

All India Council for Technical Education

(An Autonomous Organization, Under Ministry of HRD, Govt. of India).



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APPROVAL PROCESS 2018-19

Application Report-Part 2

Permanent Institute Id | 1-425991731
Current Application No. | 1-3508492904
Application No. of 2017-2018 | 1-3323370421
AICTE File No. | 1-734003022
Application Type | Extension-Expansion-Closure
Organization Registration No. | MAH/207/2003/PUNE

Principal/Director/Registrar			
Surname	SWAMI	First Name	GOURISHANKAR
Father's Name	MAHANTAYYA	Date of Birth	01/07/1970
Doctorate Degree		Field of Specialization	PHARMACOLOGY
Master's Degree	M.PHARM.	Bachelor Degree	B.PHARM.
Other Qualifications		Date of Joining the Institute as head	01/07/2004
Appointment Type	Regular	Exact Designation	Principal
Experience (T-R-I)	Teaching 19	Research 0	Industry 0

Faculty Counts

Total No. of Faculty	7
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	1-2511426803	PHARMACY	HOSPITAL AND CLINICAL PHARMACY	Diploma	FT	PRANITA	SHAH	ASST PROFESSOR	23/02/2014	Adhoc	N				612620084524	CLCP S7325H	259200	V1th Pay Scale

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Application Sub-Status: **Payment Received**

Report Generated on :-07/02/2018

2	1-3587159897	PHARMACY	PHARMACY		FT	MADHURI	MALUSARE	ASST PROFESSOR	20/06/2016	Regular	N	M PHARM	B PHARM		894466419643	BMB PM2887D	259200	
3	1-3587159929	PHARMACY	PHARMACY		FT	ROHIT	MALI	ASST PROFESSOR	01/10/2017	Regular	N		B PHARM		605939094810	BOK PM5099G	259200	
4	1-3587159969	PHARMACY	PHARMACY		FT	SNEHA	MANE	ASST PROFESSOR	19/06/2017	Regular	N		B PHARM		789516372368	AAU PZ5260F	259200	
5	1-3587160064	PHARMACY	PHARMACY		FT	PRAPTI	DESAI	ASST PROFESSOR	18/07/2016	Regular	N	M PHARM	B PHARM	M B A	805965918897	BNLP K0352G	259200	
6	1-478589773	PHARMACY	PHARMACY	Diploma	FT	GOURISHANKAR	SWAMI	HEAD OF DEPT	01/07/2004	Regular	N	M.PHARM	B.PHARM	NA	418799063637	ATKP S0178G	728660	Vlth Pay Scale
7	1-2078703523	PHARMACY	PHARMACEUTICAL SCIENCE	Diploma	FT	ASHWINI	SALUNKHE	ASST PROFESSOR	20/01/2014	Adhoc	N				239393840793	AMP GK8365D	259200	Vlth Pay Scale

Adjunct Faculty/Resource Person from Industry Details

Data not entered by Institute

Technical Staff

Sr. No.	Technical Staff Id	Program	Course	Level	First Name	Surname	Date of joining the Institute	Master Degree	Bachelor Degree	Diploma	Other Qualification

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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1	1-3717896142	PHARMACY	PHARMACY	DIPLOMA	MULANI	SHAIKH					
2	1-498062781	PHARMACY	PHARMACY	DIPLOMA	DHANSH REE	PASALKA R	30/07/2008				(OLD) 11 TH
3	1-498062785	PHARMACY	PHARMACY	DIPLOMA	ROHIT	YADAV	12/08/2010				H.S.C., D.ED.
4	1-498062789	PHARMACY	PHARMACY	DIPLOMA	BHIMA	KADAM	30/08/2008				H.S.C.
5	1-498062873	PHARMACY	PHARMACY	DIPLOMA	SATISH	KADAM	04/01/2008				S.S.C.
6	1-498062877	PHARMACY	PHARMACY	DIPLOMA	RAKESH	DHOBAL	01/09/2009				H.S.C.
7	1-498062901	PHARMACY	PHARMACY	DIPLOMA	DYANRA NT	BHANTE	01/10/2009	M.COM			
8	1-498062905	PHARMACY	PHARMACY	DIPLOMA	GANESH	DANGAT	01/06/2004	M.COM			

Admin & Library Staff

Sr. No.	Staff Id	First Name	Last Name	Date of joining the Institute	Master Degree	Bachelor Degree	Diploma	Other Qualification
1	1-1509455313	PRAKASH	GAIKWAD	10/08/2004		B. COM		
2	1-1509455317	YOGITA	PARANDEKAR					

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 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 Extension of Approval to the Existing Institutions, Extended EoA(if Applicable as per APH 2018-19), 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

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