



# PHARMACY COUNCIL OF INDIA

A Statutory body under Ministry of Health and Family Welfare  
Government of India

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

## DECISION LETTER

Institute Name / Inst ID **Indira Gandhi Institute of Pharmaceutical Sciences / PCI-3489**  
State **KERALA**  
District **ERNAKULAM**  
Sub-District **Kunnathunad**  
Village/Town/City **Asamannoor**  
Pin Code **683549**



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 body/University  | Decision   | Approval Status | Approval Upto | Approval Intake |
|---------|--|--|-----------------|---------------|-----------------|
| B.Pharm | The Registrar Kerala University of Health Sciences Medical College P O Thrissur  | B.Pharm Grant approval from 2019-2020 to 2023-2024 academic session for 60 admissions u/s 12 of the Pharmacy Act for B.Pharm course.   | Approved        | 2023-2024     | 60              |
| D.Pharm | The Chairman Board of D Pharm Examinations Directorate of Medical Education College of Pharm Sciences Medical College Thiruvananthapuram | D.Pharm Extend approval upto 2023-2024 academic session for 60 admissions for D.Pharm course. PCI is in receipt of grievances against your institution, which are under process. Please note that if grievances are found correct, action as deemed fit will be initiated by PCI including withdrawal of approval of your institution. | Approved        | 2023-2024     | 60              |

Date **24th May 2023**

For  
(I/C) 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](http://www.pci.nic.in)