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** 

**Maa Anandamai Marg** 

Okhla Phase I

**NEW DELHI - 110020** 

## **DECISION LETTER**

Institute Name / Inst ID Avadh Institute Of Medical Technology And Hospital / PCI-3421

State UTTAR PRADESH

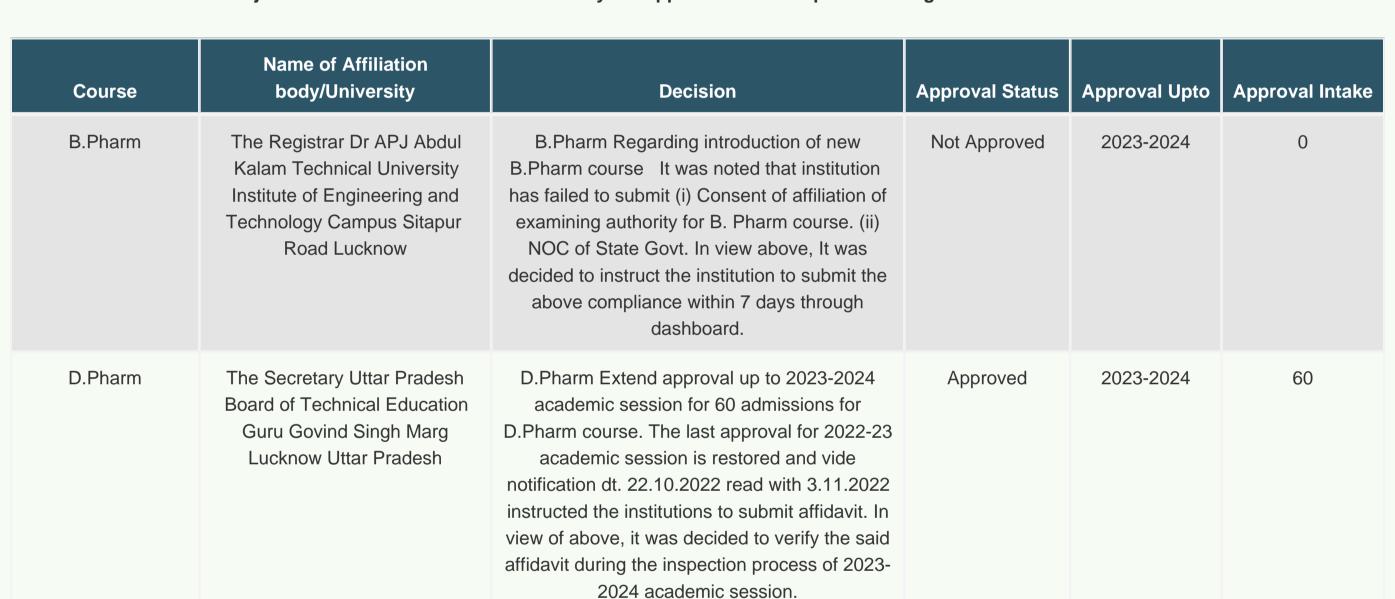
District LUCKNOW

Sub-District Bakshi Ka Talab

Village/Town/City Paikramau
Pin Code 226026

Sir / Madam

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



**Date** 30th May 2023

See S

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

Submit the compliance to PCI