



**PHARMACY COUNCIL OF INDIA
NEW DELHI**

E - MAIL : pcipresident@gmail.com NBCC Centre, 3rd Floor
WEBSITE : www.pci.nic.in Plot No 2. Community Centre
Telephone : 011-61299900 Maa Anandamai Marg
011 - 61299901, 011 - 61299902 Okhla Phase I
011-61299903 NEW DELHI - 110020

LETTER OF APPROVAL

Institute Name / Inst ID OM SAI INSTITUTE OF PARAMEDICAL
SCIENCES / PCI-4032
State ODISHA
District MAYURBHANJ
Sub-District Barsahi
Village/Town/City AMBADALI
Pin Code 757075



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
D.Pharm	The Controller of Examination State Council for Technical Education and Vocational Training Unit VIII Near Raj Bhawan Bhubaneswar	Approval for 2019-2020 for conduct of 1st year for 60 admissions - It was further decided that - a) above approval is subject to submission of consent of affiliation of Examining Authority for starting of the above pharmacy course(s) before making admission. b) no admission shall be made without submission of consent of affiliation of Examining Authority to PCI. c) in case the consent of affiliation of Examining Authority is not obtained and submitted to PCI before making admissions the above approval granted by the PCI shall be deemed to be withdrawn and consequences thereof shall rest on the institution and the PCI in no way shall be responsible for the same.

Date 10th June 2019

**For Archana Mudgal
Registrar-cum-Secretary
PCI**

Copy to

- i) Registrar of the University**
- ii) Principal of the college**
- iii) Secretary/Chairman of the**