



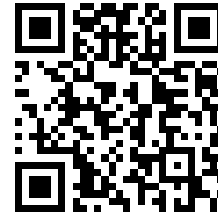
## PHARMACY COUNCIL OF INDIA

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 :** Shenfadu Fakirba Sonawane Institute Of Pharmacy/PCI-3732  
**State :** MAHARASHTRA  
**District :** AURANGABAD  
**Sub-District :** Phulambri  
**Village/Town/City :** Khamgaon  
**Pin Code :** 431151



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 Registrar Maharashtra State Board of Technical Education Kherwadi Bandra East Mumbai	For 2020-2021 for conduct of 2nd year Allow 60 admissions for 2020-2021 in 1st year	Approved

Date :10th April 2020

ANIL  
MITAL

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.