



# PHARMACY COUNCIL OF INDIA

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

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NEW DELHI - 110020

## DECISION LETTER

Institute Name / Inst ID **B. K. Institute Of Pharmacy / PCI-3265**  
State **UTTAR PRADESH**  
District **MATHURA**  
Sub-District **Mat**  
Village/Town/City **MAUJA BINDU BULAKI**  
Pin Code **281204**



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 Affiliation body/University	Decision	Approval Status	Approval Upto	Approval Intake
D.Pharm	The Secretary Uttar Pradesh Board of Technical Education Guru Govind Singh Marg Lucknow Uttar Pradesh	D.Pharm Extend approval upto 2023-2024 academic session for 60 admissions for D.Pharm course	Approved	2023-2024	60

Date **17th Apr 2023**

For  
(I/C) Registrar-cum-Secretary  
PCI

Copy to

- Registrar of the University
- Principal of the college
- Secretary/Chairman of the Trust/Society
- Guard File (PCI)

Note: Validity of the course details may be verified at [www.pci.nic.in](http://www.pci.nic.in)