



PHARMACY COUNCIL OF INDIA

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

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NEW DELHI - 110020

DECISION LETTER



Institute Name / Inst ID **Maharashi College Of Pharmacy Village Parsara Tahsil Chayal Distt Kaushambi / PCI-1276**
State **UTTAR PRADESH**
District **KAUSHAMBI**
Sub-District **Chail**
Village/Town/City **PARSARA**
Pin Code **211001**

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 for 2023-2024 academic session for the conduct of 2nd year for 40 admissions for B.Pharm course. Allow 40 admissions in 2023-2024 academic session in 1st year. | Approved | 2023-2024 | 40 |
| 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 **17th 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