E - MAIL : registrar@pci.nic.in

WEBSITE : www.pci.nic.in

Telephone : 011-61299900

011 - 61299901, 011 - 61299902

011-61299903

NBCC Centre, 3rd Floor
Plot No.2, Community Centre

Okhla Phase I

**NEW DELHI - 110020** 

**Maa Anandamai Marg** 

## **DECISION LETTER**

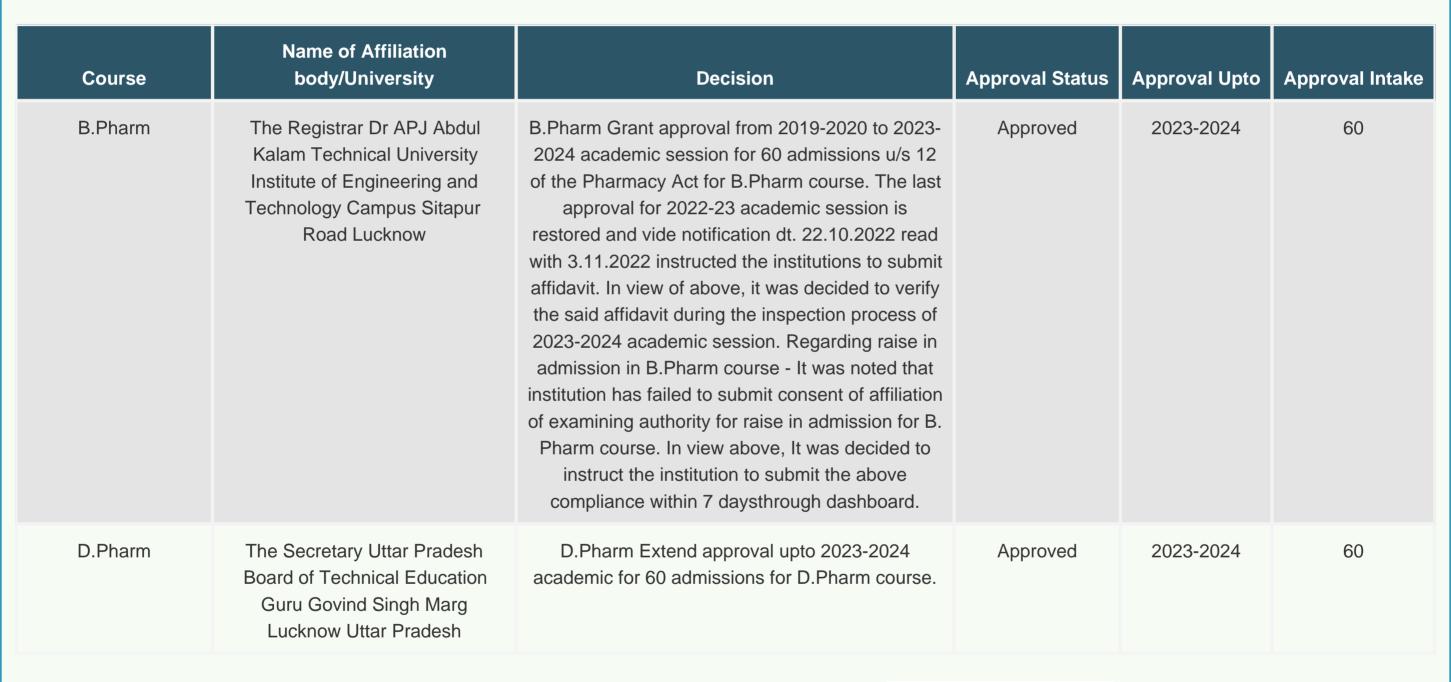
Institute Name / Inst ID City School Of Pharmacy / PCI-3331

State UTTAR PRADESH
District BARABANKI
Sub-District Nawabganj
Village/Town/City Lakshbar Bajaha

Pin Code 225412

Sir / Madam

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



**Date** 03rd May 2023

S (My my 3C an)

For

(I/C) 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