



## PHARMACY COUNCIL OF INDIA

E-mail : pcipresident@gmail.com

NBCC Centre, 3rd Floor Plot No.2, Community Centre

Website : www.pci.nic.in

Maa Anandamai Marg Okhla Phase I

Contact : 011-61299900/01/02/03

NEW DELHI - 110020

### LETTER OF APPROVAL

**Institute Name / Inst ID :Siddhis Institute of Pharmacy /PCI-3515**

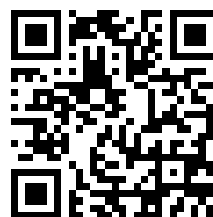
**State :MAHARASHTRA**

**District :THANE**

**Sub-District :Murbad**

**Village/Town/City :Nandgaon**

**Pin Code :421401**



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
D.Pharm	The Secretary Maharashtra State Board of Technical Education Mumbai	Approval for 2019-2020 for conduct of 1st year for 60 admissions For D.Pharm For D.Pharm Course and Pharm.D Course- It was further decided that a) above approval is subject to submission of i) consent of affiliation of Examining Authority for starting of the above pharmacy course(s) before making admission. ii) appointment of the Principal and teaching staff as per the qualification and experience prescribed under Minimum Qualification for Teachers in Pharmacy Institutions Regulations 2014 failing which no admission shall be made. b) in case the above document (s) are not obtained and compliance is not submitted to PCI before making admissions the above approval granted by the PCI shall be deemed to be withdrawn and the consequences thereof shall rest on the institution and PCI in no way shall be responsible for it.

Date :10th June 2019

Amr  
M.P.A.

For Archana Mudgal  
Registrar-cum-Secretary

Copy to:

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