



## PHARMACY COUNCIL OF INDIA

E-mail : registrar@pci.nic.in  
Website : www.pci.nic.in  
Contact : 011-61299900/01/02/03

NBCC Centre, 3rd Floor Plot No.2, Community Centre  
Maa Anandamai Marg Okhla Phase I  
NEW DELHI - 110020

### DECISION LETTER

**Institute Name / Inst ID : Care College Of Pharmacy Oglapur Atmakur Distt Warangal Andhra Pradesh/PCI-294**

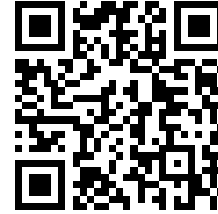
**State : TELANGANA**

**District : WARANGAL RURAL**

**Sub-District : Damera**

**Village/Town/City : OGLAPUR**

**Pin Code : 506006**



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
B.Pharm	The Registrar Kakatiya University Vidyanayapuri	Extension of approval upto 2019-2020 for 100 intake (B.Pharm)	
Pharm.D	The Registrar Kakatiya University Vidyanayapuri	Extension of approval upto 2019-2020 for 30 intake (Pharm.D)	
M.Pharm Pharmaceutics	The Registrar Kakatiya University Vidyanayapuri	M.Pharm Pharmaceutics - 15 seats	
M.Pharm Pharmaceutical Analysis	The Registrar Kakatiya University Vidyanayapuri	M.Pharm Pharmaceutical Analysis -15 seats	

Date :10th April 2020

*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).