

Regd

ALL B.PHARM INSTITUTIONS APPROVED BY PHARMACY COUNCIL OF INDIA -

- **U/s 12 of the Pharmacy Act**
- **For Conduct of Course**

Sub: Information regarding B.Pharm course.

Sir/Madam,

This has a reference to subject cited above. In this connection I am directed to request you to forward the following information to PCI per return of mail -

- a) the session from which the course is started.
- b) details of students admitted in 1st year.
 - Name
 - Father's name
 - Date of birth
 - Male/Female etc.
- c) admission qualification.
- d) mode of admission i.e. merit list or common entrance test, NRI, management quota.
- e) reservation/community - SC/ST/OBC/OC etc.
- f) affiliation letter of the Examining Authority.
- g) session during which students will appear for exam.
- h) date of examination (as the Council may desire the audit of examination system).

It is further informed that above data provided by you may be posted on the PCI website for the State Pharmacy Councils to verify the students enrolled in a particular year for registration purposes.

You are also advised to forward the above data every year.

Yours faithfully

(ARCHNA MUDGAL)
Registrar-cum-Secretary