

भारतीय भेषजी परिषद्

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय के अंतर्गत सांविधिक निकाय)

भारत सरकार

आई-300, तीसरी मंजिल, टावर-1, वर्ल्ड ट्रेड सेंटर,

नौरोजी नगर, नई दिल्ली-110029

टेलीफोन नंबर 011-65218900-01

E-mail: registrar@pci.nic.in



कामये दुःखतप्तानाम् प्राणिनामार्तिनाशनम्

PHARMACY COUNCIL OF INDIA
(Statutory body under Ministry of Health & Family Welfare)

Government of India

I-300, 3rd floor, Tower-I, World Trade Centre,

Nauroji Nagar, New Delhi-110029

Telephone No. 011-65218900-01

E-mail: registrar@pci.nic.in

DECISION LETTER

Institute Name/Inst ID **Mind Power College of Pharmacy / PCI-10117**
State **UTTARAKHAND**
District **-**
Village/Town/City **Bohrakun**
Pin Code **263136**

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	Approval Status	Approval Up to / Academic Session	Intake
D.Pharm	AUTONOMOUS INSTITUTION under UGC ACT 1956	D.Pharm Grant approval for 2025-2026 academic session for the conduct of 1st year for 60 admissions for D.Pharm course.	Approved	2025-2026	60
B.Pharm	AUTONOMOUS INSTITUTION under UGC ACT 1956	B.Pharm Grant approval for 2025-2026 academic session for the conduct of 1st year for 100 admissions for B.Pharm course.	Approved	2025-2026	100

Communication Date: **30 Sep 2025**

Copy to

i) Registrar of the University

ii) Principal of the college

iii) Secretary/Chairman of the Trust/Society

iv) Guard File (PCI)

Note: Validity of the course details may be verified at pci.gov.in

For
Registrar-cum-Secretary
PCI