

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 **MUKTADHARA INSTITUTE OF MEDICAL SCIENCE / PCI-7037**
State **WEST BENGAL**
District **-**
Village/Town/City **RASULPUR**
Pin Code **722205**

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	The Secretary West Bengal State Council of Technical Education Kolkata Karigori Floor S N Banerjee Road Kolkata	D.Pharm Grant approval from 2023-2024 to 2025-2026 academic session for 60 admissions u/s 12 of the Pharmacy Act for D.Pharm course.	Approved	2025-2026	60
B.Pharm	The Registrar West Bengal University of Health Sciences	B.Pharm Grant approval for 2025-2026 academic session for the conduct of 1st year for 60 admissions for B.Pharm course.	Approved	2025-2026	60

Communication Date: **08 Sep 2025**

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 pci.gov.in

For
Registrar-cum-Secretary
PCI



THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

DD-36, Salt Lake, Sector-1, Kolkata, W.B, PIN – 700 064

Website: <http://www.wbuhs.ac.in>; EPBX: (033) 2321 – 3461, (033) 2334 - 6602

Fax: (033) 2358 - 0100

Memo. No.: OG / WBUHS / 2025/1285

Date: 22/09/2025

To
The Principal/Director,
MUKTADHARA INSTITUTE OF MEDICAL SCIENCE,
Vill & PO-Rasulpur, PS-Patrasayer,
Dist-Bankura, Pin-722205,
West Bengal

Sir/Madam,

I am directed to say that, on the basis of the recommendation of the Inspection Team, the provisional approval is hereby granted for **introduction of 60 (Sixty) seats of 'Bachelor of Pharmacy' course per year at the 'MUKTADHARA INSTITUTE OF MEDICAL SCIENCE', Vill & PO-Rasulpur, PS-Patrasayer, Dist-Bankura, Pin-722205, West Bengal, India from the academic session 2025 – 2026 subject to fulfillment of the following terms and conditions: -**

1. The Institute must comply with the Rules, Regulations, provisions, directives, and guidelines prescribed or to be framed from time to time by the 'West Bengal University of Health Sciences', Kolkata in connection with the running the course.
2. 'Affiliation Fee' of Rs. 3,00,000/- (Rupees Three Lakhs) only along with Applicable Govt. Tax is required for granting affiliation (already paid on 22.09.2025).
3. The 'Annual Renewal Fee' of Rs. 2,00,000/- (Rupees Two Lakhs) only along with Applicable Govt. Tax or as may be revised by the 'West Bengal University of Health Sciences' will be payable every year by the institute from the next year.
4. This affiliation is valid on subject to fulfillment of all the norms and condition of **Pharmacy Council of India (PCI)**.

Payment of 'Affiliation Fee' will be treated as acceptance of the above conditions.

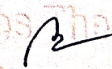

Inspector of Colleges
WBUHS

Date: 22/09/2025

Memo No.: OG / WBUHS / 2025 / 1285 / 1(7)

Copy forwarded for information and necessary action to the:

1. Registrar, WBUHS, Kolkata.
2. Controller of Examinations, WBUHS, Kolkata.
3. Finance Officer, WBUHS, Kolkata.
4. Assistant Registrar, WBUHS, Kolkata.
5. P. A to Vice-Chancellor, WBUHS, Kolkata.
6. P. A to Pro Vice-Chancellor, WBUHS, Kolkata.
7. Office copy


Inspector of Colleges
WBUHS