



## PHARMACY COUNCIL OF INDIA

E-mail : pcipresident@gmail.com

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

Website : www.pci.nic.in

Maa Anandamai Marg Okhla Phase I

Contact : 011-61299900/01/02/03

NEW DELHI - 110020

### LETTER OF APPROVAL

**Institute Name / Inst ID : College of Pharmacy Dr APJ Abdul Kalam University Indore/PCI-2941**

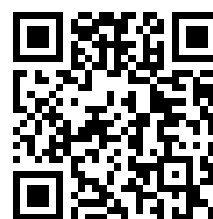
**State : MADHYA PRADESH**

**District : INDORE**

**Sub-District : Indore**

**Village/Town/City : Arandia**

**Pin Code : 452016**



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   | Decision   |
|-----------------------|---|--|
| B.Pharm               | The Registrar Dr A P J Abdul Kalam University Indore Dewas Bypass Arandia Indore Madhya Pradesh | Extension of approval upto 2020-2021 for 60 intake (B.Pharm) |
| D.Pharm               | The Registrar Dr A P J Abdul Kalam University Indore Dewas Bypass Arandia Indore Madhya Pradesh | Extension of approval upto 2020-2021 for 60 intake (D.Pharm) |
| M.Pharm Pharmaceutics | The Registrar Dr A P J Abdul Kalam University Indore Dewas Bypass Arandia Indore Madhya Pradesh | Earlier decision is reiterated                               |
| M.Pharm Pharmacology  | The Registrar Dr A P J Abdul Kalam University Indore Dewas Bypass Arandia Indore Madhya Pradesh | Earlier decision is reiterated                               |

Date : 10th June 2019

ANIL  
MISHRA

For Archana Mudgal  
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)