



## 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 : Dehat Vikas College Of Pharmacy Tigaon Distt Faridabad/PCI-415**

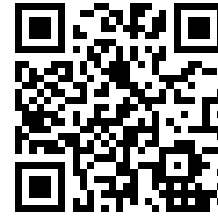
**State : HARYANA**

**District : FARIDABAD**

**Sub-District : Faridabad**

**Village/Town/City : TIGAON**

**Pin Code : 121101**



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 State Board of Technical Education Bays Panchkula | Extension upto 2023-2024 for 60 intake D Pharm | Approved        |

Date : 10th April 2020

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)

Note: Validity of the course details may be verified at [www.pci.nic.in](http://www.pci.nic.in).