



APPROVAL PROCESS 2019-20

Application Report Part-2

Permanent Institute Id 1-3681610531
Current Application No. 1-4262316651
Application No. of 2017-2018 1-3681610531
AICTE File No. NEW
Application Type Extension-Expansion-Closure
Organization Registration No. AD BOOK NO.-1/JILD-149/PAGE 735 TO 852/SL. NO : 1096

Principal/Director/Registrar

Surname	DR	First Name	SNEHENDU
Father's Name	SACHCHIDANANDRA BHATACHARYA	Date of Birth	01/03/1959
Doctorate Degree	Yes	Field of Specialization	pharmacy
Master's Degree	M.PHARM	Bachelor Degree	B.PHARM
Other Qualifications	P.hd	Date of Joining the Institute as head	02/07/2018
Appointment Type	Regular	Exact Designation	Director
Experience (T-R-I)	Teaching	Research	Industry
	21	10	2

Faculty Counts

Total No. of Faculty	6
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	Pav Scale
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Application Report - Part 2



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

Report Generated on :-20/02/2019

1	1-4633304396	PHARMACY	PHARMACY		FT	SEHENDU	BHATTACHARYA	PRINCIPAL	02/07/2018	Regular	Y	M-PHARMA	B.PHARMA	D.PHARMA		AGH PB7670G	0	Consolidated
2	1-4633446754	PHARMACY	PHARMACY		FT	ANIL KUMAR	SAHDEV	ASST PROFESSOR	20/08/2018	Regular	N	M-PHARMA	B.PHARMA	D.PHARMA		HAFPS6735A	348000	With Pay Scale
3	1-4633978471	PHARMACY	PHARMACY		FT	GAURAV	SAXENA	ASST PROFESSOR	08/10/2018	Regular	N					CPH PS3722M		
4	1-4633978478	PHARMACY	PHARMACY		FT	SOMYA	PURWAR	ASST PROFESSOR	20/08/2018	Regular	N	M.PHARMA	B.PHARMA			CDC PP7608C	288000	Consolidated

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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Application Report - Part 2



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5	1-5042152884	PHARMACY	PHARMACY		FT	DHARMILA	SINGH	ASST PROFESSOR	01/02/2019	Regular	N	M.PH ARMA	B.PH ARMA			BMX PD8979D	0	V l t h P a y S c a l e
6	1-5042153292	PHARMACY	PHARMACY		FT	ROHIT	BARUA	ASST PROFESSOR	01/02/2019	Regular	N	M.PH ARMA	B.PH ARMA			AZDP B1324L	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

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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),
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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