PHARMACY COUNCIL OF INDIA

E-mail : pcipresident@gmail.com
Website : www.pci.nic.in
Contact : 011-61299900/01/02/03

NBCC Centre, 3rd Floor Plot No.2, Community Centre
Maa Anandamai Marg Okhla Phase I
NEW DELHI - 110020

LETTER OF APPROVAL

Institute Name / Inst ID :S J M College of Pharmacy S J M Campus NH four Bye Pass Chitradurga/PCI-1796

State :KARNATAKA

District :CHITRADURGA

Sub-District :Chitradurga

Village/Town/City :SJM Campus SJM college of Pharmacy

Pin Code :577501

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
M.Pharm Pharmacology	The RegistrarRajiv Gandhi Univ of Health Sciences Karnataka th T Block JayanagarBangalore	Earlier decision is reiterated
D.Pharm	The Member Secretary The Board of Examining Authority State of Karnataka III Floor Govt. College of Pharmacy NoII Subbaiah Circle Dr P Kalinga Rao Road Bangalore	Extension of approval upto 2020-2021 for 60 intake (D.Pharm)
M.Pharm Pharmaceutics	The RegistrarRajiv Gandhi Univ of Health Sciences Karnataka th T Block JayanagarBangalore	Earlier decision is reiterated
M.Pharm Pharmaceutical Chemistry	The RegistrarRajiv Gandhi Univ of Health Sciences Karnataka th T Block JayanagarBangalore	Earlier decision is reiterated

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Pharm.D	The RegistrarRajiv Gandhi Univ of Health Sciences Karnataka th T Block JayanagarBangalore	Extension of approval upto 2021-2022 for 30 intake (Pharm.D)
Pharm.D(PB)	The RegistrarRajiv Gandhi Univ of Health Sciences Karnataka th T Block JayanagarBangalore	Extension of approval upto 2021-2022 for 10 intake (Pharm.D(PB))
B.Pharm	The RegistrarRajiv Gandhi Univ of Health Sciences Karnataka th T Block JayanagarBangalore	Extension of approval upto 2020-2021 for 100 intake (B.Pharm)

Date :10th June 2019

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

iv) Guard File (PCI)