

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**

A - 1.1 Application is for -	
• Permission to start M.Pharm course.	<input type="checkbox"/>
• First time approval u/s 12.	<input checked="" type="checkbox"/>
• Extension of approval.	<input type="checkbox"/>
✓ Increase in intake upto 15 seats.	<input type="checkbox"/>
Please tick (<input checked="" type="checkbox"/>) the relevant box.	

PART - II**B - GENERAL INFORMATION**

To be filled by institution

B - 1.1	
Name of the Institution:	<u>THE ERODE COLLEGE OF PHARMACY</u>
Complete postal address:	<u>PERUNDURAI MAIN ROAD, VEPPAMPALAYAM,</u> <u>VALLIPURATHANPALAYAM (PO), ERODE - 638112</u>
	STD Code : <u>0424</u> T.No. : <u>2339929, 2339538</u>
	Fax No. : <u>0424-2339539</u>
	E.Mail: <u>ecperode@hotmail.com</u>
	Website : <u>www.ecperode.in</u>

Signature of the Head of the Institution with date

PRINCIPAL

The Erode College of Pharmacy
Erode - 638 112

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 (✓) the relevant box.</p>	
<p>B-1.3 Name of the Society/Trust/Management</p> <p>Complete postal address:</p>	<p><u>ERODE EDUCATIONAL TRUST</u></p> <p><u>PERUNDURAI MAIN ROAD, VEPPAMPALAYAM,</u> <u>VALLIPURATHANPALAYAM (PO), ERODE - 638112</u></p> <p>STD Code : <u>0424</u> T.No. : <u>2339929, 2339538</u></p> <p>Fax No. : <u>04242339539</u></p> <p>E.Mail : <u>ecperode@hotmail.com</u></p> <p>Website : <u>www.ecperode.in</u></p>
<p>B-1.4 Name of the Examining Authority</p> <p>Complete postal address:</p>	<p><u>THE TAMILNADU DR. MGR MEDICAL UNIVERSITY,</u></p> <p><u>No. 69, ANNASALAI, GUINDI, CHENNAI - 32</u></p> <p>STD Code : <u>044</u> T.No. : <u>22301760</u></p> <p>Fax No. : <u>91-44-22353698</u></p> <p>E.Mail : <u>mail@tnmgrmu.ac.in</u></p> <p>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></p> <p><u>Approved Upto 2015-16</u></p> <p><u>Approved Upto 2015-16</u></p> <p><u>Approved Upto 2015-16</u></p>

PART- III
PHYSICAL INFRASTRUCTURE

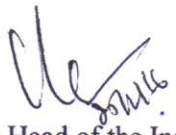
1. Accommodation

- a. Availability of land for the pharmacy college : 4 Acres
- b. Building : **Own/ Leased/Rented**
(enclose documentary evidence as Annexure-A)
- c. Built up Area of the college building : 6216 Sq.m.
- (Refer Annexure- I)**

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)	4 x 75	
M.Pharm Specialization -					
Pharmaceutics	2	2	36	2 x 45	
Industrial Pharmacy	2	NA	36	NA	
Pharmaceutical Technology	2	NA	36	NA	
Pharmaceutical Chemistry	2	NA	36	NA	
Pharmaceutical Analysis	2	2	36	2 x 45	
Pharmaceutical Quality Assurance	2	NA	36	NA	
Regulatory Affairs	2	NA	36	NA	
Pharmaceutical Biotechnology	2	NA	36	NA	
Pharmacy Practice	2	2	36	2 x 45	
Pharmacology	2	2	36	2 x 45	
Pharmacognosy	2	NA	36	NA	
Phytopharmacy and Phytomedicine	2	NA	36	NA	

Signature of the Head of the Institution with date


PRINCIPAL
The Erode College of Pharmacy,
Erode - 638 112.

Signature of the Inspectors with dates

