



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	Approval Intake
M.Pharm Pharmaceutics	The Controller of Examination Maulana Abul Kalam Azad University of Technology BF Salt Lake City II Kolkata	M. Pharm (Pharmaceutics): 15	Approved	2023-2024	15
M.Pharm Pharmacology	The Controller of Examination Maulana Abul Kalam Azad University of Technology BF Salt Lake City II Kolkata	M. Pharm (Pharmacology): 15	Approved	2023-2024	15

Date **28th Mar 2023**

For
(I/C) 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