

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting B. Pharm

(To be filled and submitted to PCI by an organization seeking approval of the course / continuation of the approval)

(SIF-B)

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)**

Signature of the Head of the Institution

Signature of the Inspectors

PART – I
A - GENERAL INFORMATION

A – I.1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	JNTUA Oil Technological Pharmaceutical Research Institute (Formerly known as OTRI), (Constituent unit of Jawaharlal Nehru Technological University, Anantapur), Anantapuramu – 515001 08554 220376/ 08554 225656 09440491656 principalotpri@jntua.ac.in
Year of starting of the course	2013
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Government (Enclosed copy as ANNEXURE I)
A – I.2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY, ANANTAPUR JNTUA OTPRI ANANTAPUR NEAR COLLECTORATE OFFICE 08554 220376 220376 principalotpri@jntua.ac.in www.jntua-otpri.ac.in
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	Prof. Chakka Gopinath M.Pharm., Ph.D., M.Sc (Psychology) Principal, Jawaharlal Nehru Technological University, Anantapur Oil Technological and Pharmaceutical Research Institute, Anantapuramu – 515001, A.P., India +91 9440491656 master.gopinathchakka@gmail.com; principalotpri@jntua.ac.in
A – I.4 Name and Address of the Head of the Institution	Prof. Chakka Gopinath M.Pharm., Ph.D., M.Sc (Psychology) Principal, Jawaharlal Nehru Technological University, Anantapur Oil Technological and Pharmaceutical Research Institute, Anantapuramu – 515001, A.P., India
A – I.4 a) Whether the Jan Aushadhi Medical Store has been opened by your institution	Yes / No (Please tick (✓) the relevant portion)

A – I.5**FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL****a. Details of Affiliation Fee Paid (Enclosed copy as ANNEXURE II)**

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B. Pharm	2018-19	376907	08/08/2018	

b. APPROVAL STATUS: (Enclosed copy as ANNEXURE III)