



## PHARMACY COUNCIL OF INDIA

E-mail : registrar@pci.nic.in  
Website : www.pci.nic.in  
Contact : 011-61299900/01/02/03

NBCC Centre, 3rd Floor Plot No.2, Community Centre  
Maa Anandamai Marg Okhla Phase I  
NEW DELHI - 110020

### DECISION LETTER

**Institute Name / Inst ID : Divine College Of Pharmacy/PCI-4509**

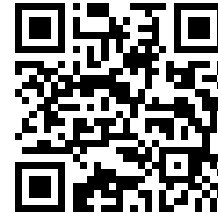
**State : BIHAR**

**District : SIWAN**

**Sub-District : Ziradei**

**Village/Town/City : PATHARDEI**

**Pin Code : 841245**



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	Approval Status
D.Pharm	The Controller of Examination Diploma in Pharmacy Deptt of Health Medical Education and F W Patna	Approval for 2020- 2021 for conduct of 1st year for 60 admissions	Approved

Date : 10th April 2020

*Archana*

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)

Note: Validity of the course details may be verified at [www.pci.nic.in](http://www.pci.nic.in).