i) Registrar of the University

Copy to:

## PHARMACY COUNCIL OF INDIA

E-mail : pcipresident@gmail.com Website : www.pci.nic.in Contact : 011-61299900/01/02/03 NBCC Centre, 3rd Floor Plot No.2, Community Centre Maa Anandamai Marg Okhla Phase I

NEW DELHI - 110020

## **LETTER OF APPROVAL**

Institute Name / Inst ID :K C Institute of Pharmaceutical Sciences VPO Pandoga Uprala The and Distt Una Himachal Pradesh/PCI-1043

State :HIMACHAL PRADESH

**District :UNA** 

Sub-District :Haroli

Village/Town/City :PANDOGA UPARLA

Pin Code :177207

## 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 Himachal Pradesh University Academic Branch Shimla The Registrar Himachal Pradesh Technical University Examination Branch Hamirpur	Extension of approval upto 2019-2020 for 60 intake (B.Pharm). Also to inspect
D.Pharm	The Secretary Himachal Pradesh Takniki Shiksha Board Civil Lines Dharmshala Distt Kangra	Extension of approval upto 2019-2020 for 60 intake (D.Pharm). Also to inspect

Date :10th June 2019

Mirpau

For Archna Mudgal Registrar-cum-Secretary PCI

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ii) Principal of the college

- iii) Secretary/Chairman of the Trust/Society
- iv) Guard File (PCI)