



APPROVAL PROCESS 2019-20

Application Report Part-2

Permanent Institute Id 1-3698955731
Current Application No. 1-4262338893
Application No. of 2017-2018 1-3698955731
AICTE File No. 1-3698955731
Application Type Extension-Expansion-Closure
Organization Registration No. HR>NNL 2014 S117

Principal/Director/Registrar

Surname	MR.	First Name	KRISHAN SAINI
Father's Name	BAJRANG LAL SAINI	Date of Birth	07/01/1989
Doctorate Degree	No	Field of Specialization	PHARMACY
Master's Degree	YES	Bachelor Degree	YES
Other Qualifications		Date of Joining the Institute as head	10/01/2019
Appointment Type	Regular	Exact Designation	Principal
Experience (T-R-I)	Teaching	Research	Industry
	5	0	0

Faculty Counts

Total No. of Faculty	7
No. of Teaching faculty approved by University/Government?	7

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	1-4248290898	PHARMACY	PHARMACY		FT	RAVINDER	SAI NI	ASST PROFESSOR	05/07/2018	Regular	N	M-PHARMACY	B PHARMACY			DCQ PR9751G	0	Vith P a y s c a l e
2	1-4248291105	PHARMACY	PHARMACY		FT	SANDEEP	SHARMA	LECTURER	06/08/2018	Regular	N	NA	B PHARMACY			EFNP S5887F	0	Vith P a y s c a l e
3	1-4248341626	PHARMACY	PHARMACY		FT	JYOTI	KUMARI	LECTURER	04/02/2018	Regular	N	M-PHARMACY	B PHARMACY			BPO PJ9767D	0	Vith P a y s c a l e

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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4	1-4637259354	PHARMACY	PHARMACY		FT	PRIYANKA	UPADHAYAY	LECTURER	17/12/2018	Regular	N	NA	B PHARMA			AERPU6938E	0	Vlt h P a y S c a l e
5	1-4637259586	PHARMACY	PHARMACY		FT	AMAR	KHATANA	LECTURER	17/12/2018	Regular	N	NA	B PHARMA			FZRPK0254F	0	Vlt h P a y S c a l e
6	1-4637259603	PHARMACY	PHARMACY		FT	RAMVEER	SINGH	LECTURER	21/12/2018	Regular	N	NA	B PHARMA			FQFPS1325J	0	Vlt h P a y S c a l e

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7	1-4637805032	PHARMACY	PHARMACY		FT	KRISHAN	SAI NI	PRINCIPAL	19/06/2018	Regular	N	M PHARMA	B PHARMA			EAO PS4771Q	0	V l t h P a y S c a l e
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Adjunct Faculty/Resource Person from Industry Details

Sr. No.	Faculty ID	Type	First Name	Surname	Programme	Course
1	1-4914857905	Adjunct	ANIL	KUMAR	PHARMACY	PHARMACY
2	1-4914857909	Adjunct	OM	PRAKASH	PHARMACY	PHARMACY
3	1-4915107633	Adjunct	DHEERAJ	KUMAR	PHARMACY	PHARMACY
4	1-4915107637	Adjunct	VISHWAJEET	SINGH	PHARMACY	PHARMACY
5	1-4915946181	Adjunct	NIDHI	KUMARI	PHARMACY	PHARMACY
6	1-4915946185	Adjunct	SUSHILA	K	PHARMACY	PHARMACY
7	1-4915946189	Adjunct	ARJUN	K	PHARMACY	PHARMACY

Technical Staff

Data not entered by Institute

Admin & Library Staff

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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