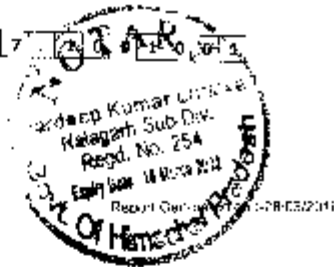


N. W. R. 1 1 - 2 8 1 6 4 1 7 7 7 8 1 7

Application Report - Part 1

Application Submitted to RO
 Application Status: Payment Received



All India Council for Technical Education
 An Statutory body under Ministry of HRD, Govt. of India
 20, Patel Bhawan Building, Jangam, New Delhi - 110 001
 Phone: 2321181, 2321535-555677 FAX: 232124189 www.aicte.gov.in

Guidelines on submission of documents along with print copy of application/s for approvals

1 Setting up new Institutes/ Adding new Technical Program/s (Refer annexure 17):

Ensure that all copies are in A4 size only (Land documents/building drawing may be up to A0 sizes). Also, ensure that all copies are attested.

Please number all copies of documents as given below:

Your Regional office code	Your Application Id	Annexure Number	Sr number as in annexure 17	Page number (3 digits)
---------------------------	---------------------	-----------------	-----------------------------	------------------------

E.g. consider numbering an office visit comprising of 2 pages), which is at no. 2 in annexure 17.1.

WRO	1-11234567	17.10	02	001
WRO	1-11234567	17.10	02	002

The number so generated WRO1-1123456717.1002001 should be written on top of each page with bold pen as shown below

W	R	O	1	-	1	1	2	3	4	5	6	7	1	7	.	1	0	0	2	0	0	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Please do not fold or staple, as all pages are going to be scanned. All pages should be marked on the left hand top corner as shown below. The set of knotted documents should be submitted in a 'Folio Folder' as shown below.

20/03/2018

Date of Signature: dd/mm/yyyy

Seal of Institute

Sandeep Kumar
 Name & signature of Director/In-charge

Name & signature of Director/In-charge

Please submit the hard copy of this Report to Regional Office only if Application status is Submitted to RO
 *Single - All the Tables in the Report are to be in English font

Printed By: 60140879

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Application Report - Part 1

Application Report Submitted to RO
 Application Submitted - Payment Received

Report Generated on - 23/03/2016



Provide index page on top of set of documents as follows,

Region	Application ID
Annexure Number	Page number (3 digits)
From	To
Sr number as in annexure 17 (2 digit) of documents which are being submitted now	

2 Guidelines on submission of documents along with print copy of application/s for approvals (Refer annexure 12):

- Extension of approval to existing Institution
- Increase / Reduction in intake in existing courses
- Adding courses in existing program
- Closure of program / course
- Introducing / Continuing / Discontinuing supernumerary seats for PLO/PN
- Introducing / Continuing / Discontinuing seats for sons/daughters of NRI's
- Change of name of the Institute
- Conversion of Women's Institution into Co-Ed Institution and Vice-versa
- Introducing a Twinning Program with an AICTE approved Indian Institution

Ensure that all copies are in A4 size only (Land documents/building drawing may be up to A0 sizes). Also, ensure that all copies are attested.

Please number all copies of documents as given below.

Year/Regional	Your Application	Annexure	Sr number as in	Page number
---------------	------------------	----------	-----------------	-------------

20/03/2016
 Date of Signature (dd/mm/yyyy)

Himachal Pharmacy College
 Naagarh Distt. Solan (H.P.)

Seal of Institute

Dr. Karam Singh
 Name & signature of Director/Principal

Please submit the hard copy of the Report to Regional Office only if Application status is "Submitted to RO"
 *Inbox - All the Dates in the Report should be dd/mm/yyyy format

NWR 1 2 8 1 6 4 1 7 7 2 8 1 7 1 0 0 1 0 0 3

Application Report Part 1

Application Status: Submitted to RO

Application Sub-Status: Payment Received

Haridwar Kumbh Mela

Nalgadh Sub-City

Regd. No. 754

Report Generation: 28/03/2018

Office code	Id	Number	annexure 18	(3 digits)
e.g. consider numbering an affidavit (comprising of 2 pages), which is serial 2 in annexure 18.1.				
WRO	1-11234567	18.10	02	001
WRO	1-11234567	18.10	02	002

The number so generated WRO1-1123456718.1002001 should be written on top of each page with bold pen as shown below

W R O 1 1 1 2 3 4 5 6 7 1 8 1 0 0 2 0 0 1

Please do not bind or staple, as all pages are going to be scanned. All pages should be knotted on the left hand top corner as shown below. This set of knotted documents should be submitted in a 'Flap Folder' as shown below.



Provide index page on top of set of documents as follows:

2

Region	Application ID
Annexure Number	Serial number as in annexure 18 (2 copies of documents which are being submitted now)
Page number	Page number (3 digits)
From	To

Regional Office codes :

Eastern	ERO
North-east	NERO
Western	WRO

North-West	NWRO
Central	CRO

South-Central	SCR
Central & Comp Cities	CCRO

South-West	SWRO
South-east	SERO

29/03/2016
Date of Signature (dd-mm-yyyy)

Haridwar District
Seal of Institute

Dr. Rajesh Singh
Name & Signature of Director (Principal)

Please submit the hard copy of this Report to Regional Office only if Application status is "Submitted to RO" Page 3 of 20
***Note: All the Dates in this Report are in dd-mm-yyyy format

File No: A/2016/20

(Handwritten signature and notes)

N W R 1 - 2 8 1 6 4 1 7 7 7 8 1 7 1 0 0 1 0 0 4

Application Report - Part A

Application Status: Submitted to RO

Application Sub-Status: Payment Received

Report Generated on: 08/09/2016

Important Note for Payments:

- a) It has been observed that some of the institutions applying to AICTE for the approval process are submitting hand filled over written payment slips (challan) along with the Cheque / Payorder at the collecting bank branches. We wish to reiterate that payment is to be deposited strictly as per Payment process explained in User manual uploaded on the website. AICTE shall not be able to update any such payment record as Hand Filled challan shall not have the corresponding Institution details at AICTE end for payment status updation which will affect institution approval process.
- b) Institutions which do not follow the AICTE guidelines shall be responsible for rejection/ delay / updation of their application and neither AICTE nor the Collecting Bank shall be responsible for any such consequence.
- c) No DD / Cheque / PO to be sent to either Head Office / Regional Office of AICTE. Such payments shall not be processed and the applications are liable to be rejected.

2

29/08/2016
Date of Signature (Date of Issuance)

Seal of Institute

Dr. Rajni Singh
Name & Signature of Director / Principal

Please send the hard copy of this Report to Regional Office only (Application status is "Submitted to RO") Page 4 of 20
Note - All the Dates in the Report are in dd/mm/yyyy format

Report by AICTE/RO/...

Application Report - Part 1

Application Status: Submitted to RO
 Application Sub-Status: Payment Received

Report Generated on: 28/03/2018



Permanent Institute Id	246327771
Current Application Number	281647775
Application Number of 2015-2016	246327771
AICTE File No.	NEW
Application Type	Extension/Expansion/Courts
Permanent Institute Id has entered by Existing Institute applying for New Programme	No/Approvals
Do you want to change the Affiliating University/Board	No
Enter name of the new Affiliating University/Board	Data Not Provided by the Institute

Institute Details

Description	Details provided by Institute
Name of the Institution	HIMACHAL PHARMACY CO. LFGE
Address	VILL - MA. RAJULI - NALAGARH, P.A. NALAGARH, DIST - SOLAN
Town/Village	HIMACHAL PHARMACY NALAGARH
State/UT	Himachal Pradesh
District	SOLAN
Pin	174107
AICTE Region	North-West
STD code	172
Land Phone number	19685009
Civil Number	38157007-5
FAX Number	172220144
Email	director2018@gmail.com
Alternate Email	director_institution@yahoo.co.in
Website	www.himachalpharmacycollege.com
Institute Type	Unaided - Full-time
Women Only Institute	No
Minority Institute	No
Type Of Minority	Data Not Provided by the Institute
Name of the Minority	NA
PAN	AAL18B2610
Primary Bank Account number	518313100526
Bank Name	CENTRAL BANK OF COMMERCIAL
IFSC Number	CCSB0005145
Any Unaided Courses/In case of Government Aided	No

29/03/2018

Date of Signature (dd/mm/yyyy)

Himachal Pharmacy College
 Nalagarh Dist. Solan (H.P)

Seal of Institute

Dr. Karvi Singh

Name & signature of Director/Principal

Please submit the hard copy of the Report to Regional Office only if Application status is "Submitted to RO" Page 6 of 20

**Note: All the Dates in the Report are in dd/mm/yyyy format

Printed by: 011-26165202

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 NOTARY PUBLIC

NR1281641778171001006

Application Report - Part A

Application Status: Submitted to RO
Application Sub-Status: Payment Received



Generated on: 22/03/2016

Institute:
Approval Year of First Course: 2015
Date of First Approval by AICTE: 06/03/2016

Total number of teaching faculty in the Institute for all Programmes:
Number of teaching faculty approved by University/Government?:
Are all approved teaching faculty being paid as per V. pay commission? Yes
Are all the teaching faculty, as per AICTE qualification? Yes
Do you wish to apply closure of Institute? No
Percentage Grant/Funds Received from Government?: 0
Whether Institute is operating from Permanent Site/Temporary Site? Permanent Site
Whether mandatory disclosure is uploaded in Institute's website? Yes
Whether the Institute following ICAI(Institute of Chartered Accountants of India) Accounting Formats? Yes
Fees to be charged, Reservation policy, Admission policy and Document retention policy are duly approved by State Govt? Yes
Fees to be charged, Reservation policy, Admission policy and Document retention policy are duly approved by Affiliating Board/University? Yes
Fees to be charged, Reservation policy, Admission policy and Document retention policy are uploaded in Institute's Website? Yes
Whether List of faculty and data uploaded on the institute web portal? Yes

EOA/NBA/Autonomy Questions

Do you wish to apply for "Only Extension of Approval (EOA) for 2016-17"? Yes
Do you have Autonomous Status (Academic Autonomy) as conferred by the Affiliating University? No
Autonomy Issued Date: (Not Provided by the Institute)
Autonomy Expiry Date: (Not Provided by the Institute)

29/03/2016
Date of Signature

Amacha Pharmacy
Nainital, Dist. Nainital
Date of Institute

Dr. Kanti Singh
Name & signature of Director/Principal

Please submit the hard copy of this Report to Regional Office only if Application status is Submitted to RO. Page 6 of 20
Note: All the Dates in the Report are in dd/mm/yyyy format.

Printed By: 20160322

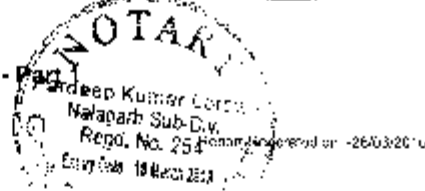
RECEIVED

2016 MAR 22

N W R 1 - 2 8 1 6 4 1 7 7 8 1 7 1 0 0 1 0 0 7

Application Report - Part 1

Application Status: Submitted to RO
 Application Sub-Status: Payment Received



Do you have a valid NBA Accreditation? No
 (Course should be accredited by NBA and Validity of Accredited Courses should be on or after 10-Apr-2016)
 No of courses against which valid NBA Accreditation is present 0

Application Details

Change of Institute Site No
 Increase in Intake / Application for New Course No
 Closure of Course / Reduction in Intake No
 PIO/FN No
 NRI No
 Change of name of the Institute No
 Conversion of Women's Institution into Co-Ed Institution No
 Conversion of Co-ed Institution into Women Institution No
 Introducing a Twinning Program with an AICTE approved Indian Institution No
 Introduction of New/Integrated Course No

Payment Details

Sl. No. (1)	Payment Id (2)	Mode of Payment (3)	Bank Transaction Id (3)	TPSI Transaction Id (4)	Receipt Flag (5)	Part Payment Amount (6)	Total Amount (7)	Transaction Date (8)
	878769400	CIB/Retail Banking(Other Bar)	81424	207284360	Y	100000	100000	19/02/2016

Details about Parent Organization

Name of the Parent organization: GIAN CHAND CHHARAMVIR CHAR. TRUST
 Address: B-19-11102 SATYAKAN SAGAR ROAD, CIVIL LINES, LUDHIANA PUNJAB
 Town/Village: LUDHIANA
 State/UT: Punjab
 District: LUDHIANA
 Pin Code: 141001
 Website: www.nimansa-pharmacy.com
 Type of the organization: Trust
 Registered with: GOVT OF PUNJAB
 Registration date: 21/05/2012

Details about Contact Person

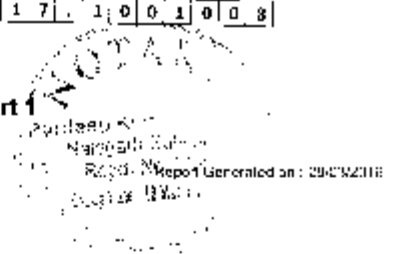
29/02/2016 Date of Signature
 Seal of Institute
 Name & signature of Contact Person

Please submit the hard copy of this Report to Regional Office only if Application status is Submitted to RO Page 7 of 20
 Note - All the Dates in this Report are in dd/mm/yyyy format

N | W | R | 1 | - | 2 | 8 | 1 | 6 | 4 | 1 | 7 | 7 | 8 | 1 | 7 | . | 1 | 0 | 0 | 1 | 0 | 0 | 8 |

Application Report - Part 1

Application Status: Submitted to RO
Application Sub-Status: Payment Received



Title	Dr.
First Name	CHANDER
Last Name	MAJHALL
Address (Plot No, Street etc.)	H. MAJHAL PHARMACY COLLEGE MAJHAL HALABARI
Town/Village	MAJHAL
State/UT	Himachal Pradesh
District	SOLAN
Pin Code	174301
Designation	DIRECTOR
STD Code	1795
Land Phone Number	263326
Cell Number	983761212
FAX Number	1722720144
Email	chander20@gmail.com
Alternate Cell Number	9817267961
Alternate Email Address	chander20@gmail.com

Land Details

Location	Rural
North Eastern States/Land in Hilly Area	No
Number of pieces of Land	1
Max distance in farthest pieces	N/A
Land Piece Area 1 in acres	2.5
Land Piece Area 2 in acres	Data Not Provided by the Institute
Land Piece Area 3 in acres	Data Not Provided by the Institute
Latitude and Longitude	Latitude - 31.44 01 Longitude - 76.36 10
Total area in acres	2.5
Land registered with	HP GOVT
Land registration date	28/03/2012
Land Use Certificate issued by	236/3A
Land Use Certificate date	11/09/2014
Land ownership details	Registered Sale Deed
Mortgage details (if any)	No
Purpose of mortgage	No

Land Details (Contd)

29/03/2016

Date of Signature (dd/mm/yyyy)

See of institute

Dr. K. S. Singh

Name & signature of Director / Principal

Please submit the hard copy of this Report to Registrar, Office of the Director, Solan, Himachal Pradesh, India. Page 8 of 20

Note - All the Dates in the Report are in dd/mm/yyyy format.

Printed By: A. GN266735

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NOTARY PUBLIC

Notary Public, Office of the Director, Solan, Himachal Pradesh, India



Application Report - Part I

Application Status: Submitted to RO
 Application Sub-Status: Payment Received

Report Generated on: 29/08/2018

Sr. No.	Land Registration No (1)	Date of Registration (2)	Area of Land (acres) (3)	Khasra Number (4)	Plot Number, Survey Number, etc (5)	Land Situated At (6)	Land Registered in the name Of (7)	Ownership or Govt Lease (8)	Land Use Certificate Issued (9)	Land Use Certificate Issuing Authority (10)
1	181/42/375 181/42/375/16 18201/2	23/09/2017	2.5	182,164/485	182,164/485	Hajipur, Nalgahar	NA, AGARwal, Harjeet Singh (HP)	Ownership	Yes	GHANSHYAM CHARTERED ACCOUNTANTS

Land Details (Contd)

Sr. No.	Is the Land mortgaged (11)	Details of Land if the Land is mortgaged (12)	Land required at the time of First AICTE approval (in Acres) (13)	Land available at the time of First AICTE approval (in Acres) (14)
1	No	Data Not Provided by the Institute	46249.485	

Building Details

Building status	Available
Total built up area planned (Sq.mts)	4000
Total built up area ready (Sq.mts)	4000
Total Instructional area (carpet area) ready in (Sq.mts)	3000
Total Administrative area (carpet area) ready in (Sq.mts)	1000
Total Amenities area (carpet area) ready in (Sq.mts)	1000
Activities in the building other than AICTE approved courses (if any)	No

Building Details (Contd)

Sr Num	Building Number (1)	Building Name (2)	Sanctioned Built up Area (Sq.mts) (3)	Constructed Built up area (Sq.mts) (4)	Approved Carpet Area Instructional (Sq.mts) (5)	Constructed Carpet Area Instructional (Sq.mts) (6)	Approved Carpet Area Administrative (Sq.mts) (7)	Constructed Carpet Area Administrative (Sq.mts) (8)	Approved Carpet Area Amenities (Sq.mts) (9)	Constructed Carpet Area Amenities (Sq.mts) (10)
1	1	H.M.A.C.P.H.A.R.M.A.C.Y.C.S.	4000	4000		Data Not Provided by the Institute	1000	1100	1000	Data Not Provided by the Institute

29/08/2018
 Date of Signing (Institution/Agency)

Himachal Pharmacy Co.
 Nalgahar Distt, Solan (H.P.)
 Date of Institute

Dr. Kamal Singh
 Name & Signature of Director/Principal

Please submit the hard copy of this Report to Regional Director if Application status is "Submitted to RO" Page 9 of 20
 Note: All the Entries in this Report are in the Institutional Form.

Form No. B-1 (2008/2013)

ACCEPTED BY: [Signature]

Application Report - Part 1

Application Status: Submitted to RO
 Application Sub-Status: Payment Received



Report Series No. CR-2800/2016

Integrated Course Details(Contd.)

Data not entered by Institute

Instructional Area

Sr. No	Programme (1)	Level (2)	Building Number (3)	Building Name (4)	Room Type (5)	Room Number (6)	Average Carpet Area (Sq.mts) (7)	Flooring (8)	Wall & Painting (9)	Elec & Lighting (10)	Furniture & Fixtures (11)
1	PHARMACY	BND LR GRA DUA TE	20.05	PHARMACY BUILDING	Class room	28.35	7.60	Ready	Ready	Ready	Ready
2	PHARMACY	UNC LR GRA DUA TE	38	PHARMACY BUILDING	Animal house	36	6.0	Ready	Ready	Ready	Ready
3	PHARMACY	UNJ ER GRA DUA TE	37	PHARMACY BUILDING	Seminar Hall	37	7.60	Ready	Ready	Ready	Ready
4	PHARMACY	JND ER GRA DUA TE	7.8.5	PHARMACY BUILDING	Lecture room	7.8.0	6.50	Ready	Ready	Ready	Ready

Instructional Area Common facilities

Building Number (1)	Building Name (2)	Room Type (3)	Room Id(4)	Area (Sq.mts)(5)	Flooring(6)	Wall & Painting (7)	Elec & Lighting (8)	Furniture & Fixtures(9)
1	Pharmacy Building	Computer Centre	28	120	Ready	Ready	Ready	Ready
	Pharmacy Building	Library & Reading Room	27	7.60	Ready	Ready	Ready	Ready

Administrative Area

Sr. No.	Building Number (1)	Building Name (2)	Room Type (3)	Room Id (4)	Area (Sq.mts) (5)	Flooring (6)	Wall & Painting (7)	Elec & Lighting (8)	Furniture & fixtures (9)
1		Pharmacy Building	Principal's Office		40	Ready	Ready	Ready	Ready
2	10	Pharmacy Building	Housekeeping	10	13	Ready	Ready	Ready	Ready

29/03/2016
 Date of Signatures (dd/mm/yyyy)

Signature of Institute

Name & signature of Director / Principal

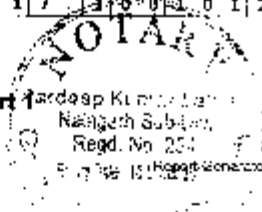
Please submit the hard copy of this Report to Regional Director only if Application status is 'Submitted to RO' Page 11 of 20
 **Note: All the Dates in the Report are in dd/mm/yyyy format

Form No: ACR/2003

(Handwritten notes and signatures at the bottom of the page)

N, W R | 1 | 2 | 8 | 1 | 6 | 4 | 1 | 7 | 7 | 8 | 1 | 7 | 1 | 0 | 1 | 2

Application Report - Part 1



Application Status: Submitted to RO
 Application Sub-Status: Payment Received

Sr. No.	Building Number (1)	Building Name (2)	Room Type (3)	Room Id (4)	Area (Sq.mts) (5)	Flooring (6)	Wall & Painting (7)	Elec & Lighting (8)	Furniture & Fixtures (9)
3	11	Pharmacy Building	Reception Area	11	20	Ready	Ready	Ready	Ready
4	12	Pharmacy Building	Computer, printer, etc. Room	12	20	Ready	Ready	Ready	Ready
5	13	Pharmacy Building	Machine Room	13	50	Ready	Ready	Ready	Ready
6	3	Pharmacy Building	Office - All Inclusive	31	150	Ready	Ready	Ready	Ready
7	2	Pharmacy Building	Security	2	10	Ready	Ready	Ready	Ready
8	5	PHARMACY BUILDING	Pharmacy Office	5	30	Ready	Ready	Ready	Ready
9	4	Pharmacy Building	Cabin for Head of Dept	4	40	Ready	Ready	Ready	Ready
10	6	Pharmacy Building	Control Store	6	35	Ready	Ready	Ready	Ready
11	8	Pharmacy Building	Faculty Room	8	30	Ready	Ready	Ready	Ready
12	7	Pharmacy Building	Exam Control Office	7	20	Ready	Ready	Ready	Ready
13	8	Pharmacy Building	Exam Room	8	20	Ready	Ready	Ready	Ready
14	9	Pharmacy Building	Leadsman Office	9	20	Ready	Ready	Ready	Ready

2

Amenities Area

Sr. No.	Building Number (1)	Building Name (2)	Room Type (3)	Room Id (4)	Area (Sq.mts) (5)	Flooring (6)	Wall & Painting (7)	Elec & Lighting (8)	Furniture & Fixtures (9)
1	12	Pharmacy Building	Cafeteria	12	100	Ready	Ready	Ready	Ready
2	13	Pharmacy Building	Staircase	12	15	Ready	Ready	Ready	Ready
3	14	Pharmacy Building	Total	14	150	Ready	Ready	Ready	Ready
4	15	Pharmacy Building	Boys Common Room	15	75	Ready	Ready	Ready	Ready
5	16	Pharmacy Building	Girls Common Room	16	75	Ready	Ready	Ready	Ready
6	17	Pharmacy Building	First Aid cum Sick Room	17	15	Ready	Ready	Ready	Ready

29/03/2016
 Date of Signature

Himachal Pharmacy College
 Nalagarh Distt. Solan (H.P.)

Dr. Karam Singh
 Name & Signature of Director/Principal

Please submit the copy of the Report to Regional Office only. Application status: "Submitted to RO" Page 12 of 20
 ***Note: All the Dates in the Report are in community format.

Form No. AP/01/2013

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Application Report - Part 1

Application Status: Submitter to RO
 Application Sub-Status: Payment Received

Report Generated on: 29/03/2016

Sr. No.	Building Number (1)	Building Name (2)	Room Type (3)	Room Id (4)	Area (Sq. mts) (5)	Flooring (6)	Wall & Painting (7)	Elec & Lighting (8)	Furniture & Fixtures (9)
7	18	Pharmacy Building	Auditorium	18	600	Ready	Ready	Ready	Ready
8	19	Pharmacy Building	Boys Hostel	19	75	Ready	Ready	Ready	Ready
9	20	Pharmacy Building	Girls Hostel	20	15	Ready	Ready	Ready	Ready
10	21	Pharmacy Building	Principals Office	21	15	Ready	Ready	Ready	Ready
11	22	Pharmacy Building	Guest House	22	30	Ready	Ready	Ready	Ready
12	23	Pharmacy Building	Students Activity Center	23	10	Ready	Ready	Ready	Ready

Circulation Area

Sr. No.	Building Number (1)	Building Name (2)	Area Type (3)	Average Carpet Area (Sq.mts) (4)	Flooring (5)	Wall & Painting (6)	Elec & Lighting (7)	Furniture & Fixtures (8)	Sanitary Fittings (9)
1	21	Pharmacy Building	Corridor	600	Yes	Ready	Ready	Ready	Yes

Other Facilities

2

- All Weather Approach (Motorized Road) YES
- Backup Electric Supply YES
- Barrier free Environment YES
- CCTV Security YES
- ERP Software NO
- Electric Supply YES
- General Insurance YES
- Group Insurance YES
- Institution Web Site YES
- Insurance for Students YES
- Stand Alone Language Laboratory (Minimum 25 PC/Laptop up to total intake of 1000. Further additional 25 PC/Laptop per intake of 1000): YES
- Medical & Counselling facilities YES
- Notice Boards YES
- Public Announcement System YES
- Potable Water Supply YES
- Post & Banking(ATM) YES
- Projectors in Classrooms YES
- Safety Provisions including fire and other amenities YES

24/03/2016
 Date of Signature (dd/mm/yyyy)

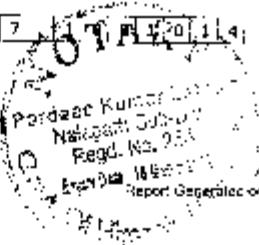
Signature of Applicant
 Name & Signature of School/Institution

Signature of RO
 Name & Signature of RO (dd/mm/yyyy)

Please submit the hard copy of this Report to Regional Office only if Application status is "Submitter to RO" Page 13 of 20
 Note: All the Details in this Report are in administrative format

APPROVED

Application Report - Part I



Application Status: Submitted to RO
 Application Sub-Status: Payment Received

- Sewage Disposal System YES
- Staff Quarters YES
- Telephones & FAX YES
- Transport Facility YES
- Vehicle Parking Facility YES
- First Aid Facility YES
- Rain Water Harvesting YES
- Solar Power Systems YES
- Appointment Of Student Counselor YES
- Establishment Of Anti Ragging Committee YES
- Establishment Of Committee For SC/ST YES
- Establishment of Internal Complaint Committee (ICC) Committee As per section 4 of Sexual Harassment of Women at Workplace(Prevention, Prohibition and Redressal) Act. 2013 YES
- Establishment of Grievance Redressal Committee in the Institute and Appointment of OMBUDSMAN by the University YES

Laboratory Details

Sr. No.	Program me (1)	Level (2)	Course (3)	Building Number (4)	Building Name (5)	Name of Lab(6)	Yearly Budget(E) (In Rs) (7)	Yearly Budget (C) (In Rs) (8)	Investment (In Rs) (9)	Research Lab? (10)
1	PHARMA CY	UND GR A DUA TE	PHARM ACY	Data Not Provided by the Institute	Data Not Provided by the Institute	GENTR AL INSTRUMENT ROOM	50000	50000	50000	No
2	PHARMA CY	UND GR A DUA TE	PHARM ACY	Data Not Provided by the Institute	Data Not Provided by the Institute	COMPU TER AS	20000	20000	20000	No
3	PHARMA CY	UND GR A DUA TE	PHARM ACY	Data Not Provided by the Institute	Data Not Provided by the Institute	MACHIN E ROOM	25000	25000	25000	No
4	PHARMA CY	UND GR A DUA TE	PHARM ACY	Data Not Provided by the Institute	Pharmacy Block	PHARM ACEUTIC AL BIOTE CH	50000	50000	50000	No
5	PHARMA CY	UND GR A DUA TE	PHARM ACY	Data Not Provided by the Institute	PHARMA CY BLOCK	PHARM ACEUTIC ANALY SIS	10000	10000	10000	No

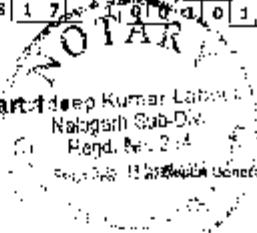
24/03/2016
 Date of Signature (University)

 Sign of Institute

Dr. Faizul Gani
 Name & Signature of Director Pimpri

Please submit the hard copy of IIR Report to Regional Officer only if Application status is 'Submitted to RO' Page 14 of 20
 ***Note - All the Dates in the Report are in dd/mm/yyyy format.

RECEIVED
 Pimpri Chinchwad Education Trust
 Pimpri, Maharashtra



Application Report - Part 1

Application Status: Submitted to RO
 Application Sub-Status: Payment Received

Sr. No.	Programme (1)	Level (2)	Course (3)	Building Number (4)	Building Name (5)	Name of Lab (6)	Yearly Budget (E) (In Rs) (7)	Yearly Budget (C) (In Rs) (8)	Investment (In Rs) (9)	Research Lab? (10)
6	PHARMA CY	UND ER GRA DUA TE	PHARM ACY	Data Not Provided by the Institute	Data Not Provided by the Institute	PHARM ACEUT ICAL CHEMISTRY	250000	250000	250000	No
7	PHARMA CY	UND ER GRA DUA TE	PHARM ACY	Data Not Provided by the Institute	Data Not Provided by the Institute	PHARM ACEUT ICAL CHEMISTRY	100000	50000	50000	No
8	PHARMA CY	UND ER GRA DUA TE	PHARM ACY	Data Not Provided by the Institute	Data Not Provided by the Institute	PHARM ACEUT ICAL	200000	200000	200000	No
9	PHARMA CY	UND ER GRA DUA TE	PHARM ACY	Data Not Provided by the Institute	PHARMA CY BLOCK	PHARM ACEUT ICAL LAB	250000	30000	150000	No
10	PHARMA CY	UND ER GRA DUA TE	PHARM ACY	Data Not Provided by the Institute	Data Not Provided by the Institute	PHARM ACEUT ICAL	200000	40000	70000	No
11	PHARMA CY	UND ER GRA DUA TE	PHARM ACY	Data Not Provided by the Institute	Data Not Provided by the Institute	PHARM ACEUT ICAL	200000	200000	200000	No
12	PHARMA CY	UND ER GRA DUA TE	PHARM ACY	Data Not Provided by the Institute	Data Not Provided by the Institute	PHARM ACEUT ICAL	200000	200000	200000	No

Library Books

Programme (1)	Titles (2)	Volumes (3)	International Journals (4)	National Journals (5)	Number of e-Book Titles (6)	Number of e-Book Volumes (7)
PHARMA CY	300	100	0	0	0	0

Library Facilities

29/03/2016
 Date of Signature (dd/mm/yyyy)

Himachal Pharmacy College
 Nalagarh Distt Solan (H.P.)
 Secy of Institute

Dr. Deep Singh
 Name & signature of Director

Please submit the hard copy of this Report to Registrar/ Officer only if Applicant/ student is Submitted to RO

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NOTARY PUBLIC

Application Report - Part 1

Application Status: Submitted to RO
 Application Sub-Status: Payment Received

Report generated on - 28/03/2016

Working Hrs. (1)	E Journal Subscriptions (2)	Annual Budget (In Rs)(3)	Area In Sqm(4)	Library Management Software(5)	Bar Code or RFID book handling (6)	Reprographic Facility(7)	Reading Room Capacity (Number of Students)(8)
000AM to 000PM	INTERNATIONAL JOURNAL OF PHARMACY & RESEARCH	100000	100	Yes	No	✓	30

e-Journal Declaration

BY CLICKING THIS CHECK BOX THE INSTITUTE LIBRARY DEPT. AFFS THAT I WAS SUBSCRIBED FOR ALL THE REQUIRED E JOURNALS AS MENTIONED IN APPROVAL PROCESS HANDBOOK 2016 2017.

Status of declaration check box: Yes No

Computational Facility

Legal System Software (1)	Legal Application Software (2)	Internet Bandwidth in Mbps(3)	Internet Connection Ratio(4)	PCs/Laptop exclusively available to students (5)	PCs/Laptop available in Administrative Office(6)	Number of PCs/Laptop available in Library(7)	Number of PCs/Laptop in language lab(8)	PCs/Laptop available to Faculty Members(9)	Printers available to student(10)
0	11	16	10	30	6	6	30	4	3

Hostel Facility

Sr. Num	Number of rooms having Single bedroom (area of room)(1)	Building Number(2)	Name of Building(3)	Number of rooms having Double/Two bed room (area of room)(4)	Building Number(5)	Name of Building(6)	Number of rooms having Triple/Three bedroom (area of room)(7)	Building Number(8)	Name of Building(9)	Number of rooms having Four bedroom (area of room)(10)	Building Number(11)	Name of Building(12)
Boys (13):			Pharmacy									
Girls (14):			Health									

29/03/2016
 Date of Signature (cd/any/yy)

Associate Professor
 Head of Institute

Dr. Lakshmi Srinivas
 Date & Signature of Director (cd/any/yy)

Please show the 1st copy of this Report to Regional Office only if Application status is 'Submitted to RO' Page 16 of 20
 (**Note - All the Dates in this Report, are in dd/mm/yyyy format)

ATTESTED
 LIBRARY INCHARGE



Application Report - Part 1

Application Status: Submitted to RO
 Application Sub-Status: Payment Received

Name: _____
 Date of Birth: _____
 Gender: _____
 Marital Status: _____
 Education: _____
 Occupation: _____
 Present Address: _____
 Permanent Address: _____

Operational Funds			
Bank Name(1)	Account Number(2)	Bank Statement Date(3)	Cash Balance(4)
BOB	3145113100000000	28/03/2018	9130000

Financial Details (in Rs)	
Funds/ Grants from Central Government	0
Funds/ Grants from State Government	0
Funds/ Grants from Student Fees	0
Funds/ Grants from Donations	Data Not Provided by the Institute
Funds/ Grants from UGC	0
Funds/ Grants from Other Bodies	0
Funds/ Grants raised from Other Sources/ Internal Revenue	0
Salary to the Teaching Staff	Data Not Provided by the Institute
Remuneration to Visiting/Guest Faculty	Data Not Provided by the Institute
Salary to Non-teaching Staff	Data Not Provided by the Institute
Library Investments	5
Equipment Investments	100
Building Maintenance Expenses	200
Other Expenditure (if any)	500

Company/Industry Details

Are you a Company/Industry wishing to set up a new Institute? No

Type of Company/Industry: _____ Not Applicable

Is the company having Minimum 100 Cr Turnover for the last 3 years? (Attach supporting documents): _____ Not Applicable

Company/Industry PAN Number: _____ Not Applicable

Company/Industry TAN Number: _____ Not Applicable

Company/Industry Registered Address: _____ Not Applicable

Company/Industry Year of Registration: _____ Not Applicable

Funds/Grants Received Details

Date of Signature: 29/03/2018
 Name & Signature of Director: _____
 Seal of Institute: _____

Please submit the hard copy of this Report to Regional Office only if Application status is "Submitted to RO". Page 17 of 20

Application Report - Part I

Application Status: Submitted to RO
 Application Sub-Status: Payment Received

Report Generated on: 29/12/2018

Data not entered by Institute

Funds/Grants Received Details (Contd.)

Data not entered by Institute

Ombudsman/Grievance Details

Grievance Committee Appointment	Yes
OMBUDSMAN Appointment	Yes

Ombudsman Appointment/Grievance Committee Details

Sr. No.	Committee Type (1)	Appointment Order reference Number(2)	Date of Appointment (3)	Name of the Committee Member (4)	Profession (5)	Address (6)	Associated With(7)	Mobile Number (8)	e-Mail Address (9)	Fax No. (10)
1	Grievance Redressal	HPC/NAL/26	30/08/2015	MRS. ROHINI S. HARMA	ASSOCIATE PROF.	HPC NALAGARH DISTT SOLAN HP	COLLEGE	7902503612	ROHINI S. HARMA YOGGMAIL.COM	1752265333
2	OMBUDSMAN	HPC/NAL/37	10/09/2015	MRS. P. NIDHI K. GOSI	LECTURER	HPC NALAGARH HP	COLLEGE	9858733124	P. NIDHI SAHUS YOGGMAIL.COM	1752265333

Anti-Ragging Related Details Provided by the Institute

Constitution of Anti-Ragging Committee	Yes
Constitution of Anti-Ragging Squad	Yes
Undertaking obtained from all Students	Yes
Appointment of Counselors	Yes
Undertaking obtained from parents of all the students	Yes
Undertaking obtained from students staying in Hostel	Not Inforce
Undertaking obtained from parents of students staying in Hostel	Not Inforce

Anti-Ragging Committee/Squad Details

Sr. No.	Committee Type (1)	Appointment Order reference Number(2)	Date of Appointment (3)	Name of the Committee Member (4)	Profession (5)	Address (6)	Associated With(7)	Mobile Number (8)	Fax No (9)	eMail Address (10)
1	Anti-Ragging Committee	HPC/NAL/37	20/08/2015	MR. TAVINDER A. SINGH	LECTURER	PAONTA SAHIR HP	COLLEGE	8447956702	1795265333	gawncrpharm a01@gmail.com

24/02/2016
 Date of Report (Emergency)

Himachal Pharmacy College
 Na'agarh Distt, Solan (H.P.)
 Head of Institute

Dr. Rajendra Singh
 Name & Signature of Director/Principal

Please submit the hard copy of this Report to Regional Officer only (Application Status: Submitted to RO) Page 18 of 20
 ***Note - All the Dates in the Report are of Emergency basis.

Printed By: A/CNOC0733

ATTESTED

NOTARY PUBLIC
 Na'agarh, Distt. Solan (H.P.)

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Application Report - Part 1

Application Status: Submitted to RO
 Application Sub-Status: Payment Received



2	Anti-Ragging Squad	UPL/VALLABH	1908201	GANESH KUMAR	LECTURE R	PALEM NAGAR DEHRADUN ULTRAKHAND	COLLEGE	24167416	95	95F 532	ganeshkumar.kalavya@gmail.com
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Renewable Energy Installation Details/Conservation of Energy

Total land available (In Sq. mts.)	Data Not Provided by the Institute
No. of buildings with roof tops	Data Not Provided by the Institute
Annual electricity consumption (No. of units) during previous financial year	Data Not Provided by the Institute
Electricity Bill-Average rate per unit paid during previous financial year (Rs. / unit) & Number of units used	Data Not Provided by the Institute
Renewable Energy, if any, used at present	no
Renewable Energy Type(solar/Wind/Tidal/etc)	Data Not Provided by the Institute
Land available for placing solar photovoltaic panels (In sq. mts.)	Data Not Provided by the Institute
Total approximate roof-top area available for placing solar photovoltaic panel (In sq.mts.)	Data Not Provided by the Institute
Whether a policy has been adopted to use only LED lamps?	no
Remarks	Data Not Provided by the Institute

2

2/9/08/2016
 Date of Signature (dd/mm/yyyy)

Signature of Director
 No again Dist. Sign at here
 Seal of Institute

Signature of Director
 Name & Signature of Director

Please submit the 1 and copy of this Report to Neopura Office only. Application Status is "Submitted to RO". Page 19 of 20
 **Note - All the Dates in the Report are in dd/mm/yyyy format

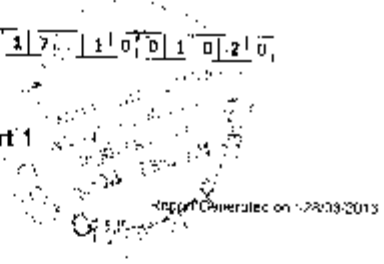
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ACCEPTED

NOTARY PUBLIC

Application Report - Part 1

Application Status: Submitted to RO
Application Sub-Status: Payment Received



Report Generated on: 22/03/2013

DECLARATION BY THE PRINCIPAL/DIRECTOR OF THE INSTITUTE

I, as the Head of the Institution, hereby declare that:

- a) I have carefully gone through the AICTE Regulations Notified on 27th September 2012, published in the Gazette of India - Extraordinary Part 3, Section (iv) and also the various provisions mentioned in the Approval Process Hand Book 2016-2017.
- 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, 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 2016-17.
- 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 the institute is eligible for grant of Extension of Approval, Increase/Reduction of intake, Addition of new courses, Closure of course, supernumerary seats under PIO/FN, NRI, Change of name, Change of site, Conversion of women institute into Co-ed institute and vice versa (as applicable) only on fulfillment of prescribed norms & requirements as mentioned in the Approval Process Hand Book 2016-17.

Principal
Himachal Pharmacy College
Narnaul, Dist. Gurgaon (H.P.)

[Signature]
Date of Signature: 22/03/2013

Head of Institute

[Signature]
Name & signature of Director Pharmacy

Please submit the hard copy of this Report to Regional Officer only if Application status is 'Submitted to RO' Page 20 of 20

Note: All the Dates in the Report are in dd/mm/yyyy format

www.aicte.org

[Handwritten notes and signatures]

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Application Report - Part 2

Application Submitted to RO
Application Sub-Status: Payment Received

Report Generated on: 29/03/2016

Industry 0

Faculty

Sr Number	Faculty ID	Programme	Course	Faculty Type	FTPT	First Name	Surname	Exact Designation	Date of Joining the Institute	Appointment Type	Doctorate (DOR)	Master's Degree (DOR)	Bachelor Degree (DOR)	Other Qualification
1	2500 2318 20	PHARMA CY	PHARMACY	U	FT	DIAR MES H	SHAR MA	ASSOC IATE PROF SSOR	01/01/2015	Regul ar	N	2009	2017	
2	2501 2319 24	PHARMA CY	PHARMACY	U	FT	NICH	SII AR MA	ASST PROF SSOR	01/01/2015	Regul ar	Y	2013	2011	
3	2574 2325 35	PHARMA CY	PHARMACY	U	FT	DIWA VNA	THAK UR	ASST PROF SSOR	01/01/2015	Regul ar	N			
4	2511 2304 24	PHARMA CY	PHARMACY	U	FT	ROH NI	SHAR MA	ASSOC IATE PROF SSOR	01/04/2015	Regul ar	N	2011	2006	
5	2544 2321 20	PHARMA CY	PHARMACY L CHEM ISTRY	U	FT	KARN I	SHAR MA	PRINC IPAL	01/04/2015	Regul ar	Y	2008	1994	
6	2512 2316 01	PHARMA CY	PHARMACY L CHEM ISTRY	U	FT	DAV INDRA	SIN GH	ASST PROF SSOR	13/08/2015	Regul ar	N	2015	2013	
7	2572 2355 17	PHARMA CY	PHARMACY	U	FT	GANE SH	SIN GH	ASST PROF SSOR	16/04/2015	Regul ar	N	2010	2013	
8	2584 2387 03	PHARMA CY	PHARMACY	U	FT	AJAY	ROH MA	ASSOC IATE PROF SSOR	29/08/2015	Regul ar	N	2014	2012	
9	2584 2387 10	PHARMA CY	PHARMACY	U	FT	ANKI T	GUR PTA	ASSOC IATE PROF SSOR	18/12/2015	Regul ar	N	2018	2011	

29/03/2016

Date of
Signature (dd/mm/yyyy)

Signature of Institute

Dr. Anand Singh

Name & Signature of Director/Principal

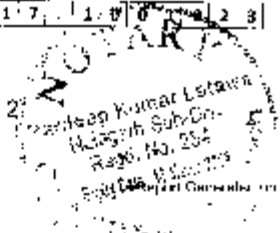
Please to send the hard copy of this Report to Regional Officer only if application status is "Examined to RO" Page 2 of 4
**Note: All the Dates in the Report are in dd/mm/yyyy format

Printed By: ACONFOS

ATTESTED

CONFOS

Application Report - Part 2



Application Status: Submitted to RO
 Application Sub Status: Payment Received

Sr Number	Faculty ID	Programme	Course	Faculty Type	FT/PT	First Name	Surname	Exact Designation	Date of joining the Institute	Appointment type	Doctorate (DOR)	Master's Degree (DOR)	Bachelor Degree (DOR)	Other Qualification
10	2059 2074 87	PIA RMA CY	HAR MADY			VIRE NDER	BIL AR DW AL	DIREC TOR	01-06-2015	Regul ar		2008	2004	

Technical Staff

Date of interest by Institute

Admin & Library Staff

Sr Num	Staff ID	First Name	Last Name	Date of joining the Institute	Doctorate Degree	Master Degree	Bachelor Degree	Diploma	Other Qualification
1	1- 047327 7004	RANDEEP	KUMAR	01/01/2015		M. B. B.	D. L. C.		
2	1- 297353 0748	SANJAY	CHAUHAN	04/07/2015		M. B. A.	B. A.	B. F. D.	
3	1- 297353 0082	SARABPAL	SATIYAL	18/05/2015			D. A.		
4	1- 297386 0338	VIKAS	PLANI	21/08/2015		M. COM			
5	1- 297390 0178	HARISH	SHARMA	23/07/2015				DIPLOMA IN DIETARY NUTRITION	

2

29/10/2016
 Date of
 Signature

Himachal Pharmacy College
 Nalagarh Dist. Solan (H.P.)

Dr. Kirti Singh
 Name & Signature of Director/Principal

Please submit the hard copy of this Report to Regional Office only if Application status is 'Submitted to RO' Page 3 of 4
 **Note: All the Dates in the Report are in dd/mm/yyyy format

Printed By: ACH008703

ATTESTED

2016/10/29

Application Report - Part 2

Application Status: Submitted to RO
Application Sub Status: Payment Received

Report Generated on: 29/03/2016

**DECLARATION
BY THE PRINCIPAL/DIRECTOR OF THE INSTITUTE**

I, as the Head of the Institution, hereby declare that :

- a) I have carefully gone through the AICTE Regulations Notified on 27th September 2012, published in the Gazette of India - Extraordinary Part 3, Section (iv) and also the various provisions mentioned in the Approval Process Hand Book 2016-17.
- b) I am fully aware of the data uploaded by us 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, 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 2016-17 covered under respective chapter.
- e) I am aware of the Deficiencies (if any) pointed out in the Report generated online, based on the data uploaded by our institute on the portal.
- f) I am also aware that the institute is eligible for grant of Extension of Approval, Increase/Reduction of intake, Addition of new courses, Closure of course, supernumerary seats under PIO/FN, NRI, Change of name, Change of site, Conversion of women institute into Co-ed Institute and vice versa (as applicable) only on fulfillment of prescribed norms & requirements as mentioned in the Approval Process Hand Book 2016-17.

2

(Principal/ Director)

Principal
Himachal Pharmacy College
Nalagarh Distt. Solan (H.P.)

29/03/2016

Date of
Signature (in khann/yyy)

Himachal Pharmacy College
Nalagarh, Distt. Solan (H.P.)

Name & Signature of Director/Principal

Please submit the hard copy of this Report to the one Officer only (Application status is "Submitted to RO", Page 4 of 4)
***Note: All the Dates in this Report should be khann/yyy format.