

PHARMACY COUNCIL OF INDIA
Standard Inspection Form-E (SIF-E) for M.Pharm course
(To be submitted to PCI by an authority seeking approval)

(SIF-E)

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

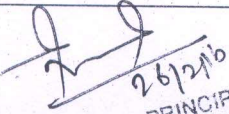
A - 1.1 Application is for -	
<input type="checkbox"/> Permission to start M.Pharm course.	<input type="checkbox"/>
<input checked="" type="checkbox"/> First time approval u/s 12.	<input checked="" type="checkbox"/>
<input type="checkbox"/> Extension of approval.	<input type="checkbox"/>
<input type="checkbox"/>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

PART - II


B - GENERAL INFORMATION

To be filled by institution

B - 1.1	
Name of the Institution:	<u>KAMALAKSHI PANDURANGAN COLLEGE OF PHARMACY</u>
Complete postal address:	<u>Ayyampalayam - Post</u>
	<u>THIRUVANNAMALAI - 606603</u>
	STD Code : <u>04175</u> T.No. : <u>236215</u>
	Fax No. : <u>236215</u> E.Mail: <u>kpcp1993@gmail.com</u>
	Website : <u>www.kpcollegeofpharmacy.com</u>


26/2/16
PRINCIPAL
KAMALAKSHI PANDURANGAN
COLLEGE OF PHARMACY,
TIRUVANNAMALAI - 606 603.
TAMILNADU - STATE

<p>B-1.2 - Course conducting body:</p> <p><input type="checkbox"/> Status</p> <p>- Central Govt. <input type="checkbox"/></p> <p>- State Govt. <input type="checkbox"/></p> <p>- Union Territory <input type="checkbox"/></p> <p>- Autonomous body <input type="checkbox"/></p> <p>- Society <input type="checkbox"/></p> <p>- Trust <input checked="" type="checkbox"/></p>	<p>Please tick (<input type="checkbox"/>) the relevant box.</p>
<p>B-1.3</p> <p>Name of the Society/Trust/ Management</p> <p>Complete postal address:</p>	<p><u>SREE ARUNAI EDUCATIONAL TRUST</u></p> <p><u>Ayyampalayam - P.O</u></p> <p><u>THIRUVANNAMALAI - 606603</u></p> <p>STD Code : <u>04175</u> T.No.: <u>236215</u></p> <p>Fax No. : <u>236215</u> E.Mail: <u>kpepi993@gmail.com</u></p> <p>Website : <u>www.kpcollegeofpharmacy.com</u></p>
<p>B-1.4</p> <p>Name of the Examining Authority</p> <p>Complete postal address:</p>	<p><u>THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY</u></p> <p><u>69, ANNASALAI, GUINDY, CHENNAI - 32</u></p> <p>STD Code : <u>044</u> T.No.: <u>22353576</u></p> <p>Fax No. : <u>4422353698</u> E.Mail: <u>mail@tnmgrmu.ac.in</u></p> <p>Website : <u>www.tnmgrmu.ac.in</u></p>
<p>B-1.5</p> <p>Other courses run by the institution</p> <p>- D.Pharm</p> <p>- B.Pharm</p> <p>- Pharm.D.</p>	<p><u>Approval status</u></p> <p><u>Approved upto 2016-17 (F.No. 17-470/2011-PCI)</u></p> <p><u>Approved upto 2016-17 (F.No. 12-139/2011-PCI)</u></p>


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