



## PHARMACY COUNCIL OF INDIA

E-mail : registrar@pci.nic.in

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

### DECISION LETTER

**Institute Name / Inst ID : Chettinad School Of Pharmaceutical Sciences/PCI-4267**

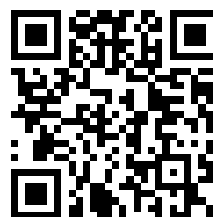
**State : TAMIL NADU**

**District : KANCHIPURAM**

**Sub-District : Chengalpattu**

**Village/Town/City : Padur**

**Pin Code : 603103**



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	Approval Status
B.Pharm	The Registrar Chettinad Academy of Research and Education Rajiv Gandhi Salai Padur Kanchipuram Distt Tamil Nadu	Approval for 2020-2021 for conduct of 2nd year for 60 admissions Allowed 60 admission in 2020- 2021 in 1st year B. Pharm. course	Approved
D.Pharm	The Registrar Chettinad Academy of Research and Education Rajiv Gandhi Salai Padur Kanchipuram Distt Tamil Nadu	Approval for 2020-2021 for conduct of 2nd year for 60 admissions Allowed 60 admission in 2020- 2021 in 1st year D. Pharm. course	Approved

Date :10th April 2020

*Archana*  
M. T. R.

For Archana Mudgal  
Registrar-cum-Secretary  
PCI

Copy to:

i) Registrar of the University

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ii) Principal of the college

iii) Secretary/Chairman of the Trust/Society

iv) Guard File (PCI)

Note: Validity of the course details may be verified at [www.pci.nic.in](http://www.pci.nic.in).