

5/8

PHARMACY COUNCIL OF INDIA

(Constituted under the Pharmacy Act'1948)

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Post Box No. 7020,
NEW DELHI - 110 002

Ref.No.16-22/2013-PCI/ 2390-4299

All Institutions D.Pharm./B.Pharm. approved-

- a) u/s 12 of the Pharmacy Act.
- b) for conduct of course.

- 6 MAY 2014

Sub.: PCI-Remittance of the Affiliation Fee from 2014-2015 academic session.

Sir,

With reference to the subject cited above, I am directed to say that the 93rd Central Council of the Pharmacy Council of India in its meeting held in July,13 has decided to raise the affiliation fee from 2014-2015 academic session as per the following details -

- a) D.Pharm course - From Rs.15,000/- to Rs.50,000/- per annum
- b) B.Pharm course - From Rs.15,000/- to Rs.100,000/- per annum

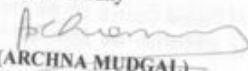
In view of above it is informed that -

- a) the revised fee should be sent from next financial year i.e. 2014-2015. The last date of submission of Affiliation fee is 15th June of each year.
- b) The fee should be sent only in the form of demand draft in favour of Pharmacy Council of India payable at New Delhi alongwith the duly filled in proforma which is enclosed herewith as **Appendix - I**.
- c) Institutions running both D.Pharm. & B. Pharm. courses simultaneously has to pay separate DDs. Rs.50,000/- for D.Pharm. and Rs. 1,00,000/- for B. Pharm.
- d) Mentioning file number of your institution is very important while submitting fees. For file number please refer to any of Council's communication sent to you, it is on top left hand side. Please note that-
 - Diploma file number starts with 17-
 - Degree file number starts with 32-
- e) You may also refer to Council's website www.pci.nic.in under the lists of approved u/s12 or approved for conduct of course as per approval status of your institution. The file number is mentioned in the column of S.No. of your institution. For example -

S.No.	Name of the Institutions	Admissions	Approval Upto Academic session	Examining Authority
1 /XXX (File No.)	PQR Pharmacy College	AB	CD	EF

- 1 is S.No. of the List
 - XXX is your file number.
 - if your course is D.Pharm., File No. will be 17-XXX.
 - if Course is B.Pharm., File No. will be 32-XXX.
 - if Course is Pharm.D & Pharm.D (PB), File No. will be 50-XXX.
- f) Those Institutions which has already paid the affiliation fee in advance for 2014-2015 academic session and onwards as per old fee structure i.e.Rs.15,000/- p.a. are required to pay balance amount as per revised fee structure.
- g) Payment of fee does not mean automatic approval of the course at your institution.

Yours faithfully


(ARCHNA MUDGAL)
Registrar-cum-Secretary

Sl. No.	Name of the Institution	Course	File No.	Remarks

Pharmacy Council of India**Sub.: Proforma for Submission of Affiliation Fee.**

1. Name of the College : _____

2. College E-mail Address : _____

3. Name of Course : Please tick (√) relevant portion

D. Pharm. ()

B. Pharm. ()

Pharm.D. & Pharm.D.(PB) ()

4. The details of affiliation fee forwarded:-

File No.	D.D. No.	Date	Amount (Rs.)	Session