

Pharmacy Council of Pakistan
(Established under the Pharmacy Act 1967)



Secretariat:
14-D West, Feroz Centre
Blue Area, Islamabad
Phone: 051-9204191
051-9218995

F.No.1-37/2022-PCP

March 20, 2023

CIRCULAR

SUBJECT: PROVISION OF DETAILS OF PRINCIPAL, TEACHING FACULTY, TIME TABLE AND INFRASTRUCTURE/BUILDING

Reference to the subject cited above.

2. It has been observed by the Pharmacy Council of Pakistan that many institutes are violating the terms and condition of NOC which were granted them for Category B (Pharmacy Technician) program in terms of teaching faculty and building of the institute.
3. Therefore, you are directed to provide the subject details of your Institute as per attached proforma I & II within 15 days on the letter head of the College/Institute.
4. This issues with the approval of President, Pharmacy Council of Pakistan.

The Council has a legal right to revoke/withdraw the permission of admission in Pharmacy Technician Program if it observes any violation or non-compliance to the regulations/directions/ instructions issued by the Council from time to time.

(Prof. Dr. Muhammad Ali Ghoto)
Acting Secretary
Pharmacy Council of Pakistan

Distribution:

All Institutions Imparting Category B (Pharmacy Technician) Courses.

Copy for information: -

1. President, Pharmacy Council of Pakistan, Islamabad.
2. Members, Pharmacy Council of Pakistan.
3. Secretaries, Pharmacy Councils of Punjab/Sindh/ KpK / Baluchistan.
4. Office Copy.

Proforma I

To be provided on the letter head of the institute

Name	Designation	Qualification	Valid Registration No.	Experience	Date of Employment	Contact #
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Proforma II

To be provided on the letter head of the institute.

1. In case the institute premises are owned:

I, _____ do hereby declare that I own the under mentioned premises which complies with Pharmacy Council requirements and wherein I, intend to run the Pharmacy Education Institute.

Complete Address of the Premises:

I submit to you the following documents as address proof of the said institute.

- Copy of Purchase Agreement (fard-e-malkiat)
- Latest Electricity and Land-line phone bills of the premises

Signature of the Institute Head
(with seal/ stamp)

2. In case the institute premises are rented:

I, _____ do hereby declare that I have acquired the under mentioned premises on rent/ hire/ lease & license which complies with the Pharmacy Council requirement and wherein I intend to run the Pharmacy Institute.

Complete Address of the Premises:

I submit to you the following documents as address proof of the said institute.

- Copy of Rent or Lease Agreement
- Latest Electricity and Land-line phone bills of the premises

Signature of the Institute Head
(with seal/ stamp)

