



## 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 : Mata Gujri College Of Pharmacy/PCI-4493**

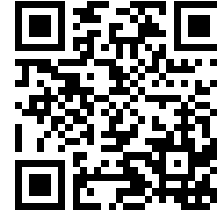
**State : BIHAR**

**District : KISHANGANJ**

**Sub-District : Kishanganj**

**Village/Town/City : DILAWARGANJ**

**Pin Code : 855107**



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 |
|---------|---------------------|--------------------------------------------------------------------|-----------------|
| B.Pharm |                     | Approval for 2020- 2021 for conduct of 1st year for 100 admissions | Approved        |
| D.Pharm |                     | Approval for 2020- 2021 for conduct of 1st year for 60 admissions  | Approved        |

Date : 10th April 2020

*Archana*

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.