



## PHARMACY COUNCIL OF INDIA

A Statutory body under Ministry of Health and Family Welfare  
Government of India

E - MAIL : [registrar@pci.nic.in](mailto:registrar@pci.nic.in)  
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NBCC Centre, 3rd Floor  
Plot No.2, Community Centre  
Maa Anandamai Marg  
Okhla Phase I  
NEW DELHI - 110064



### DECISION LETTER

Institute Name / Inst ID **R A Instiute Of Pharmacy / PCI-3212**  
State **UTTAR PRADESH**  
District **SIDDHARTH NAGAR**  
Sub-District **Bansi**  
Village/Town/City **RAMVAPUR**  
Pin Code **272153**  
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 body/University   | Decision   | Approval Status | Approval Upto | Approval Intake |
|---------|---|--|-----------------|---------------|-----------------|
| B.Pharm | The Registrar Dr APJ Abdul Kalam Technical University Institute of Engineering and Technology Campus Sitapur Road Lucknow | B.Pharm Grant approval from 2019-2020 to 2023-2024 academic session for 60 admissions u/s 12 of the Pharmacy Act for B.Pharm Course. | Approved        | 2023-2024     | 60              |
| D.Pharm | The Secretary Uttar Pradesh Board of Technical Education Guru Govind Singh Marg Lucknow Uttar Pradesh                     | D.Pharm Extend approval upto 2023-2024 academic session for 60 admissions for D.Pharm course.  | Approved        | 2023-2024     | 60              |

Date **04th May 2023**

For  
(I/C) 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](http://www.pci.nic.in)