

## 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: Roots College Of Pharmacy/PCI-3759

**State: UTTAR PRADESH** 

**District**:**BIJNOR** 

**Sub-District**: **Bijnor** 

Village/Town/City: MAHANGALI

Pin Code :246701

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	Granted approval from 2019-2020 to 2021-2022 academic session for 60 admissions u/s 12 for D.Pharm course.	Approved

Date: 27th Aug 2021



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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