i) Registrar of the Universityii) Principal of the college

iii) Secretary/Chairman of the Trust/Society

Copy to:

PHARMACY COUNCIL OF INDIA

E-mail : pcipresident@gmail.com 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

LETTER OF APPROVAL

Institute Name / Inst ID :Bajiraoji Karanjekar College of Pharmacy Nagzira Road Sakoli/PCI-203

State :MAHARASHTRA

District :BHANDARA

Sub-District :Sakoli

Village/Town/City :SAKOLI

Pin Code :441802

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 Rashtrasant Tukadoji Maharaj Nagpur University Ravindranath Tagore Marg Sitabuldi Nagpur	Extension of approval upto 2019-2020 for 60 intake (B.Pharm)
D.Pharm	The Registrar Maharashtra State Board of Technical Education Kherwadi Bandra East Mumbai	Extension of approval upto 2019-2020 for 60 intake (D.Pharm)

Date :10th June 2019

ANIL MITTAL

For Archna Mudgal Registrar-cum-Secretary PCI





iv) Guard File (PCI)