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   -

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 Up to / Academic Session	Intake
D.Pharm	MAHARASHTRA STATE BOARD OF TECHNICAL EDUCATION, MUMBAI	D.Pharm Extend approval upto 2025-2026 academic session for 60 admissions for D.Pharm course.	Approved	2025-2026	60
B.Pharm	Savitribai Phule Pune University	B.Pharm Extend approval up to 2025-2026 academic session for 100 admissions for B.Pharm course.	Approved	2025-2026	100
M.Pharm Pharmacology	Savitribai Phule Pune University	M.Pharm (Pharmacology)	Approved	2025-2026	15
M.Pharm Pharmaceutical Quality Assurance	Savitribai Phule Pune University	M.Pharm (Pharmaceutical Quality Assurance)	Approved	2025-2026	15
M.Pharm Regulatory Affairs	Savitribai Phule Pune University	M.Pharm (Regulatory Affairs)	Approved	2025-2026	15
M.Pharm Pharmaceutics	Savitribai Phule Pune University	M.Pharm (Pharmaceutics)	Approved	2025-2026	15

Communication Date: 11 Sep 2025

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