/Approval for B. Pharmacy Degree Course for the Session 2018-19.
(Tracking No.:)

Hon'ble Madam,

We are hereby submitting you the completely filled "SIF-B" along with necessary annexure in triplicate (One original and two Photocopies) for grant of extension of approval/approval u/s 12 for B. Pharmacy Degree Course for the Session 2018-19. Please find enclosed herewith the Demand Draft for Affiliation Fee (as applicable) for the total amount of 100000/- (Rupees Seventy One Lac Only), vide DD No.: 000742 dated 30/08/2017 respectively with following bank details:

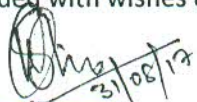
Bank: Axis Bank Ltd.

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 100000/- (Rupees Seventy One Lac Only) vide DD No.: 000742, dated 30/08/2017.
2. Completely filled SIF-B.

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
B Pharm

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

(SIF-B)

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.
(IN BLOCK LETTERS)

2.

PART-1

A-GENERAL INFORMATION

A - I.1

Name of the Institution IEC School Of Pharmacy
 Complete Postal address: IEC University, Plot No.7 & 10, Atal Shiksha Kunj, Kallujhanda,Baddi, Solan,HP-174103
 Telephone Number with STD Code 91 9459898200
 Fax No 01126293571
 Email principal.sop@iecuniversity.com
 Year of Establishment 2013
 Status of the course conducting body Private
 (Enclose copy of Registration documents of Society/Trust)

A - I.2

Name of the Society/Trust/Management Vocational Education Foundation
 (attach documentary evidence)
 Address Plot No 4, Institutional Area, Knowledge Park-1, Surajpur Kasna Road, Greater Noida, Uttar Pradesh
 Telephone Number with STD Code 011 26231339
 Fax No 26293571
 Email ceo@ieccollege.com
 Website www.iecuniversity.com

A - I.3

Name of the Person to be contacted by phone Dr Vimal Arora
 Designation Principal
 Address Plot No: 7& 10, Atal Shiksha Kunj, Village Kallujhanda, Nalagarh-Pinjore Highway Tehsil: Baddi, District: Solan Himachal Pradesh- 174103
 STD Code 91
 Telephone Number
 Office 07832902939
 Residence 8725861761
 Mobile 8725861761
 Fax No 01126293571
 Email draroravimal@gmail.com

A - I.4

Name of the Head of the Institution Dr Vimal Arora
 Address H No 270, Sector: 25 Panchkula (Haryana)

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 Upto	Receipt No.	Dated	Remarks of the Inspectors
B Pharm	2017-18	042654	26/08/2016	

b. APPROVAL STATUS

Name of the Course	Approved Upto	Intake Approved and Admitted	PCI	State Govt	University	Remarks of the Inspectors
B Pharm	2017-18	Approved Letter No & Date	F.No.02.279/2017-PCI MoM 279th EC IR No.:4th	EDN- Ka(1)-14/2009	IEC/Phar/2012/1	
		Approved Intake	60	60	60	
		Actually Admitted	38	00	38	

c. STATUS OF APPLICATION

COURSES INSPECTED FOR				
Course	Extension of Approval	Increase in Intake of Seates	Current Intake	Proposed increase in Intake
B Pharm	Yes	No	60	0

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

A - I.6 a

Status of the Pharmacy Course:	
Independent Building	Yes
Wing of Another College	No
Separate Campus	Yes
Multi Institutional Campus	Yes

Examining Authority:

With complete postal Address, Telephone No. and STD Code.

Degree Course

The Vice Chancellor, IEC University
Plot No. # 7810, Kallujhanda, Solan (H.P.)

Signature of the Head of the Institution

Signature of the Inspectors



B - DETAILS OF THE INSTITUTION

B - I.1

Name of the Principal

DR VIMAL ARORA

Qualification / Experience	Qualification		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	Yes	15 years, out of which 5 years as Prof. / HOD		
	PhD	Yes	10 years, out of which at least 05 years as Asst. Prof		

* Documentary evidence should be provided

B - I.2

For institution seeking continuation of affiliation

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied/Not Complied	Intake reduced/Stopped in the last 03 years*
B Pharm	05/05/2017	No Deficiencies	Yes	No

* Enclose Documents

B - I.3

Status of Governing Council	Society
Details of the Governing Body	Enclosed
Minutes of the last Governing council Meeting	Enclosed

B - I.4

Pay Scales

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

- I.5

Pharm Course: Admission statement for the past three year

ACADEMIC YEAR	2015-2016	2016-2017	2017-2018
Sanctioned	60	60	60
No. of Admissions	46	50	38
Unfilled Seats	14	10	22
No of Excess Admission	0	0	0

I - I.6

Academic Information: Percentage of UG results for the past three years based on University Calender

ACADEMIC YEAR	2015-2016	2016-2017	2017-2018
1st Year	57	30	32
2nd Year	48	42	39
3rd Year	00	39	44
Final Year	00	00	47
Pass % (Final Year)	00	00	00

3 - II

Co-Curricular Activities / Sports Activities

Whether college has NSS Unit	Yes
If no give reasons	
NSS Program Officer's Name	Mrs Poonam Mehta
Programme Conducted Details	
Whether students participating in University level cultural activities/Co-curricular/Sports activities	Yes
Physical Instructor	Available
Sports Ground	Individual



Signature of the Head of the Institution

Signature of the Inspectors

C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

C.1 Resources and funding agencies (give complete list)

C.2 Please provide following Information

Receipts			Expenditure			Remarks of the Inspector
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
	Grants		CAPITAL EXPENDITURE			
	a. Government	0.00				
	b. Others	0.00				
2.	Tuition Fee	39192000.00	1.	Building	45742273.00	
3.	Library Fee	0.00	2.	Equipment	896254.00	
4.	Sports Fee	0.00	3.	Others	878100.00	
5.	Union Fee	0.00	REVENUE EXPENDITURE			
6.	Others	28032800.00	1.	Salary	32159800.00	
			2.	Maintenance Expenditure		
				i. College	611600.00	
				ii. Others	690806.00	
			3.	University Fee	0.00	
			4.	Apex Bodies Fee	100000.00	
			5.	Government Fee	0.00	
			6.	Deposit held by the College	5000000.00	
			7.	Others	7655000.00	
			8.	Misc. Expenditure	4250500.00	
	Total	67224800.00		Total	164362706.00	

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (B.Pharm courses) Available
- a) 2.5 acres District HQ/Corporation/Municipality limit
- b) 0.5 acre for City/Metros
- b. Building Own
- c. Land Details to be in the name of Trust and Society Enclosed
- i. Own Records to be enclosed
- ii. Sale deed
- d. Building
- i) Approved Building plan, sale deed to be enclosed Enclosed
- e. Total Built Area of the college building in sq. mts
- | | |
|--------------------------------|------|
| Built up Area | 4424 |
| Amenities and Circulation Area | 4535 |

2. Class Rooms

Total Number of Class rooms provided at the end of 4 Year Course

Class	Required	Available Numbers	Required Area * for each class room	Available Area in Sq. mts	Remarks of the Inspectors
B.Pharm	04	4	90 sq. mts each (Desirable) 75 sq. mts each (Essential)	390	

[* To accommodate 60 students]

3. Laboratory requirement at the end of 4 Years

Sl.No.	Infrastructure for	Requirement As Per Norms	Available No.	Area in Sq. mts	Remarks or Deficiency
1	Laboratory Area for B.Pharm Course	90 Sq. mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts - Essential	10	750	
2	Pharmaceutics	03 Laboratories	3	225	
3	Pharmaceutical Chemistry	02 Laboratories	2	150	
4	Pharmaceutical Analysis	01 Laboratory	1	75	
5	Pharmacology	02 Laboratories	2	150	
6	Pharmacognosy	01 Laboratories	1	75	
7	Pharmaceutical Biotechnology	01 Laboratory	1	75	
8	Preparation Room for each lab	10 sq mts (minimum)	8	80	
9	Area of the Machine Room	80-100 Sq.mts	1	150	
10	Central Instrumentation Room	80 Sq.mts with A/C	1	150	
11	Store Room I	1 (Area 100 Sq mts)	1	100	
12	Store Room II	1 (Area 20 Sq mts)	1	60	

The Institutes will not be permitted to run the courses in the rented building on or after 31.12.2008

- All the Laboratories should be well lit & ventilated.
- All Laboratories should be provided with basic amenities and services like exhaust fans and fuming chamber to reduce the pollution whenever necessary.
- The workbenches should be smooth and easily cleanable preferably made of non-absorbant material.
- The water taps should be non-leaking and directly installed on skins Drainage should be efficient.
- Balance room should be attached to the concerned laboratories.

4. Administration Area

Sl. No.	Name of Infrastructure	Requirements as per Norms (in Number)	Requirements as per Norms (in Area)	Available		Remarks/Deficiency
				No.	Area in Sq.mts	
1	Principal's Chamber	01	30 Sq. mts	1	40	
2	Office - I - Establishment	01	60 Sq. mts	1	60	
3	Office - II - Academics			1	10	
4	Confidential Room			1	15	

5. Staff Facilities

Sl. No.	Name of Infrastructure	Requirements as per Norms (in Number)	Requirements as per Norms (in Area)	Available		Remarks/Deficiency
				No.	Area in Sq.mts	
1	HODs for B.Pharm course	Minimum 4	20 Sq. mts x 4	4	80	
2	Faculty Rooms for B.Pharm course		10 Sq. mts x n (n=No. of teachers)	12	120	



