



## PHARMACY COUNCIL OF INDIA

E-mail : pcipresident@gmail.com

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

### LETTER OF APPROVAL

**Institute Name / Inst ID : PG Institute of Medical Sciences Chandrakona Town Dist Paschim Medinipur/PCI-3063**

**State : WEST BENGAL**

**District : MEDINIPUR WEST**

**Sub-District : Chandrakona - II**

**Village/Town/City : DHURABILA**

**Pin Code : 721201**



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 Controller of Examination Maulana Abul Kalam Azad University of Technology BF Salt Lake City II Kolkata	Approved for conduct of 3rd year course for 2019-2020 for 60 intake (B.Pharm) Allowed 60 admission in 2019-2020 in 1st year (B.Pharm). Also to inspect
D.Pharm	The Secretary West Bengal State Council of Technical Education Kolkata Karigori Floor S N Banerjee Road Kolkata	Approval u s 12 from 2017-2018 to 2019-2020 for 60 intake (D.Pharm). Also to inspect

Date :10th June 2019

ANIL  
MITTAL

For Archana 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)