



## PHARMACY COUNCIL OF INDIA

E-mail : registrar@pci.nic.in

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

### DECISION LETTER

**Institute Name / Inst ID :** Westfort Higher Education Trust'S Westfort College Of Pharmacy Pottore  
**Mg Kavu Po**  
**Thrissur 680 581 Kerala/PCI-2651**

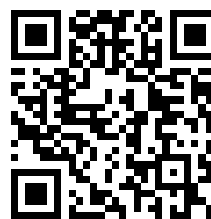
**State :** KERALA

**District :** THRISSUR

**Sub-District :** Thrissur

**Village/Town/City :** Pottore

**Pin Code :** 680581



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 Kerala University of Health Sciences Medical College P O Thrissur	For 2020-2021 for conduct of 3rd year Allow 60 admissions for 2020-2021 in 1st year	Approved

Date :10th April 2020

Archana  
Mudgal

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).