



Indian Pharmaceutical Association

ipacentre@ipapharma.org, www.ipapharma.org, ipacpd@gmail.com

Guidelines for Pharmacy Colleges for filling the Reporting Forms for NPW 2008-09

Dear Sir/Madam,

Please read the following guidelines for filling the forms (given below) carefully, and fill and send the forms to IPA, Mumbai, before the last dates mentioned :

In the form, under the slated column heads mentioned below, please enumerate as is given below :

- 1) **Activity** – List the various activities performed/ conducted by your college during the week
- 2) **Date** – Write the date/s on which the activity was performed/ conducted
- 3) **Coverage/ Audience with numbers**: Write to whom the Activity has focussed on/ addressed/ targeted to (E.g. Pharmacy students, school/ college students, general public/ doctors/ Govt officials etc. etc.) and how many numbers of each were covered.

- 4) **Supporting proofs attached** – Against the activity, list all the supporting proof you are sending/ attaching along with the reporting form e.g. Copy of material, letters, photographs, news items of activities, articles, etc.
- 5) **Done in collaboration with** – Please write against each activity, whether this was done in collaboration with other college/s, local/ state branches of IPA, Chemists & Druggists Association, any other social/ cultural organization, school/ college etc.

Wishing you all the best in your endeavors

Shri. S D Joag,
Hon.Gen.Secretary.
IPA



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Reporting Format (PC-RF-2)

(to report activities conducted during The Week – any ONE week (Sunday to Sunday), from 2nd November to 13th November, 2008
(Please fill up and send this form to IPA HQ so as to reach us latest by 31st December 2008)

NATIONAL PHARMACY WEEK 2008						
Dates on which The Week was celebrated :						
Name of Pharmacy College/ institution:						
Detail Postal Address:						
Email:				Tel.No.:		
Person in-charge of NPW activities:						
Name:						
Email:				Mobile No.:		
Sr. No.	Activity	Date	Target audience/ group	Coverage Audience with numbers	Supporting proofs attached	Done in collaboration with

Certified that the above activities have been carried out in our institution.

Annexures:

- 1)
- 2)
- 3)
- 4)
- 5)

Name
Head of Institute

(Sign)

Rubber Stamp



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Reporting Format (PC-RF-3A)

(to report activities conducted during the 1st term/period of NPW - from 1st to 13th November, 2008
(Please fill up and send this form to IPA HQ so as to reach us latest by 15th March 2009)

NATIONAL PHARMACY WEEK 2008 Report of the 1st Term/ Period from 1st November 2008 to 28th February 2009					
Name of Pharmacy College/ institution:					
Detail Postal Address:					
Email:			Tel.No.:		
Person in-charge of NPW activities:					
Name:					
Email:			Mobile No.:		
Sr. No.	Activity	Date	Coverage Audience with numbers	Supporting proofs attached	Done in collaboration with

Certified that the above activities have been carried out in our institution.

Annexures:

- 1)
- 2)
- 3)
- 4)
- 5)

Name
Head of Institute

(Sign)

Rubber Stamp



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Reporting Format (PC-RF-3B)

(Please fill up and send this form to IPAHQ so as to reach us latest by 15th July 2009)

NATIONAL PHARMACY WEEK 2008 Report of the 2nd Term/ Period from 1st March 2009 to 30th June 2009					
Name of Pharmacy College/ institution:					
Detail Postal Address:					
Email:			Tel.No.:		
Person in-charge of NPW activities:					
Name:					
Email:			Mobile No.:		
Sr. No.	Activity	Date	Coverage Audience with numbers	Supporting proofs attached	Done in collaboration with

Certified that the above activities have been carried out in our institution.

Annexures:

- 1)
- 2)
- 3)
- 4)
- 5)

Name
Head of Institute

(Sign)

Rubber Stamp

Reporting Format (PC-RF-3C)

(Please fill up and send this form to IPAHQ so as to reach us latest by 15th November 2009)

NATIONAL PHARMACY WEEK 2008					
Report of the 3rd Term/ Period from 1st July 2009 to 31st October 2009					
Name of Pharmacy College/ institution:					
Detail Postal Address:					
Email:			Tel.No.:		
Person in-charge of NPW activities:					
Name:			Mobile No.:		
Email:					
Sr. No.	Activity	Date	Coverage Audience with numbers	Supporting proofs attached	Done in collaboration with

Certified that the above activities have been carried out in our institution.

Annexures:

- 1)
- 2)
- 3)
- 4)
- 5)

Name
Head of Institute

(Sign)

Rubber Stamp

