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-**



Institute Name / Inst ID J.S.Singh Institute Of Pharmacy / PCI-3602

261207

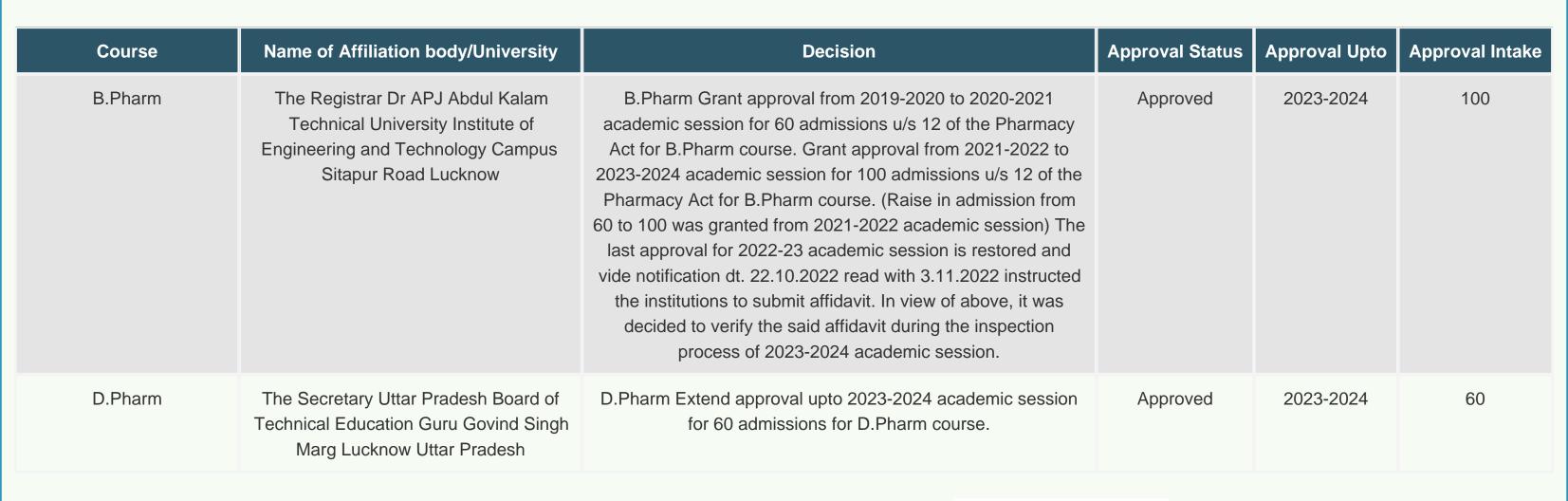
State UTTAR PRADESH

District SITAPUR
Sub-District Laharpur
Village/Town/City PARA SARAY

Sir / Madam

**Pin Code** 

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



**Date** 19th May 2023

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