



# All India Council for Technical Education

(A Statutory body under Ministry of HRD, Govt. of India)

Nelson Mandela Marg Vasant Kunj, New Delhi-110067

PHONE: 23724151/52/53/54/55/56/57 FAX: 011-23724183 [www.aicte-India.org](http://www.aicte-India.org)

F.No. South-Central/1-3325660556/2017/EOA/Corrigendum-1

Date: 02-May-2017

## Corrigendum

To,  
The Principal Secretary  
(Higher Education) Govt. of Telangana,  
D Block, 117 Telangana Secretariat,  
Hyderabad

Sub: Extension of approval for the academic year 2017-18.

Ref: Application of the Institution for Extension of Approval for the Year 2017-18

EOA Issued on F.No. South-Central/1-3325660556/2017/EOA 10-Apr-2017

Corrigendum 1 F.No. South-Central/1-3325660556/2017/EOA/Corrigendum 02-May-2017

Sir/Madam,

In partial modification of the letter F.No. South-Central/1-3325660556/2017/EOA and in terms of the provisions under the All India Council for Technical Education (Grant of Approvals for Technical Institutions) Regulations 2016 notified by the Council vide notification number F.No.AB/AICTE/REG/2016 dated 30/11/2016 and norms standards, procedures and conditions prescribed by the Council from time to time, I am directed to convey the approval to

Permanent Id	1-2647031	Application Id	1-3325660556
Name of the Institute	SWAMI RAMANANDA TIRTHA INSTITUTE OF PHARMACEUTICAL SCIENCES,	Institute Address	RAMANANDA NAGAR, CHERLA GOURARAM (V) SLBC (POST) NALGONDA PIN - 508 004 AP, NALGONDA, NALGONDA, Telangana, 508004
Name of the Society/Trust	SWAMI RAMANANDATIRTHA EDUCATIONAL SOCIETY	Society/Trust Address	RAMANANDA NAGAR, SLBC POST, CHERLAGOWRARAM VILLAGE, NALGONDA, NALGONDA, Andhra Pradesh, 508004
Institute Type	Unaided - Private	Region	South-Central

Opted for change from Women to Co-ed and Vice versa	No	Opted for change of name	No	Opted for change of site	No
Change from Women to Co-ed approved and Vice versa	Not Applicable	Change of name Approved	Not Applicable	Change of site Approved	Not Applicable
Opted for Conversion from degree to diploma	No	Opted for Conversion from diploma to degree	No	Conversion (degree to diploma or vice-versa) Approved	Not Applicable



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To conduct following courses with the intake indicated below for the academic year 2017-18

Application Id: 1-3325660556			Course	Full/Part Time	Affiliating Body	Intake Approved for 2016-17	Intake Approved for 2017-18	NRI Approval status	PIO / FN / Gulf quota/ OCI/ Approval status	Foreign Collaboration/Twining Program Approval status*
Program	Shift	Level								
PHARMACY	1st Shift	POST GRADUATE	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	FULL TIME	Jawaharlal Nehru Technological University, Hyderabad	15	15	NA	NA	NA
PHARMACY	1st Shift	POST GRADUATE	PHARMACEUTICS	FULL TIME	Jawaharlal Nehru Technological University, Hyderabad	15	15	NA	NA	NA
PHARMACY	1st Shift	POST GRADUATE	PHARMACOLOGY	FULL TIME	Jawaharlal Nehru Technological University, Hyderabad	15	15	NA	NA	NA
PHARMACY	1st Shift	UNDER GRADUATE	PHARMACY	FULL TIME	Jawaharlal Nehru Technological University, Hyderabad	100	100	NA	NA	NA

\*Corrigendum for- 1. Closure of Course

The above mentioned approval is subject to the condition that SWAMI RAMANANDA TIRTHA INSTITUTE OF PHARMACEUTICAL SCIENCES, shall follow and adhere to the Regulations, guidelines and directions issued by AICTE from time to time and the undertaking / affidavit given by the institution along with the application submitted by the institution on portal.

Course(s) Applied for Closure by the Institute for the AY 2017-18:

Application Id: 1-3325660556			Name of the Course	Full/Part Time	Affiliating Body	Course Closure Status
Program	Shift	Level				
PHARMACY	1st Shift	POST GRADUATE	INDUSTRIAL PHARMACY : (Last Approved Intake 0)	FULL TIME	Jawaharlal Nehru Technological University, Hyderabad	Approved
PHARMA	1st Shift	POST GRADUATE	PHARMACEUTICAL	FULL TIME	Jawaharlal Nehru	Approved



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CY		E	TECHNOLOGY : (Last Approved Intake 0)		Technological University, Hyderabad	
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In case of any differences in content in this Computer generated Extension of Approval Letter, the content/information as approved by the Executive Council / General Council as available on the record of AICTE shall be final and binding.

Strict compliance of Anti-Ragging Regulation:- Approval is subject to strict compliance of provisions made in AICTE Regulation notified vide F. No. 37-3/Legal/AICTE/2009 dated July 1, 2009 for Prevention and Prohibition of Ragging in Technical Institutions. In case Institution fails to take adequate steps to Prevent Ragging or fails to act in accordance with AICTE Regulation or fails to punish perpetrators or incidents of Ragging, it will be liable to take any action as defined under clause 9(4) of the said Regulation.

**Note: Validity of the course details may be verified at [www.aicte-india.org](http://www.aicte-india.org)**

**Prof. Alok Prakash Mittal**  
**Member Secretary, AICTE**

Copy to:

- 1. The Regional Officer,**  
All India Council for Technical Education  
  
First Floor, old BICARD Building  
Jawaharlal Nehru Technological University  
Masab Tank, Hyderabad-500076
- 2. The Director Of Technical Education\*\*,**  
Telangana
- 3. The Principal / Director,**  
SWAMI RAMANANDA TIRTHA INSTITUTE OF PHARMACEUTICAL SCIENCES,  
RAMANANDA NAGAR,  
CHERLA GOURARAM (V)  
SLBC (POST)  
NALGONDA  
PIN - 508 004  
AP,  
NALGONDA, NALGONDA,  
Telangana, 508004
- 4. The Secretary / Chairman,**  
SWAMI RAMANANDATIRTHA EDUCATIONAL SOCIETY  
RAMANANDA NAGAR, SLBC POST, CHERLAGOWRARAM VILLAGE , NALGONDA,  
NALGONDA, NALGONDA,  
Andhra Pradesh, 508004
- 5. Guard File(AICTE)**

**Note: \*\* - Approval letter copy will not be communicated through post/email. However, provision is made in the portal for downloading Approval letter through Authorized login credentials allotted to concerned**



# **All India Council for Technical Education**

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**DTE/Registrar.**

# Application Deficiency Report

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

Report Generated on :-22/02/2017



## All India Council for Technical Education

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### DEFICIENCY REPORT AS PER CURRENT INTAKE (Applicable for existing institutes only)

Regional office	South-Central
Application Id	1-3325660556
Permanent Id	1-2647031
Name of the Institute	SWAMI RAMANANDA TIRTHA INSTITUTE OF PHARMACEUTICAL SCIENCES,
Address	RAMANANDA NAGAR, CHERLA GOURARAM (V) SLBC (POST) NALGONDA PIN - 508 004 AP
City/Village	NALGONDA
District	NALGONDA
State	Telangana
Pin	508004

Overall Deficiency of Institute:	No
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Designation	Name	Qualification	Appointment type	PhD
Principal/Director	NAGULU MALOTHU	B.PHARMACY, M.PHARMACY,	Regular	Yes

Date of Signature  
(dd/mm/yyyy)

Seal of Institute

Name & signature of Director /Principal

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

# Application Deficiency Report

**Application Status:** Submitted  
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### Other Details

Details of Requirement	Status provided by the Institute	Deficiency
List of faculty and data uploaded on the institute web portal	Yes	No
Are all approved teaching faculty being paid as per VI pay commission?	Yes	No
Whether Institute is operating from Permanent Site/ Temporary Site?	Permanent Site	No
Fees to be charged, Reservation policy, Admission policy and Document retention policy are uploaded in Institute's Website?	Yes	No
Courses/Approved Intake displayed at the entrance of the institute?	Yes	No

### Anti-Ragging Related Deficiency Status

Details of Requirement	Status provided by the Institute	Deficiency
Constitution of Anti-Ragging Committee	Yes	No
Constitution of Anti-Ragging Squad	Yes	No
Undertaking obtained from all Students	Yes	No
Appointment of Counselors	Yes	No
Undertaking obtained from parents of all the students	Yes	No
Undertaking obtained from students staying in Hostel:	No Hostel	No
Undertaking obtained from parents of students staying in Hostel	No Hostel	No

### Ombudsman Related Deficiency Status

Details of Requirement	Status provided by the Institute	Deficiency
Grievance Committee	Yes	No

### Total Number of Students in Institute

Number of Students UG	460
Number of Students PG	135
Number of Students DIPLOMA	60

Date of Signature  
(dd/mm/yyyy)

Seal of Institute

Name & signature of Director /Principal

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Total Students (CI) (UG+PG+DIPLOMA)	655
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## **Faculty**

### **Institute Level Faculty**

Type	Actual number	Required number as per CI	Deficiency
Total Faculty(UG+PG+Diploma)	42	41	No
Minimum 80% Regular Faculty	42	33	No

## **Administrative Area**

Type	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
Principal / Director Office	70	20	No
Board Room	24	20	No
Office All Inclusive	150	150	No
Department Offices	27	20	No
Cabin for Head of Dept	13	10	No
Central Store	42	30	No
Maintenance	10	10	No
Housekeeping	10	10	No
Pantry for Staff/Faculty	10	10	No
Exam Control Office	48	30	No
Training Placement Office	56	50	No

## **Amenities Area**

Type	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
Boys Common Room	75	75	No
Girls Common Room	75	75	No
Cafeteria	150	150	No
Stationery Store	28	10	No

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Seal of Institute

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Type	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
First aid cum Sick Room	10	10	No

### **Computational Facilities**

Type	Available	Required	Deficiency
Internet Bandwidth	16	16	No
Printers	4	4	No
A1 size Color Printers	0	0	No
Legal Application S/W	10	10	No
Legal System S/W	1	1	No
PCs to Student ratio	80	80	No

### **Library Facilities**

Type	Available	Required	Deficiency
Volumes	6300	6300	No
Titles	650	650	No
National Journals	31	31	No
Library Management Software	1	1	No
Reading Room Capacity	150	112	No
MultiMediaPC	6	6	No

### **Instructional Area-Common Facilities**

Type	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
Computer Center	106	75	No
Library & Reading Room	150	150	No

### **Land Area Details**

Type	Actual Room Area (Acres)	Expected Room Area (Acres)	Deficiency
Total Area of Land	3.37	2	No
Maximum number of Pieces	1	1	No
Minimum per Piece of Area	3.37	2	No

### **PHARMACY / Existing Programme**

Type	Level	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
Class Room- Tutorial Room	UNDER GRADUATE	676	462	No
Tutorial Rooms - PG	POST GRADUATE	274	99	No
Laboratories-All	UG/PG	1887	1095	No
Seminar Hall	UG/PG	156	132	No

Date of Signature  
(dd/mm/yyyy)

Seal of Institute

Name & signature of Director /Principal

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



# Application Deficiency Report

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

Report Generated on :-22/02/2017

XX- No Rooms Available

DNA- Data Not Available / Insufficient Data

Blank Field-Data Not Entered

\* Laboratories required and Actual Number includes Total Number of Laboratories, Research Laboratories, and Additional WS/Labs for UG and PG courses, as applicable

^ Actual Number of Tutorial Rooms for Under Graduate includes the Number of Tutorial Rooms Available for PG, if applicable

\*\* Actual Number of Guest Rooms for Under Graduate includes the Actual Number of Guest Rooms Available for PG, if applicable

\*\*\* Actual Number of Kitchen for Under Graduate includes the Actual Number of Kitchen Available for PG, if applicable

**Other Facilities**

Type	Availability	Deficiency
<b>All Weather Approach (Motorised Road)</b>	Yes	No
<b>Barrier free Environment</b>	Yes	No
<b>Electric Supply</b>	Yes	No
<b>General Insurance</b>	Yes	No
<b>Institution Web Site</b>	Yes	No
<b>Standalone Language Laboratory</b>	Yes	No
<b>Medical &amp; Counseling</b>	Yes	No
<b>Notice Boards</b>	Yes	No
<b>Potable Water Supply</b>	Yes	No
<b>Safety Provisions</b>	Yes	No
<b>Sewage Disposal System</b>	Yes	No
<b>Telephone &amp; FAX</b>	Yes	No
<b>Vehicle Parking</b>	Yes	No
<b>First Aid</b>	Yes	No
<b>Appointment of Student Counsellor</b>	Yes	No

Date of Signature  
(dd/mm/yyyy)

Seal of Institute

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Type	Availability	Deficiency
Establishment of Anti Ragging committee	Yes	No
Establishment of committee for SC/ST	Yes	No
Establishment of Internal Complaint Committee(ICC) As per section 4 of SexualHarassment of Women at Workplace (Prevention, Prohibition and Redressal) Act,2013	Yes	No
Establishment of Grievance Redressal Committee in the Institute and Appointment of OMBUDSMAN by the University	Yes	No
Digital Payment for all Financial Transactions as per MHRD Directives	Yes	No
Compliance of the National Academic Depository(NAD) as per MHRD Directives	Yes	No
Display Board within the premises as well as in the Website of the Institution Indicating the Feedback Facility of Students and Faculty Available in the AICTE Web Portal	Yes	No
Implementing Food Safety and Standard Act,2006 in the Institution	Yes	No
Copies of AICTE Approvals (LOA and EOA of subsequent years)obtained since Inception of Institution till date shall be placed in the Website of the Institution	Yes	No
Provision to watch MOOCS Courses through Swayam	Yes	No
Implementation ofUnnat Bharat Abhiyan	Yes	No
Institution-Industry Cell	Yes	No
Group Insurance for Employees	Yes	No
Insurance for Students	Yes	No

Date of Signature  
(dd/mm/yyyy)

Seal of Institute

Name & signature of Director /Principal

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# Application Deficiency Report

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Type	Availability	Deficiency
Applied membership-National Digital Library	Yes	No

## DEFICIENCY REPORT AS PER INTAKE APPLIED FOR YEAR 2017-2018

### Computational Facilities

Type	Available	Required	Deficiency
Internet Bandwidth-Applied Intake	16	16	No
Printers-Applied Intake	4	4	No
A1 size Color Printers-Applied Intake	0	0	No
Legal Application S/W-Applied Intake	10	10	No
Legal System S/W-Applied Intake	1	1	No
PCs to Student ratio-Applied Intake	80	70	No

### Library Facilities

Type	Available	Required	Deficiency
Volumes	6300	6300	No
Titles	650	650	No
National Journals	31	31	No
Library Management Software	1	1	No
Reading Room Capacity	150	89	No
MultiMediaPC	6	6	No

### Instructional Area

#### PHARMACY / Existing Programme

Type	Level	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
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\* Laboratories required and Actual Number includes Total Number of Laboratories, Research Laboratories, and Additional WS/Labs for UG and PG courses, as applicable

Date of Signature  
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Seal of Institute

Name & signature of Director /Principal

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\*\* Actual Number of Guest Rooms for Under Graduate includes the Actual Number of Guest Rooms Available for PG, if applicable

\*\*\* Actual Number of Kitchen for Under Graduate includes the Actual Number of Kitchen Available for PG, if applicable

Date of Signature  
(dd/mm/yyyy)

Seal of Institute

Name & signature of Director /Principal

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# Application Deficiency Report

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Report Generated on :-22/02/2017

## **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 Notification dated on 30th November, 2016, published in the Gazette of India - Extraordinary Part III, Section- 4 and also the various provisions mentioned in the Approval Process Hand Book 2017-18.
- 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 of correction for 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, Dual Degree course, Integrated Course, 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 2017-18.
- 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/Gulf Quota Approval Status/OCI, NRI, Change of name, Dual Degree course, Integrated course, 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 2017-18.

(Principal/Director)

Date of Signature  
(dd/mm/yyyy)

Seal of Institute

Name & signature of Director /Principal

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# Application Report - Part 1

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Report Generated on :-22/02/2017



## All India Council for Technical Education

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

#### 1 Setting up new Institutes (Refer annexure 16)

**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 16	Page number (3 digits)
---------------------------	---------------------	-----------------	-----------------------------	------------------------

E.g. consider numbering an affidavit (comprising of 2 pages), which is sr. no. 2 in annexure 16,

<b>WRO</b>	<b>1-11234567</b>	<b>16.1</b>	<b>02</b>	<b>001</b>
<b>WRO</b>	<b>1-11234567</b>	<b>16.1</b>	<b>02</b>	<b>002</b>

The number so generated **WRO1-1123456716.1002001** 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	6	.	1	0	0	2	0	0	1
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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.

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

Please submit the hard copy of this Report to Regional Officer only if Application status is "Submitted" and Application Substatus is "Payment Received" / "Payment Not Applicable"

Page 1 of 26

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

# Application Report - Part 1

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

Report Generated on :-22/02/2017



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

Region - WRO		Application ID : 1-11234567	
Annexure Number	Sr number as in annexure 17 (2 digits)of documents which are being submitted now	Page number (3 digits)	
From	To		
16.10	02	001	002
16.10	03	001	005

## 2 Guidelines on submission of documents along with print copy of application/s for approvals (Refer annexure 17)

- 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 PIO/FN/Gulf quota Approval status/OCI
- Introducing / Continuing / Discontinuing seats for sons/daughters of NRIs
- Change of name of the Institute
- Conversion of Women's Institution into Co-Ed Institution and Vice-versa
- Introducing a Twining 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,

Your Regional office code	Your Application Id	Annexure Number	Sr number as in annexure 17	Page number (3 digits)
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Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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Page 2 of 26

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# Application Report - Part 1

**Application Status:** Submitted  
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Report Generated on :-22/02/2017

e.g. consider numbering an affidavit (comprising of 2 pages), which is sr. no. 2 in annexure 18.1,

<b>WRO</b>	<b>1-11234567</b>	<b>17.10</b>	<b>02</b>	<b>001</b>
<b>WRO</b>	<b>1-11234567</b>	<b>17.10</b>	<b>02</b>	<b>002</b>

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

<b>W</b>	<b>R</b>	<b>O</b>	<b>1</b>	<b>-</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>1</b>	<b>7</b>	<b>.</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>
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Provide index page on top of set of documents as follows,

Region - WRO		Application ID : 1-11234567	
Annexure Number	Sr number as in annexure 18 (2 digits) of documents which are being submitted now	Page number (3 digits)	
From	To		
17.10	02	001	002
17.10	03	001	005

Regional Office codes :

Eastern	ERO		North-West	NWR		South Central	SCR		South-West	SWR
Northern	NRO		Central	CRO		Guwahati Camp Office	ERO		Southern	SRO
Western	WRO									

### Important Note for Payments:

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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# Application Report - Part 1

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- 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 this 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 in 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.

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

Please submit the hard copy of this Report to Regional Officer only if Application status is "Submitted" and Application Substatus is "Payment Received" / "Payment Not Applicable"

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

# Application Report - Part 1

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

Report Generated on :-22/02/2017

Permanent Institute Id	1-2647031
Current Application Number	1-3325660556
Application Number of 2016-2017	1-2812849764
AICTE File No.	NEW
Application Type	Extension-Expansion-Closure
Do you want to change the Affiliating University/Board	No

## Institute Details

Description	Details provided by Institute
Name of the Institution	SWAMI RAMANANDA TIRTHA INSTITUTE OF PHARMACEUTICAL SCIENCES,
Address	RAMANANDA NAGAR, CHERLA GOURARAM (V) SLBC (POST) NALGONDA PIN - 508 004 AP
Town/Village	NALGONDA
State/UT	Telangana
District	NALGONDA
Pin	508004
AICTE Region	South-Central
STD code	8682
Land Phone number	230272
Cell Number	9642471444
FAX Number	221637
Email	srtipnalgonda@gmail.com
Alternate Email	pryarala@rediffmail.com
Website	www.srtips.co.in
Institute Type	Unaided - Private
Women Only Institute	No
Minority Institute	No
Type Of Minority	Data Not Provided by the Institute
Name of the Minority	NA
PAN	AADTS8364A
Primary Bank Account number	62045486031
Bank Name	SATE BANK OF HYDERABAD, PRAKASHAM BAZAR, NALGONDA
IFSC Number	SBHY0020819
Any Unaided Course(In case of Government Aided Institute)	No

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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## Application Report - Part 1

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

Report Generated on :-22/02/2017

Approval Year of First Course	2007
Date of First Approval by AICTE	17/09/2007
Number of teaching faculty approved by University/Government?:	23
Are all approved teaching faculty being paid as per VI pay commission?:	Yes
Are all the teaching faculty, as per AICTE qualification?:	Yes
Do you wish to apply closure of Institute?:	No
Type of Institute Closure Requested:	
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
Courses/Approved Intake displayed at the entrance of the Institute?:	Yes
Is the Cafeteria shared among other institutes?:	No
Is Library and Reading Room shared among other institutes?:	No
Is the Computer Centre shared among other institutes?:	No

### EOA/NBA/Autonomy Questions

Do you wish to apply for "Only Extension of Approval (EOA) for 2017-18"?	No
Do you have Autonomous Status (Academic Autonomy) as conferred by the Affiliating University?	No
Autonomy Issued Date:	Not Applicable
Autonomy Expiry Date:	Not Applicable

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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# Application Report - Part 1

**Application Status:** Submitted  
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Autonomy Conferred by	Not Applicable
Order of Conferment	Not Applicable
Do you have a valid NBA Accreditation? (Course should be accredited by NBA and Validity of Accredited Courses should be on or after 10-Apr-2017)	No
No of courses against which valid NBA Accreditation is present	0
Do you wish to apply for Conversion from Diploma to Degree or Vice-Versa?:	No
Do you wish to apply for Merger of Courses?:	No
Do you wish to apply for Restoration? (Applicable ONLY to the Institutes where EoA for 2016-17 granted with Punitive Action. No Admission issued Institutes need not have to answer this question.):	No
Do you wish to add New Course at Diploma level under existing UG Pharmacy Program or Vice-Versa?:	No

## Application Details

Change of Institute Site	No
Increase in Intake / Application for New Course	No
Closure of Course / Reduction in Intake	No
PIO/FN/Gulf quota Approval status/OCI	No
NRI	No
Change of name of the Institute	No
Old Name of the Institute	Not Applicable
New Institute Name	Not Applicable
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

Sr. No.	Payment Id (1)	Mode of Payment (2)	Bank Transaction Id (3)	TPSL Transaction Id (4)	Receipt Flag (5)	Part Payment Amount (6)	Total Amount (7)	Transaction Date (8)
1	421189694	CIB/Retail Banking(Other Bank)	CH55466210	296953312	Y	100000	100000	09/02/2017

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

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# Application Report - Part 1

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

Report Generated on :-22/02/2017

## Details about Parent Organization

Name of the Parent organization	SWAMI RAMANANDATIRTHA EDUCATIONAL SOCIETY
Address	RAMANANDA NAGAR, SLBC POST, CHERLAGOWRARAM VILLAGE , NALGONDA
Town/Village	NALGONDA
State/UT	Andhra Pradesh
District	NALGONDA
Pin Code	508004
Website	www.srtes.org
Type of the organization	Society
Registered with	REGISTRAR OF SOCIETIES
Registration date	05/06/1992

## Details about Contact Person

Title	Mr.
First Name	ARAVINDER REDDY
Last Name	VEMIREDDY
Address (Plot No, Street etc.)	6-5-164, RAVINDRA NAGAR, NALGONDA
Town/Village	NALGONDA
State/UT	Telangana
District	NALGONDA
Pin Code	508001
Designation	CHAIRMAN/ CORRESPONDENT
STD Code	8682
Land Phone Number	230271
Cell Number	9642471444
FAX Number	230274
Email	pryarala@rediffmail.com
Alternate Cell Number	9703063888
Alternate Email Address	srtipnalgonda@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	NA
Land Piece Area 1 in acres	3.37
Land Piece Area 2 in acres	Not Applicable
Land Piece Area 3 in acres	Not Applicable

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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# Application Report - Part 1

**Application Status:** Submitted  
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Report Generated on :-22/02/2017

Latitude and Longitude	Latitude - 79, 15, 12 Longitude - 16, 58, 56
Total area in acres	3.37
Land registered with	SUB REGISTRAR OFFICE , NALGONDA
Land registration date	01/04/1996
Land Use Certificate issued by	Mandal Revenue Officer , kangal ( m ) , nalgonda ( dist)
Land Use Certificate date	20/02/2010
Land ownership details	Registered Sale Deed
Mortgage details(if any)	Yes
Purpose of mortgage	

## Land Details (Contd)

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	3795/1996	18/07/1996	1.05	236/A	236	cherlago wraram(v), kangal(m)	swami ramananda tirtha educational society,hyd	Ownership	Yes	MRO KANAGAL
2	1779/1996	01/04/1996	2.32	235	235	Cherlago wraram(v),kangal(m)	Swami ramananda tirtha educational society , hyd	Ownership	Yes	MRO KANGAL

## 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	Yes	STATE BANK OF HYDERABAD	2	3.37
2	Yes	STATE BANK OF HYDERABAD	2	3.37

## Building Details

Building status	Available
Total built up area planned (Sq.mts)	6700
Total built up area ready (Sq.mts)	6610
Total Instructional area (carpet area) ready in (Sq.mts)	3380.5

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

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# Application Report - Part 1

**Application Status:** Submitted  
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Total Administrative area (carpet area) ready in (Sq.mts)	598
Total Amenities area (carpet area) ready in (Sq.mts)	470
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	SRT IPS	6700	6610	4500	4213	1000	799	500	470

## Building Details (Contd)

Sr Num	Total Area Approved (Sq.mts.) (11)	Total Area Constructed (Sq.mts.) (12)	Activities Conducted in the Building (13)	Non AICTE approved courses run in the Building (if Any)(14)	Name of the Building Plan Approving Authority (15)	Building Plan Approval Date (16)	Approval Number(17)
1	6610	6480	CLASS WORK, LABORATORY WORK	NO	SARPANCH, VILL: CHERLAGOWRARAM, KANAGAL(Mandal), Nalgonda(Dist)	01/05/2007	1/2007

## Programme and courses

Sr. No.	Course Unique Id(1)	Program me (2)	Level (3)	Course (4)	Shift (5)	FT/PT (6)	Started In (7)	Applying For(8)	Course duration (9)
1	1-2182934243	PHARMACY	DIPL OMA	PHAR MACY	2nd Shift	FULL TIME	2014	Closure of course	2
2	1-2182974640	PHARMACY	POST GRA DUATE	PHAR MACE UTICAL TECHNOLOGY	1st Shift	FULL TIME	2014	Closure Pending	2

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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## Application Report - Part 1

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3	1-2182974978	PHARMACY	POST GRADUATE	INDUSTRIAL PHARMACY	1st Shift	FULL TIME	2014	Closure Pending	2
4	1-1484428334	PHARMACY	POST GRADUATE	PHARMACOLOG	1st Shift	FULL TIME	2011	EoA Only	2
5	1-1484428337	PHARMACY	UNDER GRADUATE	PHARMACY	1st Shift	FULL TIME	2007	EoA Only	4
6	1-1484428339	PHARMACY	POST GRADUATE	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	1st Shift	FULL TIME	2012	EoA Only	2
7	1-1484428341	PHARMACY	POST GRADUATE	PHARMACEUTICS	1st Shift	FULL TIME	2012	EoA Only	2

### Programme and courses (Contd)

Sr. No.	Course Unique Id (10)	Programme (11)	Course (12)	Current intake (16-17) (13)	Applied for intake (17-18) (14)	University / Board(15)	NRI (16)	PIO / FN / Gulf quota Approval status OCI (17)	Twining Program Request (18)	NBA Accreditation status (As on 10-April-2017) (19)
1	1-2182934243	PHARMACY	PHARMACY	0	0	State Board of Technical Education and Training, Hyderabad	Not interested	Not interested	Not interested	NO
2	1-2182974640	PHARMACY	PHARMACEUTICAL TECHN	0	0	Jawaharlal Nehru Technological University,	Not interested	Not interested	Not interested	NO

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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# Application Report - Part 1

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			OLOG Y			Hyderaba d				
3	1-2182974978	PHARMA CY	INDUS TRIAL PHAR MACY	0	0	Jawaharlal Nehru Technolog ical University, Hyderaba d	Not interest ed	Not intereste d	Not intereste d	NO
4	1-1484428334	PHARMA CY	PHAR MACO LOGY	15	15	Jawaharlal Nehru Technolog ical University, Hyderaba d	Not interest ed	Not intereste d	Not intereste d	NO
5	1-1484428337	PHARMA CY	PHAR MACY	100	100	Jawaharlal Nehru Technolog ical University, Hyderaba d	Not interest ed	Not intereste d	Not intereste d	NO
6	1-1484428339	PHARMA CY	PHAR MACE UTICA L ANALY SIS AND QUALI TY ASSUR ANCE	15	15	Jawaharlal Nehru Technolog ical University, Hyderaba d	Not interest ed	Not intereste d	Not intereste d	NO
7	1-1484428341	PHARMA CY	PHAR MACE UTICS	15	15	Jawaharlal Nehru Technolog ical University, Hyderaba d	Not interest ed	Not intereste d	Not intereste d	NO

## Dual Degree/Integrated Course Details

Data not entered by Institute

## Dual Degree/Integrated Course Details(Contd.)

Data not entered by Institute

## Instructional Area

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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## Application Report - Part 1

**Application Status:** Submitted  
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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	POST GRADUATE	1	SRTIPS	Tutorial Room	105	34.5	Ready	Ready	Ready	Ready
2	PHARMACY	POST GRADUATE	1	SRTIPS	Tutorial Rooms - PG	106	35	Ready	Ready	Ready	Ready
3	PHARMACY	POST GRADUATE	1	SRTIPS	Tutorial Rooms - PG	107	33	Ready	Ready	Ready	Ready
4	PHARMACY	POST GRADUATE	1	SRTIPS	Laboratory	108	72	Ready	Ready	Ready	Ready
5	PHARMACY	POST GRADUATE	1	SRTIPS	Research Laboratory	109	96	Ready	Ready	Ready	Ready
6	PHARMACY	POST GRADUATE	1	SRTIPS	Tutorial Rooms - PG	110	42	Ready	Ready	Ready	Ready
7	PHARMACY	UNDER GRADUATE	1	SRTIPS	Laboratory	114	130	Ready	Ready	Ready	Ready
8	PHARMACY	UNDER GRADUATE	1	SRTIPS	Laboratory	115A	26	Ready	Ready	Ready	Ready
9	PHARMACY	UNDER GRADUATE	1	SRTIPS	Laboratory	116	130	Ready	Ready	Ready	Ready
10	PHARMACY	UNDER GRADUATE	1	SRTIPS	Laboratory	117	131	Ready	Ready	Ready	Ready
11	PHARMACY	UNDER GRADUATE	1	SRTIPS	Laboratory	119,A	126	Ready	Ready	Ready	Ready

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

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## Application Report - Part 1

**Application Status:** Submitted  
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12	PHARMACY	POST GRADUATE	1	SRTIPS	Tutorial Rooms - PG	125	40	Ready	Ready	Ready	Ready
13	PHARMACY	UNDER GRADUATE	1	SRTIPS	Laboratory	126	84	Ready	Ready	Ready	Ready
14	PHARMACY	UNDER GRADUATE	1	SRTIPS	Laboratory	127	98	Ready	Ready	Ready	Ready
15	PHARMACY	UNDER GRADUATE	1	SRTIPS	Animal House	128	75	Ready	Ready	Ready	Ready
16	PHARMACY	UNDER GRADUATE	1	SRTIPS	Seminar Hall	201	156	Ready	Ready	Ready	Ready
17	PHARMACY	UNDER GRADUATE	1	SRTIPS	Laboratory	203	72	Ready	Ready	Ready	Ready
18	PHARMACY	UNDER GRADUATE	1	SRTIPS	Laboratory	204	96	Ready	Ready	Ready	Ready
19	PHARMACY	POST GRADUATE	1	SRTIPS	Tutorial Rooms - PG	208	47	Ready	Ready	Ready	Ready
20	PHARMACY	UNDER GRADUATE	1	SRTIPS	Laboratory	209	130	Ready	Ready	Ready	Ready
21	PHARMACY	UNDER GRADUATE	1	SRTIPS	Laboratory	210A,B	131	Ready	Ready	Ready	Ready
22	PHARMACY	UNDER GRADUATE	1	SRTIPS	Studio / Material Museum	211	55	Ready	Ready	Ready	Ready
23	PHARMACY	POST GRADUATE	1	SRTIPS	Laboratory	213	131	Ready	Ready	Ready	Ready

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

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## Application Report - Part 1

**Application Status:** Submitted  
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24	PHARMACY	UNDERGRADUATE	1	SRTIPS	Laboratory	215A,B	113	Ready	Ready	Ready	Ready
25	PHARMACY	POSTGRADUATE	1	SRTIPS	Tutorial Rooms - PG	218	42	Ready	Ready	Ready	Ready
26	PHARMACY	POSTGRADUATE	1	SRTIPS	Laboratory	221	84	Ready	Ready	Ready	Ready
27	PHARMACY	POSTGRADUATE	1	SRTIPS	Research Laboratory	222	84	Ready	Ready	Ready	Ready
28	PHARMACY	UNDERGRADUATE	1	SRTIPS	Tutorial Room	301	33	Ready	Ready	Ready	Ready
29	PHARMACY	UNDERGRADUATE	1	SRTIPS	Classroom	302A	90	Ready	Ready	Ready	Ready
30	PHARMACY	UNDERGRADUATE	1	SRTIPS	Classroom	302B	76	Ready	Ready	Ready	Ready
31	PHARMACY	UNDERGRADUATE	1	SRTIPS	Classroom	304A	90	Ready	Ready	Ready	Ready
32	PHARMACY	UNDERGRADUATE	1	SRTIPS	Classroom	304B	77	Ready	Ready	Ready	Ready
33	PHARMACY	UNDERGRADUATE	1	SRTIPS	Classroom	305	150	Ready	Ready	Ready	Ready
34	PHARMACY	UNDERGRADUATE	1	SRTIPS	Classroom	306	160	Ready	Ready	Ready	Ready
35	PHARMACY	POSTGRADUATE	1	SRTIPS	Laboratory	308	78	Ready	Ready	Ready	Ready

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

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# Application Report - Part 1

**Application Status:** Submitted  
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36	PHARMACY	TE POST GRADUATE	1	SRTIPS	Research Laboratory	309	75	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	SRTIPS	Computer Center	202	106	Ready	Ready	Ready	Ready
1	SRTIPS	Library&Reading Room	223A&B	150	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	1	SRTIPS	Office All Inclusive	101	150	Ready	Ready	Ready	Ready
2	1	SRTIPS	Reception Area	102	65	Ready	Ready	Ready	Ready
3	1	SRTIPS	Exam Control Office	103	48	Ready	Ready	Ready	Ready
4	1	SRTIPS	Principal Directors Office	104	40	Ready	Ready	Ready	Ready
5	1	SRTIPS	Board Room	104A	24	Ready	Ready	Ready	Ready
6	1	SRTIPS	Department Office	113A	27	Ready	Ready	Ready	Ready
7	1	SRTIPS	Principal Directors Office	113B	30	Ready	Ready	Ready	Ready
8	1	SRTIPS	Faculty Room	115B	18	Ready	Ready	Ready	Ready
9	1	SRTIPS	Faculty Room	118	18	Ready	Ready	Ready	Ready
10	1	SRTIPS	Central Store	122	42	Ready	Ready	Ready	Ready
11	1	SRTIPS	Housekeeping	124	10	Ready	Ready	Ready	Ready
12	1	SRTIPS	Pantry for Staff	129A	10	Ready	Ready	Ready	Ready
13	1	SRTIPS	Other	132	10	Ready	Ready	Ready	Ready
14	1	SRTIPS	Security	133	10	Ready	Ready	Ready	Ready
15	1	SRTIPS	Maintenance	134	10	Ready	Ready	Ready	Ready
16	1	SRTIPS	Cabin for Head of Dept	214	13	Ready	Ready	Ready	Ready
17	1	SRTIPS	Placement Office	303	56	Ready	Ready	Ready	Ready

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

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# Application Report - Part 1

**Application Status:** Submitted  
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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)
18	1	SRTIPS	Faculty Room	307	17	Ready	Ready	Ready	Ready

## 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	1	SRTIPS	Toilet	111	28	Ready	Ready	Ready	Ready
2	1	SRTIPS	Stationery Store	112	28	Ready	Ready	Ready	Ready
3	1	SRTIPS	Toilet	123	28	Ready	Ready	Ready	Ready
4	1	SRTIPS	Cafeteria	129	150	Ready	Ready	Ready	Ready
5	1	SRTIPS	Guest House	130	20	Ready	Ready	Ready	Ready
6	1	SRTIPS	First aid cum Sick Room	131	10	Ready	Ready	Ready	Ready
7	1	SRTIPS	Boys Common Room	205	75	Ready	Ready	Ready	Ready
8	1	SRTIPS	Toilet	207	28	Ready	Ready	Ready	Ready
9	1	SRTIPS	Toilet	219	28	Ready	Ready	Ready	Ready
10	1	SRTIPS	Girls Common Room	220	75	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	1	SRTIPS	Corridors	950	Yes	Ready	Ready	Ready	Y
2	1	SRTIPS	Other Common Area (in Sq m)	365	Yes	Ready	Ready	Ready	Y

## Other Facilities

All Weather Approach (Motorized Road)	YES
Backup Electric Supply	YES
Barrier free Environment	YES
CCTV Security	NO
ERP Software	YES
Electric Supply	YES

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

Please submit the hard copy of this Report to Regional Officer only if Application status is "Submitted" and Application Substatus is "Payment Received" / "Payment Not Applicable"

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# Application Report - Part 1

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

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General Insurance	YES
Group Insurance	YES
Institution Web Site	YES
Insurance for Students	YES
Stand Alone Language Laboratory (Minimum 25 PCs/Laptop up to total intake of 1000.Further additional 25 PCs/Laptop per intake of 1000):	YES
Medical & Counseling facilities	YES
Notice Boards	YES
Public Announcement System	YES
Potable Water Supply	YES
Post & Banking/ATM	NO
Projectors in Classrooms	YES
Safety Provisions including fire and other calamities	YES
Sewage Disposal System	YES
Staff Quarters	NO
Telephone & FAX	YES
Transport Facility	YES
Vehicle Parking Facility	YES
First Aid Facility	YES
Rain Water Harvesting	NO
Solar Power Systems	NO
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
Digital Payment for all Financial Transactions as per MHRD Directives:	YES
Compliance of the National Academic Depository(NAD) as per MHRD Directives:	YES
Display Board within the premises as well as in the Website of the Institution Indicating the Feedback Facility of Students and Faculty Available in the AICTE Web Portal:	YES
Implementing Food Safety and Standard Act,2006 in the Institution:	YES
Copies of AICTE Approvals (LOA and EOA of subsequent years)obtained since Inception of Institution till date shall be placed in the Website of the Institution:	YES
Provision to watch MOOCS Courses through Swayam:	YES
Implementation of Unnat Bharath Abhiyan:	YES
Institution-Industry Cell:	YES
Applied for	YES

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

Please submit the hard copy of this Report to Regional Officer only if Application status is "Submitted" and Application Substatus is "Payment Received" / "Payment Not Applicable"

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

# Application Report - Part 1

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

Report Generated on :-22/02/2017

**Membership of National Digital Library:**

## 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 till Date (in Rs) (9)	Research Lab? (10)
1	PHARMACY	POST GRADUATE	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	1	SRTIPS	PHARMACEUTICAL ANALYSIS LAB	200000	100000	400000	No
2	PHARMACY	POST GRADUATE	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	1	SRTIPS	PHARMACEUTICAL ANALYSIS RESEARCH LABORATORY	200000	150000	250000	Yes
3	PHARMACY	UNDER GRADUATE	PHARMACY	1	SRTIPS	PHARMACEUTICAL CHEMISTRY	300000	300000	400000	No
4	PHARMACY	UNDER GRADUATE	PHARMACY	1	SRTIPS	PHARMACEUTICS	150000	100000	150000	No
5	PHARMACY	POST GRADUATE	PHARMACEUTICS	1	SRTIPS	PHARMACEUTICS LAB	200000	100000	400000	No
6	PHARMACY	POST GRADUATE	PHARMACEUTICS	1	SRTIPS	PHARMACEUTICS RESEARCH LAB	150000	150000	200000	Yes
7	PHARMACY	UNDER GRADUATE	PHARMACY	1	SRTIPS	PHARMACOLOGY	100000	50000	80000	No

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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# Application Report - Part 1

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

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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 till Date (in Rs) (9)	Research Lab? (10)
8	PHARMACY	POST GRADUATE	PHARMACOLOGY	1	SRTIPS	PHARMACOLOGICAL RESEARCH LAB	400000	200000	400000	No
9	PHARMACY	UNDER GRADUATE	PHARMACY	1	SRTIPS	PHARMACOLOGY	200000	150000	200000	No
10	PHARMACY	POST GRADUATE	PHARMACOLOGY	1	SRTIPS	PHARMACOLOGY PG LABORATORY	100000	100000	150000	Yes
11	PHARMACY	UNDER GRADUATE	PHARMACY	1	SRTIPS	PHARMACEUTICAL ANALYSIS	300000	200000	300000	No

## Library Books

Program me (1)	Titles (2)	Volumes(3)	International Journals (4)	National Journals (5)	Number of e-Book Titles (6)	Number of e-Book Volumes (7)
PHARMACY	650	6300	28	31	0	0

## Library Facilities

Working Hrs. (1)	E journal Subscription (2)	Annual Budget (in Rs)(3)	Area in Sqm(4)	Library Management Software(5)	Bar Code or RF Tab book handling (6)	Reprographic Facility(7)	Reading Room Capacity (Number of Students)(8)
8.30 AM -5.30	DELNET	350000	150	Yes	No	Y	150

e-Journal Declaration	Status of declaration check box
BY CLICKING THIS CHECK BOX THE INSTITUTE HEREBY DECLARES THAT IT HAS SUBSCRIBED FOR ALL THE REQUIRED E-JOURNALS AS MENTIONED IN APPROVAL PROCESS HANDBOOK2017-2018.	Yes

## Computational Facility

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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# Application Report - Part 1

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Legal System Software (1)	Legal Application Software (2)	Internet Bandwidth in Mbps(3)	Internet Contention 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)
1	10	16	1:1	80	2	6	35	6	4

## Hostel Facility

Data not entered by Institute

## Operational Funds

Bank Name(1)	Account Number(2)	Bank Statement Date(3)	Cash Balance(4)
STATE BANK OF HYDERABAD	62045486031	05/02/2015	81718

## Financial Details (in Rs)

Funds/ Grants from Central Government	0
Funds/ Grants from State Government	0
Funds/ Grants from Student Fees	18766000
Funds/ Grants from Donations	0
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	14000000
Remuneration to Visiting/Guest Faculty	70000
Salary to Non-teaching Staff:	2600000
Library (Investments)	400000
Equipment (Investments)	1000000
Building Maintenance Expenses	100000
Other Expenditure (if any)	550000

## 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

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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# Application Report - Part 1

**Application Status:** Submitted  
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Company/Industry Year of Registration:	Not Applicable
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### Funds/Grants Received Details

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	OMBU DSMAN	Proc.No.UAA C/Omb- GRC/2014	08/01/2014	Prof. B.C.Jinaga	Former rector	JNTUH, KUKAT PALLY, HYDER ABAD	PRINCIPAL	4032422 253	pa2regist rar@jntu h.ac.in	402315866 5
2	Grievan ce Redres sal	Proc.No.UAA C/Omb- GRC/2014	08/01/2014	Chairman- E Saibaba Reddy	Rector, JNTUH	JNTUH, KUKAT PALLY , HYDER ABD- 500085	PRINCIPAL	9866853 636	esreddy1 101@ya hoo.co.in	402315866 5
3	Grievan ce Redres sal	Proc.No.UAA C/Omb- GRC/2014	08/01/2014	Member- Dr.K.Vijay Kumar Reddy	Director, Academic planning, JNTUH	JNTUH, KUKAT PALLY, HYDER ABAD	PRINCIPAL	9866953 636	gorti_gk @yadoo. co.in	402315866 5
4	Grievan ce Redres sal	Proc.No.UAA C/Omb- GRC/2014	08/01/2014	Secretary - Dr.A.Dam odaram	Director, AAC,JNT UH	DAAC,II nd Floor, Admin block , JNTUH, KUKAT PALLY- 85	PRINCIPAL	4032414 600	director u aacjntu h @gmail. com	402315001 0
5	Grievan ce Redres sal	Proc.No.UAA C/Omb- GRC/2014	08/01/2014	Member- Dr. B.Anjaney aprasad	Professor MEC, JNTUH	JNTUH, KUKAT PALLY, HYDER ABAD	PRINCIPAL	9441124 725	baprasad jntu@gm ail.com	
6	Grievan ce Redres sal	Proc.No.UAA C/Omb- GRC/2014	08/01/2014	Member- Dr.M.Mad hivilatha	Professor ECC,JNT UH	JNTUH, KUKAT PALLY, HYDER ABD	PRINCIPAL	9848506 611	mlmakke na@yah oo.com	

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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# Application Report - Part 1

**Application Status:** Submitted  
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## 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	No Hostel
Undertaking obtained from parents of students staying in Hostel	No Hostel

## 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	SRTIPS/ARC/20	01/07/2016	DR. M .NAGULU	PRINCIPAL	SRTIPS, NALGONDA	PRINCIPAL	9703076888		srtipsprincipal@gmail.com
2	Anti-Ragging Committee	SRTIPS/ARC/20	01/07/2016	P.POLI REDDY	ASSO.PROFESSOR	SRTIPS, NALGONDA	PRINCIPAL	9640512405		polireddy004@gmail.com
3	Anti-Ragging Committee	SRTIPS/ARC/20	01/07/2016	G P R SHEKAR REDDY	LIBRARIAN	SRTIPS, NALGONDA	PRINCIPAL	9848751063		srtipslibrary@gmail.com
4	Anti-Ragging Committee	SRTIPS/ARC/20	01/07/2016	NARSIMILU	STATION HOUSE OFFICER	SHO, KANGAL POLICE STATION, NALGONDA	PRINCIPAL	9440700053		srtipsprincipal@gmail.com
5	Anti-Ragging Committee	SRTIPS/ARC/20	01/07/2016	K PRAKASH REDDY	IV B.PHARM STUDENT	HOUSING BOARD COLONY, NALGONDA	PRINCIPAL	9494854428		katta.prakashsrtips@gmail.com
6	Anti-Ragging Committee	SRTIPS/ARC/20	01/07/2016	CH AMULYA	III YEAR STUDENT	NALGONDA	PRINCIPAL	8500243259		amulya96@gmail.com
7	Anti-Ragging Committee	SRTIPS/ARC/20	01/07/2016	G Priyanka	II STUDENT	NALGONDA	PRINCIPAL	8886954765		priyanka.srtips@gmail.com

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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# Application Report - Part 1

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	tee								
8	Anti-Ragging Squad	SRTIPS/ARS/21	01/07/2016	D GOPAL REDDY	ADMINISTRATIVE OFFICER	SRTIPS, NALGONDA	PRINCIPAL	9948413882	srtipsoffice2007@gmail.com
9	Anti-Ragging Squad	SRTIPS/ARS/21	01/07/2016	B.SRIDHAR REDDY	ASSOCIATE PROFESSOR	SRTIPS, NALGONDA	PRINCIPAL	8500956111	sridharsrtips@gmail.com
10	Anti-Ragging Squad	SRTIPS/ARS/21	01/07/2016	SHAIK SHABBEER	ASSOCIATE PROFESSOR	SRTIPS, NALGONDA	PRINCIPAL	9985294696	shkshabbeer@yahoo.com

## Renewable Energy Installation Details/Conservation of Energy

<b>Total land available (in Sq. mts.)</b>	13152.336037
<b>No. of buildings with roof tops</b>	2
<b>Annual electricity consumption (No. of units) during previous financial year</b>	60577
<b>Electricity Bill-Average rate per unit paid during previous financial year (Rs. / unit) &amp; Number of units used</b>	9.85
<b>Renewable Energy, if any, used at present</b>	No
<b>Renewable Energy Type(solar/Wind/Tidal/etc)</b>	Data Not Provided by the Institute
<b>Land available for placing solar photovoltaic panels (in sq. mts.)</b>	0
<b>Total approximate roof- top area available for placing solar photovoltaic panel (in sq.mts.)</b>	1300
<b>Whether a policy has been adopted to use only LED lamps ?</b>	Yes
<b>Remarks</b>	Data Not Provided by the Institute

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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# Application Report - Part 1

**Application Status:** Submitted  
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Report Generated on :-22/02/2017

## 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 Notification dated on 30th November, 2016, published in the Gazette of India - Extraordinary Part III, Section- 4 and also the various provisions mentioned in the Approval Process Hand Book 2017-18.

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 2017-18.

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/Gulf quota Approval status/OCI, 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 2017-18

(Principal/Director)

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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# Application Report - Part 1

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Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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## Application Report - Part 2

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

Report Generated on :-22/02/2017



### All India Council for Technical Education

(A Statutory body under Ministry of HRD, Govt. of India)

Nelson Mandela Marg, Vasant Kunj, New Delhi-110067

PHONE: 23724151/52/53/54/55/56/57 FAX: 011-23724183 [www.aicte-India.org](http://www.aicte-India.org)

Permanent Institute Id	1-2647031
Current Application Number	1-3325660556
Application Number of 2016-2017	1-2812849764
AICTE File No.	NEW
Application Type	Extension-Expansion-Closure
Organization Registration number	2163 OF 1992

#### Faculty Counts

Number of teaching faculty approved by University/Government?	23
---	----

#### Principal/Director

Surname	MALOTHU
First name	NAGULU
Father's name	JAGANPATHI
Date of birth & age as on date	25/01/1971
Doctorate degree	Yes
Master's degree	M.PHARMACY
Bachelor degree	B.PHARMACY
Other qualifications	
Field of specialization	PHARMACOLOGY
Date of joining the Institute as head	02/03/2010
Appointment type	Regular
Exact designation	Principal
Experience (T-R-I)	Teaching 12 Research 4 Industry 0

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

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## Application Report - Part 2

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

Report Generated on :-22/02/2017

Total number of Regular/Adhoc/Contract Faculty	42
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**Faculty**  
(\*\*Data in Faculty table is as on 06-Feb-2017)

Sr Number	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 Degree	Other Qualification
1	1-2188037535	PHARMACY	PHARMACY	UG	FT	CHAITANYA	K	ASST PROFESSOR	10/12/2013	Regular	N	M.PHARMACY	B.PHARMACY	
2	1-2191504044	PHARMACY	PHARMACY	UG	FT	BONTHALA	RAO	ASST PROFESSOR	08/03/2016	Regular	N	M.PHARMACY	B.PHARMACY	
3	1-2505000335	PHARMACY	PHARMACEUTICAL CHEMISTRY	UG	FT	JAYANTHI	SAMMETHA	ASST PROFESSOR	13/10/2014	Regular	N	M.PHARMACY	B.PHARMACY	
4	1-2512735913	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	PG	FT	SAMIDHA	THUMMA	ASST PROFESSOR	17/11/2014	Regular	N	M.PHARMACY	B.PHARMACY	
5	1-2513216483	PHARMACY	PHARMACY	UG	FT	SUSHMA	KOLLUJU	ASST PROFESSOR	07/02/2015	Regular	N	M.PHARMACY	B.PHARMACY	
6	1-2513399060	PHARMACY	PHARMACY	UG	FT	ANOSHAKA	TUMURUKOTI	ASST PROFESSOR	21/10/2014	Regular	N	M.PHARMACY	B.PHARMACY	
7	1-2513454808	PHARMACY	PHARMACY	UG	FT	LAXMI	MAHESWARA	ASST PROFESSOR	07/02/2015	Regular	N	M.PHARMACY	B.PHARMACY	

Date of Signature(dd/mm/yyyy)

Seal of Institute

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## Application Report - Part 2

**Application Status:** Submitted  
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Sr Number	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 Degree	Other Qualification
8	1-2517658373	PHARMACY	PHARMACY	UG	FT	SUJEVANA	KANDATI	ASST PROFESSOR	15/07/2014	Regular	N	M.PHARMACY	B.PHARMACY	
9	1-2522272294	PHARMACY	PHARMACY	UG	FT	UMA	NUKALA	ASST PROFESSOR	07/02/2015	Regular	N	M.PHARMACY	B.PHARMACY	
10	1-2665530053	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	PG	FT	VUTKOR	RAJU	ASST PROFESSOR	07/02/2015	Regular	N	M.PHARMACY	B.PHARMACY	
11	1-2665995953	PHARMACY	PHARMACY	UG	FT	ANUSHA	GARNEPUDI	ASST PROFESSOR	20/04/2015	Regular	N	M.PHARMACY	B.PHARMACY	
12	1-2665996377	PHARMACY	PHARMACY	UG	FT	VINITHA	SADHU	ASST PROFESSOR	20/04/2015	Regular	N	M.PHARMACY	B.PHARMACY	
13	1-2667015527	PHARMACY	PHARMACY	UG	FT	FATHIMA	IMRANA	ASST PROFESSOR	20/04/2015	Regular	N	M.PHARMACY	B.PHARMACY	
14	1-2667132933	PHARMACY	PHARMACY	UG	FT	NAGARJUNA	CHARI	ASST PROFESSOR	07/02/2015	Regular	N	M.PHARMACY	B.PHARMACY	
15	1-2667244574	PHARMACY	PHARMACY	UG	FT	VIJAY	NASU	ASST PROFESSOR	07/02/2015	Regular	N	M.PHARMACY	B.PHARMACY	
16	1-2667273968	PHARMACY	FIRST YEAR/ OTHER	UG	FT	GIRIGANI	SHAMBAIHAH	ASST PROFESSOR	07/02/2015	Regular	N	MA	B.SC	
17	1-2667274220	PHARMACY	PHARMACY	UG	FT	BHARATH	PERIKHA	ASST PROFESSOR	07/02/2015	Regular	N	M.PHARMACY	B.PHARMACY	
18	1-2667359068	PHARMACY	PHARMACY	UG	FT	UMA	POKALA	ASST PROFESSOR	20/04/2015	Regular	N	M.PHARMACY	B.PHARMACY	

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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## Application Report - Part 2

**Application Status:** Submitted  
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Report Generated on :-22/02/2017

Sr Number	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 Degree	Other Qualification
19	1-2667553032	PHARMACY	PHARMACY	UG	FT	LAVANYA	VAKUDAVATHU	ASST PROFESSOR	20/04/2015	Regular	N	M.PHARMACY	B.PHARMACY	
20	1-2919631907	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE		FT	RAMA	PADHY	ASSOCIATE PROFESSOR	08/03/2016	Regular	Y	M.PHARMACY	B.PHARMACY	PH.D
21	1-2919632165	PHARMACY	PHARMACEUTICAL CHEMISTRY		FT	BHEEMA	ANGOTHU	ASST PROFESSOR	28/09/2015	Regular	N	M.PHARMACY	B.PHARMACY	
22	1-2919722202	PHARMACY	PHARMACEUTICS		FT	SWEETHA	BODDUPALLY	ASST PROFESSOR	20/05/2015	Regular	N	M.PHARMACY	B.PHARMACY	
23	1-2919722209	PHARMACY	PHARMACEUTICS		FT	DEEPTHI	SUREPALLY	ASST PROFESSOR	08/03/2016	Regular	N	M.PHARMACY	B.PHARMACY	
24	1-2919753543	PHARMACY	PHARMACEUTICAL TECHNOLOGY		FT	MUKASSIR	MOHD	ASST PROFESSOR	08/03/2016	Regular	N	M.PHARMACY	B.PHARMACY	
25	1-2919788807	PHARMACY	PHARMACOLOGY		FT	ARUN	GADDE	ASST PROFESSOR	08/03/2016	Regular	N	M.PHARMACY	B.PHARMACY	
26	1-3239462537	PHARMACY	PHARMACY		FT	EDULA	VINITHA	ASST PROFESSOR	24/05/2016	Regular	N	M.PHARMACY	B.PHARMACY	
27	1-3239566188	PHARMACY	PHARMACY		FT	KARNATI	SUSHMA	ASST PROFESSOR	24/05/2016	Regular	N	M.PHARMACY	B.PHARMACY	

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

Please submit the hard copy of this Report to Regional Officer only if Application status is "Submitted" and Application Substatus is "Payment Received" / "Payment Not Applicable"

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## Application Report - Part 2

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

Report Generated on :-22/02/2017

Sr Number	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 Degree	Other Qualification
28	1-3251551438	PHARMACY	PHARMACY		FT	MAN GAN	KH WA IRA K P AM CH A	ASST PROFESSOR	20/10/2016	Regular	N	M.PHARMACY	B.PHARMACY	
29	1-3389441853	PHARMACY	INDUSTRIAL PHARMACY		FT	BASU	REDDY	ASSOCIATE PROFESSOR	08/03/2016	Regular	Y	M.PHARMACY	B.PHARMACY	PHD
30	1-3393274613	PHARMACY	PHARMACY		FT	GOLI	RA DH AK RISH N A	ASST PROFESSOR	02/01/2017	Regular	N	M.PHARMACY	B.PHARMACY	
31	1-3393370185	PHARMACY	PHARMACEUTICS		FT	DAVULA	VE NK AT AD RI	ASST PROFESSOR	02/01/2017	Regular	N	M.PHARMACY	B.PHARMACY	
32	1-3393431382	PHARMACY	PHARMACEUTICAL CHEMISTRY		FT	PODILA	NA RE SH	ASST PROFESSOR	23/01/2017	Regular	N	M.PHARMACY	B.PHARMACY	
33	1-3393431389	PHARMACY	PHARMACY		FT	GOPALA	BO LU GU RI	ASST PROFESSOR	02/01/2017	Regular	N	M.PHARMACY	B.PHARMACY	
34	1-3393602781	PHARMACY	PHARMACY		FT	KATTULA	RA JK UM AR	ASST PROFESSOR	02/01/2017	Regular	N	M.PHARMACY	B.PHARMACY	
35	1-3393638732	PHARMACY	PHARMACY		FT	RAJ	KE SA RA PU	ASST PROFESSOR	02/01/2017	Regular	N	M.PHARMACY	B.PHARMACY	
36	1-3395622247	PHARMACY	PHARMACY		FT	MAN DRA	SRI NIV AS	ASST PROFESSOR	02/01/2017	Regular	N	M.SC MATHEMATICS	B.SC MPC	
37	1-3395761536	PHARMACY	PHARMACY		FT	NEMI LI	RE DD Y	ASST PROFESSOR	02/01/2017	Regular	N	M.TECH	B.SC	MCA

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## Application Report - Part 2

**Application Status:** Submitted  
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Sr Number	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 Degree	Other Qualification
38	1-3395761544	PHARMACY	PHARMACY		FT	SNEHA	KOIALAKONDA	ASST PROFESSOR	02/01/2017	Regular	N	M.PHARMACY	B.PHARMACY	
39	1-3395761551	PHARMACY	PHARMACY		FT	SATHYANARAYANA	KODI	ASST PROFESSOR	02/01/2017	Regular	N	M.PHARMACY	B.PHARMACY	
40	1-3395761558	PHARMACY	PHARMACY		FT	PRAVALIKA	REMI DALA	ASST PROFESSOR	02/01/2017	Regular	N	M.PHARMACY	B.PHARMACY	
41	1-3395761565	PHARMACY	PHARMACY		FT	NAGASHIVANAND	A	ASST PROFESSOR	23/01/2017	Regular	N	M.PHARMACY	B.PHARMACY	
42	1-3395761572	PHARMACY	PHARMACY		FT	KAVITHA	S	ASST PROFESSOR	23/01/2017	Regular	N	M.PHARMACY	B.PHARMACY	
43	1-455741238	PHARMACY	PHARMACOLOGY	PG	FT	NAGULU	MALOTHU	PRINCIPAL	02/03/2010	Regular/Approved	Y	M.PHARMACY	B.PHARMACY	PHD
44	1-455741637	PHARMACY	PHARMACEUTICS	PG	FT	SHABBEER	SHAIK	ASSOCIATE PROFESSOR	01/11/2007	Regular/Approved	N	M.PHARMACY	B.PHARMACY	M.PHIL
45	1-455848304	PHARMACY	PHARMACOLOGY	PG	FT	POLI	PAPAGALTA	ASSOCIATE PROFESSOR	01/11/2007	Regular/Approved	N	M.PHARMACY	B.PHARMACY	M.PHIL
46	1-455848651	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	PG	FT	SRIDHAR	BURRI	ASSOCIATE PROFESSOR	17/01/2008	Regular/Approved	N	M.PHARMACY	B.PHARMACY	
47	1-455958853	PHARMACY	PHARMACOLOGY	PG	FT	SWEETHA	YERROJU	ASST PROFESSOR	08/03/2016	Regular/Approved	N	M.PHARMACY	B.PHARMACY	

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## Application Report - Part 2

**Application Status:** Submitted  
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Sr Number	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 Degree	Other Qualification
48	1-462509501	PHARMACY	PHARMACY	UG	FT	SHEKAR	KANDI	ASST PROFESSOR	06/12/2010	Regular/Approved	N	M.PHARMACY	B.PHARMACY	
49	1-465785181	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	UG	FT	ASHOK	GOUDA	ASST PROFESSOR	08/03/2016	Regular/Approved	N	M.PHARMACY	B.PHARMACY	
50	1-806232742	PHARMACY	PHARMACY	UG	FT	PRASHANTHI	GOUDA	ASST PROFESSOR	29/12/2011	Regular/Approved	N	M.PHARMACY	B.PHARMACY	

Total number of Adjunct Faculty/Resource Person from Industry	0
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### Adjunct Faculty/Resource Person from Industry

Not Applicable

### Technical Staff

Sr Number	Technical Staff Id	Program	Course	Level	First Name	Sur Name	Date of joining the institute	Master Degree	Bachelor Degree	Diploma	Other Qualification
1	1-461220641	PHARMACY	PHARMACY	POST GRADUATE	PRAVEEN	YALAGANDULA	02/11/2009		B.SC	D.PHARMACY	
2	1-461220667	PHARMACY	PHARMACY	UNDER GRADUATE	PARVATHAMMA	MADDURALA	21/07/2010		B.SC		B.ED
3	1-461220712	PHARMACY	PHARMACY	UNDER GRADUATE	SUNITHA	MEKA	23/07/2010		B.SC		B.ED

Date of Signature(dd/mm/yyyy)

Seal of Institute

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## Application Report - Part 2

**Application Status:** Submitted  
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Sr Number	Technical Staff Id	Program	Course	Level	First Name	Sur Name	Date of joining the institute	Master Degree	Bachelor Degree	Diploma	Other Qualification
4	1-461220718	PHARMACY	PHARMACY	UNDERGRADUATE	LAXMI	NANDYALA	19/10/2010		B.SC		B.ED
5	1-461220802	PHARMACY	PHARMACY	UNDERGRADUATE	LINGA	BOLLA	08/08/2010			DMLT	
6	1-1509651008	PHARMACY	PHARMACY	UNDERGRADUATE	SHIRISHA	YANALA	02/04/2012		B.SC		B.ED

### Admin & Library Staff

Sr Num	Staff Id	First Name	Last Name	Date of joining the institute	Master Degree	Bachelor Degree	Diploma	Other Qualification
1	1-3262349902	RADHA	KAMBALAPALLY	01/07/2013		B.A		
2	1-3262349906	GOPAL	DEPA	11/07/2013		B.A		
3	1-3269567868	PRABHAKAR	MANKE	25/09/2014				SSC
4	1-3270389697	NAGARAJU	GUNDLA	02/09/2010		SSC		
5	1-3270540211	DURGAIAH	MANDALA	11/01/2012				
6	1-3270540215	SHANKAR	ROKUM	05/01/2007				
7	1-3270540219	PARVATHAMMA	VATTIKOTI	01/09/2012				
8	1-461110696	PURNACHANDRA SHEKAR	GAYAM	26/02/2009	M.LI.SC	B.LI.SC		
9	1-465683302	VIDYASAGAR	MANDRA	20/10/2009				SSC
10	1-465683309	NAGARAJU	KURUPATI	19/04/2010				
11	1-465683434	HARI	DEVULAPALLY	21/10/2010				ITI ELECTRICAL

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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Sr Num	Staff Id	First Name	Last Name	Date of joining the institute	Master Degree	Bachelor Degree	Diploma	Other Qualification
12	1-465683567	SABITHA	KOLLU	12/12/2007				SSC
13	1-465683715	SAIDA BEE	SHAIK	09/10/2009				
14	1-465683719	GOPAMMA	A	09/10/2009				
15	1-465785187	PARVATHA MMA	POLEPE LLI	24/07/2010				
16	1-1547023430	SHIRISHA	YANALA	02/04/2012		B.SC		

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 OF THE INSTITUTE**

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 also the various provisions mentioned in the Approval Process Hand Book 2017-18.
- 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/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 2017-18 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/Gulf Quota Approval Status/OCI, 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 2017-18.

(Principal/ Director)

Date of  
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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