

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 **College Of Pharmacy / PCI-3082**
State **UTTARAKHAND**
District **-**
Village/Town/City **SHINIWALA**
Pin Code **248197**



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 |
|---------|---|----------------|---|-----------------|-----------------------------------|--------|
| B.Pharm | VEER MADHO SINGH BHANDARI UTTARAKHAND TECHNICAL UNIVERSITY (DEHRADUN) | New / Existing | B.Pharm Extend approval up to 2026-2027 academic session for 100 admissions for B.Pharm course. | Approved | 2026-2027 | 100 |

Communication Date: **14 Apr 2026**

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 pci.gov.in

For
Registrar-cum-Secretary
PCI