

Tracking Number: SIF/2016/100983

PHARMACY COUNCIL OF INDIA

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

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

(SIF-C)

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	Himachal Pharmacy College
Complete postal address:	Nalagarh Distt. Solan, H.P.
Telephone number with STD Code	01795 265330
Fax No	01795265330
Email	directorhgc@gmail.com
Year of establishment	Diploma 00 & Degree 2015
Status of the course conducting body	University
(Enclose copy of Registration documents of Society/Trust)	

A - I.2

Name of the Society/Trust/Management	Himachal Pharmacy College
Address	Majhauri- Maganpura, Nalagarh Distt. Solan, H.P. Pin Code- 174101
Telephone Number with STD Code	01795 265330
Fax No	01795265330
Email	directorhgc@gmail.com
Website	www.himachalpharmacycollege.com
(Attach documentary evidence)	

A - I.3

Name of the Person to be contacted by phone	Dr Virender Bhardwaj
Designation	Director Management
Address	Himachal Pharmacy College Majhauri- Maganpura, Nalagarh Distt. Solan, H.P. Pin Code- 174101

STD Code 01795  
 Telephone Number  
 Office 01795265330  
 Residence 265330  
 Mobile 7831061912  
 Fax No 01795265330  
 Email virender\_micro83@yahoo.co.in

## A - I.4

Name of the Head of the Institution Dr Amit Aggarwal  
 Address Himachal Pharmacy College Majhauri- Maganpura, Nalagarh  
 Distt. Solan, H.P. Pin Code- 174101

## 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
D Pharm	2017-2018	170420	30/08/2016	
B Pharm	2017-2018	170366	15/06/2016	

## b. APPROVAL STATUS

Name of the Course	Approved Upto	Intake Approved and Admitted	PCI	State Govt	University	Remarks of the Inspectors
B Pharm	2016-2017	Approved Letter No & Date	Ref.No.32-1164/14-PCI, 17-525/97-PCI, 08/07/2015	No. EDN(TE) A (1) 40/2014, 02/09/2014	HimTu-3(Acad)B-3/Phar.(NG)2011-9469, 21/06/2016	
		Approved Intake	60	60	60	
		Actually Admitted	60	60	60	
D Pharm	Apply	Approved Letter No & Date	NA	NA	NA	
		Approved Intake	NA	NA	NA	
		Actually Admitted	NA	NA	NA	

## c. STATUS OF APPLICATION

Course	Extension of Approval	Increase in Intake of Seats	Current Intake	Proposed Intake
D Pharm	Yes	No	00	00
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 No

**A - I.6 a**

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

Examining Authority: Diploma Course

Degree Course

Name with Complete Postal address, telephone No. and STD Code. The Secretary, Himachal Pradesh Technical Education Board, 287 Civil Line, Dharamshala, Distt. Kangra - 176 215. The Registrar, Himachal Pradesh Technical University, Hamirpur(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 Amit Aggarwal

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*
D.Pharm	NA	NA	Yes	No



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<b>B Pharm</b>	16/04/2016	No Compliance	No	No
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\* Enclose Documents

**B - I.3**

Status of Governing Council Government  
 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	
Non-Teaching Staff	State Government	No	No	No	

**B - I.5**

**D Pharma Course: Admission statement for the past three years**

ACADEMIC YEAR	2014-2015	2015-2016	2016-2017
Sanctioned	0	0	0
No. of Admissions	0	0	0
Unfilled Seats	0	0	0
No of Excess Admission	0	0	0

**B - I.6**

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

ACADEMIC YEAR	2014-2015	2015-2016	2016-2017
D Pharm		00	00

**B - I.7**

**B Pharm Course: Admission statement for the past three year**

ACADEMIC YEAR	2014-2015	2015-2016	2016-2017
Sanctioned	0	60	60
No. of Admissions	0	28	60
Unfilled Seats	0	32	0
No of Excess Admission	0	0	0

**B - I.8**

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

ACADEMIC YEAR	2014-2015	2015-2016	2016-2017
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1st Year	0	59	0
2nd Year	0	0	0
3rd Year	0	0	0
Final Year	0	0	0
Pass % (Final Year)	0	0	0

**B - II****Co-Curricular Activities / Sports Activities**

Whether college has NSS Unit	Yes
If no give reasons	
NSS Program Officer's Name	Mr Ankush Kumar
Programme Conducted (mention details)	awareness of cleanliness in the villages.
Whether students participating in University level cultural activities/Co-curricular/Sports activities	Yes
Physical Instructor	Available
Sports Ground	Individual
Are you Associated with other Organization/Institution/Trust/Society Running Pharmacy Course	Yes
Organization/Institution/Trust/Society Name	
Complete Postal Address.	
Telephone No.	
Nature of Association	

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	
1.	Grants		CAPITAL EXPENDITURE			
	a. Government	0.00				
	b. Others	29000000.00				
2.	Tuition Fee	1316875.00	1.	Building	20381994.00	



3.	Library Fee	0.00	2.	Equipment	810041.00		
4.	Sports Fee	0.00	3.	Others	1000000.00		
5.	Union Fee	0.00	REVENUE EXPENDITURE				
6.	Others	0.00	1.	Salary	2591698.00		
			2.	Maintenance Expenditure			
			i.	College	0.00		
			ii.	Others	0.00		
			3.	University Fee	592500.00		
			4.	Apex Bodies Fee	0.00		
			5.	Government Fee	0.00		
			5.	Deposit held by the College	0.00		
			7.	Others	100000.00		
			8.	Misc. Expenditure	717312.00		
<b>Total</b>		<b>30316875.00</b>	<b>Total</b>		<b>4001510.00</b>		

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

**PART- II PHYSICAL INFRASTRUCTURE**

1.
  - a. Availability of Land (D.Pharm/ B.Pharm courses) Available
    - a) 2.5 acers 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
    - Sale deed
  - d. Building Enclosed

(Approved Building plan, sale deed to be enclosed)
  - e. Total Built Area of the college building in sq. mts
 

Built up Area	3000
Amenities and Circulation Area	800

2. Class Rooms

Total Number of Class rooms provided for both D. Pharm and B. Pharm					
Class	Required	Available Numbers	Required Area * for each class room	Available Area in Sq. mts	Remarks of the Inspectors
D.Pharm	02	2	90 sq. mts each (Desirable)	190	

