

## 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 : Vedic Institute of Pharmaceutical Education and Research Babupura Near

Bamhori Tigadda Sagar Madhya Pradesh/PCI-2568

**State: MADHYA PRADESH** 

**District:**SAGAR

**Sub-District: Sagar** 

Village/Town/City: BABUPURA

Pin Code :470228

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 Rajiv<br>Gandhi Proudyogiki<br>Vishwavidyalaya Airport<br>Byepass Road Gandhi<br>Nagar Bhopal | Already approved upto 2019-2020 academic session for B.Pharm course.  Raise in admision from 60 to 100 from 2019-2020 academic session for B.Pharm course. |
| M.Pharm Pharmaceutics | The Registrar Rajiv<br>Gandhi Proudyogiki<br>Vishwavidyalaya Airport<br>Byepass Raod Gandhi<br>Nagar Bhopal | Earlier decision is reiterated   |

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| D.Pharm | The Registrar Rajiv     | Approval for 2019-2020 for conduct of 1st year for     |
|---------|-------------------------|--|
|         | Gandhi Proudyogiki      | 60 admissions For D.Pharm                              |
|         | Vishwavidyalaya Airport | For D.Pharm Course and Pharm.D Course- It was          |
|         | Byepass Raod Gandhi     | further decided that                                   |
|         | Nagar Bhopal            | a) above approval is subject to submission of          |
|         |                         | i) consent of affiliation of Examining Authority for   |
|         |                         | starting of the above pharmacy course(s) before        |
|         |                         | making admission.                                      |
|         |                         | ii) appointment of the Principal and teaching staff as |
|         |                         | per the qualification and experience prescribed under  |
|         |                         | Minimum Qualification for Teachers in Pharmacy         |
|         |                         | Institutions Regulations 2014 failing                  |
|         |                         | which no admission shall be made.                      |
|         |                         | b) in case the above document (s) are not obtained     |
|         |                         | and compliance is not submitted to PCI before          |
|         |                         | making admissions the above approval granted by        |
|         |                         | the PCI shall be deemed to be withdrawn and the        |
|         |                         | consequences thereof shall rest on the institution and |
|         |                         | PCI in no way shall be responsible for it.             |
|         |                         |  |

Date :10th June 2019

AHIL MITTAL

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)

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