



PHARMACY COUNCIL OF INDIA

Email : registration@pci.nic.in

NBCC Centre, 3rd Floor Plot No.2, Community Centre

Website : www.pci.nic.in

Max Ambedkar Marg Okhla Phase I

Contact : 011-61299403/01/02/03

NEW DELHI - 110020

DECISION LETTER

Institute Name / Inst ID : **Bom Paramedical College And Hospital Vill Ganshpur Post Sunderpur Dist Saharanpur Uttar Pradesh/PCI-538**

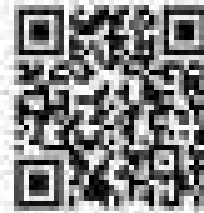
State : **UTTAR PRADESH**

District : **SAHARANPUR**

Sub-District : **Bahat**

Village/Town/City : **Ganshpur**

Pin Code : **247662**



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 Affiliating	Duration	Approval Status
D.Pharm	The Secretary Uttar Pradesh Board of Technical Education, Guru Govind Singh Marg Lucknow, Uttar Pradesh	Extension of approval upto 2023-2024 for 60 intake (D.Pharm)	Approved

Date : 06th April 2020

For Anshu Madgal
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.