

# 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](mailto: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](mailto:registrar@pci.nic.in)

## DECISION LETTER

Institute Name/Inst ID **ICFAI School of Pharmaceutical Sciences, The ICFAI University, Dehradun, Uttarakhand / PCI-9457**  
State **UTTARAKHAND**  
District **-**  
Village/Town/City **Bahadurpur**  
Pin Code **248011**

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
B.Pharm	Controller of Examinations The ICFAI University Dehradun	B.Pharm Grant approval for 2025-2026 academic session for the conduct of 2nd year for 100 admissions for B.Pharm course. Allow 100 admissions in 2025-2026 academic session in 1st year.	Approved	2025-2026	100

Communication Date: **07 Jul 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](http://pci.gov.in)

For  
Registrar-cum-Secretary  
PCI