

PHARMACY COUNCIL OF INDIA
Standard Inspection Form-E (SIF-E) for M.Pharm course
 (To be submitted to PCI by an authority seeking approval)

To be filled up by inspectors

- a) Name of the Inspectors: (Block letters) 1. _____
 2. _____
- b) Date of Inspection: _____

PART - I

A - DETAILS OF APPLICATION

<p>A - 1.1 Application is for -</p> <ul style="list-style-type: none"> • Permission to start M.Pharm course. <input type="checkbox"/> • First time approval u/s 12. <input type="checkbox"/> ✓/• Extension of approval. <input checked="" type="checkbox"/> • Increase in intake upto 15 seats. <input type="checkbox"/> 	<p>Please tick (<input checked="" type="checkbox"/>) the relevant box.</p>
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PART - II

B - GENERAL INFORMATION

To be filled by institution

<p>B - 1.1</p> <p>Name of the Institution:</p> <p>Complete postal address:</p>	<p><u>ARULMIGU KALASALINGAM COLLEGE OF PHARMACY,</u> <u>ANAND NAGAR, KRISHNANKOIL-626126,</u> <u>VIRUDHUNAGAR DISTRICT, TAMILNADU</u></p> <p>STD Code : <u>04563</u> T.No. : <u>289006</u></p> <p>Fax No. : <u>289042</u> E.Mail: <u>akcppl@yahoo.com</u></p> <p>Website : <u>www.akcp.ac.in</u></p>
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Signature of the Head of the Institution with date

Signature of the Inspectors with dates

<p>B – 1.2 - Course conducting body:</p> <ul style="list-style-type: none"> • Status - Central Govt. <input type="checkbox"/> - State Govt. <input type="checkbox"/> - Union Territory <input type="checkbox"/> - Autonomous body <input type="checkbox"/> - Society <input type="checkbox"/> - Trust <input checked="" type="checkbox"/> 	<p>Please tick (<input checked="" type="checkbox"/>) the relevant box.</p>
<p>B – 1.3 Name of the Society/Trust/ Management Complete postal address:</p>	<p><u>Kalasalingam And Anandam Ammal Charities</u> <u>52, Old No 14 Sriman Srinivasan Road</u> <u>Chennai-18</u> STD Code : <u>044</u> T.No. : <u>24353053</u> Fax No. : <u>044-24331153</u> E.Mail: <u>absridar@airtelmail.in</u> Website : <u>www.akcp.ac.in</u></p>
<p>B – 1.4 Name of the Examining Authority Complete postal address:</p>	<p><u>The Tamil Nadu Dr.M.G.R,Medical University</u> <u>No-69 Anna Salai, Guindy, Chennai-32</u> <u>Tamil Nadu</u> STD Code : <u>044</u> T.No. : <u>22353576</u> Fax No. : <u>914422353698</u> E.Mail: <u>mail@tnmgrmu.ac.in</u> Website : <u>www.tnmgrmu.ac.in</u></p>
<p>B – 1.5 Other courses run by the institution</p> <ul style="list-style-type: none"> - D.Pharm - B.Pharm - Pharm.D. 	<p><u>Approval status</u> <u>Approved upto 2016-17: Ref No:17-314/2012- PCI /33/01-04</u> <u>Approved upto 2016-17: Ref No:32-84/2012-PCI /33/01-04</u> <u>Approved upto 2016-17: Ref No:50-84/2015-PCI/ 18607-09</u></p>

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

PART- III
PHYSICAL INFRASTRUCTURE

1. Accommodation

- a. Availability of land for the pharmacy college : 12 acres
- b. Building : **Own**
(enclose documentary evidence as Annexure-A)
- c. Built up Area of the college building : 7474 Sq.m.

2. Class rooms

Name of the course	No. Required	No. Available	Area required for each class room (Sq.m.)	Available (Sq.m.)	Remarks of the Inspectors
B.Pharm	4	4	75 (essential) 90 (desirable)	300 (4x75)	
M.Pharm Specialization -					
Pharmaceutics	2	2	36	72	
Industrial Pharmacy	2	-	36	-	
Pharmaceutical Technology	2	-	36	-	
Pharmaceutical Chemistry	2	2	36	72	
Pharmaceutical Analysis	2	2	36	72	
Pharmaceutical Quality Assurance	2	-	36	-	
Regulatory Affairs	2	-	36	-	
Pharmaceutical Biotechnology	2	-	36	-	
Pharmacy Practice	2	-	36	-	
Pharmacology	2	2	36	72	
Pharmacognosy	2	-	36	-	
Phytopharmacy and Phytomedicine	2	-	36	-	

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

