



## 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 : Department Of Pharmacy The Kameng Professional And Technical University/PCI-5255**

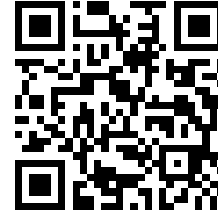
**State : ARUNACHAL PRADESH**

**District : WEST KAMENG**

**Sub-District : Thrizino**

**Village/Town/City : Subu**

**Pin Code : 790002**



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 |                     | It was decided to grant approval for Conduct of 1st year B.Pharm course for 2021-2022 for 100 admissions<br><br>subject to appointment of Principal & Teaching Faculty as per The Bachelor of Pharmacy (B.Pharm) Course Regulations, 2014 and Minimum Qualification for Teachers in Pharmacy Institutions Regulations, 2014 | Approved        |
| D.Pharm |                     | It was decided to grant approval for Conduct of 1st year D.Pharm course for 2021-2022 for 60 admissions   | Approved        |

Date : 27th Oct 2021

Archana  
MITTAL

For Archana Mudgal  
Registrar-cum-Secretary  
PCI

Copy to:

- i) Registrar of the University
- ii) Principal of the college
- iii) Secretary/Chairman of the Trust/Society
- iv) Guard File (PCI)

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