



PHARMACY COUNCIL OF INDIA

A Statutory body under Ministry of Health and Family Welfare
Government of India

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DECISION LETTER

Institute Name / Inst ID **Maulana Abul Kalam Azad University Of
Technology / PCI-4461**
State **WEST BENGAL**
District **NADIA**
Sub-District **Haringhata**
Village/Town/City
Pin Code **741249**



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
M.Pharm Pharmaceutics	The Controller of Examination Maulana Abul Kalam Azad University of Technology BF Salt Lake City II Kolkata	The latest information on record including the appeal was placed and considered. M.Pharm Pharmaceutics for 15 intake The above approval is subject to appointment of teaching Faculty.	Approved	2020-2021
M.Pharm Pharmacology	The Controller of Examination Maulana Abul Kalam Azad University of Technology BF Salt Lake City II Kolkata	The latest information on record including the appeal was placed and considered. M.Pharm Pharmacology for 15 intake The above approval is subject to appointment of teaching Faculty.	Approved	2020-2021

Date **10th April 2020**

For Archana Mudgal
Registrar-cum-Secretary
PCI

Copy to

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

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