



**APPROVAL PROCESS 2019-20**

**Application Report Part-2**

**Permanent Institute Id** | 1-3732533961  
**Current Application No.** | 1-4262366195  
**Application No. of 2017-2018** | 1-3732533961  
**AICTE File No.** | NEW  
**Application Type** | Extension-Expansion-Closure  
**Organization Registration No.** | MAH-104/2017

**Principal/Director/Registrar**

<b>Surname</b>	gandhi	<b>First Name</b>	rakesh
<b>Father's Name</b>	kantilal	<b>Date of Birth</b>	23/03/1982
<b>Doctorate Degree</b>	No	<b>Field of Specialization</b>	0
<b>Master's Degree</b>	N	<b>Bachelor Degree</b>	Y
<b>Other Qualifications</b>		<b>Date of Joining the Institute as head</b>	23/02/2017
<b>Appointment Type</b>	Regular	<b>Exact Designation</b>	Director
<b>Experience (T-R-I)</b>	<b>Teaching</b> 10	<b>Research</b> 0	<b>Industry</b> 0

**Faculty Counts**

Total No. of Faculty	4
No. of Teaching faculty approved by University/Government?	6

**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	Pay 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 :-22/02/2019

1	1-4641720464	PHARMACY	PHARMACY		FT	AARTI	SHINDE	LECTURER	20/08/2018	Regular	N	B.PHARMACY	B.PHARMACY			ISPP S5674K	22000	Consolidated
2	1-4712070340	PHARMACY	PHARMACY		FT	RAMHANDRA	MADHURI	LECTURER	01/08/2018	Regular	N	NA	B.PHARMACY			GSM PS5470N	264000	Consolidated
3	1-4712499254	PHARMACY	PHARMACY		FT	SAGAR	GANGURDE	LECTURER	23/12/2018	Regular	N	NA	B.PHARMACY			BGF EG2764R	264000	Consolidated
4	1-4712937089	PHARMACY	PHARMACY		FT	HARISH	LUKAD	PRINCIPAL	01/08/2018	Regular	N	PHARMACEUTICS	PHARMACY			AEVPL9014Q	564000	Consolidated

### 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

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## Application Report - Part 2



Application Status: **Submitted**  
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Report Generated on :-22/02/2019

### **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 Extension of Approval to the Existing Institutions, Extended EoA(if Applicable as per APH 2019-20), Increase in Intake/ Additional Course(s), To Start Diploma in Degree Pharmacy Institutions and vice-versa, 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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