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 Sri Sivani College Of Pharmacy Chilakapalem Jn Etcherla

Srikakulam Dt A P / PCI-2335

State ANDHRA PRADESH

District SRIKAKULAM

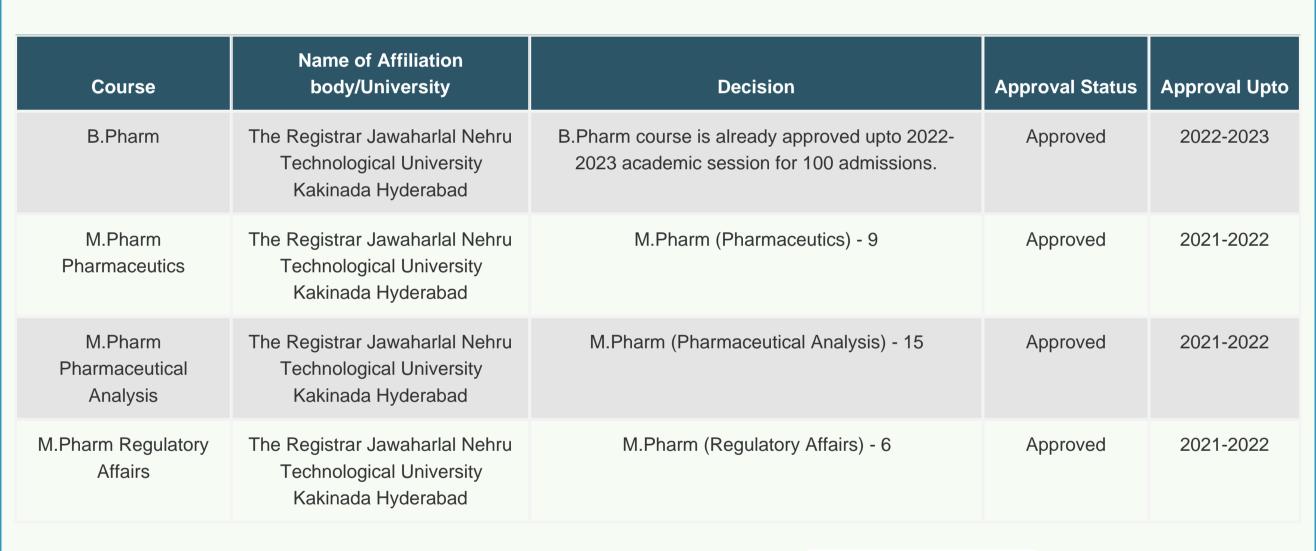
Sub-District Etcherla

Village/Town/City CHILAKAPALLEM

Pin Code 532402

Sir / Madam

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



**Date 26th Jul 2021** 

For Archana Mudgal Registrar-cum-Secretary

Forther

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