



APPROVAL PROCESS 2019-20

Application Report Part-2

Permanent Institute Id 1-3402917591
Current Application No. 1-4410044446
Application No. of 2017-2018 1-3402917591
AICTE File No. NEW
Application Type Extension-Expansion-Closure
Organization Registration No. F-1987

Principal/Director/Registrar

Surname	RATHI	First Name	GULSHAN
Father's Name	MANOHAR	Date of Birth	29/01/1987
Doctorate Degree	No	Field of Specialization	QUALITY ASSURANCE
Master's Degree	M.Pharm	Bachelor Degree	B.Pharm
Other Qualifications	DEPLOMA IN PHARMACY	Date of Joining the Institute as head	03/06/2007
Appointment Type	Adhoc/Contract	Exact Designation	Principal
Experience (T-R-I)	Teaching 6	Research 2	Industry 1

Faculty Counts

Total No. of Faculty	6
No. of Teaching faculty approved by University/Government?	0

Faculty Details

*Faculty Details available as on AICTE Web Portal

Sr . No.	Faculty ID	Programme	Course	Faculty Type	FT/PT	First Name	Surname	Exact Designation	Date of Joining the Institute	Appointment Type	Doctorate	Master's Degree	Bachelor 's Degree	Other Qualification	Aadhar Card	PAN Card	Total Gross Salary for the Last Financial Year	Pav Scale
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Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

Application Report - Part 2



Application Status: **Submitted**
 Application Sub-Status: **Payment Received**

Report Generated on :-20/02/2019

1	1-4633340441	PHARMACY	QUALITY ASSURANCE		FT	NITIN	SHINGNE	LECTURER	05/07/2017	Adhoc	N	M.PHARMACY	B.PHARMACY	D.PHARMACY		CBU PS3425A	335628	V l t h P a y S c a l e
2	1-4641244548	PHARMACY	PHARMACEUTICAL CHEMISTRY		FT	KUMAR	SURWASE	LECTURER	05/07/2017	Adhoc	N	M.PHARMACY	B.PHARMACY	D.PHARMACY		EOA PS2821P	335628	V l t h P a y S c a l e
3	1-4641244645	PHARMACY	PHARMACOLOGY		FT	SMRUTIGANDHA	KAMBLE	LECTURER	11/06/2018	Adhoc	N	M.PHARMACY	B.PHARMACY			CRW PK9795B	0	V l t h P a y S c a l e

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

Printed By : aict10852

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4	1-4649173804	PHARMACY	PHARMACOLOGY		FT	SHAHBAZ	PAT HAN	LECTURER	05/07/2017	Adhoc	N	M.PHARMACY	B.PHARMACY			BZKP P702 5A	335628	V l t h P a y S c a l e
5	1-4650182252	PHARMACY	PHARMACY		FT	MARTINA	HATAGALE	LECTURER	11/07/2018	Adhoc	N	NO	B.PHARMACY			AYKP H727 4H	0	V l t h P a y S c a l e
6	1-4664304934	PHARMACY	PHARMACY (QUALITY ASSURANCE TECHNIQUES)		FT	UMED	NIKAM	LECTURER	11/07/2018	Adhoc	N	M.PHARMACY	B.PHARMACY			BXW PP40 58D	0	V l t h P a y S c a l e

Adjunct Faculty/Resource Person from Industry Details

Data not entered by Institute

Technical Staff

Data not entered by Institute

Admin & Library Staff

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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Data not entered by Institute

Date of Signature(dd/mm/yyyy)

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DECLARATION BY THE PRINCIPAL/DIRECTOR/REGISTRAR OF THE INSTITUTE/UNIVERSITY DEPARTMENT

I, as the Head of the Institution, hereby declare that:

- a) I have carefully gone through the AICTE Regulations Notification dated on 30th November, 2016, published in the Gazette of India - Extraordinary Part III, Section- 4 and its amendment 05th December 2017 also the various provisions mentioned in the Approval Process Hand Book 2019-20.
- b) I am fully aware of the data uploaded by me in respect of my institute on the web portal.
- c) I am aware that there is no provision for correction of data, alteration of data, subsequent editing and appeal etc. for the online application once uploaded on the web portal.
- d) I am also aware that application for seeking Extension of Approval(EOA), Increase/Reduction of intake, Addition of new courses, Change of site, Closure of course, Supernumerary Seats under PIO/FN/Gulf quota Approval status/OCI, NRI, Change of name, and Conversion of women institute into Co-ed institute and vice versa (as applicable), shall be processed as per relevant provisions enumerated in the Approval Process Hand Book 2019-20.
- e) I am aware of the Deficiencies (if any) pointed out in the Report generated online, based on the factual data uploaded by my institute on the portal.
- f) I am also aware that Institute is eligible for grant of Extension of Approval to the Existing Institutions, Continuation of approval after a break in the preceding Academic Year/ Restoration Extended EoA(if Applicable as per APH 2019-20), only on fulfillment of prescribed norms & requirements as mentioned in the Approval Process Hand Book 2019-20.

Signature of Principal/Director/Registrar

Name :

Seal/Stamp of the Institute/University Department

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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