Institution

PCI Code	Institution Name	Institution Type	Register Type	Year of Establishment
PCI-9958	M.S. Pharmacy College	Private Institute	New	2023-2024

Application Form

Course	Starting of Course (Academic Session)	Extension of approval		Raise in Admission		Introduction of New Course	
		Conduct	u/s 12	Yes/No	Number of admissions requested	Yes/No	Intake
D.Pharm	2024-2025					✓	60

Institution Information

House No./Apt.No. :	19/3/71	**Street/Road/Lane :**	Meerapur
Area/Locality/Sector:	Derabibi	**Landmark :**	Meerapur
Village :	Meerapur Derabibi	**Gram Panchayat :**	Meerapur Derabibi
Block/Tehsil :	Sadar Ayodhya	**State :**	UTTAR PRADESH
District :	FAIZABAD	**Pin Code :**	224123
Mobile Number :	9838297777	**Landline Number With STD Code :**	255847
Fax Number :	255847	**Email ID**	pradeep653171@gmail.com
Post Office :	Meerapur Derabibi	**Police Station :**	Ayodhya Kotwali
Nearest Railway Station :	Ayodhya	**Nearest Airport :**	Ayodhya

Details of the Society/Trust/ Management

Status of the Course Conducting Body :	Private Institution	**Name of the Society/Trust/Management :**	Shriman Singh Shikshan Evm Prashikshan Seva Trust
House No./Apt.No. :	5/1/140	**Street/Road/Lane :**	Beguimpura
Area/Locality/Sector :	Ayodhya	**Landmark :**	Begumpura
Village :	Begumpura	**Gram Panchayat :**	Begumpura
Block/Tehsil :	Ayodhya	**State :**	UTTAR PRADESH
District :	FAIZABAD	**Pin Code :**	224123
Mobile Number :	9838297777	**Landline Number With STD Code :**	255487
Fax Number :	255487	**Email ID**	pradeep653171@gmail.com
Post Office :	Begumpura	**Police Station :**	Ayodhya
Nearest Railway Station :	Ayodhya	**Nearest Airport :**	Ayodhya

Details of Head of Institution

Name of Head of Institution :	Chandra Prakash Shukla		
House No./Apt.No. :	Lalgopalganj	**Street/Road/Lane :**	Lalgopalganj
Area/Locality/Sector :	Kunda	**Landmark :**	Lalgopalganj

Village :	Lalgopalganj	**Gram Panchayat :**	Lalgopalganj
Block/Tehsil :	Kunda	**State :**	UTTAR PRADESH
District :	ALLAHABAD	**Pin Code :**	229423
Mobile Number :	9125887487	**Landline Number With STD Code :**	220487
Fax Number :	220487	**Email ID**	chandrpras@gmail.com
Post Office :	Lalgopalganj	**Police Station :**	Kunda
Nearest Railway Station :	Allahabad	**Nearest Airport :**	Allahabad

Other College in Same Campus

Other College Name	College Running Since
No data found	

Sanctioned Intake

Name of the Course	Sanctioned Intake	Actual no. of Admissions
D.Pharm	0	0

Examining Authority

Course	Examining Authority	Email	Phone Number
D.Pharm	The Secretary Uttar Pradesh Board of Technical Education Guru Govind Marg Lucknow Uttar Pradesh	secretarybte@gmail.com	915222630243

Accreditation Information

Accredited by NAAC

Accreditation From :	-	**Accreditation Till :**	-
Grade :	-	**Receiving/Dispatch File Type :**	-
Receiving/Dispatch No :	-	**Receiving/Dispatch File Date :**	-
Accreditation Certificate :	NA		

NIRF Ranking

NIRF Ranking :	-	**Receiving/Dispatch No. :**	-
Receiving/Dispatch File Type :	-	**Receiving/Dispatch File Date :**	-
Upload Ranking Certificates:	NA		

Accreditation by NBA

No data found

Infrastructure Details

Independent Building Status :	YES	**Remarks :**	-
Separate Campus Status :	YES	**Remarks :**	fulfilled
Wing of another college Status :	NO	**Remarks :**	no

Land Availability

Land Type :	Urban	**Status:**	YES
Availability of land :	0.75	**Remarks :**	Availability

Land Details

Land Details to be in name of Trust and Society :	own	**Receiving/Dispatch File Type:**	Registry
Receiving/Dispatch No.:	-	**Receiving/Dispatch File Date:**	-
Upload Land Details:	View Document		

Sale Deed

Sale Deed Remarks:	Lease Deed	**Receiving/Dispatch File Type:**	-
Receiving/Dispatch No.:	-	**Receiving/Dispatch File Date:**	-
Sale Deed:	View Document		

Building Approval Authority

Approved Building Plan Remarks:	Executive Officer Vikash Pradhilaran	**Receiving/Dispatch File Type:**	-
Receiving/Dispatch No.:	-	**Receiving/Dispatch File Date:**	-
Approved Building Plan:	View Document		

Instructional Area

Instructional area:	400	**Receiving/Dispatch File Type:**	-
Receiving/Dispatch No.:	-	**Receiving/Dispatch File Date:**	-
Longitude:	24.5421	**Latitude:**	82.4818
Upload instructional area:	View Document		

Total Administrative Area

Administrative area:	250	**Receiving/Dispatch File Type:**	-
Receiving/Dispatch No.:		**Receiving/Dispatch File Date:**	-
Upload Administrative area:	View Document		

Total Amenities Area

Amenities area:	250	**Receiving/Dispatch File Type:**	

Receiving/Dispatch No.:	2	**Receiving/Dispatch File Date:**	-
Upload amenities area:	View Document		

Total Circulation Area

Circulation area:	150	**Receiving/Dispatch File Type:**	-
Receiving/Dispatch No.:	-	**Receiving/Dispatch File Date:**	-
Upload Circulation area:	View Document		

Total Builtup Area

Total Builtup area of the Institution in Sqmts:	1450	**Total Floor of Institute:**	2
Total Pieces of Land:	4		

Land Area as per norms

Land Area as per norms:	YES	**Receiving/Dispatch File Type:**	-
Receiving/Dispatch No.:	-	**Receiving/Dispatch File Date:**	-
Enclose Certified copy of Land Use Certificate:	View Document		

Certificate of single piece of land

Receiving/Dispatch No.:	-	**Receiving/Dispatch File Date:**	-
Receiving/Dispatch File Type:	-	**Upload Certificate of single piece of land:**	NA

Latest Revenue Paid Receipt

Receiving/Dispatch No.:	-	**Receiving/Dispatch File Date:**	-
Receiving/Dispatch File Type:	-	**Upload latest revenue paid receipt :**	NA

Multi Institutional Campus

Multi Institutional Campus Status:	NO	**Remarks:**	-
Allocated land no.:	-	**Receiving/Dispatch No.:**	-
Receiving/Dispatch File Type:	-	**Receiving/Dispatch File Date:**	-
Enclose copy of allocated land:	NA		

Building Completion Certificate

Is Institutes building complete and ownership of building and land is with Institute:	YES		
Receiving/Dispatch No.:	-	**Receiving/Dispatch File Type:**	-
Receiving/Dispatch File Date:	-		
Enclose Building Completion Certificate:	View Document	**Enclose Approved Building Map by local govt. authority having land number in map:**	View Document

Building Insurance Certificate

Receiving/Dispatch No.:   -   **Receiving/Dispatch File Date:**   -

Receiving/Dispatch File Type: -   **Enclose building insurance certificate :**   NA

Building Fire Safety Certificate

Receiving/Dispatch No.:   -   **Receiving/Dispatch File Date:**   -

Receiving/Dispatch File Type: -   **Enclose Building Fire Safety Certificate :**   View Document

Construction Cost of Building

Construction cost of building: -   **Receiving/Dispatch File Type:**   -

Receiving/Dispatch No.:   -   **Receiving/Dispatch File Date:**   -

Enclose CA certified copy of building costruction :   View Document

Building Under Mortgage

the land or building under mortgage/loan: NO   **Receiving/Dispatch File Type:**   -

Receiving/Dispatch No.:   -   **Receiving/Dispatch File Date:**   -

If No, Enclose certificate/declaration :   NA

Previous Institute in Same Building

Is previously any institution was running on the same building/land: NO   **Receiving/Dispatch File Type:**   -

Receiving/Dispatch No.:   -   **Receiving/Dispatch File Date:**   -

If yes, enclose closure certificate from the concern authority: NA

Property Tax Certificate

Is registration of Municipality/Tehsil/Panchayat office available such as Professional tax certificate/ Shop and Establishment certificate: NO   **Receiving/Dispatch File Type:**   -

Receiving/Dispatch No.:   -   **Receiving/Dispatch File Date:**   -

If yes, enclose copy: NA

Course Running in the Same Building

Is any other course running in the same Building: NO   **Remarks:**   -

If yes, name of courses: -   **Receiving/Dispatch File Type:**   -

Receiving/Dispatch No.:   -   **Receiving/Dispatch File Date:**   -

If No, Enclose declaration: NA

Institute Class Room

Program Name	Room Name	Required Area	Available Area	Unit	Latitude	Longitude	Functional Date	Inside Room Image	Outside Room Image	QR Code
D.Pharm	c1	75	75	Sqmts each for 60 intake	24.2541	82.2542	01-19-2024	View Document	View Document	
D.Pharm	c2	75	75	Sqmts each for 60 intake	24.856457	82.54172	01-19-2024	View Document	View Document	

Institute Lab Registration

Program Name	Lab Name	Semester	Department Name	Required Area(sqft)	Available Area(sqft)	Functional Date	Inside Lab Image	Outside Lab Image	QR Code
D.Pharm	Lab5	1	Dept of Pharmacy Practice	75	75	01-19-2024	View Document	View Document	
D.Pharm	Lab3	1	Dept of Pharmaceutical Chemistry	75	75	01-19-2024	View Document	View Document	
D.Pharm	Lab4	1	Dept of Pharmacology	75	75	01-19-2024	View Document	View Document	
D.Pharm	Lab1	1	Dept of Pharmacognosy	75	75	01-19-2024	View Document	View Document	
D.Pharm	Lab2	1	Dept of Pharmaceutics	75	75	01-19-2024	View Document	View Document	

Institute Common Facility

Common Facility Name	Latitude	Longitude	Required Area	Available Area	Unit	Functional Date	Common Facility Image	QR Code
Herbal Garden (Essential)	25.23654	82.32542	0	1	sqmt	01-19-2024	View Document	
Store Room - I (Essential)	25.233541	82.3214521	1	1	Sq mts	01-19-2024	View Document	

Store Room - II (For Inflammable chemicals)	25.324125	82.321452	1	1	Sq mts	01-19-2024	View Document
Toilet Blocks for Girls (Desirable)	25.325412	82.545213	0	0	Sq.mt	01-19-2024	View Document
Auditorium (Essential)	25.123654	82.523124	300	1	sqmt	01-19-2024	View Document
First aid room (Essential)	25.563241	82.354512	10	1	Sq.mts	01-19-2024	View Document
First aid room (Essential)	25.563241	82.354512	10	1	Sq.mts	01-19-2024	View Document
Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs) (Essential)	25.362145	82.415236	10	1	Sq.mt	01-19-2024	View Document
Girl's Common Room (Essential)	25.142532	82.214523	60	1	Sq.mts	01-19-2024	View Document
Seminar hall (Essential)	25.632141	82.451254	100	1	sqmt	01-19-2024	View Document
Boy's Common Room (Essential)	25.412532	82.632154	60	1	Sq.mts	01-19-2024	View Document
Power Backup Provision (Desirable)	25.5412365	82.514254	0	1	----	01-19-2024	View Document
Area of the Machine Room (Essential)	25.236541	82.365241	100	1	Sq.mts	01-19-2024	View Document
Museum (Essential)	25.451256	82.324512	50	1	Sq.mts	01-19-2024	View Document

Drinking Water facility - Water Cooler (Essential).	25.326541	82.451236	0	2	----	01-19-2024	View Document	▦
Toilet Blocks for Boys (Desirable)	25.521456	82.645212	0	5	Sq.mt	01-19-2024	View Document	▦
Toilet Blocks for Girls (Desirable)	25.325412	82.545213	0	5	Sq.mt	01-19-2024	View Document	▦

Institute Computer And Other Facility

Computer And Other Facility Name	Latitude	Longitude	Required	Available	Unit	Functional Date	Bill Image	Upload Image with Geotag	QR Code
Multi Media Projector			1			01-19-2024	View Document	View Document	▦
Generator (5KVA)	25.415678	82.847541	1		1	01-19-2024	View Document	View Document	▦
Computer (Latest Configuration)			1			01-19-2024	View Document	NA	▦

Institute Amenity Detail

Amenities Name	Latitude	Longitude	Required	Available	Unit	Functional Date	Upload Image with Geotag	QR Code
Parking Area for staff and students (Essential)	25.952142	82.542132	0	0	Sq mts	01-19-2024	View Document	▦
Canteen (Essential)	25.321451	82.521432	100	0	Sq. mts	01-19-2024	View Document	▦
Faculty Room (Essential)	25.84571	82.564123	0	2	Sq mts	01-19-2024	View Document	▦
Office (Essential)	25.521423	82.521456	0	1	sq mts	01-19-2024	View Document	▦

Medical Facility (First Aid) Essential	25.521452	82.632541	0	1	-----	01-19-2024	View Document

Laboratory

Supply

Gas Supply :	Yes	Water Supply:	Yes
Electricity Supply:	Yes	Is social pharmacy laboratories maintained as per new regulations:	Yes

Electricity Bill

Receiving/Dispatch File Type:	-	Receiving/Dispatch File No.:	-
Receiving/Dispatch File Date:	-	Latest Electricity Bill:	View Document

Water Bill

Receiving/Dispatch No.:	-	Receiving/Dispatch File Date:	-
Receiving/Dispatch File Type:	-	Latest Water Bill:	NA

Physical Infrastructure

Own Building	YES	Rented Building	YES
Number of Class Rooms	2	Number of Lab	5

Common Facility

Museum	YES	Machine Room	YES
Preparation Room	YES	Store Room	YES
Library	YES	Principal Room	YES
Staff Room	YES	Smart Class Room	YES

Curriculum

Whether PCI curriculum is adopted:	Yes

Academic Calendar

Receiving/Dispatch No.:	-	Receiving/Dispatch File Type:	-
Receiving/Dispatch File Date:	-	Enclose Previous Year Academic Calendar:	View Document

Time Table For All Courses

Receiving/Dispatch No.:	-	Receiving/Dispatch File Type:	-

Receiving/Dispatch File Date: -   **Enclose Previous Year Time Table For All Courses:**   View Document

Course Details

Course	Course Intake	Student Staff Ratio(Theory)	Student Staff Ratio(Practical)	Examination Scheme	Date of Commencement	Date of Completion	Total No of Working Days	Vacation	Vacation Days
D.Pharm	60	0	0	Semester	01-19-2024	01-19-2024	0	Summer	0

Previous Year (All Semester) Students Result

Course	Total Student Appeared	Total Student Passed	Total Student Failed
D.Pharm	0	0	0

Pharmacist Day Celebration

Is Previous Year Pharmacist Day Celebration   NO

Pharmacy Week Celebration

Is Previous Year Pharmacy Week Celebration   NO

National Pharmacy Educational Day

Is National Educational Pharmacy Week   NO

Class Conducted

Previous Year (All Semester) Students Result

Course	Semester	Subject	Prescribed No. of Hours (Theory)	No. of Hours Conducted (Theory)	Prescribed No. of Hours (Practical)	No. of Hours Conducted (Practical)	Prescribed No. of Hours (Tutorial)	No. of Hours Conducted (Tutorial)
D.Pharm	1	Pharmaceutical Chemistry	75	75	75	75	25	25
D.Pharm	2	Pharmacotherapeutics	75	75	25	75	25	25
D.Pharm	2	Pharmacy Law & Ethics	75	75	0	75	25	25
D.Pharm	1	Social Pharmacy	75	75	75	75	25	25
D.Pharm	2	Biochemistry & Clinical Pathology	75	75	50	75	25	25
D.Pharm	1	Pharmacognosy	75	75	75	75	25	25
D.Pharm	1	Pharmaceutics	75	75	75	75	25	25
D.Pharm	2	Community Pharmacy & Management	75	75	75	75	25	25
D.Pharm	2	Pharmacology	75	75	50	75	25	25
D.Pharm	1	Human Anatomy & Physiology	75	75	75	75	25	25
D.Pharm	2	Hospital & Clinical Pharmacy	75	75	25	75	25	25

Faculty Consent

Faculty Name	Email	Qualification	Mobile Number	Consent Letter	Previous Institute NOC
Shiv Jeet Shiv Jeet Singh	svmupsdm@gmail.com		8707641032	View Document	View Document

Non-teaching-staff

Name of the Staff	Qualification	Mobile Number	Designation	Date Of Joining
NA	NA	9854521421	Accountant	01-19-2024

Faculty Salary

Academic Expenditure

Status	Budget Heads	Amount
Recurring	Electricity	₹0.00
Recurring	Miscellaneous	₹0.00
Recurring	Annual maintenances	₹0.00
Recurring	Fee to apex Bodies	₹0.00
Recurring	Travelling	₹0.00
Recurring	Glassware's	₹0.00
Recurring	Chemicals	₹0.00
Recurring	Stationary	₹0.00
Recurring	Phone Bills	₹0.00
Non-Recurring	Equipment's	₹0.00
Non-Recurring	Books & Journals	₹0.00
Non-Recurring	Vehicles	₹0.00
Non-Recurring	Building	₹0.00
Non-Recurring	Furniture's	₹0.00
Total		₹0.00

Income And Expenditure

Income

Particulars	Amount in (INR)
Library Fee	₹0.00
Grants Govt	₹0.00
Tution Fee	₹0.00
Sports Fee	₹0.00
Uinion Fee	₹0.00
Others	₹0.00

Grants Others	₹0.00
Total	₹0.00

Expenditure

Particulars	Amount in (INR)
Others	₹0.00
Equipment	₹0.00
Building	₹0.00
Total	₹0.00

Revenue Expenditure

Particulars	Amount in (INR)
Others	₹0.00
Chemicals	₹0.00
Maintenance Exp - Others	₹0.00
Maintenance Exp - College	₹0.00
Deposit held by the College	₹0.00
Annual maintenances	₹0.00
Apex Bodies Fee	₹0.00
Misc.Expenditure	₹0.00
Stationary	₹0.00
Revenue Exp - Salary	₹0.00
Total	₹0.00

Audited accounts of immediate Previous Year

Receiving/Dispatch No.: -

Receiving/Dispatch File Date: -

Receiving/Dispatch File Type: -

Upload Audited accounts of immediate Previous Year: View Document

Society/Trust/Company Constitution Details

Receiving/Dispatch No.: -

Receiving/Dispatch File Date: -

Upload Society/Trust/Company Constitution Details: View Document

Pancard Details

Institution Pancard No.: ABBTS2883H

Receiving/Dispatch File Type: -

Receiving/Dispatch No.: -

Receiving/Dispatch File Date: -

Upload Institution Pancard: View Document

GST Details

GST Registration No.:	-	**Receiving/Dispatch File Type:**	-
Receiving/Dispatch No.:	-	**Receiving/Dispatch File Date:**	-
Upload GST Registration Certificate:	View Document		

GSTR 3B Details

GSTR 3B:	-	**Receiving/Dispatch File Type:**	-
Receiving/Dispatch No.:	-	**Receiving/Dispatch File Date:**	-
Enclose Latest return's copy:	View Document		

Bank account details in which fees to be received

Bank Name:	State Bank Of India	**Account Holder Name:**	Shreeman Singh Shikshan Prashikshan Seva Trust
Bank Account No.:	42618908180	**IFSC:**	SBIN0002510
Upload Cancelled Cheque:	View Document		

Bank account details from which salary to be paid

Bank Name:	State Bank Of India	**Account Holder Name:**	Shreeman Singh Shikshan Prashikshan Seva Trust
Bank Account No.:	42618908180	**IFSC:**	SBIN0002510
Upload Cancelled Cheque	View Document		

Other Bank account details

Bank Name:	-	**Account Holder Name:**	-
Bank Account No.:	-	**IFSC:**	-
Upload Cancelled Cheque:	NA		

Books

Course	Titles Required	Titles Available	Volume Required	Volume Available	Journals Required	Journals Available
D.Pharm	200	200	750	750	75	75

Journals

Total no. of National Journals available	75	**Receiving/Dispatch File Type:**	-
Receiving/Dispatch No.:	-	**Receiving/Dispatch File Date:**	-
Enclose Details of the Journals Subscribed:	View Document		
Total no. of International Journals available	25	**Receiving/Dispatch File Type:**	-
Receiving/Dispatch No.:	-	**Receiving/Dispatch File Date:**	-
Enclose CA Certified GST Paid Bills of Books and Journals	View Document		

Library Norms

Is Library available as per the norms	Yes	**Library Area**	130
Is Reading Room available	Yes	**Total Seating Capacity**	60
Receiving/Dispatch No.:	-	**Receiving/Dispatch File Date:**	01-20-2024
Receiving/Dispatch Type.:	View Document		

Computer Lab Norms

Is Computer Lab available as per the norms	Yes	**Total no. of computer available**	15
Receiving/Dispatch No.:	-	**Receiving/Dispatch File Date:**	-
Receiving/Dispatch File Type:	-	**If yes, enclose CA certified GST Paid Bills of computers and printers with remark for use of licensed software**	View Document

Subject Wise Classification

Course	Available Numbers	Available Titles
Pharmaceutical Chemistry	70	18
Biochemistry & Clinical Pathology	65	18
Pharmacology	75	18
Community Pharmacy & Management	65	18
Hospital & Clinical Pharmacy	70	18
Pharmacognosy	70	18
Pharmaceutics	65	17
Pharmacotherapeutics	70	18
Social Pharmacy	65	18
Human Anatomy & Physiology	70	18
Pharmacy Law & Ethics	65	18

Other Facilities

Particulars	Number Required	Number Available
Photocopier	1	1
Printers	2	2
LCD Projector	2	2
Computers	1:10 for UG and for PG 1:5	15
Internet facilities	4MBPS	4

PG And PhD Projects

Name of the Supervisor	Name of the Candidate	Type of Project	Titles of the Thesis/Dissertation	Duration(in months)	Year
na	na	PG	na	0	01-19-2024

Projects Completed

Name of the Investigator	Title of the Project	Duration(in months)	Sanctioned Amount(in Lakhs)	Funding Agency	Year
na	na	0	₹0.00	na	01-19-2024

On Going Projects

Name of the Faculty	Title of the Project	Duration(in months)	Sanctioned Amount(in Lakhs)	Funded By
na	na	0	₹0.00	na

Research Collaboration

Name of Collaborating Organization	Nature of Collaboration	Outcome of Collaboration	Year
na	Training	na	01-19-2024

Research Publication

Authors	Title	Journal	Volume : Issue ; Page Numbers	Impact Factor	Year
na	na	na	0	0	01-19-2024

Consultancy Service

Name of the Individual/Industry	Name of the Institution/Industry	Title of the work	Duration	Amount Received	Year
na	na	na	0	₹0.00	01-19-2024

Patents

Title	Filed (Provide Patent Application Number)	Patent Type	Awarded (Provide Patent Grant Number)	Name of the Inventor
na	na	Publish	na	na

Bachelor Degree Equipment

Program	Equipment	Department	Equip Model No.	Min Required	Qty(avl)	Working(qty)	Item Cost	DOP	Bill	QR Code
D.Pharm	Refrigerator	Dept of Pharmacognosy, Dept of Biochemistry, Dept of Physiology, Model Pharmacy, Dept of Clinical Pathology, Dept of Pharmaceutical Chemistry, Dept of Pharmacology	1	01	0	0	0	01-19-2024	View Document	

Chemical Reagents And Other Consumables Equipment

Equipment Type	Vendor	Purchase Date	Purchase Bill
Chemical	na	01-19-2024	View Document

Workshops Conducted

Type of Activity	Title of the Event	Duration(in days)	Number of Participants	Date	Workshops Conducted Image
Workshop	n	0	0	01-19-2024	View Document

Workshops Attended

Type of Activity	Title of the Event	Name of The Faculty	Place	Date	Workshops Conducted Image
Seminar	na	na	na	01-19-2024	View Document

Research Papers Presented

Name of the Faculty/Student	Title of The paper	Name of the workshop/Seminars/Conferences	Amount Granted from Funding Agency	Place	Date	Workshops Conducted Image
na	na	Seminar	₹0.00	na	01-19-2024	View Document

Sports

Name: na   **Qualification:** na

Experience(in Years): 0   **Upload Degree/Experience:** View Document

Activity	Activity Name	No. Of teachers Participated	No. Of Students Participated	Year

Curricular Activity

Title of the Event	Number of Participants	Date	Workshops Conducted Image
na	0	01-19-2024	View Document

Anti Ragging Cell

Name of the Chairperson cell: na   **No. of meeting in a year:** 2

No of Activities in a year (Workshop/Guest Lecture/Orientation): 0   **Case reported in previous years:** No

If yes, status of the case(Pending/Closed): Pending   **Receiving/Dispatch No.:** -

Receiving/Dispatch File Type: Report   **Receiving/Dispatch File Date:** -

Copy of orders for having constituted the committee as per SAKSHAM Guidelines: View Document

Gender Sensitization Cell

Name of the Chairperson cell: na   **No. of meeting in a year:** 0

No of Activities in a year: 0   **Case reported in previous years:** No

If yes, status of the case: Pending   **Receiving/Dispatch No.:** -

Receiving/Dispatch File Type: Application   **Receiving/Dispatch File Date:** -

Copy of orders for having constituted the committee as per SAKSHAM Guidelines: View Document

Anti Discrimination Cell

Name of the Chairperson of Anti discrimination cell:	na	**No. of meeting in a year:**	0
Case reported in previous years:	No	**If yes, status of the case:**	Pending
Receiving/Dispatch File Type:	Application	**Receiving/Dispatch File Date:**	-
Receiving/Dispatch No.:	-	**Copy of the orders for having constituted the committee:**	View Document

Career Guidance Cell/ Placement Cell

Name of the Placement Officer:	na	**Mobile Number of the Placement officer:**	9874512554
No. of students participated:	0	**No. of the Student Placed:**	0
Percentage of placement:	0	**No. of Companies participated in Placement Drive:**	0
Receiving/Dispatch File Type:	Application	**Receiving/Dispatch File Date:**	-
Receiving/Dispatch No.:	-	**Copy of the Constitution to be enclosed as Annexure:**	View Document

Information Available On Website

Dean/Principal	Yes	**Affiliated university and its VC Registrar**	No
Results of All Examinations in previous years	No	**Details of Members of Gender of Harrasment Committee Members with Contact Details including Landline ,ph.no, email etc**	No
Details of Contact Available on College Website Tool	No	**Teaching Staff**	Yes
List Of Student Admitted Category wise(UG,PG) in current and previous year	No	**Details of Members of Anti Ragging Committee Members with Contact Details including Landline ,ph.no, email etc**	No
Toll Free Number To Report Ragging	Yes	**Details of Email Address Available on College Website Tool**	No

Statutory Document

Institution Information

Institute Name:	M.S. Pharmacy College/PCI-9958	**Institute Address:**	M.S. Pharmacy College

Affiliation of Examining Authority

Receiving/Dispatch File Type:	-	**Receiving/Dispatch No.:**	-
Receiving/Dispatch File Date:	-	**Consent of Affiliation of Examining Authority:**	View Document

Approval of the State Govt

Receiving/Dispatch File Type:	-	**Receiving/Dispatch No.:**	-

Receiving/Dispatch File Date:	-	**NOC/Approval of the State Govt:**	View Document

Notification of the State Govt be Upload

Receiving/Dispatch File Type	-	**Receiving/Dispatch No.**	-
Receiving/Dispatch File Date	-	**State govt has taken up the policy decision to the effect not to issue the NOC**	NA

Court Case

Whether any Court Case is filed by the institution against PCI	No

Affidavit by Society Chairman/Secretary

Additional Information

Notification of the State Govt be Upload

Whether the deficiencies pointed in earlier IR have been rectified:	Not Applicable	**Receiving/Dispatch No.:**	-
Receiving/Dispatch File Type:	-	**Receiving/Dispatch File Date:**	-
Affidavit Document:	NA		