To all -

The existing Pharmacy institutions (already approved by PCI for conduct of course or u/s 12 of the Pharmacy Act, 1948)

Sub: Closure of course / Institution
    Change in name of Examinining Authority
    Change in name of Institution / Trust
    Change of address / location of institution
    Change of hospital

Sir/Madam

It has come to the notice of PCI that some of institutions are not able to add or delete the Closure of course / Institution, Change of name of Examinining Authority, Change of address / location of institution and Change of hospital etc. as per previous PCI approval in the software.

In view of above, you are requested to provide the information in following format by 27th December, 2021:-

a) Closure of course / Institution

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Institution ID</th>
<th>Name of the institution</th>
<th>Name of course / Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) Change in name of Examinining Authority

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Institution ID</th>
<th>Name of the institution</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
### Change in name of Institution

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Institution ID</th>
<th>Name of the institution</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
</table>

### Change of address / location of institution

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Institution ID</th>
<th>Name of the institution</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
</table>

### Change of hospital

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Institution ID</th>
<th>Name of the institution</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
</table>

Information by institutions of undermentioned States shall be submitted on e.mail ID - serviceas1948@gmail.com.

1. Andaman and Nicobar Islands
2. Arunachal Pradesh
3. Assam
4. Chandigarh
5. Chhattisgarh
6. Dadra and Nagar Haveli
7. Daman and Diu
8. Goa
9. Gujarat
10. Haryana
11. Himachal Pradesh
13. Kerala
14. Lakshadweep
15. Madhya Pradesh
16. Maharashtra
17. Manipur
18. Meghalaya
19. Mizoram
20. Nagaland
21. Puducherry
22. Punjab
23. Sikkim
24. Tamil Nadu
25. Tripura
26. West Bengal
27. Delhi
28. Odisha
29. Karnataka
30. Uttarakhand

Information by institutions of undermentioned States shall be submitted on e.mail ID - serviceas1948@gmail.com

1. Andhra Pradesh
2. Bihar
3. Rajasthan
4. Jharkhand
5. Telangana
6. Uttar Pradesh

Yours faithfully,

[Signature]

(ANIL MITTAL)  
Deputy Secretary