

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting D. Pharm course
(To be filled and submitted to PCI by an organization seeking approval of the course / continuation of the approval)

(SIF-A)

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**

<p>A - I. 1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail</p>	<p>DHARAMVEER DEGREE COLLEGE Vill & Post- Bishanpura Bijnor 01345 245054 245054 manojchn72@gmail.com</p>
<p>Year of starting of the course Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)</p>	<p>2018-19 Private, Trust Deed.</p>
<p>A - I. 2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:</p>	<p>Maa Saraswati Educational Trust Kabir Nagar, Noorpur, Bijnor-246734 01345 245054 245054 manojchn72@gmail.com ddc.edu.org</p>
<p>A - I. 3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail</p>	<p>Manoj Chauhan Chairman, Kabir Nagar, Noorpur , Bijnor 01345 245054 9719494805 9012500813 245054 manojchn72@gmail.com</p>
<p>A - I. 4 Name and Address of the Head of the Institution</p>	<p>IDENTIFIED</p>

Maa Saraswati Educational Trust

Signature of the Head of the Institution

Signature of the Inspector