



## 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 :Aakash Institute of Medical Sciences/PCI-3089**

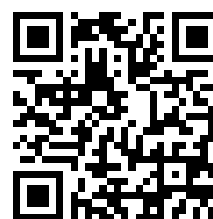
**State :HIMACHAL PRADESH**

**District :SOLAN**

**Sub-District :Nalagarh**

**Village/Town/City :Nikkuwal**

**Pin Code :174101**



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   |
|---------|--|--|
| D.Pharm | The Secretary Himachal Pradesh Takniki Shiksha Board Civil Lines Dharmshala Distt Kangra | Approval for 2019-2020 for conduct of 1st year for 60 admissions For D.Pharm |

Date :10th June 2019

For Archana Mudgal  
Registrar-cum-Secretary  
PCI

Copy to:

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