भारतीय भेषजी परिषद्

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय के अंतर्गत सांविधिक निकाय)
भारत सरकार
आई-300, तीसरी मंजिल, टावर-1, वर्ल्ड ट्रेड सेंटर,
नौरोजी नगर, नई दिल्ली-110029
टेलीफोन नंबर 011-65218900-01
E-mail: registrar@pci.nic.in

कामये दुःखतप्तानाम् प्राणिनामार्तिनाशनम्

PHARMACY COUNCIL OF INDIA

(Statutory body under Ministry of Health & Family Welfare)
Government of India
I-300, 3rd floor, Tower-I, World Trade Centre,
Nauroji Nagar, New Delhi-110029
Telephone No. 011-65218900-01
E-mail: registrar@pci.nic.in

DECISION LETTER

Institute Name/Inst ID Maulana Abul Kalam Azad University Of Technology / PCI-4461
State WEST BENGAL
District -
Village/Town/City Simhat
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	Course Type	Decision	Approval Status	Approval Up to / Academic Session	Intake
M.Pharm Pharmacology	The Controller of Examination Maulana Abul Kalam Azad University of Technology BF Salt Lake City II Kolkata	New / Existing	M.Pharm (Pharmacology)	Approved	2026-2027	15
M.Pharm Pharmaceutics	The Controller of Examination Maulana Abul Kalam Azad University of Technology BF Salt Lake City II Kolkata	New / Existing	M.Pharm (Pharmaceutics)	Approved	2026-2027	15

Communication Date: 01 May 2026

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 pci.gov.in