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 Shri Satya Sai Institute Of Pharmaceutical Science And Research /

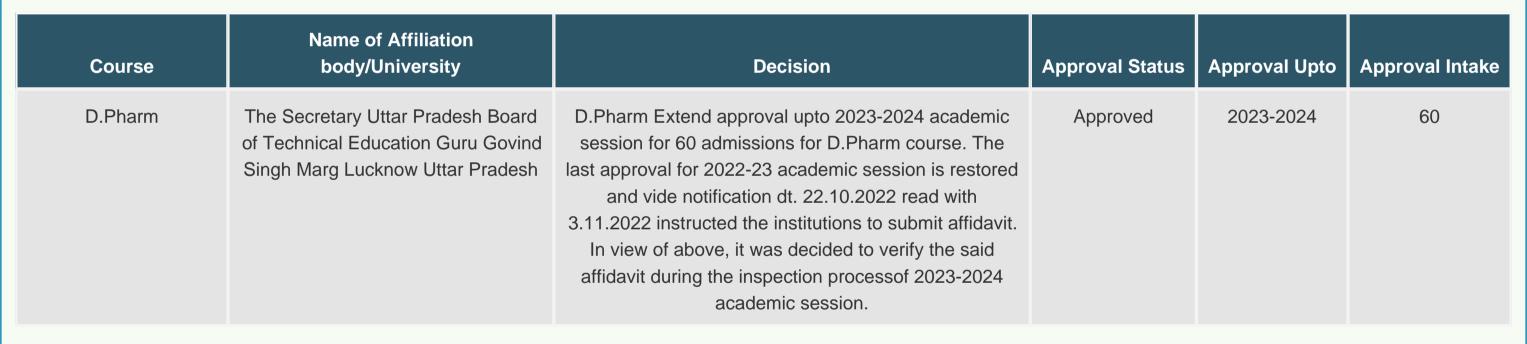
PCI-3411

State UTTAR PRADESH

District JALAUN
Sub-District Orai
Village/Town/City BANDHA
Pin Code 285001

Sir / Madam

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



Date 06th Jun 2023



Fo

(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