

## PHARMACY COUNCIL OF INDIA

E-mail: registrar@pci.nic.in 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

**DECISION LETTER** 

Institute Name / Inst ID :Institute Of Pharmaceutical Sciences J S University Mainpuri Road

Shikohabad Dist Firozabad 283 135/PCI-910

**State :UTTAR PRADESH** 

**District:FIROZABAD** 

**Sub-District:** 

Village/Town/City: Kanthari

Pin Code :283135

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	Approval Status
B.Pharm	The Registrar J S University Mainpuri Road Shikohabad Distt Firozabad	Approved for conduct of 2nd year course for 2020-2021 for 60 intake (B.Pharm)Allowed 60 admission in 2020-2021 in 1st year (B.Pharm).	Approved
D.Pharm	The Registrar J S University Mainpuri Road Shikohabad Distt Firozabad	Approval u/s 12 from 2018-2019 to 2020- 2021 for 60 intake (D.Pharm)	Approved

Date:10th April 2020



For Archna 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)

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Note: Validity of the course details may be verified at www.pci.nic.in.					

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