



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 : Kai Yashodabai Dagadu Saraf Charitable Trust College of Pharmacy
Sakegaon NH Six Sakegaon Tal Bhusawal Distt Jalgaon /PCI-1076**

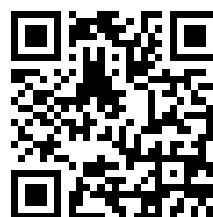
State : MAHARASHTRA

District : JALGAON

Sub-District : Bhusawal

Village/Town/City : SAKEGAON

Pin Code : 425201



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
B.Pharm	The Registrar North Maharashtra University NMU Nagar Jalgaon	Extension of approval upto 2020-2021 for 60 intake (B.Pharm)
D.Pharm	The Registrar Maharashtra State Board of Technical Education Kherwadi Bandra East Mumbai	Extension of approval upto 2020-2021 for 60 intake (D.Pharm)
M.Pharm Pharmaceutics	The Registrar North Maharashtra University NMU Nagar Jalgaon	Earlier decision is reiterated
M.Pharm Pharmaceutical Quality Assurance	The Registrar North Maharashtra University NMU Nagar Jalgaon	Earlier decision is reiterated

Date :10th June 2019

ANIL
MITAL

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)