



APPROVAL PROCESS 2019-20

Application Report Part-2

Permanent Institute Id | NA
Current Application No. | 1-4507894281
Application No. of 2017-2018 | NA
AICTE File No. | NEW
Application Type | New Institute
Organization Registration No. | IV 97/18

Principal/Director/Registrar

| | | | |
|-----------------------------|-----------------|--|-----------------|
| Surname | PRAKASH | First Name | OM |
| Father's Name | AMAR SINGH | Date of Birth | 15/07/1978 |
| Doctorate Degree | Yes | Field of Specialization | PHARMACOGNOSY |
| Master's Degree | M. PHARM. | Bachelor Degree | B. PHARM. |
| Other Qualifications | | Date of Joining the Institute as head | 04/01/2019 |
| Appointment Type | Regular | Exact Designation | Principal |
| Experience (T-R-I) | Teaching | Research | Industry |
| | 14 | 2 | 2 |

Faculty Counts

| | |
|--|---|
| Total No. of Faculty | 1 |
| 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 |
|----------|------------|-----------|--------|--------------|-------|------------|---------|-------------------|-------------------------------|------------------|-----------|-----------------|--------------------|---------------------|-------------|----------|--|-----------|
| | | | | | | | | | | | | | | | | | | |

Application Report - Part 2



Application Status: **Submitted**
Application Sub-Status: **Scrutiny Scheduled**

Report Generated on :-21/02/2019

| | | | | | | | | | | | | | | | | | | |
|---|--------------|----------|----------|--|----|----|---------|-----------|------------|---------|---|---------|---------|--|--|--------------|---|--|
| 1 | 1-4981913904 | PHARMACY | PHARMACY | | FT | OM | PRAKASH | PRINCIPAL | 04/01/2019 | Regular | Y | M PHARM | B PHARM | | | ANM PP29 21Q | 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

Data not entered by Institute

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

Printed By : aict13166

Application Report - Part 2



Application Status: **Submitted**
Application Sub-Status: **Scrutiny Scheduled**

Report Generated on :-21/02/2019

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 Approval of New Institutes/University Department/Constituent College, 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

Printed By : aict13166