

PHARMACY COUNCIL OF INDIA

**Standard Inspection Format (S.I.F.) for institutions conducting B. Pharm and D. Pharm
(To be filled and submitted to PCI by an organization seeking approval of the
course / continuation o of the approval)**

(SIF-C)

To be filled up by P.C.I.

Inspection No. :

FILE No. :

To be filled up by inspectors

Date of Inspection:

NAME OF THE INSPECTORS: 1.

(BLOCK LETTERS) 2.

PART-1

A - GENERAL INFORMATION

A-I.1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. Email	Apex Institute of Pharmacy (Apex Paramedical Institute) N.H. – 07, Mirzapur- Varanasi Road, Samaspur, Chunar, Mirzapur -231304 9415304103 0542-2317414 aims.mzp@gmail.com
Year of starting of the course	Diploma 2017-18 & Degree 2018-19
Status of the course conducting body: Government / University / Autonomous /Aided / Private (Enclose copy of Registration documents of Society /Trust)	Private Apex Welcare Trust Registration No. 92 Dt. 28-11-2006
A-I.2 Name, address of the Society/Trust/Managements (attach documentary evidence) STD Code: Telephone No:/ Fax No: E-mail/ Web Site:	Apex Welcare trust, N-7/2A-5 DLW – Hydrel Road, Varanasi 0542 0542-2317414 0542-2317414 aims.mzp@gmail.com
A-I.3 Name, Designation and Address of person to be contacted by phone STD Code Telephone no/ Office/Residence/Mobile No./Fax No. E-Mail	Mr. Devendra Singh, Executive Director N-7/2A-5, DLW-hydrel Road, Varanasi 0542 0542-2317414 9415304103 aims.mzp@gmail.com
A-I.4 Name and Address of the Head of the Institution	Dr. Sunil Kumar Mistry (M.Pharm, Ph. D), Principal Apex Institute of Pharmacy (Apex Paramedical Institute) N.H. – 07, Mirzapur- Varanasi Road, Samaspur, Chunar, Mirzapur -231304 Mob. No.- 9893926205
A-I.4 a) Whether the Jan Aushdhi Medical Store has been opened by your institution	Yes/ (Applied) (Please tick () the relevant portion)


DIRECTOR

Signature of the Head of the Institution
Apex Paramedical Institute
Samaspur, Chunar, Mirzapur

Signature of the Inspectors

A-I.5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. Details of Affiliation Free Paid

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
D. Pharm	2017-18	30900	15/07/2017	
B. Pharm				

b. APPROVAL STATUS:

Name of the Course	Approved Up to	In take Approved and Admitted	PCI	STATE GOVT	UNIVERSITY	Remarks of the Inspectors
B. Pharm		Approval Letter No and Date	NEW INSTITUTE			
		Approved Intake				
		Actually Admitted				
D. Pharm		Approval Letter No and Date	17-1258/ PCI-2016 Dt. 14- 15.07.2016	UP	Board of Technical Education, Lucknow	
		Approved Intake	60	50		
		Actually Admitted	50	50		

c. STATUS OF APPLICATION

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	60	00
B. Pharm	Yes	No	Yes	No	New Institute	

Note: Enclose relevant documents

A- I. 6

Whether other Educational Institutional/Courses are also being run by the Trust / Institution in the Same Building / campus? If Yes, Give Details

Yes

NO

A-I.6 a

Status of the Pharmacy Course:	
Independent Building	<input type="checkbox"/>
Wing of another college	<input type="checkbox"/>
Separate Campus	<input type="checkbox"/>
Multi Institutional Campos	<input checked="" type="checkbox"/>

Examining Authority :For Diploma course
 With complete postal : The Secretary,
 Address,Telephone No. Board of Technical Education, UP
 And STD code Bans Mandi, CharBagh, Lucknow,UP

For Degree course
 The Registrar
 Dr. A.P.J. Abdul Kalam Technical University,
 7/946, Sector 7, Jankipuram Extension, Lucknow, UP

Signature of the Head of the Institution

Apex Institute of Pharmacy
 Apex Paramedical Institute
 Samaspur, Chunar, Mirzapur

Signature of the Inspectors