



## PHARMACY COUNCIL OF INDIA

E-mail : pcipresident@gmail.com

NBCC Centre, 3rd Floor Plot No.2, Community Centre

Website : www.pci.nic.in

Maa Anandamai Marg Okhla Phase I

Contact : 011-61299900/01/02/03

NEW DELHI - 110020

### LETTER OF APPROVAL

**Institute Name / Inst ID : Department of Pharmacy Malwanchal University Index City Near Khudel Nemawar Road Indore/PCI-464**

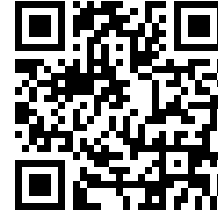
**State : MADHYA PRADESH**

**District : INDORE**

**Sub-District : Indore**

**Village/Town/City : MORODHAT**

**Pin Code : 452016**



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 Registrar Malwanchal University Indore	Approval u s 12 from 2017-2018 to 2019-2020 for 60 intake (D.Pharm). Also to inspect

Date : 10th June 2019

Archana  
Mudgal

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)