# **New Registration Process**

**1.** New user is required to sign-up to create the username and password by clicking on signup button. After signup, the user is required to submit the details of the establishment for its registration. (The establishment who are already registered with CCSEA need not to apply for the new registration through online portal)

User Login	
User Type	~
User Name	2
Password	
Z62	29H6 🖕
Please write abo case sensitive	ve code to input box Text are not
Enter	Captcha:
Login	Sign Up<
	<b>↓</b>
SIGN UP FO	R NEW REGISTRATION WITH CPCSEA
e Establishments who are already re ough online.	egistered with CPCSEA need not apply for New Registration
User Name	
Password	
Confirm Password	
Name of the Establishment	
Address of Animal House Facility	
Contact No	
State	STATE Y
Pincode	
Email	
Submit	Cancel

2. After signup, the user is required to login the portal by clicking on establishment login in the user login section and enter username and password which has been created by the user.

User Login	
 Establishment Login	~
gujarat1234	
•••••	
 YK7UJ	9 5 0
Please write above code to inp case sensitive	out box Text are not
Enter	Captcha:
yk7uj9	
 Login	Sign Up
F	orgot Password

3. The user will be able to see the home page of the establishment panel wherein four tabs will be available on the left hand side.

	Committee for the Purpose of Control and Supervision of Experiments on Animals Ministry of Fisheries, Animal Husbandry and Dairying Department of Animal Husbandry and Dairying Government of India	
	WELCOME :-GUJARAT123	4
Edit Profie     Edit Profie     New Registration     Change Password	Gujarat Medical College Gujarat 7845221562 Gujarat trm@gmail.com	
>Logout		

## **Procedure for filling the Form-A:**

4. The user is required to click on New Registration tab for entering the details in the Form –A.

			WELCOME :-GUJARAT1234
Edit Profile     GL     GL	jarat Medical College jarat		
New Registration	45221562		
Change Password     trr	jarat n@gmail.com		
> Logout			
	New Regis	tration	
ep 1 of 3. Registration Form			
	FORM	4	
Application for I	Registration of Breeder/Establish	ment/ Educational Institutio	ns / Shelters
Details of Establishment Name of the Establishment: *	Guiarat Medical College		
	Cuiarat		
Address of Animal House Facility:*	Gujarat		
State:*	Guiarat	~	
Fel No *	7845221562	Don't start with '0'(zero).	You may enter multiple
	1040221002	numbers separated by se	micolon(;)
Email:*	trm@gmail.com	Ex.abc@gmail.com	
Fax No.			
) Whether Government or Private *	Government	۲	
	Private	0	Activate Windows
Established Under ( Ministry / Dep	tt. / Council / Act / or any other	)	Go to Settings to activate
Name and Number :*	college of Pharmacy		

Date of registration:*	11/03/2021	
c). Sister Organization Details		
Name		
Address		
Reference number		
d). Premises is Rented / leased / self o	wned	
Rented / leased / self owned:*	Rented	
2.) Details of the Head of Organization	1	
Name: *	Dr Sumit	
Designation of head of the	Chairman	
organization / Chairman, IAEC :*		
Address:*	gujarat	
	***	
Contact number:*	7844522366	
3.) Objectives of the organization: *	Education	A stiveta Mi
		Go to Settings 1
house facility: * Cmall/Lar	an Animal Englity	

## 4.) Type of animal house facility:

Small/Large Animal Facility

#### 5.) Purpose of Registration: \*

	LARGE ANIMAL	SMALL ANIMAL
Research for Education purpose		
Research for Commercial purpose		
Research		
Breeding for in-house use		
Breeding for the purpose of trade		
Production of Hyperimmune Plasma & Serum etc.		

#### Total Fees: 10000.00

#### Note :

(1) The establishments which are applying for registration with CPCSEA, for different purposes are required to submit the fee(s) as per their purpose(s). If the purpose is more than one, the fee is to be added accordingly.

(2) Kindly make sure that the establishment wants to register their Animal House Facility for the purpose(s) as selected above since the selection is directly attached with fee payment. Once the payment has been received in CPCSEA, it will not be refunded.

Save & Proceed

100	of 3 Registration	n Form									
	of 3. Registratio	n Form									
Sou	rce of Animal P	Procurement: *									
INO	NAME OF THE \$	UPPLIER *	ADDRESS*	REGISTRATION NO	MODE OF 1	RAN SPORTATION *	SUPPLIER T	YPE •			
1	Bharat Serum	a Vaccines Ltd	Plot No A-371372, Rd No 27, Wagle Indl Estate, Thane - 400604, Maharashtra	103/PO/RcBiBt-S/NRc- L/99/CPCSEA	Air		Registered	l			
							Registrer	ed			
	Select Supplie	er									
< 7 \ [	otails of Speci	ios wiso Animals to	he housed (Small/ Large Animals) (P	lease attach layout plan of AHE	1-*			>			
			be noused (unany earge minimars) (i	and a second sec	1-		7,05,05				1071011
SN	O NAME & BRE	ED OF ANIMALS*	NO. OF ANIMALS	SEX.	AGE		I TPE OF	ANIMAL		PURPOSE OF REGISTRATION *	ACTION
1	Rat		14	Male	1 week		Small			Research for Education purpose	/=
				Male	~		Small		~	Research for Education purpo	Add
nise Trair	ned staff for an	iimal experimentatio	on Details:*								
SNO	NAME*		DESIGNATION *	QUALIFICATION *		EXPERIENCE *		ACTION		Activate Windows	
sno 1	NAME•		DESIGNATION •	QUALIFICATION *		EXPERIENCE •				Activate Windows Go to Settings to activat	e Windo
SNO 1	NAME*		DESIGNATION *	QUALIFICATION *		EXPERIENCE*				Activate Windows Go to Settings to activat	e Windo
sNO 1	NAME*	facilities for Ani	DESIGNATION * NA NA mals:	QUALIFICATION *		EXPERIENCE*		ACTION		Activate Windows Go to Settings to activat	e Windo
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sNO 1 ost ( se o) nstit ate c betail	Na	facilities for Ani on,registration nu hal Ethics Commi o of IAEC :* lembers :* DATE OF BIRTH*	DEBIGNATION* NA mais: imber of shelter to which anima ttee (as per Rule 13 of the Bree 11/03/2021 DEBIGNATION 1*	QUALIFICATION * NA United to the set of the	on Animals (Co	EXPERIENCE* NA   	vision) Rules -	ACTION	ed)	Activate Windows Go to Settings to activat	e Windo
sNO 1 ost ( se o) histit ate ( Detail	Na	I facilities for Ani on,registration no al Ethics Commi of IAEC :* lembers :* DATE OF BIRTH* 08/03/2021	DEBONATION* NA mals: imber of shelter to which anima ttee (as per Rule 13 of the Bree 11/03/2021 DEBIGNATION 1* Biological Scientist	QUALIFICATION * NA NA NA United text of the set of the	on Animals (Ce	EXPERIENCE* NA  	nvision) Rules - MOBILE + 4555222222	ACTION	ed)	Activate Windows Go to Settings to activat	e Windo
1 ost ( se o) Detail	Na experimental frehabilitatic tutional Anim of constitution Is OF IAEC M MARE OF IEMBER * Iember2 Iember2	a of IAEC :* Image: IAEC :* Image: IAEC :* Image: IAEC :* Image: Image:	DEBONATION* NA NA mals: mber of shelter to which anima ttee (as per Rule 13 of the Bree 11/03/2021 DEBIGNATION 1* Biological Scientist Scientist from different biologica discipline	QUALIFICATION * NA U U U U U U U U U U U U U U U U U U	on Animals (Co	EXPERIENCE* NA   Ontrol and Super QUALIFICATION * MSC MSC	vision) Rules - MOBILE - 4555222222 4555222221	ACTION ACTION Add 1998, as amende EMAIL * str@gmail.con str@gmail.con	ed)	Activate Windows Go to Settings to activat	e Windo
1 ost ( se o) Detail M M	Na AME * Na Na Na experimental frehabilitatic trutional Anim of constitution is OF IAEC M AME OF IEMBER* Iember2 Iember2 Iember3	facilities for Ani on, registration nu nal Ethics Commi of IAEC :- Members :- DATE OF BIRTH- 08/03/2021 20/07/2020 22/09/2020	DEBONATION* NA NA NA Mainteenation Mainteena	AUALIFICATION * NA NA NA NA NA NA NA NA NA DE second to the second secon	on Animals (Co	EXPERIENCE* NA   ontrol and Super OUALIFICATION MSC BSC	vision) Rules : MOBILE * 4555222222 4555222221	ACTION AC	ed)	Activate Windows Go to Settings to activat	e Windo
I I I I I I I I I I I I I I I I I I I	Na NAME* Na experimental frehabilitatic tutional Anim of constitution is OF IAEC M AME OF IEMBER* Iember2 Iember2 Iember3 Iember4	facilities for Ani on,registration nu hal Ethics Commi n of IAEC :* lembers :* Dare of BIRTH* 08/03/2021 20/07/2020 22/08/2020 12/07/2020	DEBONATION* NA NA NA Mals: mals: maber of shelter to which anima Ittee (as per Rule 13 of the Bree 11/03/2021 DEBIONATION 1* Biological Scientist Scientist from different biologica discipline Scientist from different biologica discipline Veterinarian	AUALIFICATION * NA NA NA UNIT be rehabilitate *	on Animals (Co	EXPERIENCE* NA NA Control and Super MSC MSC BSC MVVSC	MOBILE * 4555222221 4555222221 4555222221	ACTION ACTION Add 1998, as amende 1998, as amende EMAIL • Str@gmail.con str@gmail.con str@gmail.con	ed)	Activate Windows Go to Settings to activat	e Windo
sno 1 ost ( se o) hatti ate c betail M M M	Na NAME * Na N	al Ethics Commi on,registration no of IAEC :* lembers :* 08/03/2021 20/07/2020 12/07/2020 21/08/2020	DEBONATION* NA mals: miber of shelter to which anima ttee (as per Rule 13 of the Bree 11/03/2021 DEBIGNATION 1* Biological Scientist Scientist from different biologica discipline Scientist from different biologica discipline Scientist from different biologica discipline Scientist from different biologica discipline Scientist from different biologica discipline	AUALIFICATION * NA NA NA Use rehabilitate * Offing of and Experiments of DEBIGNATION 2* Chairperson M Member Secretary NA NA Jse NA	on Animals (Ce	EXPERIENCE* NA 	NOBILE * 4555222221 4555222221 4555222221 4555222221 7455522222	ACTION AC	rd)	Activate Windows Go to Settings to activat	e Windo
I I I I I I I I I I I I I I I I I I I	Na NAME * Na N	al Ethics Commi on,registration no of IAEC :* lembers :* DATE OF BIRTH * 08/03/2021 20/07/2020 12/07/2020 21/08/2020	DEBONATION* NA mals: imber of shelter to which anima ttee (as per Rule 13 of the Bree 11/03/2021 DEBIGNATION 1* Biological Scientist Scientist from different biologica discipline Scientist from different biologica discipline Scientist from different biologica discipline Scientist from different biologica discipline	OUALIFICATION *       NA       I will be rehabilitate *       ding of and Experiments o       DE BIGNATION 2*       Chairperson       M       Member       Secretary       NA       NA       via       NA	on Animals (Co	EXPERIENCE* NA    OUTOLATION  MSC MSC BSC BSC MVVSC phd	NOBILE * 4555222221 4555222221 4555222221 7455522222	ACTION AC	ed)	Activate Windows Go to Settings to activat	e Windo
SNO 1 1 ost ( se o) hetail M M M M	Na AME * Na * Na * Na * Na * Na * Na * * Na * * Na * * * *	facilities for Ani on,registration m of IAEC :* lembers :* DATE OF BIRTH* 08/03/2021 22/06/2020 22/06/2020 21/06/2020	DEBONATION* NA NA NA Mainteenation Mainteena	QUALIFICATION *       NA       I will be rehabilitate *       ding of and Experiments of       DE BIGNATION 2*       Chairperson       II       Member       Secretary       NA       NA       Jase       NA	on Animals (Co	EXPERIENCE* NA 	NOBILE * 4555222221 4555222221 4555222221 74555222221	ACTION ACTION ACTION AGG 1998, as amended EMAIL * str@gmail.con str@gmail.con str@gmail.con	ed)	Activate Windows Go to Settings to activat	e Windo

Note :
(1) Designate one Biological Scientist, two scientists from different biological discipline, one Veterinarian and one Scientist In-charge of Animal House Facility.
(2) The Chairperson of the Committee and Member Secretary would be nominated by the establishment from amongst the above five members. However, if the establishment wants to propose its administrative head, who is from non-scientific background, as Chairperson, then six members of IAEC may be proposed.
c): Full time veterinarian verified by HOD:

d): Minutes of IAEC in which the proposal of registration with CPCSEA is approved, with signature of all the members.: * (file should be in pdf and not more than 1 MB.) 6283082_17977_Annexure-II-Nomineeapplicationform.pdf	c): Full time veterinarian verified by HOD:		Go to Settings to act
	d): Minutes of IAEC in which the proposal of registration with CPCSEA is approved, with signature of all the members.: $\bullet$	Browse No file selected. (file should be in pdf and not more than 1 MB.) 8283082_17977_Annexure-II-Nomineeapplicationform.pdf	

Activate Windo

e): Recommendation of IAEC for registration alongwith the minutes of internal IAEC meeting:\*

-
12. Information regarding ongoing research proposals with animal experimentation and dates of approval of CPCSEA /
other agencies (including sister organization) :

 $\checkmark$ 

**		-				
V	erı	ħ	ca	<b>t1</b> (	Dn	÷

I, (Name of the Head and Designation of authorised officer), do hereby verify that the contents of the above paragraphs 1 to 12 are true to the best of my knowledge and nothing relevant material has been concealed therein.

Seal:*	Browse No file selected. (file should be in pdf and not more than 1 MB.) 5613294_17977_Annexure-II-Nominee application form.pdf
Signature: *	Browse No file selected. (file should be in pdf and not more than 1 MB.) 7935807_17977_Annexure-II-Nominee application form.pdf
Place:*	Gujarat



	Step 2 Successfully saved.	
Step 3 of 3. Registration Form		
Blue Print of the Animal House Facility: (file should be in pdf and not more than 1 MB.)	Browse No file selected.	497283 17977 Annexure-II-Nominee application form.pdf
Layout Plan of the Animal House Facility: * (file should be in pdf and not more than 1 MB.)	Browse No file selected.	or section of an average in remains approximation remained
Copy of the AICTE/ MCI/ PCI/ Any other Government / Autonomous Council approval letter of the establishment : <b>*</b>	Browse No file selected. (file should be in pdf and not more than 1 MB.)	7583016_17977_Annexure-II-Nominee application form.pdf
		284987_17977_Annexure-II-Nominee application form.pdf
	Previous Save & Proceed	Cancel

## 5. Preview of Form A

Registration Form A	
*Application for Registration of Breeder/Establishment/ Educational Institutions / Shelters	
1. Details of Establishment :	
Name of the Establishment	Gujarat Medical College
Address of Animal House Facility	Gujarat
State	Gujarat
Tel No.	7845221562
Email	trm@gmail.com
Fax No.	
a) Whether Government or Private	Government
b). Registration Details	
Name of the Ministry/Deptt./Council/Act or any other and registration number:	college of Pharmacy
Date of registration	11/03/2021
c). Sister Organization Details	
Name of the Sloter organization	
Address	
Reference number	Activato Windows
d). Premises is Rented / leased / self owned :	Co to Settings to estivate Window
Premises is Rented / leased / self owned.	Rented

2. De	tails of the Hea	d of Organization											
Name												Dr Sumit	
Design	nation of head of th	e organization / Chairm	an, IAEC									Chairman	
Addre	55											gujarat	
Conta	ct number											7844522366	
3. Ob	jectives of the	organization										Education	
4. Ty	pe of Animal H	ouse facility										Small	
5. Pu	rpose of Regist	ration										Small anima	It- Research for Education purpose
6. So	urce of Animal	Procurement											
NO NAME SUPPLIER ADDRESS SUPPLIER REGISTRATION NO						IN NO		MODE OF TRANSPORTATION					
1 Bharat Serum Vaccines Ltd Plot No A-371372, Rd No 27, Wagle Ind				No 27, Wagle Indi E	itate, Thane - 400604, Mahar	rashtra			103/PO/RcB	Bt-S/NRc-L/99/C	PCSEA	Air	
7. De	tails of Species	wise Animals to be	housed (S	imall/ Lar	ge Animals))								
SNO	NAME A	D BREAD OF ANIMALS				NO OF ANIMAL		sex	AGE		PURPOSE		
1	Rat					14		Male	1 week		Research for Edu	cation purpose	
8.Pla	ce and facilities	to animal experime	Intation										
a).b	ocation of Animal H	House Facility (In the sa	ame premise	as or outside	a premises).						1	Premises	
9. TP	ained staff for a	nimal experimenta	tion Detail	ls i									
SNO		NAME		DESIGNATIO	ON		QUALIP	ICATION				EXPERIENC	e
1		Na		NA		NA				NA			
10. F	ost experiment	al facilities for Anin	nals ı				-						
In cas	e of rehabilitation,r	egistration number of sh	selter to whi	ich animal v	vill be rehabilitate						1	Na	
11. I	nstitutional Ani	mal Ethics Committe	e (as per	Rule 13	of the Breeding of	and Experiments on Ani	mals (C	Control and Su	pervision) I	Rules 199	8, as amended		
a) Dat	e of constitution of	IAEC										11/03/2021	
SNO	MEMBER NAME		DAT	TH	DESIGNATION			QUALIFICATION	EXPERIENCE	BELONG	TION TO WHICH	RESUME	CONSENT OF MEMBER
1	Member2 ,Mob :+ str@gmail.com	555522222 Email:	08 1	Mar 2021	Biological Scientist( C	(hairperson)		MSC	47	gujarat		2281854 form.odf	17977 Annewe-II-Nominee application
2	Member2 ,Mob :+ str@gmail.com	555222221 Email:	20 3	Jul 2020	Scientist from differe Secretary)	nt biological discipline( Membe	er	MSC	16 years	gujarat col	lege	2737958 form.pdf	17927 Annexure-II-Nominee application
	Member3 ,Mob is	ISSS222221 Email:	22.3	Jun 2020	Scientist from differe	nt biological discipline( NA)		BSC	8 years	gujarat col	lege	5046850	17977 Annexure-II-Nominee application

a) Da	te of constitution of IAEC						11/03/2021		
b)									
SNO	MEMBER NAME	DATE OF BIRTH	DESIGNATION	QUALIFICATION	EXPERIENCE	ORGANIZATION TO WHICH BELONG	RESUME CONSENT OF MEMBER		
1	Member2 ,Mob :4555222222 Email: str@gmail.com	08 Mar 2021	Biological Scientist( Chairperson)	MSC	47	gujarat	2281854_17977_Annexure-II-Nominee application form.pdf		
2	Member2, Mob :455522221 Email:         20 Jul 2020         Scientist from different biological discipline( Member Secretary)         MSC         16 years         gujarat college						2737958_17977_Annexure-II-Nominee application form.pdf		
3	Member3 "Mob :455522221 Email: 22 Jun 2020 Scientist from different biological discipline( NA) BSC 8 years gujarat college						5046850_17977_Annexure-II-Nominee_application form.pdf		
4	Member4 ,Mob :4555222221 Email: str@gmail.com	12 Jul 2020 Veterinarian( NA) MVSC 7 years gujarat college		gujarat college	6125400_17977_Annexure-II-Nominee application form.pdf				
5	Member5 ,Mob :7455522222 Email: str@gmail.com	21 Jun 2020	Scientist Incharge of Animal House Facility( NA)	phd	8 years	gujarat college	1064771_17977_Annexure-II-Nominee application form.pdf		
c) Fu	) Full time veterinarian verified by HOD No								
d) Mi	nutes of IAEC in which the proposal of registration	n with CPCSEA	is approved, with signature of all the members.				6283082_17977_Annexure-II-Nomineeapplicationform.pdf		
e) Re	commendation of IAEC for registration alongwith	the minutes of i	nternal IAEC meeting				Yes		
12. orga	Information regarding ongoing research p nization)	proposals wit	h animal experimentation and dates of approval o	of CPCSEA / ot	her agencie	s (including sister			
						]			
Blue	Print of the Animal House Facility						497263_17977_Annexure-II-Nominee application form.pdf		
Layo	It Plan of the Animal House Facility						7583016_17977_Annexure-II-Nominee application form.pdf		
Сору	of the AICTE/ MCI/ PCI/ Any other Governme	nt / Autonomou	s Council approval letter of the establishment				264967_17977_Annexure-II-Nominee application form.pdf		
Verifi	cation:								
I ( Dr Nom	Sumit , Chairman ), do hereby verify that the co inee application form.pdf Seal <u>5613294</u>	ntents of the ab	ove paragraphs 1 to 14 are true to the best of my knowled exure-II-Nominee application form.pdf	lge and nothing n	elevant materi	al has been concealed therei	n. Signature 7935607 17977 Annexure-II-		
Plac	81						Gujarat		
	The application will be ac	cepted only a	fter the payment process is done successfully by Make payme	the Bank. Onc	e the payme	ent has been received in	CPCSEA, it will not be refunded.		

Back

Activate Window

6. After filling the details in the Form-A, the payment will be made by clicking on the '**make payment'** button.

Name of Establishment:	Gujarat Medical College
Address of Animal House Facility :	Gujarat
Tel No:	7845221562
Email:	trm@gmail.com
Purpose of Fee:	New Registration
Total Fees Required:	10000 /- Rs. Only
Fee Received Through DD:	0 /- Rs. Only
Fee Received Through Online:	0 /- Rs. Only
Fee Paid:	0 /- Rs. Only
Fee to be Paid:	10000 /- Rs. Only
Purpose of Registration:	Small animal:- Research for Education purpose
Make Payment Back	

### Key Point to be remembered at the time of filling the Form-A

- 1. Complete address is required along with the pin-code.
- 2. Purpose of registration is required to be selected carefully.
- 3. Source of animal procurement should be an establishment whose animal house facility is registered with CCSEA for breeding for the purpose of trade. Please refer the list available in the animal procurement section in the Form-A.
- 4. Numbers of species to be housed in the animal house are required to be filled carefully.
- 5. IAEC should be designated as per the CCSEA guidelines. All the proposed members should be less than 65 year of age. Full time Veterinarian is must; the user is required to refer the compendium and guidelines of CCSEA to check the eligibility of the IAEC members.
- 6. Blue print and layout of the animal house facility should be signed by the head of the establishment and the architect.
- 7. Technical Colleges are required to submit AICTE approval letter. Pharmacy College are required to submit PCI approval letter. Medical Colleges are required to submit board of governance approval letter and private companies are required to submit certificate of incorporation by the Registrar of Companies Ministry Of Corporate Affairs. Similarly, other institutes are required to submit their respective government/ autonomous council approval letter.

## **<u>Clarification received from CCSEA (How to furnish the response)</u>**

1. The user is required to click new registration tab for submitting the response received from the CCSEA.

		WELCOME :-GUJARAT1234
> Edit Profile	Gujarat Medical College	
> New Registration	7845221562 Guiarat	
Change Password	trm@gmail.com	
> Logout		
New Registration     Change Password     Logout	Gujarat 7845221562 Gujarat trm@gmail.com	

2. User can see the response of CCSEA in the 'clarification sought by CCSEA' section. If the CCSEA is asking to make changes in the form- A, then the user is required to click on the 'edit registration' link available on the top (blue colour). If the CCSEA is asking to upload any other additional document which is not required to upload in form-A, then the user is required to click on the 'browser' button to upload the respective documents.

Response	of Establishment				
Upload	Browse No file selected.	File Size should be less then	1 MB		
Remarks			.1		
Submit					
Inspectio	on Details				
Registrat	ion Details				
i cogio ci de					
Clarificati	ion Sought by CPCSEA				
S.NO RE	EMARKED BY	<	CLARIFICATION SOUGHT	CLARIFICATION DATE	CLARIFICATI (ATTACHMEN

3. If all the documents are in order then the CCSEA will order an external inspection and user will able to see the inspection letter by clicking on '**new registration**' tab and clicking on the '**inspection letter'** link which is available in the inspection detail section.

on Form A Edit Registration						
tion Details						
NAME OF ESTABLISHMENT	INSPECTION ORDE	R DATE	INSPECTION LETTE	R	INSPECTION RE	PORT
Millennium college of Pharmacy	30/0	8/2018	Inspection L	etter		
ration Details						
REMARKED BY		CLARIFICATION SOU	GHT	CLARIFICATI	ION DATE	CLARIFICATION (ATTACHMENT)
		Sir				
		You are requested to documents:-	furnish/upload following			
		<ol> <li>It is to inform you that Secretary cannot be prop Secretary and Chairperson designations of CPCSEA two scientists from differe veterinarian and a scient House Facility. Therefor designate the IAEC accord</li> </ol>	Chairperson and Member osed separately. Member i.e. a biological scientist, at biological discipline, a ist in charge of Animal e, you are requested to lingly.			
CPCSEA		2. You are also requested Animal Procurement westablishment registered "Breeding for the numpose	to mention the source of which should be an with CPCSEA for of Trade"	02/0	5/3949te Win	dows <sup>N/A</sup>
	CPCSEA Edit Registration  tion Details  NAME OF ESTABLISHMENT  Millennium college of Pharmacy  Millennium college of Pharmacy  REMARKED BY  CPCSEA	CPCSEA Edit Registration  tion Details  AAME OF ESTABLISHMENT INSPECTION ORDE  Millennium college of Pharmacy 30/0  ration Details  REMARKED BY  CPCSEA	ent Form A       Edit Registration         too Details       INSPECTION ORDER DATE         Millennium college of Pharmacy       30/08/2018         ration Details         Total State Stat	ent Form A       Edit Registration         totals         MARE OF ESTABLISHMENT       INSPECTION ORDER DATE       INSPECTION LETTE         Millennium college of Pharmacy       30/08/2018       Inspection L         ration Details         Sugget by CPCSEA         REMARKED BY       CLARIFICATION SOUGHT         Sir, You are requested to furnish/upload following documents:-         I. It is to inform you that Chairperson and Member Secretary cannot be proposed separately. Member Secretary cannot be propos	Edit Registration         Inspection Details         Inspection Letter         Millennium college of Pharmacy       30/08/2018       Inspection Letter         Tation Details         Tation Details         Tation Details         Tation Sought by CPCSEA         REMARKED BY       CLARIFICATION SOUGHT       CLARIFICATION         Sir,       You are requested to furnish/upload following documents:       Sir,         I. It is to inform you that Chairperson and Member Secretary cannot be proposed separately. Member Secretary cannot be proposed separately. Member Secretary cannot be forces you are requested to furnish/upload following documents:       1. It is to inform you that Chairperson and Member Secretary cannot be proposed separately. M	Edit Registration       top Details     INSPECTION ORDER DATE     INSPECTION LETTER     INSPECTION RE       Millennium college of Pharmacy     30/08/2018     Inspection Letter     Inspection Letter   ration Details  Tratemarked BY  CLARIFICATION SOUGHT CLARIFICATION DATE  Sir, Tou are requested to furnish/upload following documents:

4. The user will be able to see the inspection report which is uploaded by the external nominee of CCSEA by clicking on the '**date'** link which is available in the inspection details section.

Edit Profile     Registration Status     Change Password     Logout	Registrati	on Form A Edit Registration tion Details NAME OF ESTABLISHMENT Institute of Pharmaceutical sciences & research	n sohramau unnao	INSPECTION ORDER DATE 27/10/2020	INSPECTION	LETTER INSPI	ECTION REPORT 09/03/2021
	- Regist	ration Details—	CLA	RIFICATION SOUGHT	CLARIF	ICATION DATE	CLARIFICATION
			"It is rece rect return reture	s to inform you that CPCSEA has lived your application regarding biblishment with CPCSEA. However, a ree following deficiencies in your m A <sup>2</sup> : the establishment has not mention pin Code in the address. The address is the address of the method of the address of the address of the address of the cology Research Centre Lucknow, CPCSEA guidelines, animals shall be hare registered with the CPCSEA. CPCSEA guidelines, animals shall be hare registered with the CPCSEA hare registered with the CPCSEA purpose of Trade of Animals. Tedfore, you are requested to meni- name of establishment as Source all Procurement, which is register alls. You rray search the name of bihments which are registered w	your ed mal As its for for ith	Activate W Go to Settings	indows to activate Wind

5. If CCSEA is asking to submit the compliance report regarding the external inspection report received from the external nominee, then the user is required to click on the '**browser**' button to upload the respective documents, enter the remark in the remark section and submit the response by clicking on submit button.

Upload	Browse No file selected. File Size	e should be less then 1 MB		
Remarl	ks	.i.		
Subr	nit			
Inspec	tion Details			
Registr	ration Details			
Clarific	ation Sought by CRCSEA			
	adon sought by created			
S . N O	REMARKED BY	CLARIFICATION SOUGHT	CLARIFICATION DATE	CLARIFICATI (ATTACHMEN

6. The user will be able to see the final registration letter by clicking on the '**registration status'** tab and clicking on the view link which is present in the '**registration detail'** section.

# Registration No:- 79137889/60/Rc/5/Re/l/2019/CPCSEA Date of Registration:-17/12/2019 Registration value Registration value Registration value Registration value Registration value Registration value Date of Registration Purpose of Registration-Small animal Research for Education purpose Type of Animal House Facility:-Small Animal Facility Validity of registration has expired! Renewal of registration and re-constitution of IAEC is required!

WELCOME :- TESTINGANIL

Edit Profile
Registration Status
IAEC Members
Revision of IAEC
Upload Minutes
View Minutes
Change Nominee Request
Renewal/Reconstitution Request
Compliance of Annual Inspection
Amendment of Registration
Request
Status of Amendment of
Registration
Change Password
Logout

Pharmacy College sec 10 noida 111111111 Uttar Pradesh Testinganil@gmail.com

> Activate Windows Go to Settings to activate Windows.

Edit Profile		Registration Status								
> Registration Status										
> IAEC Members	Registration	L Form A								
Revision of IAEC	Inspecti	on Details				1				
	S.NO NAME OF ESTABLISHMENT II			INSPECTION ORD	ER DATE	INSPECTION LETTER	INSP	INSPECTION REPORT		
Opload Minutes	1	1 Pharmacy College			05/12/2017		er 👘	05/12/2017		
> View Minutes	2	Pharma	Pharmacy College		06/12/2017		er	07/12/2017		
Change Nominee Request	3	3 Pharmacy College		27/12/2019		Inspection Lette	er			
	4	Pharma	cy College	27/12/2019		Inspection Letter				
Renewal/Reconstitution Request	5	Pharma	cy College	27/12/2019		Inspection Letter				
Compliance of Annual Inspection	6	Pharma	cy College	27/12/2019		Inspection Lette	er			
Amendment of Registration Request	Registra	ition Details								
	S.NO I	REGISTRATION DATE	REGISTRATION NUM	3 E R	REGISTRATION LETT	ER REGISTRATION VA	LID TILL DATE	REGISTRATION FORM A		
Registration	1	17/12/2019	79137889/GO/Rc/S/F	Re/L/2019/CPCSEA	View	16/10/2020		View		
Change Password	- Renewa	l Status			<b>↑</b>					
> Logout										