

भारतीय भेषजी परिषद्

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय के अंतर्गत सांविधिक निकाय)
भारत सरकार

एन बी सी सी सेंटर, तृतीय तल, प्लॉट नम्बर 2,
कॉम्प्युटी सेंटर, मा आनन्दमयी मार्ग,
ओखला, फेस-I, नई दिल्ली-110020
दूरभाष: 011-61299900-03



PHARMACY COUNCIL OF INDIA
(Statutory body under Ministry of Health & Family Welfare)

Government of India

NBCC Centre, 3rd Floor, Plot No. 2,
Community Centre, Maa Anandmai Marg,
Okhla, Phase-I, New Delhi-110020
Telephone No. 011-61299900-03

DECISION LETTER

Institute Name/Inst ID **Medhavi Skills University, Sikkim / PCI-9724**
State **SIKKIM**
District **-**
Village/Town/City **Singtam**
Pin Code **737134**

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 body/University	Decision	Approval Status	Approval Upto	Intake
D.Pharm	The Registrar, Medhavi Skills University, Sikkim	D.Pharm Grant approval for 2024-2025 academic session for the conduct of 1st year for 60 admissions for D.Pharm course.	Approved	2024-2025	60
B.Pharm	The Registrar, Medhavi Skills University, Sikkim	B.Pharm Grant approval for 2024-2025 academic session for the conduct of 1st year for 100 admissions for B.Pharm course.	Approved	2024-2025	100

EC Meeting Number: **EC-414**

EC Meeting Date: **04 Sep 2024**

Communication Date: **24 Sep 2024**

For
Registrar-cum-Secretary
PCI

Copy to

- Registrar of the University
- Principal of the college
- Secretary/Chairman of the Trust/Society
- Guard File (PCI)

Note: Validity of the course details may be verified at pcionline.co.in