



**APPROVAL PROCESS 2019-20**

**Application Report Part-2**

**Permanent Institute Id** 1-2846166304  
**Current Application No.** 1-4263490863  
**Application No. of 2017-2018** 1-3514446360  
**AICTE File No.** SOUTH-WEST/2016/1-2846166304  
**Application Type** Extension-Expansion-Closure  
**Organization Registration No.** 214

**Principal/Director/Registrar**

<b>Surname</b>	MERCY LAZAR	<b>First Name</b>	LAL PRASANTH
<b>Father's Name</b>	M LAZAR	<b>Date of Birth</b>	31/05/1976
<b>Doctorate Degree</b>	Yes	<b>Field of Specialization</b>	PHARMACEUTICAL CHEMISTRY
<b>Master's Degree</b>	M.PHARM	<b>Bachelor Degree</b>	B.PHARM
<b>Other Qualifications</b>		<b>Date of Joining the Institute as head</b>	01/12/2015
<b>Appointment Type</b>	Regular	<b>Exact Designation</b>	Principal
<b>Experience (T-R-I)</b>	<b>Teaching</b> 17	<b>Research</b> 2	<b>Industry</b> 1

**Faculty Counts**

Total No. of Faculty	15
No. of Teaching faculty approved by University/Government?	15

**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
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## Application Report - Part 2



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

Report Generated on :-22/02/2019

1	1-2897051863	PHARMACY	PHARMACY		FT	LAL	PRA SANTH	PROFE SSOR	01/12/2015	Regular	Y	M.PH ARM	B.PH ARM	B.SC. BOTANY		ACS PL8514E	900000	Co nsolidated
2	1-3385791592	PHARMACY	PHARMACY		FT	SHIBU	PRA SANTH	PROFE SSOR	11/04/2016	Regular	N	M.PH ARM	B.PH ARM			DQU PS4163K	720000	Vth Pay scale
3	1-3385824623	PHARMACY	PHARMACY		FT	RESHMA	PT	ASST PROFE SSOR	02/12/2015	Regular	N	M PHARM	B PHARM			DBP PP9075M	220000	Co nsolidated
4	1-3389066453	PHARMACY	PHARMACY		FT	REENU	KOS HY	ASST PROFE SSOR	16/11/2015	Regular	N	NA	B.E			BFG PK9366F	207000	Co nsolidated
5	1-3581443565	PHARMACY	PHARMACY		FT	DILIP	KRI SHN AN	ASSOCI ATE PROFE SSOR	20/02/2017	Regular	N	M PHARM	B PHARM			BVVP D6310F	660000	Vth Pay scale
6	1-3581663597	PHARMACY	PHARMACY		FT	SARA	VAR GHE SE	ASST PROFE SSOR	03/10/2017	Regular	N	M.PH ARM	B.PH ARM			GRX PS5006N	310000	Vth Pay scale
7	1-3581691041	PHARMACY	PHARMACY		FT	AJMAL	H	ASST PROFE SSOR	03/10/2017	Regular	N	M.PH ARM	B.PH ARAM			ALTP H3395K	400000	Vth Pay scale
8	1-3581691157	PHARMACY	PHARMACY		FT	JISHA	PRE MS	ASST PROFE SSOR	01/07/2017	Regular	N	M.PH ARM	B.PH ARM			BMX PP5882K	480000	Vth Pay scale
9	1-3581691476	PHARMACY	PHARMACEUTICS		FT	JIJI	JOS E	ASSOCI ATE PROFE SSOR	27/05/2017	Regular	Y	M.PH ARM	B.PH ARM			AJYP J4720B	600000	Vth Pay scale

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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10	1-3581876790	PHARMACY	PHARMACY		FT	TINA	RAJU	ASST PROFESSOR	26/09/2017	Regular	N	M.PHARM	B.PHARM			BWH PR6348N	336000	Vth Pay scale
11	1-4338343604	PHARMACY	PHARMACY		FT	RONALD	PETER	ASST PROFESSOR	26/07/2018	Regular	N	M PHARM	B PHARM			CFTP P0170E	241500	Vth Pay scale
12	1-4339432421	PHARMACY	PHARMACY		FT	RAJESH	R S	ASSOCIATE PROFESSOR	27/08/2018	Regular	N	M PHARM	B PHARM			AUX PR9170M	342650	Vth Pay scale
13	1-4342266483	PHARMACY	PHARMACY		FT	SANIL	KUMAR	PROFESSOR	01/01/2019	Adhoc	Y	M PHARM	B PHARM	0		AMD PP9293P	60000	Vth Pay scale
14	1-4344927004	PHARMACY	PHARMACY		FT	T K	DEEPAK	ASST PROFESSOR	14/08/2018	Regular	N	M PHARM	B PHARM			ATIP T8988K	193200	Vth Pay scale
15	1-4846986329	PHARMACY	PHARMACY		FT	YOGITHA	SHARATH	LECTURER	21/10/2017	Regular	N	M SC BIOTECHNOLOGY	B.SC. MICROBIOLOGY			DOX PS2038G	165000	Consolidated

### Adjunct Faculty/Resource Person from Industry Details

Sr. No.	Faculty ID	Type	First Name	Surname	Programme	Course
1	1-4936898456	Adjunct	SURESH	P S	PHARMACY	PHARMACY

### Technical Staff

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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Sr. No.	Technical Staff Id	Program	Course	Level	First Name	Surname	Date of joining the Institute	Master Degree	Bachelor Degree	Diploma	Other Qualification
1	1-2896777384	PHARMACY	FIRST YEAR/OTHER	UNDER GRADUATE	JEESMON	MATHEW	04/01/2016		B.SC.MA THS		

### 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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## Application Report - Part 2



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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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