

## 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: Sree Abirami College of Pharmacy Seerapalayam Eachamari

Coimbatore21/PCI-2257

**State: TAMIL NADU** 

**District : COIMBATORE** 

**Sub-District: Madukkari** 

Village/Town/City: SEERAPALAYAM

Pin Code :641021

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	Approval u.s. 12 from 2017-2018 to 2019-2020 for 60 intake (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 3rd 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

MITTAL

For Archna Mudgal Registrar-cum-Secretary

**PCI** 

## Copy to:

- i) Registrar of the University
- ii) Principal of the college
- iii) Secretary/Chairman of the Trust/Society

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iv) Guard File (PCI)

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