



## 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 :** Chandra Shekhar Singh College of Pharmacy Koilaha Puramufti  
Kaushambi /PCI-323

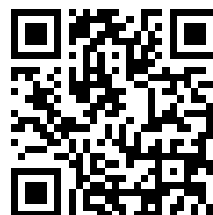
**State :** UTTAR PRADESH

**District :** KAUSHAMBI

**Sub-District :** Chail

**Village/Town/City :** Rasulabad urf Koilaha

**Pin Code :** 212213



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 Dr APJ Abdul Kalam Technical University Institute of Engineering and Technology Campus Sitapur Road Lucknow	Extension of approval upto 2019-2020 for 60 intake (B.Pharm)

Date :10th June 2019

*Archana*

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)