



**APPROVAL PROCESS 2019-20**

**Application Report Part-2**

**Permanent Institute Id** | NA  
**Current Application No.** | 1-4290312862  
**Application No. of 2017-2018** | 1-3724721041  
**AICTE File No.** | NEW  
**Application Type** | New Institute  
**Organization Registration No.** | 1081017747

**Principal/Director/Registrar**

<b>Surname</b>	NAYAK	<b>First Name</b>	DR. BHABANI SHANKAR
<b>Father's Name</b>	SOMONATH NAYAK	<b>Date of Birth</b>	10/06/1979
<b>Doctorate Degree</b>	Yes	<b>Field of Specialization</b>	PHARMACEUTICS
<b>Master's Degree</b>	M.PHARM	<b>Bachelor Degree</b>	B.PHARM
<b>Other Qualifications</b>		<b>Date of Joining the Institute as head</b>	30/01/2018
<b>Appointment Type</b>	Acting	<b>Exact Designation</b>	Principal
<b>Experience (T-R-I)</b>	<b>Teaching</b> 12	<b>Research</b> 2	<b>Industry</b> 0

**Faculty Counts**

Total No. of Faculty	11
No. of Teaching faculty approved by University/Government?	0

**Faculty Details**

\*Faculty Details available as on AICTE Web Portal

Sr . No.	Faculty ID	Programme	Course	Faculty Type	FT/PT	First Name	Surname	Exact Designation	Date of Joining the Institute	Appointment Type	Doctorate	Master's Degree	Bachelor 's Degree	Other Qualification	Aadhar Card	PAN Card	Total Gross Salary for the Last Financial Year	Pav Scale
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## Application Report - Part 2



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

Report Generated on :-22/02/2019

1	1-3742502704	PHARMACY	PHARMACOGNOSY		FT	SITAKANT	PATNAIK	ASST PROFESSOR	01/02/2018	Contract	N	M.PH ARM	B.PH ARM			APC PP5947C	0	
2	1-3742502732	PHARMACY	PHARMACOGNOSY		FT	GOLAK	CHODHURY	ASST PROFESSOR	01/02/2018	Contract	N	M.PH ARM	B.PH ARM			APIP C6783M	0	
3	1-3748431707	PHARMACY	PHARMACY		FT	ROLAND	BHANINGH	ASST PROFESSOR	01/02/2018	Regular	N		B.PH ARM			DLYP S4299N	0	
4	1-3748595454	PHARMACY	PHARMACY		FT	VIKASH	SONI	LECTURER	01/02/2018	Regular	N		B.PH ARM			CDQ PS4116J	0	
5	1-3748971193	PHARMACY	PHARMACY		FT	DEEPAK	MISHRA	LECTURER	01/02/2018	Regular	N		B.PH ARM			BQU PM4608K	0	
6	1-3749116911	PHARMACY	PHARMACOLOGY		FT	ARCHANA	RATHORE	ASST PROFESSOR	01/02/2018	Regular	N	M.PH ARM	B.PH ARMA				0	
7	1-3749116918	PHARMACY	PHARMACY		FT	SHAKTIMAYEE	MOHANTY	ASST PROFESSOR	01/02/2018	Regular	N	M.PH ARM	B.PH ARM			CJRP M1629R	0	
8	1-3749807165	PHARMACY	PHARMACY		FT	RAJ	PAUL	LECTURER	01/02/2018	Regular	N		B.PH ARM			CAS PP7280F	0	
9	1-3764112367	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE		FT	HARA	MISHRA	ASST PROFESSOR	01/02/2018	Regular	N	M.PH ARM	B.PH ARM			BZM PM2139Q	0	

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 :-22/02/2019

10	1-3764870406	PHARMACY	PHARMACEUTICAL TECHNOLOGY		FT	SHUVENDU	PADHY	ASST PROFESSOR	01/02/2018	Regular	N	M.PHARM	B.PHARM			BRJP P3381G	0	
11	1-3764925684	PHARMACY	PHARMACOLOGY		FT	BIBHU	MOHARANA	ASST PROFESSOR	01/02/2018	Regular	N	M.PHARM	B.PHARM			CDT PN4395L	0	

### 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	1-3750551880	PHARMACY	PHARMACY	DIPLOMA	SHIVAM	ACHARY			B.PHARM		
2	1-3751751793	PHARMACY	PHARMACY	DIPLOMA	SHYAMKANT	JOSHI			B.PHARM		
3	1-3766709428	PHARMACY	PHARMACY	DIPLOMA	MAA GAYATRI	ROUTRAY			B.PHARM		
4	1-3766709786	PHARMACY	PHARMACY	DIPLOMA	ASHISH	MANDAL			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
1	1-3763738073	RAMA	GOUDA					BA, COPA

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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2	1-3763738077	SASWAT	RATH		MBA	BA	PGDCA	COPA
3	1-3763911243	SHASHANK	MISHRA					HSC
4	1-3763911247	NILAKANTH	MISHRA					HSC
5	1-3767302446	PREMANANDA	LENKA		M LIB	BLIB		

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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## Application Report - Part 2



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### **DECLARATION**

**BY THE PRINCIPAL/DIRECTOR/REGISTRAR OF THE INSTITUTE/UNIVERSITY DEPARTMENT**

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

- a) I have carefully gone through the AICTE Regulations Notification dated on 30th November, 2016, published in the Gazette of India - Extraordinary Part III, Section- 4 and its amendment 05th December 2017 also the various provisions mentioned in the Approval Process Hand Book 2019-20.
- b) I am fully aware of the data uploaded by me in respect of my institute on the web portal.
- c) I am aware that there is no provision for correction of data, alteration of data, subsequent editing and appeal etc. for the online application once uploaded on the web portal.
- d) I am also aware that application for seeking Extension of Approval(EOA), Increase/Reduction of intake, Addition of new courses, Change of site, Closure of course, Supernumerary Seats under PIO/FN/Gulf quota Approval status/OCI, NRI, Change of name, and Conversion of women institute into Co-ed institute and vice versa (as applicable), shall be processed as per relevant provisions enumerated in the Approval Process Hand Book 2019-20.
- e) I am aware of the Deficiencies (if any) pointed out in the Report generated online, based on the factual data uploaded by my institute on the portal.
- f) I am also aware that Institute is eligible for grant of Approval of New Institutes/University Department/Constituent College, only on fulfillment of prescribed norms & requirements as mentioned in the Approval Process Hand Book 2019-20.

**Signature of Principal/Director/Registrar**

**Name :**

**Seal/Stamp of the Institute/University Department**

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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