



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 : **Akshara Institute Of Pharmacy/PCI-3956**

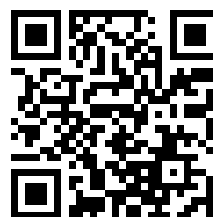
State : **KARNATAKA**

District : **CHIKBALLAPUR**

Sub-District : **Bagepalli**

Village/Town/City : **paragodu**

Pin Code : **561207**



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
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	Approval for 2020-2021 for conduct of 2nd year Allow 60 admissions for 2020-2021 in 1st year	Approved

Date : 10th April 2020

Archana

For Archana Mudgal
Registrar-cum-Secretary
PCI

Copy to:

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

Note: Validity of the course details may be verified at www.pci.nic.in.