

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 of the approval)

(SIF-C)

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 - 1.1

Name of the Institution:

Complete Postal address:

STD code

Telephone No.

Fax No.

E-mail

Year of starting of the course

GLOBAL INSTITUTE OF PHARMACY
ITS-1, IT PARK, EPIP, SITAPURA
JAIPUR - 302022
0141-2337304

Director egitjaipur.com.

Diploma 2018 & Degree 2018

Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of

Society/Trust) — See Annexure I

PRIVATE

A - 1.2

Name, address of the Society/Trust/ Management (attach documentary evidence) — See Annexure I

STD Code:

Telephone No:

Fax No:

E-mail

Web Site:

GLOBAL INSTITUTE OF TECHNOLOGY SOCIETY.

0141
2337304, mobile no 9829050477

Kandoinarendra@yahoo.com.

www.gitjaipur.com.

A - 1.3

Name, Designation and Address of person to be contacted by phone

STD Code

Telephone No

Office

Residence

Mobile No.

Fax No

E-Mail

DR. RENU JOSHI w/o SUNIL JOSHI
53, VIJAY NAGAR, KARTARPURA, JAIPUR-30201

0141

9166117765

director egitjaipur.com.

A - 1.4

Name and Address of the Head of the Institution

A - 1.4 a)

Whether the Jan Aushadhi Medical Store has been opened by your institution

— Same above —

— NA — Yes / No

(Please tick (✓) the relevant portion)

For Global Institute of Technology Society
Signature of the Head of the Institution
[Signature]
Authorised Signatory

Signature of the Inspectors

A-1.5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

(A new Institution)

a. DETAILS OF AFFILIATION FEE PAID *Two DD Attachd. Affiliation fee & Inspection fee.*

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
D. Pharm	(New Institute)	DD No 503069	dated 22/8/17	
B. Pharm	DD. 503070	dated 22/8/17	Amnt 75000	

b. APPROVAL STATUS

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVT	UNIVERSITY	Remarks of the Inspectors
B. Pharm		Annexure II Approval Letter No and Date		Applied	Applied	
		Approved Intake	60	60	60	
		Actually Admitted	-	-	-	
D. Pharm		Approval Letter No and Date		Applied	Applied	
		Approved Intake	60	60	60	
		Actually Admitted	-	-	-	

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	(New Institute)	
B. Pharm	Yes	No	Yes	No		

Note: Enclose relevant documents

A-1.6

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-1.6 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 checked="" type="checkbox"/>

Examining Authority : For Diploma course For Degree course
 With complete postal Address, Telephone No. and STD Code. RAJASTHAN UNIVERSITY OF HEALTH SCIENCES
 SECTOR-18, KUMBHA MARG, PRATAP NAGAR
 JAIPUR - 302033, RAJASTHAN

Phone 0141-2795501
 2793352

For Global Institute of Technology Society
 Signature of the Head of the Institution
 Authorised Signatory

Signature of the Inspectors

B - Details of the Institution

To See Annexure III

B-1.1

Name of the Principal

Principal Consent Attached

Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm		15 years, out of which 5 years as Prof. / HOD		
	PhD		10 years, out of which at least 05 years as Asst. Prof	✓	

* Documentary evidence should be provided

B-1.2

For institution seeking continuation of affiliation

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
B. Pharm		NA		

* Enclose Documents

B-1.3

Status of Governing Council:	Government/Trust/Society/Individual/University
Details of the Governing Body	✓ Enclosed / Not Enclosed
Minutes of the last Governing council Meeting	✓ Enclosed / Not Enclosed

B-1.4

Pay Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
Teaching Staff	AICTE /UGC/State Govt. Yes / No	Yes / No	Yes / No (New Institute)	Yes / No	
Non- Teaching Staff	State Government Yes / No	Yes / No	Yes / No	Yes / No	

B-1.5

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

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

NA
(New Institute)

B-1.6

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

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

For Global Institute of Technology Society
Signature of the Head of the Institution
[Signature]
Authorised Signatory

Signature of the Inspectors

B-1.7

B. Pharm Course: Admission statement for the past three years

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
Sanctioned			
No. of Admissions			
Unfilled Seats			
No. of Excess Admissions	<i>NA</i> <i>(New Institute)</i>		

B-1.8

Academic information: Percentage of UG results for the past three years based on University Calendar

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
1 st year			
2 nd year			
3 rd year			
Final year			
Pass % (Final Year)	<i>NA</i> <i>(New Institute)</i>		

B-11

Co - Curricular Activities / Sports Activities

Whether college has NSS Unit (Yes/No)? If no give reasons	
NSS Programme Officer's Name	
Programme conducted (mention details)	
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes/No
Physical Instructor	Available / Not available
Sports Ground	Individual / Shared

For Global Institute of Technology Society

Signature of the Head of Institution

Authorized Signatory

Signature of the Inspectors

C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

C.1 Resources and funding agencies (give complete list)

C.2 Please provide following Information

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others		CAPITAL EXPENDITURE			
2.	Tuition Fee		1.	Building		
3.	Library Fee		2.	Equipment		
4.	Sports Fee		3.	Others		
5.	Union Fee		REVENUE EXPENDITURE			
6.	Others		1.	Salary (To see Annexure IV)		
			2.	MAINTENANCE EXPENDITURE		
				i College		
				ii Others		
			3.	University Fee (If any)		
			4.	Apex Bodies Fee		
			5.	Government Fee		
			6.	Deposit held by the College		
			7.	Others		
			8.	Misc. Expenditure		
				Total		
	Total					

Attached of Three year Balance sheet

Note: Enclose relevant documents

For Global Institute of Technology Society
 Signature of the *[Signature]* of the Institution
 Authorised Signatory

Signature of the Inspectors