

## Application Report - Part 2

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

Report Generated on :-03/03/2015



### All India Council for Technical Education

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

7th Floor, Chandralok Building, Janpath, New Delhi- 110 001

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

Permanent Institute Id	1-439844241
Current Application Number	1-2453964910
Application Number of 2014-2015	1-2018705826
AICTE File No.	740-89-25(P)/RC/95(A-3/1603)
Application Type	Extension-Expansion-Closure
Organization Registration number	F-1890

#### Principal/Director

Surname	HUNDEKARI
First name	GHALIB
Father's name	ISMAIL
Date of birth	20/02/1967
Doctorate degree	Yes
Master's degree	M.PHARM
Bachelor degree	B.PHARM
Other qualifications	MSCIT
Field of specialization	PHARMACOLOGY
Date of joining the Institute as head	27/07/2007
Appointment type	Regular
Exact designation	Principal
Experience (T-R-I)	Teaching - 16 Research - 2 Industry - 0

#### Faculty

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 to RO" Page 1 of 6

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

## Application Report - Part 2

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

Report Generated on :-03/03/2015

Sr Number	Faculty ID	Programme	Course	Faculty Type	FT/PT	First Name	Surname	Exact Designation	Date of Joining the institute	Appointment type	Doctorate (D/R)	Master's Degree (D/R)	Bachelor Degree (D/R)	Other Qualification
1	1-439844243	PHARMACY	PHARMACY	Diploma	FT	MANJULA	SULARAKAR	LECTURER (SELR)	02/10/1978	Regular/Approved	N	M.PHARM	B.PHARM	
2	1-439844247	PHARMACY	PHARMACY	Diploma	FT	SALMA	SHAIKH	LECTURER (SELR)	23/09/1985	Regular/Approved	Y	M.PHARM	B.PHARM	
3	1-439947681	PHARMACY	PHARMACY	Diploma	FT	NANDAKISHOR	PANDE	LECTURER (SELR)	05/09/1983	Regular/Approved	N	NA	B.PHARM	
4	1-439947685	PHARMACY	PHARMACY	Diploma	FT	VIJAY	KATARIA	LECTURER (SELR)	14/07/2005	Regular/Approved	Y	M.PHARM	B.PHARM	
5	1-439947689	PHARMACY	PHARMACY	Diploma	FT	KHWAJAZIAUDDIN	FAROQUI	LECTURER	01/11/1993	Regular/Approved	N	NA	B.PHARM	
6	1-439947863	PHARMACY	PHARMACY	Diploma	FT	GHALIB	HUNDKARI	PRINCIPAL	27/07/2007	Regular/Approved	Y	M.PHARM	B.PHARM	MSCIT
7	1-440400791	PHARMACY	PHARMACY	Diploma	FT	ABDULLA	SHAIKH	LECTURER	01/01/2010	Adhoc	N	PG.DIPLOMA IN FOREN SCI&R LAW	B.PHARM	MSCIT
8	1-440400795	PHARMACY	PHARMACY	Diploma	PT	SADEQUE	MOHMED	LECTURER	09/08/2010	Visiting	N	NA	B.PHARM	
9	1-440401292	PHARMACY	PHARMACY	Diploma	FT	SHAHANAFIRDAUS	SYEDA	LECTURER	18/07/2003	Regular/Approved	N	M.PHARM, MBA	B.PHARM	DIP IN HOSP ADM, ADVANCE DIPLOMA IN GENERAL

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 to RO" Page 2 of 6

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

## Application Report - Part 2

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

Report Generated on :-03/03/2015

Sr Number	Faculty ID	Programme	Course	Faculty Type	FT/PT	First Name	Surname	Exact Designation	Date of Joining the institute	Appointment type	Doctorate (D/R)	Master's Degree (D/R)	Bachelor Degree (D/R)	Other Qualification
10	1-440401298	PHARMA CY	PHARMACY	Diploma	FT	ZAMERUDIN	FAROQUI	LECTURER	16/07/2003	Regular/Approved	N	M.PHARM	B.PHARM	MSCIT
11	1-440401440	PHARMA CY	PHARMACY	Diploma	FT	DEEPA LI	AMBEKAR	LECTURER	02/07/2007	Regular/Approved	N	NA	B.PHARM	MSCIT
12	1-440401486	PHARMA CY	PHARMACY	Diploma	FT	ROOHINA AZ	SHAIKH	LECTURER	02/07/2007	Adhoc/Contract	N	NA	B.PHARM	
13	1-441591579	PHARMA CY	PHARMACY	Diploma	FT	SABA SYEDA	SYEDA	LECTURER	02/07/2007	Adhoc/Contract	N	MBA	B.PHARM	
14	1-2070897992	PHARMA CY	PHARMACY	Diploma	FT	SYED QADRI	QUADRI	LECTURER	15/07/2013	Adhoc	N	M.PHARM	B.PHARM	

### Technical Staff

Data not entered by Institute

### Admin & Library Staff

Sr Num	Staff Id	First Name	Last Name	Date of joining the institute	Doctorate Degree	Master Degree	Bachelor Degree	Diploma	Other Qualification
1	1-443268917	MADHUKAR	BORDE	16/01/1997			B.COM		MSCIT
2	1-443269215	SHAMSUD DIN	SYED	01/10/2005		M.LIB	B.A / B.LIB		MSCIT
3	1-443269471	ALI	PASHA	26/11/1977					9TH PASSED
4	1-443269477	ASHOK	MAGRE	01/09/1978					S.S.C
5	1-443371281	AIJAZ	HUSSAIN						

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 to RO" Page 3 of 6

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

## Application Report - Part 2

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

Report Generated on :-03/03/2015

Sr Num	Staff Id	First Name	Last Name	Date of joining the institute	Doctorate Degree	Master Degree	Bachelor Degree	Diploma	Other Qualification
6	1-443371286	SALAM	BIN TAYYAB						
7	1-443371532	PRAMOD	RAO	01/08/2003					H.S.C FAIL
8	1-443407703	ASHRAFALI	SAYYED	06/03/1980					S.S.C PUC
9	1-443824876	ZAFAR ALI	KHAN	01/07/2010			B.COM	ADCA, TALLY, DTP, TYPING	MSCIT
10	1-443825142	IDRISBAKHTIYAR	SHAIKH					DIPLOMA IN PHARMACY	COMPUTER DIPLOMA
11	1-443825148	ZABI	SHAIKH					DIPLOMA IN PHARMACY	
12	1-443825315	BABAN	RAJGURU	25/04/1997					IVTH PASSED
13	1-443936067	HUZAFATINWALA						MCVCE	10TH
14	1-451391861	VILAS	GHULE						9TH PASS
15	1-451391867	MOHSIN	SHAIKH						9TH PASS
16	1-451463303	FARUQ	KHAN			B.A			
17	1-451463309	MOHD	KHAN					ITI TURNER	HSC PASS
18	1-451541317	ASLAM	ALKASERIRI						8TH PASS
19	1-451541643	AZEEM	SHAIKH						SSC PASS
20	1-451541649	SIRAJ	PATEL						
21	1-453015812	RIYAZ	SHAIKH	01/02/1997				I.T.I ELECTRICIAN	

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 to RO" Page 4 of 6

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

## Application Report - Part 2

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

Report Generated on :-03/03/2015

Sr Num	Staff Id	First Name	Last Name	Date of joining the institute	Doctorate Degree	Master Degree	Bachelor Degree	Diploma	Other Qualification
22	1-454353595	ASHRAF HUSSAIN	SYED				B.SC		
23	1-461253471	SHAHED	QUADRI	03/11/1981			B.SC		
24	1-2109163722	RIYAZ	SHAIKH	01/08/2013		M.SC	B.SC, LLB	D.PHAR MACY	MSCIT

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 to RO" Page 5 of 6

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

## Application Report - Part 2

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

Report Generated on :-03/03/2015

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

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

- a) I have carefully gone through the AICTE Regulations Notified on 27<sup>th</sup> September 2012, published in the Gazette of India - Extraordinary Part 3, Section (iv) and also the various provisions mentioned in the Approval Process Hand Book 2015-16.
- 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, Second Shift Programme, Part-time program, Change of site, Closure of course, Supernumerary Seats under PIO, NRI, Change of name, and Conversion of women institute into Co-ed institute (as applicable), shall be processed as per relevant provisions enumerated in the Approval Process Hand Book 2015-16 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, NRI, Change of name, Second shift programme, Part-time program, Change of site, Conversion of women institute into Co-ed institute (as applicable) only on fulfillment of prescribed norms & requirements as mentioned in the Approval Process Hand Book 2015-16.

**(Principal/ Director)**

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 to RO" Page 6 of 6

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