PHARMACY COUNCIL OF INDIA

E-mail : pcipresident@gmail.com
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

LETTER OF APPROVAL

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
D.Pharm	The Secretary Maharashtra State Board of Technical Education Mumbai	Approval for 2019-2020 for conduct of 1st year for 60 admissions For D.Pharm For D.Pharm Course and Pharm.D Course- It was further decided that a) above approval is subject to submission of i) consent of affiliation of Examining Authority for starting of the above pharmacy course(s) before making admission. ii) appointment of the Principal and teaching staff as per the qualification and experience prescribed under Minimum Qualification for Teachers in Pharmacy Institutions Regulations 2014 failing which no admission shall be made. b) in case the above document (s) are not obtained and compliance is not submitted to PCI before making admissions the above approval granted by the PCI shall be deemed to be withdrawn and the consequences thereof shall rest on the institution and PCI in no way shall be responsible for it.

Date :10th June 2019

For Archna Mudgal
Registrar-cum-Secretary

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Copy to:

i) Registrar of the University

ii) Principal of the college

iii) Secretary/Chairman of the Trust/Society

iv) Guard File (PCI)

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