

FORMAT FOR SEEKING COMPLIANCE OF “APPENDIX-C” OF EDUCATION REGULATIONS, 1991 FROM EXAMINING AUTHORITIES

(As approved by 73rd Central Council (Sept., 2004) under Item No.143)

Details of Examining Authority

**A) Name of the Examining Authority
with complete Postal Address**

STD Code _____

Telephone _____

Fax No. _____

E-Mail _____

**B) Name, Designation and Address of Vice
Chancellor/Registrar**

STD Code _____

Telephone _____

Office _____

Residence _____

Fax No. _____

E-Mail _____

C) Whether the Examining Authority is

- **Statutory Indian University**
- **Body constituted by the Central or State Government**

**Yes/No
Central Govt./State Govt.**

F) **Norms for appointment of Examiners for Pharmacy Examination (Both Theory & Practicals) be enclosed.**

G. **DETAILS OF EXAMINATION CENTRES APPROVED BY THE EXAMINING AUTHORITY.**

- i) Please enclose List of Examination Centres approved by the Examining Authority for conduct of D.Pharm examination (**Appendix-III**).
- ii) Please enclose List of Examination Centres approved by the Examining Authority for conduct of B.Pharm examination (**Appendix-IV**).
- iii) Whether following facilities are provided in the Examining Centres -
 - a) adequate rooms with necessary furniture for holding written examinations. please enclose details as **Appendix-V**
 - b) Well equipped laboratories for holding practical exams. please enclose details as **Appendix-VI**

H. **UNDERTAKING BY THE EXAMINING AUTHORITY TO FOLLOWING EFFECT :**

- It shall permit the Inspector or Inspectors of the Pharmacy Council of India to visit and inspect the examinations.
- It shall, if so required by a candidate, furnish the statement of marks secured by a candidate in the examinations after payment of prescribed fee, if any, to the Examining Authority.
- In pursuance of sub-section (3) of section 12 of the Pharmacy Act, 1948, the Examining Authority shall communicate to the Secretary, Pharmacy Council of India

not less than six weeks in advance the dates fixed for examinations, the time-table for such examinations, so as to enable the Council to arrange for inspection of the examinations.

Name of the Registrar _____
(In Capital Letters)

Signature _____
with date

Seal of _____
the University