PHARMACY COUNCIL OF INDIA

[illegible]

E-Mail: [illegible]
Website: [illegible]
Contact: [illegible]

[illegible]
Pharma E Commerce Centre
[illegible]
Vinay Bhawan
[illegible]

INSPECTION LETTER

Institute Name (Year) (): Sardar Vallabh Bhai Patel Institute of Pharmacy (PCI-[illegible])
State: UTTAR PRADESH
District: [illegible]
Area Rural/Urban: Rural/Urban
Village/Town/City: Village Mohammadpur
File Code: [illegible]

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 Affiliated University	Remarks	Approved Status	Approved Date	Expiry Date
D.Pharm	The Secretary UttarPradesh Board of Technical Education Sarva Vidyala Singh Marg Lucknow Uttar Pradesh	1110/D/PI/1/2023 decided in order - D Pharm Grant approval For 2023-2001 to 2023-2027 academic session for 60 admissions u/s 12 of the Pharmacy Act	Approved	[illegible]	[illegible]

Date: [illegible]

Yours
(PCI Registrar-cum-Secretary)
PCI

Copy to

1) Registrar of the University
2) Principal of the college
3) Secretary/Chairman of the Trust/Society
4) Guard File (PCI)

Note: Validity of the course details may be verified at [illegible]

Sardar Vallabh Bhai Patel
Institute of Pharmacy