भारतीय भेषजी परिषद्

(स्वास्थ्य एवं परिवार कल्याण मंत्रा<u>लय के अंतर्गत सांविधिक निका</u>य) भारत सरकार

<u>एन</u> <u>बी</u> <u>सी</u> <u>सी</u> <u>सैन्टर, तृतीय तल, प्लॉट नम्बर</u> 2, कॉमुन्युटी सैन्टर, मां आनन्दमयी मार्ग, <u>ओखला, फेस-I, नई दिल्ली</u>-110020 दुरमाष: 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 KS COLLEGE OF PHARMACY / PCI-7429

State UTTAR PRADESH

District -

Village/Town/City JHAKRI Pin Code 284204

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 | Intake |
|---------|---|--|-----------------|---------------|--------|
| D.Pharm | The Secretary Uttar Pradesh Board of Technical Education Guru Govind Marg Lucknow Uttar Pradesh | D.Pharm Grant approval for 2024-2025 academic session for the conduct of 2nd year for 60 admissions for D.Pharm course. Allow 60 admissions in 2024-2025 academic session in 1st year. | | 2024-2025 | 60 |

EC Meeting Number: EC 420

EC Meeting Date: 07 Nov 2024

Communication Date: 15 Nov 2024

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For

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)

Note: Validity of the course details may be verified at pcionline.co.in