



## PHARMACY COUNCIL OF INDIA

E-mail : registrar@pci.nic.in Website : www.pci.nic.in Contact : 011-61299900/01/02/03 NBCC Centre, 3rd Floor Plot No.2, Community Centre Maa Anandamai Marg Okhla Phase I

NEW DELHI - 110020

## **DECISION LETTER**

Institute Name / Inst ID :Bengal School Of Technology A College Of Pharmacy Sugandha More Delhi Road Hoogly 712 102/PCI-225

State :WEST BENGAL

**District :HOOGHLY** 

Sub-District : Chinsurah - Magra

Village/Town/City :Sugandha

Pin Code :712102

## 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	Approval Status
B.Pharm	The Controller of Examination Maulana Abul Kalam Azad University of Technology BF Salt Lake City II Kolkata	Already approved upto 2023-2024 for 100 intake	Approved
D.Pharm	The Secretary West Bengal State Council of Technical Education Kolkata Karigori Floor S N Banerjee Road Kolkata	From 2019-2020 to 2023-2024 u s 12 for 60 intake	Approved
M.Pharm Pharmaceutics	The Controller of Examination Maulana Abul Kalam Azad University of Technology BF Salt Lake City II Kolkata	M.Pharm (Pharmaceutics)-15	Approved

M.Pharm Pharmacology	The Controller of Examination Maulana Abul Kalam Azad University of Technology BF Salt Lake City II Kolkata	M.Pharm (Pharmacology)-12	Approved
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Date :10th April 2020

ANIL Mittre

For Archna 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.