



PHARMACY COUNCIL OF INDIA

E-mail : pcipresident@gmail.com

NBCC Centre, 3rd Floor Plot No.2, Community Centre

Website : www.pci.nic.in

Maa Anandamai Marg Okhla Phase I

Contact : 011-61299900/01/02/03

NEW DELHI - 110020

LETTER OF APPROVAL

**Institute Name / Inst ID :Dr Kalam College of Pharmacy Periyamayagipuram Village & Panchayat
Avanam Post Peravurani Taluk Thanjore Distt/PCI-584**

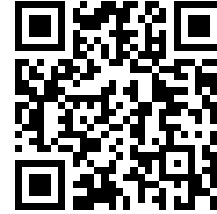
State :TAMIL NADU

District :THANJAVUR

Sub-District :Peravurani

Village/Town/City :Periyamayagipuram

Pin Code :614623



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
D.Pharm	The Director Directorate of Medical Education Poonamallee High Road Kilpauk Chennai	Approved for conduct of 2nd year course for 2019- 2020 for 60 intake (D.Pharm)Allowed 60 admission in 2019-2020 in 1st year (D.Pharm). Also to inspect
B.Pharm	The Registrar The Tamil Nadu Dr M G R Medical University No Old No P B No Anna Salai Guindy Chennai	Approved for conduct of 2nd year course for 2019- 2020 for 100 intake (B.Pharm)Allowed 100 admission in 2019-2020 in 1st year (B.Pharm). Also to inspect

Date :10th June 2019

For Archana Mudgal
Registrar-cum-Secretary
PCI

Copy to:

- Registrar of the University
- Principal of the college
- Secretary/Chairman of the Trust/Society

iv) Guard File (PCI)