



# 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)  
WEBSITE : [www.pci.nic.in](http://www.pci.nic.in)  
Telephone : 011-61299900  
011 - 61299901, 011 - 61299902  
011-61299903

NBCC Centre, 3rd Floor  
Plot No.2, Community Centre  
Maa Anandamai Marg  
Okhla Phase I  
NEW DELHI - 110025

## DECISION LETTER



Institute Name / Inst ID **Aligarh College Of Pharmacy From Sasni Gate Aligarh Mathura Road Aligarh / PCI-73**  
State **UTTAR PRADESH**  
District **ALIGARH**  
Sub-District **Koil**  
Village/Town/City **KHEDIYA KHWAJA BUDHA**  
Pin Code **202001**  
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 Uttar Pradesh Technical University Institute of Engineering and Technology Campus Sitapur Road Lucknow	B.Pharm Extend approval upto 2023-2024 academic session for 100 admissions for B.Pharm course	Approved	2023-2024	100
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 **19th Apr 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)