

Fax No

01816570624

Email

mseducationalociety@yahoo.com

A - I.4

Name of the Head of the Institution

Gopendra Singh

Address

Singha College Of Pharmacy Vill Singh Jalandhar 144630

Signature of the Head of the Institution

Signature of the Inspectors

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FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. DETAILS OF AFFLIATION FEE PAID

Name of the Course	Affiliation Fee Paid Upto	Receipt No.	Dated
D Pharm	2017	DD949404	13/06/2016

b. APPROVAL STATUS

Name of the Course	Approved Upto	Intake Approved and Admitted	PCI	State Govt	Univ
D Pharm	2016	Approved Letter No & Date	PCI/4115,07/05/2015	PSB/DA/Aff/873,15/05/2015	
		Approved Intake	60	60	
		Actually Admitted	60	60	

c. STATUS OF APPLICATION

Course	Extension of Approval	Increase in Intake of Seates	Current Intake	Remarks Prop
D Pharm	Yes	No	60	

Note: Enclose relevant documents

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Whether other educational institutions/courses are also being run by the trust/institution in the same building/campus?

If yes, give status

No

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Status of the Pharmacy Course:	
Independent Building	Yes
Wing of Another College	Yes
Separate Campus	Yes
Multi Institutional Campus	Yes