



E-Mail : registrar@pci.gov.in
Website : www.pci.gov.in
Telephone : 011-26103000
011-26103001, 011-26103002
011-26103003

15/1, Connaught, New Delhi
15/1, Connaught, New Delhi
15/1, Connaught, New Delhi
15/1, Connaught, New Delhi
15/1, Connaught, New Delhi

ANNOUNCEMENT

Subject Name / Fee ID : **10th Semester of Medical Sciences New Syllabus**
Exam Estimated Building / Drawing / Practical Exam
Exam Code / Fee ID : **10TMS/10TMS**

Date : **10/12/2022**
Venue : **15/1, Connaught**
Sub-System : **10TMS/10TMS**
Village/Township : **10TMS/10TMS**
Pin Code : **110028**



For Details

With reference to the subject listed above it is announced to conduct the examination of 10TMS per following details

Sl. No.	Name of the Candidate	Registration No.	Exam Date	Exam Time
1	The Secretary, The Pharmacy Council of India, 15/1, Connaught, New Delhi - 110028	10TMS/10TMS	10/12/2022	10:00 AM

For the Director

Date

(Signature of the Director)

(Signature of the Registrar)

(Signature of the Head of the Institution)

(Signature of the Candidate)

Serial Number of the document/entry also for verified @ www.pci.gov.in

For Registrar
Registrar
15/1



PHARMACY COUNCIL OF INDIA

Pharmacy Council of India, New Delhi

1. Name: **Pharmacy Council of India**
2. Address: **New Delhi**
3. Telephone: **011-26101234**
4. Fax: **011-26101234**

5. E-mail: **pharmacy@pci.gov.in**
6. Website: **www.pharmacy.gov.in**
7. Mobile: **011-26101234**
8. PIN Code: **110001**

MEMORANDUM

1. Subject: **Approval of Medical Officers for Work**
2. Reference: **Pharmacy Council of India**

3. Date: **15/06/2023**
4. Place: **New Delhi**
5. To: **Director, Health Services**
6. From: **Secretary, Pharmacy Council of India**



7. This is to inform you that the above mentioned subject is being processed by the Council of Pharmacy Education and Research (CPER) in the following manner:

Sl. No.	Name of the Officer	Designation	Grade	Pay Band	Remarks
1.	Dr. Anil Kumar	Medical Officer	AS-1	300-300	Approved

8. Yours faithfully,

Secretary
Pharmacy Council of India

9. Name: _____
10. Designation: _____
11. Address: _____
12. Telephone: _____
13. Mobile: _____
14. E-mail: _____



PHARMACY COUNCIL OF INDIA

Pharmacy Council of India, New Delhi

SECRETARY: **Dr. Anil Kumar**
Pharmacy Council of India
New Delhi - 110 002

SECRETARY: **Dr. Anil Kumar**
Pharmacy Council of India
New Delhi - 110 002

MEMBER LIST

Dr. Anil Kumar
Secretary
Pharmacy Council of India
New Delhi - 110 002



For information of the members of the Pharmacy Council of India, the following details are given:

Sl. No.	Name of the Member	Address	Category	Registration No.	Expiry Date
1	Dr. Anil Kumar Secretary Pharmacy Council of India New Delhi - 110 002	Pharmacy Council of India New Delhi - 110 002	Member	110002	2025-03-31

Date: 10th May 2024

Dr. Anil Kumar
Secretary
Pharmacy Council of India

- Secretary of the University
 - Principal of the College
 - Secretary/Chairman of the Council
 - Member of the Council
- Only Secretary of the Council should sign the certificate. **Signature**