



## 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 Diploma Dr. A.P.J. Abdul Kalam University/PCI-3103

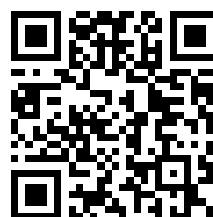
**State :** MADHYA PRADESH

**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
D.Pharm	The RegistrarDr A P J Abdul Kalam UniversityIndore Dewas Bypass ArandiaIndore	For 2019-2020 for conduct of 1st Year for 60 admissions -It was further decided that -  a)above approval is subject to submission of consent of affiliation of Examining Authority for starting of the above pharmacy course(s) before making admission.  b)no admission shall be made without submission of consent of affiliation of Examining Authority to PCI.  c)in case the consent of affiliation of Examining Authority is not obtained and submitted to PCI before making admissions the above approval granted by the PCI shall be deemed to be withdrawn and consequences thereof shall rest on the institution and the PCI in no way shall be responsible for the same.

Date :10th June 2019

Archana  
Mudgal

For Archana Mudgal

Copy to:

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