

भारतीय भेषजी परिषद्

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय की अंतर्गत सांख्यिक शिक्षण)
भारत सरकार
एन बी सी सी सेंटर, तृतीय तल, प्लॉट नम्बर 2,
बॉम्बे-नुटी सेंटर, मा आनन्दमयी मार्ग,
ओखला, फेस-1, नई दिल्ली-110020
दूरभाष 011-61299900-03



PHARMACY COUNCIL OF INDIA
(Statutory body under Ministry of Health & Family Welfare)
Government of India
NBCC Centre, 3rd Floor, Plot No. 2,
Community Centre, Maa Anandmai Marg,
Okhla, Phase-I, New Delhi-110020
Telephone No. 011-61299900-03

DECISION LETTER

Institute Name/Inst ID **NEELKANTH COLLEGE OF EDUCATION / PCI-6062**
State **UTTAR PRADESH**
District
Village/Town/City **REHATI**
Pin Code **222136**

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
D.Pharm	The Secretary Uttar Pradesh Board of Technical Education Guru Govind Singh Marg Lucknow Uttar Pradesh	396th EC (1.6.2023) decided as under- As per the order dt.30.5.2023 passed by the Hon'ble High Court of Delhi, the EC review the decision. D. Pharm Grant approval for 2023-2024 academic session for the conduct of 1st year for 60 admissions for D. Pharm course.	Approve	2023-24

Date: 21 Jul, 2023

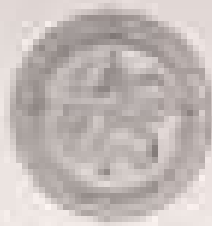
Copy to

- 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

अनुराध मु गोवेकर

For
Registrar-cum-Secretary
PCI



MINISTRY OF HEALTH AND FAMILY WELFARE

Director, Family Welfare
District Office
District: [Blank]

Block: [Blank]
Village: [Blank]
P.O.: [Blank]

DECLARATION LETTER

I, the undersigned, being a member of the [Blank] Panchayat, do hereby declare that the [Blank] of the [Blank] is as follows:

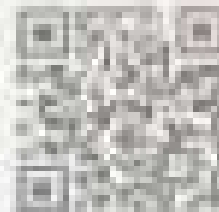
Name of the [Blank]: [Blank]

Age: [Blank]

Sex: [Blank]

Address: [Blank]

Occupation: [Blank]



Signature: [Blank]

This declaration is made in the presence of the undersigned members of the [Blank] Panchayat.

Date: [Blank]

[Blank]

Name	Designation	Signature	Remarks
[Blank]	[Blank]	[Blank]	[Blank]
[Blank]	[Blank]	[Blank]	[Blank]
[Blank]	[Blank]	[Blank]	[Blank]
[Blank]	[Blank]	[Blank]	[Blank]
[Blank]	[Blank]	[Blank]	[Blank]

Date: [Blank]

[Blank]

City: [Blank]
District: [Blank]
State: [Blank]

[Signature]

