



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 : Pioneer Pharmacy Degree College Pioneer Medical Campus Near Ajawa
Cross Road N H Eight atand Post Sayajipura Vadodara Gujrat/PCI-1580**

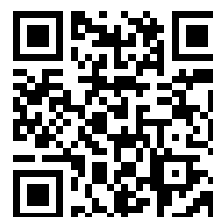
State : GUJARAT

District : VADODARA

Sub-District : Vadodara

Village/Town/City : Sayajipura

Pin Code : 390019



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 Gujarat Technological University nd Floor ACPC Building L D College of Engineering Campus Navrangpura Ahmedabad Gujarat | Extension of approval upto 2019-2020 for 60 intake (B.Pharm). Also to inspect |
| M.Pharm Pharmaceutics | The Registrar Gujarat Technological University nd Floor ACPC Building L D College of Engineering Campus Navrangpura Ahmedabad Gujarat | M.Pharm Pharmaceutics Earlier decision is reiterated |
| M.Pharm Pharmaceutical Quality Assurance | The Registrar Gujarat Technological University nd Floor ACPC Building L D College of Engineering Campus Navrangpura Ahmedabad Gujarat | M.Pharm Pharmaceutical Quality Assurance Earlier decision is reiterated |

Date :10th June 2019

Amil
Mittal

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)