



APPROVAL PROCESS 2019-20

Application Report Part-2

Permanent Institute Id 1-8078541
Current Application No. 1-4259501025
Application No. of 2017-2018 1-3508814124
AICTE File No. 06/07/IMS/PHARM/2006/002_III
Application Type Extension-Expansion-Closure
Organization Registration No. MH/1205/2000/F/19662/PUNE

Principal/Director/Registrar

| | | | |
|-----------------------------|----------------------|--|-----------------------|
| Surname | Katedeshmukh | First Name | Ramesh |
| Father's Name | Ganpati | Date of Birth | 01/06/1955 |
| Doctorate Degree | Yes | Field of Specialization | PHARMACEUTICS |
| Master's Degree | M.PHARM | Bachelor Degree | B.PHARM |
| Other Qualifications | | Date of Joining the Institute as head | 03/01/2018 |
| Appointment Type | Regular | Exact Designation | Principal |
| Experience (T-R-I) | Teaching 9 | Research 5 | Industry 23 |

Faculty Counts

| | |
|--|----|
| Total No. of Faculty | 16 |
| No. of Teaching faculty approved by University/Government? | 14 |

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 | Pav Scale |
|----------|------------|-----------|--------|--------------|-------|------------|---------|-------------------|-------------------------------|------------------|-----------|-----------------|--------------------|---------------------|-------------|----------|--|-----------|
|----------|------------|-----------|--------|--------------|-------|------------|---------|-------------------|-------------------------------|------------------|-----------|-----------------|--------------------|---------------------|-------------|----------|--|-----------|

Application Report - Part 2



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

Report Generated on :-20/02/2019

| | | | | | | | | | | | | | | | | | | |
|---|--------------|----------|----------|----|----|-------------|----------|----------------|------------|---------|---|----------|-----------|--|--|-------------|--------|--|
| 1 | 1-2488611770 | PHARMACY | PHARMACY | UG | FT | REKHA | BHALERAO | ASST PROFESSOR | 07/10/2014 | Regular | N | MPH ARM | BPHARM | | | BSLP M8585Q | 580564 | V l t h P a y S c a l e |
| 2 | 1-2961185057 | PHARMACY | PHARMACY | | FT | BHAGYASHREE | BHAGARE | ASST PROFESSOR | 17/08/2015 | Regular | N | M.PH ARM | B.PH ARM | | | BNIP B7031E | 511608 | V l t h P a y S c a l e |
| 3 | 1-2961541127 | PHARMACY | PHARMACY | | FT | ASHISH | PHUGE | ASST PROFESSOR | 24/08/2015 | Regular | N | M. PHARM | B. PHARM. | | | BDM PP0738E | 511608 | V l t h P a y S c a l e |

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

Printed By : ae5992741

Application Report - Part 2



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

Report Generated on :-20/02/2019

| | | | | | | | | | | | | | | | | | | |
|---|--------------|----------|--------------------------|--|----|----------|------------|----------------|------------|---------|---|---------|---------|--|--|------------|---------|--------------|
| 4 | 1-3370985220 | PHARMACY | PHARMACY | | FT | CHAITALI | DONGAONKAR | ASST PROFESSOR | 26/08/2016 | Regular | N | M.PHARM | B.PHARM | | | CIJD2959N | 427922 | VlthPayScale |
| 5 | 1-3378999699 | PHARMACY | PHARMACY | | FT | PRAJAKTA | KOTHAWADE | ASST PROFESSOR | 22/07/2013 | Regular | N | M.PHARM | B.PHARM | | | BWIPK1534L | 445002 | VlthPayScale |
| 6 | 1-3579134493 | PHARMACY | PHARMACEUTICAL CHEMISTRY | | FT | PRASAD | RANE | ASST PROFESSOR | 01/08/2017 | Regular | N | M.PHARM | B.PHARM | | | APUPR8511G | 4172270 | VlthPayScale |

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

Printed By : ae5992741

Application Report - Part 2



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

Report Generated on :-20/02/2019

| | | | | | | | | | | | | | | | | | | |
|---|--------------|----------|------------------------|--|----|----------|-----------------|-----------------|------------|---------|---|----------|----------|--|--|-------------|--------|-------------------------|
| 7 | 1-3734019617 | PHARMACY | PHARMACEUTICAL SCIENCE | | FT | RAMESH | KAT EDE SHM UKH | PRINCI PAL | 03/01/2018 | Regular | Y | M PHA RM | B PHAR M | | | AJLP K9105G | 304140 | V l t h P a y S c a l e |
| 8 | 1-4562475864 | PHARMACY | PHARMACOL OGY | | FT | SWAPNITA | KOL I | ASST PROFE SSOR | 11/08/2018 | Regular | N | M PHA RM | B PHAR M | D PHAR MACY | | CPZP K1497P | 0 | V l t h P a y S c a l e |
| 9 | 1-4574425624 | PHARMACY | PHARMACEUT ICS | | FT | SNEHA | PATI L | ASST PROFE SSOR | 11/08/2018 | Regular | N | M PHA RM | B PHAR M | THRE E MONT H DISTA NCE LEAR NING COUR SE ON INTEL LECTU | | EHQ PS0056B | 0 | V l t h P a y S c a l e |

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

Printed By : ae5992741

Application Report - Part 2



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

Report Generated on :-20/02/2019

| | | | | | | | | | | | | | | | | | | |
|----|--------------|----------|----------|----|----|---------|-----------|----------------|------------|---------|---|---------|----------|--|--|-------------|--------|--|
| 10 | 1-4641067539 | PHARMACY | | | FT | HOLKAR | MANDAKINI | ASST PROFESSOR | 13/08/2018 | Regular | N | M PHARM | B PHARM | | | AIFP H3583A | 0 | V l t h P a y S c a l e |
| 11 | 1-459234119 | PHARMACY | PHARMACY | UG | FT | AMOL | KUMBHAR | ASST PROFESSOR | 23/06/2008 | Regular | N | M.PHARM | B.PHARM | | | AOT PK1308Q | 712842 | V l t h P a y S c a l e |
| 12 | 1-459234131 | PHARMACY | PHARMACY | UG | FT | ARCHANA | THIKEKAR | ASST PROFESSOR | 07/07/2008 | Regular | N | M.PHARM | B. PHARM | | | AEN PT8195C | 495306 | V l t h P a y S c a l e |

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

Printed By : ae5992741

Application Report - Part 2



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

Report Generated on :-20/02/2019

| | | | | | | | | | | | | | | | | | | |
|----|-------------|----------|----------|----|----|--------|----------|----------------|------------|------------------|---|----------|-----------|--|--|-------------|--------|--|
| 13 | 1-459234135 | PHARMACY | PHARMACY | UG | FT | JEEVAN | DHUMAL | ASST PROFESSOR | 20/11/2009 | Regular | N | M.PH ARM | B.PH ARM. | | | AKIP D5554A | 632068 | V l t h P a y S c a l e |
| 14 | 1-459234139 | PHARMACY | PHARMACY | UG | FT | RAKSHA | MHETRE | LECTURER | 18/08/2008 | Regular/Approved | N | M.PH ARM | B.PH ARM. | | | AWQ PM9378R | 650624 | V l t h P a y S c a l e |
| 15 | 1-459234143 | PHARMACY | PHARMACY | UG | FT | SUHAS | GHODEKAR | ASST PROFESSOR | 06/10/2009 | Regular | N | M.PH ARM | B.PH ARM. | | | AXN PG8043K | 632068 | V l t h P a y S c a l e |

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

Printed By : ae5992741

Application Report - Part 2



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

Report Generated on :-20/02/2019

| | | | | | | | | | | | | | | | | | | |
|----|-------------|----------|----------|----|----|----------|---------|----------------|------------|---------|---|---------|----------|--|--|--------------|--------|--|
| 16 | 1-459234151 | PHARMACY | PHARMACY | UG | FT | GHANSHAM | SAKHARE | ASST PROFESSOR | 01/10/2010 | Regular | N | M.PHARM | B. PHARM | | | BALP S784 1D | 614222 | V l t h P a y S c a l e |
|----|-------------|----------|----------|----|----|----------|---------|----------------|------------|---------|---|---------|----------|--|--|--------------|--------|--|

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 |
|---------|--------------------|----------|----------|----------------|------------|----------|-------------------------------|---------------|-----------------|---------|---------------------|
| 1 | 1-2319484976 | PHARMACY | PHARMACY | UNDER GRADUATE | PRIYA | GADHAVE | 11/09/2013 | | BSC | | |
| 2 | 1-2323569314 | PHARMACY | PHARMACY | UNDER GRADUATE | SHUBDHA | CHATE | 27/01/2014 | | | | |
| 3 | 1-2961972806 | PHARMACY | PHARMACY | UNDER GRADUATE | MILANKUMAR | SALUNKHE | 07/09/2015 | | B.SC. | | |
| 4 | 1-464007730 | PHARMACY | PHARMACY | UNDER GRADUATE | VRUSHALI | PATHAK | 14/08/2008 | | B.PHARM | | |

Admin & Library Staff

| Sr. No. | Staff Id | First Name | Last Name | 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

Printed By : ae5992741

Application Report - Part 2



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

Report Generated on :-20/02/2019

| | | | | | | | | |
|----|--------------|----------|-----------|------------|-------------|-------------|--|-------|
| 1 | 1-2690429363 | PRAVIN | GAVHANE | 20/06/2001 | M.A | B.A | | |
| 2 | 1-2984970157 | SACHIN | LANDGE | 25/05/2007 | | | | 9TH |
| 3 | 1-3704038336 | SANJAY | TOGAM | 03/03/2017 | M.LIB.I.SC. | B.LIB.I.SC. | | B.SC. |
| 4 | 1-3712137172 | SHRIKANT | GHUGARE | 01/07/2014 | | B. COM | | |
| 5 | 1-464008080 | SATISH | GAIKWAD | 01/06/2007 | | B.COM | | |
| 6 | 1-464008128 | VISHAL | GAIKWAD | 02/01/2009 | | B.COM | | |
| 7 | 1-464008148 | NANDA | NIMBALKAR | 01/08/2008 | | | | |
| 8 | 1-764858802 | OMKAR | SAWANT | 26/07/2011 | | | | X |
| 9 | 1-770254156 | SAGAR | DOLAS | 28/07/2011 | | | | X |
| 10 | 1-775233323 | RAJKUMAR | SAWANT | 01/09/2011 | | | | XII |
| 11 | 1-775233330 | SUDHIR | BANGER | 14/11/2007 | | | | X |

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

Printed By : ae5992741

Application Report - Part 2



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

Report Generated on :-20/02/2019

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

Printed By : ae5992741