



## 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 : Crescent School Of Pharmacy Bs Abdur Rahman Crescent University  
Seethakathi Estate Gst Road Vandalur/PCI-2744**

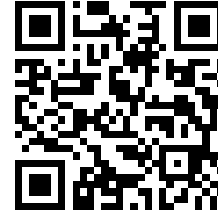
**State : TAMIL NADU**

**District : KANCHIPURAM**

**Sub-District :**

**Village/Town/City : Vandalur**

**Pin Code : 600048**



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 B S<br>Abdur Rahman<br>Crescent Institute of<br>Science and<br>Technology<br>Seethakathi Estate<br>GST Road<br>Vandalur Chennai | Annexure-7<br>Item No.52 of of 111 CC (6 & 7 April,<br>2021)<br>Granted approval from 2017-2018 to<br>2021-2022 academic session for 60<br>admissions u/s 12 for B.Pharm course | Approved        |

Date : 10th Aug 2021

AWIL  
M, T, R  
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For Archana Mudgal  
Registrar-cum-Secretary  
PCI

Copy to:

- Registrar of the University
- Principal of the college
- Secretary/Chairman of the Trust/Society
- Guard File (PCI)

Note: Validity of the course details may be verified at [www.pci.nic.in](http://www.pci.nic.in).