



## PHARMACY COUNCIL OF INDIA

E-mail : registrar@pci.nic.in  
Website : www.pci.nic.in  
Contact : 011-61299900/01/02/03

NBCC Centre, 3rd Floor Plot No.2, Community Centre  
Maa Anandamai Marg Okhla Phase I  
NEW DELHI - 110020

### DECISION LETTER

**Institute Name / Inst ID : Ravindra Vidya Prasarak Mandal/PCI-3915**

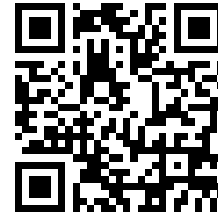
**State : MAHARASHTRA**

**District : NASHIK**

**Sub-District : Nashik**

**Village/Town/City :**

**Pin Code : 422011**



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	Approval Status
D.Pharm	The Secretary Maharashtra State Board of Technical Education Mumbai	For 2020-2021 for conduct of 2nd year Allow 60 admissions for 2020-2021 in 1st year	Approved

Date : 10th April 2020

Anil  
Mittal

For Archana Mudgal  
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](http://www.pci.nic.in).