

## PHARMACY COUNCIL OF INDIA

E-mail: registrar@pci.nic.in NBCC Centre, 3rd Floor Plot No.2, Community Centre

Website: www.pci.nic.in Maa Anandamai Marg Okhla Phase I

Contact: 011-61299900/01/02/03 NEW DELHI - 110020

**DECISION LETTER** 

Institute Name / Inst ID: Shiva College Of Pharmacy/PCI-3530

**State: UTTAR PRADESH** 

**District: RAE BARELI** 

**Sub-District**: Dalmau

Village/Town/City: Charuhar Jiyayak

Pin Code :229204

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 for 60 intake Regarding D.Pharm course	Approved

Date: 10th April 2020



For Archna Mudgal Registrar-cum-Secretary

PCI

## Copy to:

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

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

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