



**PHARMACY COUNCIL OF INDIA
NEW DELHI**

E - MAIL : registrar@pci.nic.in **NBCC Centre, 3rd Floor**
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Telephone : **011-61299900** **Maa Anandamai Marg**
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011-61299903 **NEW DELHI - 110020**

DECISION LETTER

Institute Name / Inst ID **K K Wagh Institute Of Pharmacy At Post
Chandori Tal Niphad Dist Nashik / PCI-1053**

State **MAHARASHTRA**

District **NASHIK**

Sub-District **Niphad**

Village/Town/City **Chandori**

Pin Code **422201**



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 |
|---------|--|--|-----------------|
| D.Pharm | The Registrar Maharashtra State Board of Technical Education Kherwadi Bandra East Mumbai | From 2018-2019 to 2020-2021 under section 12 for 60 admissions (D.Pharm) | Approved |

Date 10th April 2020

**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