



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 : IKON Pharmacy College No 32 Bheemanahalli Bangalore Mysore Road Bidadi Hobli Ramanagra Taluk Bangalore/PCI-870

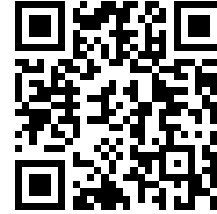
State : KARNATAKA

District : RAMANAGARA

Sub-District : Ramanagara

Village/Town/City : Bheemenahalli

Pin Code : 562109



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 |
|---------|--|--|
| 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 | Approval u s 12 from 2017-2018 to 2019-2020 for 60 intake (D.Pharm). Also to inspect |
| B.Pharm | The Registrar Rajiv Gandhi University of Health Sciences Karnataka th T Block Jayanagar Bangalore | Approved for conduct of 3rd year course for 2019- 2020 for 60 intake (B.Pharm) Allowed 60 admission in 2019-2020 in 1st year (B.Pharm). Also to inspect |

Date : 10th June 2019

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)