



## 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 : Institute of Pharmacy Dr APJ Abdul Kalam University Indore/PCI-2955**

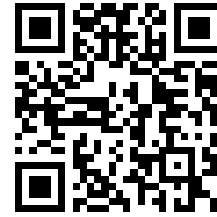
**State : MADHYA PRADESH**

**District : INDORE**

**Sub-District : Indore**

**Village/Town/City : Arandiya**

**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)
M.Pharm Pharmaceutics	The Registrar Dr A P J Abdul Kalam University Indore Dewas Bypass Arandia Indore Madhya Pradesh	Earlier decision is reiterated

Date :10th June 2019

Archana  
Mudgal

For Archana Mudgal  
Registrar-cum-Secretary  
PCI

Copy to:

- Registrar of the University
- Principal of the college
- Secretary/Chairman of the Trust/Society

iv) Guard File (PCI)