



## 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 : National College of Pharmacy KMCT Medical Campus Manassery P O Mukkam Calicut Kozhikode/PCI-1430**

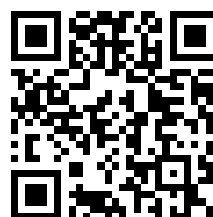
**State : KERALA**

**District : KOZHIKODE**

**Sub-District : Kozhikode**

**Village/Town/City : Thazhekkode**

**Pin Code : 673004**



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 Kerala University of Health Sciences Medical College P O Thrissur	Extension of approval upto 2020-2021 for 100 intake (B.Pharm)
D.Pharm	The Chairman Board of D Pharm Examinations Directorate of Medical Education C o College of Pharm Sciences P O Medical College Thiruvananthapuram	Extension of approval upto 2020-2021 for 60 intake (D.Pharm)
Pharm.D	The Registrar Kerala University of Health Sciences Medical College P O Thrissur	Extension of approval upto 2019-2020 for 30 intake (Pharm.D). Also to inspect
Pharm.D(PB)	The Registrar Kerala University of Health Sciences Medical College P O Thrissur	Extension of approval upto 2019-2020 for 10 intake (Pharm.D(PB)). Also to inspect
M.Pharm Pharmaceutics	The Registrar Kerala University of Health Sciences Medical College P O Thrissur	Earlier decision is reiterated

M.Pharm Pharmaceutical Chemistry	The Registrar Kerala University of Health Sciences Medical College P O Thrissur	Earlier decision is reiterated
M.Pharm Pharmaceutical Analysis	The Registrar Kerala University of Health Sciences Medical College P O Thrissur	Earlier decision is reiterated
M.Pharm Pharmacy Practice	The Registrar Kerala University of Health Sciences Medical College P O Thrissur	Earlier decision is reiterated

Date :10th June 2019

Anil  
Mittal

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)