



PHARMACY COUNCIL OF INDIA

E-mail : registrar@pci.nic.in
Website : www.pci.nic.in
Contact : 011-61299900/01/02/03

NBCC Centre, 3rd Floor Plot No.2, Community Centre
Maa Anandamai Marg Okhla Phase I
NEW DELHI - 110020

DECISION LETTER

**Institute Name / Inst ID :Indu Institute Of Medical Science 2 K M Milestone Mustafabad Road
Shikohabad Dist Firozabad 205 135/PCI-890**

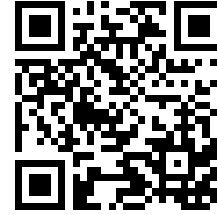
State :UTTAR PRADESH

District :FIROZABAD

Sub-District :Shikohabad

Village/Town/City :SIKOHABAD

Pin Code :210135



Sir / Madam

With reference to the subject cited above i am directed to convey the approval of PCI as per Following
Details

Course	Name of Affiliation	Decision	Approval Status
D.Pharm	The Secretary Uttar Pradesh Board of Technical Education Guru Govind Singh Marg Lucknow Uttar Pradesh	Approval for 2020-2021 for conduct of 1st year Subject to payment of affiliation fee for 2018-2019 &2019-2020 a.s. and appointment of principal	Approved

Date : 10th April 2020

Ravi

For Archana Mudgal
Registrar-cum-Secretary
PCI

Copy to:

- Registrar of the University
- Principal of the college
- Secretary/Chairman of the Trust/Society
- Guard File (PCI)

Note: Validity of the course details may be verified at www.pci.nic.in.