



## 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 : Divine College Of Pharmacy B M Road Ramanagara/PCI-530**

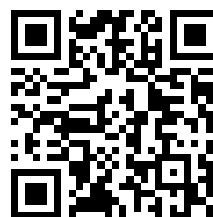
**State : KARNATAKA**

**District : RAMANAGARA**

**Sub-District :**

**Village/Town/City : ARCHAKARAHALLI**

**Pin Code : 562159**



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	Extension of approval under section 12 upto 2022-2023 academic session for 60 admissions	Approved

Date : 10th April 2020

Retiring

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](http://www.pci.nic.in).