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DECISION LETTER

Institute Name / Inst ID **K B H S S Trust Institute Of Pharmacy Bhaygaon Roadopp Jajuwadi Malegaon Camp / PCI-1039**
State **MAHARASHTRA**
District **NASHIK**
Sub-District **Malegaon**
Village/Town/City **Bhaygaon**
Pin Code **423105**

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
B.Pharm	The Registrar Savitribai Phule Pune University Ganeshkhind Road Pune	Extension upto 2022-2023 for 60 admissions	Approved	2022-2023
D.Pharm	The Registrar Maharashtra State Board of Technical Education Kherwadi Bandra East Mumbai	Extension upto 2022-2023 for 60 admissions	Approved	2022-2023
M.Pharm Pharmaceutics	The Registrar Savitribai Phule Pune University Ganeshkhind Road Pune	15 (Already approved)	Approved	2020-2021

Date **10th April 2020**

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)

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