



## PHARMACY COUNCIL OF INDIA

E-mail : registrar@pci.nic.in

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

### DECISION LETTER

**Institute Name / Inst ID :Himalayan Institute Of Pharmacy Sadhora Road Kala Amb Distt Sirmour/PCI-835**

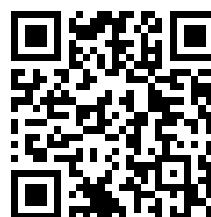
**State :HIMACHAL PRADESH**

**District :SIRMAUR**

**Sub-District :**

**Village/Town/City :Kala Amb**

**Pin Code :173030**



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 Registrar Academics Himachal Pradesh Technical University Gandhi Chowk Hamirpur Distt Hamirpur	Extension of approval upto 2022-2023 for 60 intake	Approved
D.Pharm	The Secretary Himachal Pradesh Takniki Shiksha Board Civil Lines Dharmshala Distt Kangra	Extension of approval upto 2022-2023 for 60 intake	Approved
M.Pharm Pharmaceutics	The Registrar Academics Himachal Pradesh Technical University Gandhi Chowk Hamirpur Distt Hamirpur	M.Pharm Pharmaceutics-15	Approved

Date :10th April 2020

ANIL  
MITTA

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)

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