



APPROVAL PROCESS 2019-20

Application Report Part-2

Permanent Institute Id 1-2491139531
Current Application No. 1-4260759579
Application No. of 2017-2018 1-3512512776
AICTE File No. EXTENSION OF APPROVAL
Application Type Extension-Expansion-Closure
Organization Registration No. 175

Principal/Director/Registrar

Surname	SHARMA	First Name	VISHNU
Father's Name	RAMSWAROOP SHARMA	Date of Birth	10/03/1979
Doctorate Degree	No	Field of Specialization	PHARMACEUTICAL CHEMISTRY
Master's Degree	M PHARMA	Bachelor Degree	B PHARMA
Other Qualifications		Date of Joining the Institute as head	01/09/2016
Appointment Type	Regular	Exact Designation	Principal
Experience (T-R-I)	Teaching 9	Research	Industry

Faculty Counts

Total No. of Faculty	12
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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Application Report - Part 2



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

Report Generated on :-21/02/2019

1	1-3605663800	PHARMACY	PHARMACY		FT	NARENDAR	KUMAR	LECTURER	11/07/2017	Regular	N	M.PHARMACY	B.PHARMA			CCW PK4048L	0	VithpaYScalE
2	1-3605838557	PHARMACY	PHARMACY		FT	SAGAR	SHROTRIYA	LECTURER	06/03/2017	Regular	N	M.PHARMACY	B.PHARMA			FHEP S6276L	0	VithpaYScalE
3	1-3605981822	PHARMACY	PHARMACY		FT	OM	WATI	LECTURER	25/07/2016	Regular	N	NA	B.PHARMACY			AASP O7092C	124000	Consolidated

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

Printed By : aict00091

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4	1-3606177658	PHARMACY	PHARMACY		FT	RENU	LATA	LECTURER	25/07/2016	Regular	N	M.PHARMACY	BPHARMACY			AFJPL1618R	124000	VithpaayScale
5	1-3606178399	PHARMACY	PHARMACY		FT	ASHISH	VERMA	LECTURER	16/12/2017	Regular	N	NA	BPHARMACY			AIQPV7064H	176200	Consolidated
6	1-3606349613	PHARMACY	PHARMACY		FT	SUSHIL	CHAUDHARY	LECTURER	25/07/2016	Regular	N	NA	B.PHARMACY			BIVPC1124P	124000	Consolidated

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7	1-3606410948	PHARMACY	PHARMACY		FT	VISHNU	SHARMA	PRINCIPAL	01/09/2016	Regular	N	M. PHARMACY	B. PHARMACY			CLFP S6030J	315600	Consolidated
8	1-4678394430	PHARMACY	PHARMACY		FT	RAVI	BHATTAGAR	LECTURER	05/07/2018	Regular	N	MPHARMA	B. PHARMA			BCX PB8577K	200000	Consolidated
9	1-4679309459	PHARMACY	DIPLOMA MEDICAL LAB TECHNOLOGY		FT	ABHISHEK	AGARWAL	LECTURER	04/09/2018	Regular	N	M PHARMACY	BPHARMACY			AKG PA5239F	0	Vlt h P a y S c a l e

Date of Signature(dd/mm/yyyy)

Seal of Institute

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10	1-4718691695	PHARMACY	PHARMACY		FT	ASHWANI	ASHWANI	LECTURER	20/12/2018	Regular	N	MPH ARM A	BPHA RMA			AXR PA49 36B	0	C o n s o l i d a t e d
11	1-4721731898	PHARMACY	DIPLOMA MEDICAL LAB TECHNOLOGY		FT	HARI	SINGH	LECTURER	01/08/2018	Regular	N	MLT	BMLT			BUR PK32 58G	0	C o n s o l i d a t e d
12	1-4723398985	PHARMACY	DIPLOMA MEDICAL LAB TECHNOLOGY		FT	KHUSBHU	KHUSBU	LECTURER	01/08/2018	Regular	N	MA	BA			EEM PK80 09B	0	C o n s o l i d a t e d

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

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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, 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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