



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 : Arulmigu Kalasalingam College of Pharmacy Anand Nagar Krishnan Koil Srivilliputtur Taluk Virudhunagar Dist/PCI-133

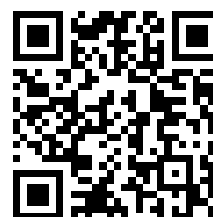
State : TAMIL NADU

District : VIRUDHUNAGAR

Sub-District : Srivilliputhur

Village/Town/City : Kunnur

Pin Code : 626126



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
B.Pharm	The Registrar The Tamil Nadu Dr M G R Medical University No Old No P B No Anna Salai Guindy Chennai	Extension of approval upto 2019-2020 for 60 intake (B.Pharm)
D.Pharm	The Director Directorate of Medical Education Poonamallee Road Kilpauk Chennai	Extension of approval upto 2019-2020 for 60 intake (D.Pharm)
Pharm.D	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 4th year course for 2019-2020 for 30 intake (Pharm.D) Allowed 30 admission in 2019-2020 in 1st year (Pharm.D). Also to inspect
M.Pharm Pharmaceutics	The Registrar The Tamil Nadu Dr M G R Medical University No Old No P B No Anna Salai Guindy Chennai	M.Pharm Pharmaceutics Earlier decision is reiterated
M.Pharm Pharmaceutical Chemistry	The Registrar The Tamil Nadu Dr M G R Medical University No Old No P B No Anna Salai Guindy Chennai	M.Pharm Pharmaceutical Chemistry Earlier decision is reiterated

M.Pharm Pharmaceutical Analysis	The Registrar The Tamil Nadu Dr M G R Medical University No Old No P B No Anna Salai Guindy Chennai	M.Pharm Pharmaceutical Analysis Earlier decision is reiterated
M.Pharm Pharmacology	The Registrar The Tamil Nadu Dr M G R Medical University No Old No P B No Anna Salai Guindy Chennai	M.Pharm Pharmacology Earlier decision is reiterated

Date :10th June 2019

Handwritten signature
M.P.P.A.

For Archana Mudgal
Registrar-cum-Secretary
PCI

Copy to:

- i) Registrar of the University
- ii) Principal of the college
- iii) Secretary/Chairman of the Trust/Society
- iv) Guard File (PCI)