



## PHARMACY COUNCIL OF INDIA

E-mail : pcipresident@gmail.com

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

### LETTER OF APPROVAL

**Institute Name / Inst ID : St James College Of Pharmaceutical Sciences St James Medical Academy  
River Bank Chalakudy 680 307/PCI-2395**

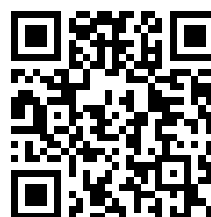
**State : KERALA**

**District : THRISSUR**

**Sub-District : Chalakudy**

**Village/Town/City :**

**Pin Code : 680307**



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
B.Pharm	The Registrar Kerala University of Health Sciences Medical College P O Thrissur	Extension of approval upto 2019-2020 for 60 intake (B.Pharm)
M.Pharm Pharmaceutics	The Registrar Kerala University of Health Sciences Medical College P O Thrissur	Earlier decision is reiterated
M.Pharm Pharmaceutical Chemistry	The Registrar Kerala University of Health Sciences Medical College P O Thrissur	Earlier decision is reiterated
M.Pharm Pharmaceutical Analysis	The Registrar Kerala University of Health Sciences Medical College P O Thrissur	Earlier decision is reiterated
M.Pharm Pharmacy Practice	The Registrar Kerala University of Health Sciences Medical College P O Thrissur	Earlier decision is reiterated
Pharm.D	The Registrar Kerala University of Health Sciences Medical College P O Thrissur	Already approved from 2011-2012 to 2021-2022 for 30 intake (Pharm.D)

Pharm.D(PB)	The Registrar Kerala University of Health Sciences Medical College P O Thrissur	Extension of approval upto 2021-2022 for 10 intake (Pharm.D(PB))
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Date :10th June 2019

Archana  
Mudgal

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)