

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 -

- Permission to start M.Pharm course.
- First time approval u/s 12.
- Extension of approval.
- Increase in intake upto 15 seats.

Please tick (✓) the relevant box.

PART - II

B - GENERAL INFORMATION

To be filled by institution

B-1.1

Name of the Institution:

M.C.E SOCIETY'S ALLANA COLLEGE OF
PHARMACY.

Complete postal address:

2390 B, K.B. HIDAYATULLAH ROAD
AZAM CAMPUS, PUNE

STD Code : 020 T.No. : 26442074

Fax No. : _____ E.Mail: prin-acpharm@
azamcampus.org

Website : www.allanacollegeofpharmacy.org