



INDIAN PHARMACOPOEIA COMMISSION
National Coordination Centre - Pharmacovigilance Programme of India (NCC-PvPI)
MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA
SECTOR-23, RAJ NAGAR, GHAZIABAD- 201 002.

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LETTER OF INTENT

Date:.....

I. Institutional Information:

- a. Name of the Institution/Hospital:.....
.....
- b. Approval status from MCI/PCI.....
.....
- c. Name of the hospital affiliated:.....
.....
- d. Govt. /Non Govt. /Private (Please Specify):
- e. Distance between hospital & institution:.....
.....
- f. No. of beds in the hospital:.....
.....
- g. Patient statistics (Inpatient / outpatient):.....
.....
.....
- h. Total no. of departments:.....
.....

II. Logistic/infrastructural facilities to function as an adverse drug reaction monitoring centre (AMC) under PvPI:

- a. Name of department to function as an AMC:.....
.....

- b. Total no. of faculties in the department:.....
.....
.....
- c. Whether workplace is allocated for PvPI (YES/No):.....
.....
- d. Whether computer & logistic facilities available for PvPI (YES/No):.....
.....

III. Technical Information:

- a. Details of the Proposed Coordinator:
Name:.....
Designation:.....
Qualification:.....
Total Experience:.....
.....
- b. Details of the Proposed Deputy Coordinator (Preferably Clinicians):
Name:.....
Designation:.....
Qualification:.....
Total Experience:.....
.....
- c. Experience of Proposed Coordinator/Deputy Coordinator in Pharmacovigilance:
Coordinator:.....
.....
.....
.....
Deputy Coordinator:.....

.....

 (Additional sheet may be used)

d. Details of training / CME on PvPI attended by Coordinator /Deputy Coordinator
 in last 2 years:.....

 (Additional sheet may be used)

e. Details of ADRs reported during last 1 year (to be furnished as per the details in
 Annexure-I).

IV. Contact Details:

S.NO	Designation	Name	Phone no. (extension no. if any)	Mobile no.	Email Id
1.	Principal / Dean / Medical Superintendent/Incharge (Please tick)				
2.	Coordinator				
3.	Deputy Coordinator				
4.	Others (if any)				

Complete Postal Address of Proposed AMC:

State..... Pin code.....

Terms of Reference (TOR):

- a) All the above fields are mandatory to be filled otherwise the proposal shall be rejected.
- b) If the proposed centre is accepted as adverse drug reaction monitoring centre (AMC), it's essential to function with own logistic/infrastructural facilities.
- c) List of logistics required to setup an AMC under PvPI:
Dedicated area/Room for PvPI to carry out the Pharmacovigilance activities, Computer system with Internet connection, Printer with Scanner, Telephone, Computer table/chair, Almirah, Stationary and Notice board etc.
- d) NCC-PvPI, IPC may provide the trained manpower if the centres performance is found satisfactory.
- e) Your proposal may be accepted based on the significant track record on Pharmacovigilance.
- f) The acceptance of your centre as an AMC is based on the quality, quantity & frequency of Adverse Drug Reaction (ADR) reporting.
- g) The competent authority /committee of PvPI reserve all the rights to accept/reject the proposal.
- h) The HOD/Dean/Principal of the proposed centre shall be responsible to establish/implement PvPI activities in the centre.
- i) The HOD/Dean/Principal of the institute shall be responsible to identify new Coordinator & Deputy Coordinator and to intimate NCC-PvPI in case of any change (transfer/ superannuation etc) immediately.
- j) If your centre is accepted as an AMC, NCC-PvPI will provide regular training, skill development & technical support to the personnel engaged in PvPI activities.

We have undergone the terms of reference and are interested to undertake the responsibility of ADR monitoring centre under the Pharmacovigilance Programme of India (PvPI). Our institute may be considered for the same.

Signature
Proposed Coordinator/ Incharge of PvPI

Signature
Head of Institution

*If your centre is approved, you will be sent with the detailed terms & conditions along with roles and responsibilities.

(ANNEXURE- I)
Details of ADRs reported during last 1 year

S. No.	Patient details		ADR	Suspected Drug	Date of reaction	Details of Reporter	Date of Reporting	Name of the AMC/NCC-PvPI where Report submitted
	AGE	SEX						
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

Separate sheet may be used if the numbers are more.

“Let us join hands with PvPI to ensure patients safety”
ADR Reporting Help line (Toll Free): 1800-180-3024