E - MAIL : registrar@pci.nic.in

WEBSITE: www.pci.nic.in

Telephone : 011-61299900

011 - 61299901, 011 - 61299902

011-61299903

**NBCC Centre, 3rd Floor** 

**Plot No.2, Community Centre** 

**Maa Anandamai Marg** 

Okhla Phase I

**NEW DELHI - 110020** 

## **DECISION LETTER**

Institute Name / Inst ID Srinivasarao College Of Pharmacy P M Palem Behind Aca

Vdca Cricket Stadium Visakhapatnam / PCI-2357

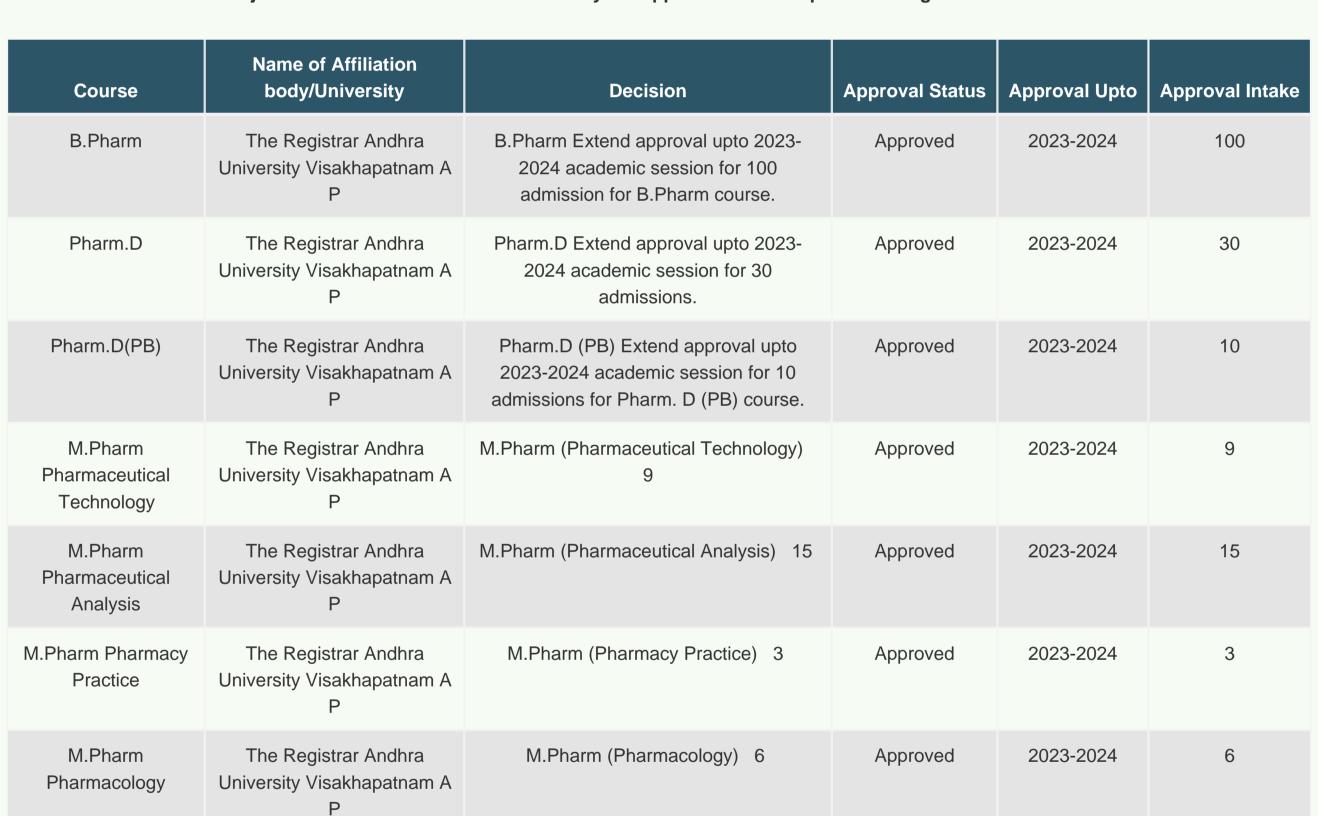
State ANDHRA PRADESH
District VISAKHAPATANAM

Sub-District
Village/Town/City

Pin Code 530041

Sir / Madam

With reference to the subject cited above i am directed to convey the approval of PCI as per Following Details



**Date** 19th Apr 2023

For

(I/C) 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