All India Council for Technical Education

(An Autonomous Organization, Under Ministry of HRD, Govt. of India),
Nelson Mandela Marg,Vasant Kunj, New Delhi-110067 Website: https://www.aicte-india.org

APPROVAL PROCESS 2018-19
Application Report Part-2

Permanent Institute Id	NA
Current Application No.	1-3710570611
Application No. of 2017-2018	NA
AICTE File No.	NEW
Application Type	New Institute
Organization Registration No.	72/SIKAR/2003-04

Principal/Director/Registrar

Surname	SHARMA	**First Name**	AMIT KUMAR
Father's Name	HEMRAJ SHARMA	**Date of Birth**	20/07/1980
Doctorate Degree	No	**Field of Specialization**	PHARMACOLOGY
Master's Degree	M. PHARM	**Bachelor Degree**	B. PHARM
Other Qualifications		**Date of Joining the Institute as head**	01/02/2017
Appointment Type	Regular	**Exact Designation**	Principal
Experience (T-R-I)	**Teaching**	**Research**	**Industry**
	6	0	0

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	Pay Scale
1	1-371700373 6	PHARMACY	PHARMACY		FT	AMIT	SHA RMA	PRINCI PAL	01/02/201 7	Regular	N	M. PHA RM	B. PHAR MA		924907 859770	CIIPS 9510 F	84000	

Date of Signature(dd/mm/yyyy)	Seal of Institute	Name & Signature of Director/Principal

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

Adjunct Faculty/Resource Person from Industry Details

Data not entered by Institute

Technical Staff

Data not entered by Institute

Admin & Library Staff

Sr. No.	Staff Id	First Name	Last Name	Date of joining the Institute	Master Degree	Bachelor Degree	Diploma	Other Qualification
1	1-3711385256	MONIKA	CHOTIYA	17/03/2017	NA	B. LIB.	PGDCA	NA

Date of Signature(dd/mm/yyyy)   Seal of Institute   Name & Signature of Director/Principal

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

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 2018-19.

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 2018-19.

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 2018-19.

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