

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. F	HI-TECH COLLEGE OF PHARMACY,ROURKELA Hi-Tech Medical College & Hospital ,Rourkela Campus Health Park, Rourkela, Sundergarh-769004,Odisha 0661 2400751 0661-2400751 info@hitechmedical.org 0661-2400524
Year of starting of the course	2017
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of	Private Copy Enclosed(Annexure-1)
A - I. 2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	VIGYAN BHARATI CHARITABLE TRUST A/103,Saheed Nagar,Bhubaneswar,Pin-751009, State-Odisha 0674- 2371406, 0674-2371408 hitechpharmacy@gmail.com www.hi-techmedicalrkl.org
A - I. 3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office MobiNo. Fax No E-Mail	Mr.Suresh Kumar Panigrahi Director Hi-Tech Medical College & Hospital ,Rourkela Campus Health Park, Rourkela, Sundergarh-769004,Odisha 09937010615,09437045206 0674-2371408 hitechpharmacy@gmail.com
A - I. 4 Name and Address of the Head of the Institution	Mr Prasenjit Mishra. PRINCIPPAL-Mob-08895053396 HI-TECH COLLEGE OF PHARMACY,ROURKELA Hi-Tech Medical College & Hospital ,Rourkela Campus Health Park, Rourkela, Sundergarh-769004,Odisha

Signature of the Head of the Institution

Director
Vigyan Bharati Charitable Trust

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	Inspection fee DDNO: 978080	Rs 25,000/-	02.08.2017
	Affiliation fee DDNO: 978077	Rs 50,000/-	02.08.2017

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	Applied	Applied.	
		Approved Intake	60 (sixty)	60 (sixty)	
		Actually Admitted	-	-	

c. STATUS OF APPLICATION

New Institution

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

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 checked="" type="checkbox"/>
Wing of another college	<input type="checkbox"/>
Separate Campus	<input type="checkbox"/>
Multi Institutional Campus	<input type="checkbox"/>

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

The Member Secretam
Odisha State Board of Pharmacy
Directorate of Drugs control Building
New Government Colony
Gajapati Nagar
Bhubaneswar - 751017

Signature of the Head of the Institution

Signature of the Inspectors



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Director

Vigyan Bharati Charitable Trust

B - DETAILS OF THE INSTITUTION

B-I.1 Name of the Principal		Mr. PRASENJIT MISRA,			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm		05 years	9 Yrs.	
	PhD (Desirable)		02 years		

* Documentary evidence should be provided **Annexure-2**

B-I.2
For institution seeking continuation of approval **New Institution,**

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. <input checked="" type="checkbox"/> Yes / No	Yes / No	Yes / No	Yes / No	
Non-Teaching Staff	State Government <input checked="" type="checkbox"/> Yes / No	Yes / No	Yes / No	Yes / No	

B-I.4

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

ACADEMIC YEAR	200-	200-	200-
Sanctioned			
No. of Admissions			
Unfilled Seats			
No. of Excess Admissions			

B-I.5

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

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
D. Pharm			

Surendra

Signature of the Head of the Institution

Signature of the Inspectors

Director
Vigyan Bharati Charitable Trust

B - II

Co - Curricular Activities / Sports Activities

Whether college has NSS Unit (Yes/No)? If no give reasons	NO
NSS Programme Officer's Name	NO
Programme conducted (mention details)	NO ✓
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

Director

Vigyan Bharati Charitable Trust

Signature of the Inspectors

