

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

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NBCC Centre, 3rd Floor

Plot No.2, Community Centre

Maa Anandamai Marg

Okhla Phase i

NEW DELHI - 110020

DECISION LETTER

Institute Name / Inst ID

Dr Vijay College Of Pharmacy Vill Bhandaha Kala Post

Kaithi Tehsil Sadar Distt Varanasi 22 / PCI-548

State

UTTAR PRADESH

District

VARANASI

Sub-District

Sadar

Village/Town/City

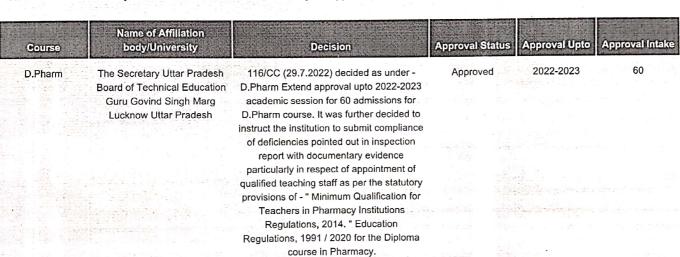
BHANDAHA KALA

Pin Code

221116

Sir / Madam

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



Date 31st Jan 2023

For

(I/C) Registrar-cum-Secretary

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

Principal Dr. Vijay College of Pharmacy Kaithi, Varanasi