

**CONSENT OF AFFILIATION
(on the letterhead of the University)**

On the basis of the preliminary inquiry report, the university grants consent of affiliation to -

(Name and address of the Institution)

for starting the Master of Pharmacy (M. Pharm) Course.

The applicant college shall be allowed to start the above mentioned course only after obtaining the approval for conduct of the course of study from the Pharmacy Council of India.

The university also undertakes to conduct the examination as prescribed in the Master of Pharmacy (M. Pharm) Course Regulations, 2014.

This certificate is valid for a period of two years from the date of issue.

Date of issue : _____

Name of Registrar/Competent Authority : _____

Signature of Registrar/Competent Authority : _____