



## 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 : Centre For Pharmaceutical Sciences Institute Of Science & Technology  
Jawaharlal Nehru Technological University Kukatpally Hyderabad 500 085/PCI-304**

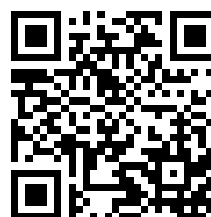
**State : TELANGANA**

**District : MEDCHAL MALKAJGIRI**

**Sub-District : Kukatpally**

**Village/Town/City : KPHB**

**Pin Code : 500085**



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
M.Pharm Pharmaceutics	The RegistrarJawaharlal Nehru Technological University Kukatpally Hyderabad	M.Pharm (Pharmaceutics) - 9	Approved
M.Pharm Pharmaceutical Chemistry	The RegistrarJawaharlal Nehru Technological University Kukatpally Hyderabad	M.Pharm (Pharmaceutical Chemistry) - 6	Approved
M.Pharm Pharmaceutical Analysis	The RegistrarJawaharlal Nehru Technological University Kukatpally Hyderabad	M.Pharm (Pharmaceutical Analysis) 9	Approved

M.Pharm Pharmacognosy	The RegistrarJawaharlal Nehru Technological University Kukatpally Hyderabad	M.Pharm (Pharmacognosy) - 9	Approved
--------------------------	---	-----------------------------	----------

Date : 19th Jul 2021

*Archana*

For Archana 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)

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