

# भारतीय भेषजी परिषद्

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय के अंतर्गत सांविधिक निकाय)  
भारत सरकार  
एन बी सी सी सेंटर, तृतीय तल, प्लॉट नम्बर 2,  
कॉम्प्ल्यूटी सेंटर, मा आनन्दमयी मार्ग,  
ओखला, फेस-I, नई दिल्ली-110020  
दूरभाष 011-61299900-03



**PHARMACY COUNCIL OF INDIA**  
(Statutory body under Ministry of Health & Family Welfare)  
**Government of India**  
NBCC Centre, 3<sup>rd</sup> Floor, Plot No. 2,  
Community Centre, Maa Anandmai Marg,  
Okhla, Phase-I, New Delhi-110020  
Telephone No. 011-61299900-03

## DECISION LETTER

Institute Name/Inst ID **A. C. Patil Institute of Pharmacy / PCI-7984**  
State **MAHARASHTRA**  
District -  
Village/Town/City **Navi Mumbai**  
Pin Code **410210**

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 | Approval Upto | Intake |
|---------|---|---|-----------------|---------------|--------|
| D.Pharm | The Secretary Maharashtra State Board of Technical Education Mumbai | Grant approval for the 2023-24 academic session for 1st year admission of 60 intake in D. Pharm course. | Approved        | 2023-24       | 60     |

Date: 19 Aug, 2023

डॉ. नरेण्ड मु. गोबेकर

For  
Registrar-cum-Secretary  
PCI

Copy to

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

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