

Tracking Number: SIF/2016/100317

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 Arulmigu Kalasalingam College of Pharmacy
Complete postal address: Anand Nagar, Krishnan Koil - 626 190 Srivilliputtur Taluk, Virudhunagar Dist.
Telephone number with STD Code 04563 289006
Fax No 04563289322
Email akcpri@yahoo.com
Year of establishment **Diploma 1988 & Degree 1992**
Status of the course conducting body Private
(Enclose copy of Registration documents of Society/Trust)

A - I.2

Name of the Society/Trust/Management Kalasalingam and Anandam Ammal Charities
Address No.52, Sriman sreenivasan Road, Alwarpet Chennai-18
Telephone Number with STD Code 044 24353370
Fax No
Email absridar@airtelmail.in
Website www.akcp.ac.in
(Attach documentary evidence) **ANNEXURE - I**

A - I.3

Name of the Person to be contacted by phone Dr K Sridharan
Designation Secretary
Address No. 52, Sriman Sreenivasan Road Alwarpet, Chennai-18
STD Code 044
Telephone Number
Office 04424353053
Residence 24353370
Mobile 9841028386
Fax No 04424331153
Email absridar@airtelmail.in

A - I.4

Name of the Head of the Institution Dr N Venkateshan
Address Principal Arulmigu Kalasalingam college of Pharmacy Anand Nagar, Krishnan

A - I.5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. DETAILS OF AFFILIATION FEE PAID ANNEXURE II

Name of the Course	Affiliation Fee Paid Upto	Receipt No.	Dated	Remarks of the Inspectors
D Pharm	2015-2016	697963	14/03/2016	
B Pharm	2015-2016	UBINO160439633	04/01/2016	

b. APPROVAL STATUS ANNEXURE III

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	32-84/2012-PCI dated 13/08/2014	GO MS. No. 720 H&F W . Dt. 3.07.92	Affin I (1)/45758/2015 Dated 22.01.2016	
		Approved Intake	60	60	60	
		Actually Admitted	57	55	55	
D Pharm	2016-2017	Approved Letter No & Date	17-314/2012-PCI dated 13/08/2014	Go. MS NO. 905. Dt.15/5/87	-	
		Approved Intake	60	60	0	
		Actually Admitted	60	60	0	

c. STATUS OF APPLICATION

Course	Extension of Approval	Increase in Intake of Seats	Current Intake	Proposed Intake
D Pharm	Yes	No	60	0
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	Yes

Examining Authority: Diploma Course

Degree Course

Name with Complete Postal address, telephone No. and STD Code. The Director Dte. of Medical Education 162, Poonamallee High Road, Kilpauk Chennai - 600 010

The Registrar, The Tamil Nadu Dr. M.G.R. Medical University, No.69 (Old No.40), P.B. No.1200, Anna Salai, Guindy, Chennai - 600 032

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B - I.1

Name of the Principal

DR N VENKATESHAN

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

ANNEXURE IV**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	12/05/2014	Nil	Yes	No
B Pharm	12/05/2014	Nil	Yes	No

* Enclose Documents

B - I.3

Status of Governing Council

Private

Details of the Governing Body

Enclosed

Minutes of the last Governing council Meeting

Enclosed

ANNEXURE V**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	Yes	
Non-Teaching Staff	State Government	Yes	No	Yes	

B - I.5

D Pharm Course: Admission statement for the past three years

ACADEMIC YEAR	2014-2015	2015-2016	2016-2017
Sanctioned	60	60	60
No. of Admissions	60	60	60
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	94	80	

B - I.7

B Pharm Course: Admission statement for the past three year

ACADEMIC YEAR	2014-2015	2015-2016	2016-2017
Sanctioned	60	60	0
No. of Admissions	60	60	0
Unfilled Seats	0	0	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
1st Year	81		
2nd Year	76		
3rd Year	75		
Final Year	89		
Pass % (Final Year)	58		

B - II

Co-Curricular Activities / Sports Activities

ANNEXURE VI

Whether college has NSS Unit	Yes
If no give reasons	NA
NSS Program Officer's Name	Mr M SANTHANAKUMAR
Programme Conducted (mention details)	Arulmigu Kalasalingam College of Pharmacy Anand Nagar, Krishnankoil-626 126. ----- NSS regular activities for the academic year 2015-2016. Sl.no. Date Particulars 01. 23.04.14 Awareness programme about child health care was conducted by Dr.J.Jeya Ananthi, Dept. of Pharmaceutics, AKCP 02. 31.05.14 World no tobacco day was celebrated, a guest lecture was given by Dr. P.
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	0.00				
2.	Tuition Fee	10517385.00	1.	Building	22680000.00	
3.	Library Fee	0.00	2.	Equipment	338381.00	
4.	Sports Fee	0.00	3.	Others	0.00	
5.	Union Fee	0.00	REVENUE EXPENDITURE			
6.	Others	5419389.00	1.	Salary	7884141.00	
			2.	Maintenance Expenditure		

