



# PHARMACY COUNCIL OF INDIA

A Statutory body under Ministry of Health and Family Welfare  
Government of India

E - MAIL : [registrar@pci.nic.in](mailto:registrar@pci.nic.in)  
WEBSITE : [www.pci.nic.in](http://www.pci.nic.in)  
Telephone : 011-61299900  
011 - 61299901, 011 - 61299902  
011-61299903

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

## DECISION LETTER

Institute Name / Inst ID **Seva Shikshan Prasarak Mandals Dr N J  
Paulbudhe College Of Pharmacy Diploma / PCI-  
3322**

State **MAHARASHTRA**

District **AHMEDNAGAR**

Sub-District **Nagar**

Village/Town/City **Savedi**

Pin Code **414003**



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	Decision	Approval Status	Approval Upto	Approval Intake
D.Pharm	The Secretary Maharashtra State Board of Technical Education Mumbai	D.Pharm Extend approval upto 2023-2024 academic session for 60 admissions for D.Pharm course.	Approved	2023-2024	60

Date **04th May 2023**

For  
(I/C) 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)