

# Annexure-1

## (Prescribed Format for Authorization Letter of Maker for the Purpose of GPAT-PMSPPS)

[Institution Letterhead]  
[Institution Name & PCI Code]  
[Address]  
[City, State, ZIP Code]  
[Phone Number]  
[Email Address]

[Date]

### Authorization Letter

To,  
Registrar-Cum-Secretary,  
Pharmacy Council of India,  
NBCC Centre, 3rd Floor, Okhla Phase - I  
New Delhi-110020.

I, [Name], Principal/Head of [Institution Name], hereby authorize myself (as a checker) and [Full Name of Maker], [Designation, e.g., Associate Professor/Administrative Officer] of the [Department/Office] as maker, to act as the Nodal Officers for the purpose of disbursing the Pradhan Mantri Scholarship for Pharmacy Post Graduate Studies (GPAT) – (PMSPPS).

In this capacity, myself and [Full Name of Nodal Officer] shall be responsible for handling all activities related to the disbursement process of the aforementioned scholarship, including but not limited to:

1. Making and checking appropriate database of eligible students for the disbursement of the Scholarship.
2. Overseeing the distribution of funds to eligible students.
3. Coordinating with the PCI
4. Managing documentation and verification processes.
5. Ensuring compliance with PCI and its banking channel for the matters pertaining to the scholarship.
6. Addressing any queries or issues that may arise during the disbursement process.

Details of the Checker:

Name of the Officer	Designation	Contact Number	E-mail

Details of the Maker:

Name of the Officer	Designation	Contact Number	E-mail

Yours faithfully,

[Signature]  
[Name]  
Principal/Head of Institution  
[Institution Name]  
[Designation]

Seal of the Institution