

# GOVERNMENT COLLEGE OF PHARMACY

No. 2, P. Kalingarao Road, Subbaiah Circle, Bangalore-560 027.

email: [principal.gcp123@gmail.com](mailto:principal.gcp123@gmail.com) website: [www.govtcopblr.org](http://www.govtcopblr.org)

No. DCD/GCP/ADM/AFFI/2016-17

Date: 14-3-2016

To,  
Registrar-cum-Secretary  
Pharmacy Council of India,  
Combined Council' building,  
Temple lane, Kotla Road,  
Aiwan-E-Ghalib Marg,  
Post BoxNo-7020, New Delhi-110002.

Sir,

Sub: Submission of application for continuation affiliation.

Ref: This office letter even no: dated: 01-03-2016. (Copy enclosed)

\*\*\*\*\*

Kindly find the details with regard to continuation of affiliation as per the following information for the academic year 2016-17. We have already requested in above reference letter for the exemption of affiliation fee kindly accepted and obliged.

- |                                 |  |
|---------------------------------|--|
| 1. M. Pharma (Pharmaceutics)    | - continuation of affiliation for 15 seats |
| 2. M. Pharma (Pharma Chemistry) | - continuation of affiliation for 15 seats |
| 3. M. Pharma (Pharmacognosy)    | - continuation of affiliation for 15 seats |
| 4. M. Pharma (Pharmacology)     | - continuation of affiliation for 15 seats |

Thanking you,

Yours faithfully,



PRINCIPAL  
Government College of Pharmacy  
Bangalore - 27

Phone : 080 - 22222681  
Fax No : 080 - 22270666

# GOVERNMENT COLLEGE OF PHARMACY

No. 2, P. Kalingarao Road, Subbaiah Circle, Bangalore-560 027.

email: [gcp.dcd-ka@nic.in](mailto:gcp.dcd-ka@nic.in)  
[principal.gcp123@gmail.com](mailto:principal.gcp123@gmail.com)

website: [www.govtcoiplr.org](http://www.govtcoiplr.org)

No: DCD/GCP/ADM/30/PCI/2015-16

Date: 01/03/2016

**To**

Registrar-cum-Secretary  
Pharmacy Council of India,  
Combined Council' building,  
Temple lane, Kotla Road,  
Aiwan-E-Ghalib Marg,  
Post BoxNo-7020, New Delhi-110002.

Sir,

Sub: Request for exemption from application fee and affiliation fee.  
Ref: Your Notification No. 14-136/2014-PCI.

\*\*\*\*\*

With reference to the above, I wish to state that Government College of Pharmacy, Bengaluru is the only Government Institute imparting Pharmacy Education in the state of Karnataka. Sir, as you are aware prior Government sanction for payment of any fee to the apex body is required. I wish to inform you that our college is already exempted from paying any affiliation fee to Rajiv Gandhi University Health Sciences, Karnataka and AICTE(Copy enclosed). It is in this regard I also request you to exempt us from paying any affiliation fee.

A letter in this regard has already been written to the Drugs Controller, our controlling officer for further communication to the State Government and the same may reach your kind office in due course. Kindly consider this letter as an advance request from the office of the Principal.

Please to the needful.

Yours faithfully,

  
PRINCIPAL

Government College of Pharmacy  
Bangalore-27.

Despatched  
01/03/2016



**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**

<b>A - 1.1</b> Application is for - <ul style="list-style-type: none"><li>• Permission to start M.Pharm course.</li><li>• First time approval u/s 12.</li><li>• Extension of approval.</li><li>• Increase in intake upto 15 seats.</li></ul>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Please tick (✓) the relevant box.
--	--

**PART - II**

**B - GENERAL INFORMATION**

**To be filled by institution**

<b>B - 1.1</b> Name of the Institution: Complete postal address:	<u>GOVERNMENT COLLEGE OF</u> <u>PHARMACY, #2, P.Kalinga Rao</u> <u>Road, Subbaiah Circle</u> <u>Bangalore, Karnataka 560027</u> STD Code : <u>080</u> T.No. : <u>22222681</u> <u>22270666</u> Fax No. : <u>22222681</u> E.Mail: <u>principal-gcp123</u> <u>@gmail.com</u> Website : <u>www.govtcolphs.org</u>
--	---

<b>B- 1.2 - Course conducting body:</b> <ul style="list-style-type: none"> <li>• Status</li> <li>- Central Govt. <input type="checkbox"/></li> <li>- State Govt. <input checked="" type="checkbox"/></li> <li>- Union Territory <input type="checkbox"/></li> <li>- Autonomous body <input type="checkbox"/></li> <li>- Society <input type="checkbox"/></li> <li>- Trust <input type="checkbox"/></li> </ul>	<p>Please tick (✓) the relevant box.</p>
<b>B- 1.3</b> Name of the Society/Trust/ Management  Complete postal address:	<p>Govt. of Karnataka</p> <hr/> <hr/> <hr/> STD Code : _____ T.No. : _____ Fax No. : _____ E.Mail: _____ Website : _____
<b>B- 1.4</b> Name of the Examining Authority  Complete postal address:	<p>Rajiv Gandhi University  of Health Sciences  4<sup>th</sup> T Block, Jayanagar  BANGALORE - 560041, Karnataka.</p> <hr/> <hr/> <hr/> STD Code : _____ T.No. : _____ Fax No. : _____ E.Mail: _____ Website : _____
<b>B- 1.5</b> Other courses run by the institution <ul style="list-style-type: none"> <li>- D.Pharm</li> <li>- B.Pharm</li> <li>- Pharm.D.</li> </ul>	<p><u>Approval status</u></p> <p>Approved</p> <hr/> <p>Approved</p> <hr/> <hr/>

Signature of the Head of the Institution with date

Signature of the Inspectors with dates

*[Handwritten Signature]*  
**PRINCIPAL (A/C)**  
Government College of Pharmacy,  
Bangalore - 560027.

## B - 1.6 M.Pharm specializations run / proposed to be run by an institution -

Name of specialization	Year of start	No. of admissions	Remarks of the Inspectors
Pharmaceutics	1977		
Industrial Pharmacy			
Pharmaceutical Technology			
Pharmaceutical Chemistry (1987)	1987		
Pharmaceutical Analysis			
Pharmaceutical Quality Assurance			
Regulatory Affairs			
Pharmaceutical Biotechnology			
Pharmacy Practice			
Pharmacology	1977		
Pharmacognosy	1977		
Phytopharmacy and Phytomedicine			
Others * if any, (please specify)			
* M.Pharm specializations started prior to commencement of the Master of Pharmacy (M.Pharm) course Regulations, 2014 can continue only till the students admitted complete the said specialization.			

  
 PRINCIPAL (AC)  
 Government College of Pharmacy,  
 Bangalore - 560 027.

Signature of the Head of the Institution with date

Signature of the Inspectors with dates



**PART-III**  
**PHYSICAL INFRASTRUCTURE**

**1. Accommodation**

- a. Availability of land for the pharmacy college : 7 acres
- b. Building : Own/ Leased/Rented  
(enclose documentary evidence as Annexure-A)
- c. Built up Area of the college building : 65000 sq. ft Sq.m.

**2. Class rooms**

Name of the course	No. Required	No. Available	Area required for each class room (Sq.m.)	Available (Sq.m.)	Remarks of the Inspectors
<b>B.Pharm</b>	4	06	75 (essential) 90 (desirable)	882	
<b>M.Pharm Specialization -</b>					
Pharmaceutics	1	1	36	30	
Industrial Pharmacy	1		36		
Pharmaceutical Technology	1		36		
Pharmaceutical Chemistry	1	1	36	30	
Pharmaceutical Analysis	1		36		
Pharmaceutical Quality Assurance	1		36		
Regulatory Affairs	1		36		
Pharmaceutical Biotechnology	1		36		
Pharmacy Practice	1		36		
Pharmacology	1	1	36	30	
Pharmacognosy	1	1	36	30	
Phytopharmacy and Phytomedicine	1		36		



Signature of the Head of the Institution with date  
Government College of Pharmacy,  
Bangalore - 560 027.

Signature of the Inspectors with dates

