



**APPROVAL PROCESS 2019-20**

**Application Report Part-2**

**Permanent Institute Id** | 1-3676121041  
**Current Application No.** | 1-4262314213  
**Application No. of 2018-2019** | 1-3676121041  
**AICTE File No.** | NEW  
**Application Type** | Extension-Expansion-Closure  
**Organization Registration No.** | 2239

**Principal/Director/Registrar**

<b>Surname</b>	Maji	<b>First Name</b>	Himangshu Sekhar
<b>Father's Name</b>	Late Sitaram Maji	<b>Date of Birth</b>	03/09/1977
<b>Doctorate Degree</b>	Yes	<b>Field of Specialization</b>	PHARMACEUTICAL CHEMISTRY
<b>Master's Degree</b>	M..PHARM	<b>Bachelor Degree</b>	B,PHARM
<b>Other Qualifications</b>		<b>Date of Joining the Institute as head</b>	15/09/2016
<b>Appointment Type</b>	Regular	<b>Exact Designation</b>	Principal
<b>Experience (T-R-I)</b>	<b>Teaching</b> 17	<b>Research</b> 3	<b>Industry</b> 1

**Faculty Counts**

Total No. of Faculty	17
No. of Teaching faculty approved by University/Government?	19

**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 :-05/03/2019

1	1-3690118803	PHARMACY	PHARMACY		FT	HIMANGSHU	MAJ I	PROFESSOR	15/09/2016	Regular	Y	M. PHARM	B. PHARM			AJHP M7979C	803597	Consolidated
2	1-3694303464	PHARMACY	PHARMACEUTICAL TECHNOLOGY		FT	TATHAGATA	ROY	ASST PROFESSOR	12/08/2016	Regular	N	M.PHARM	B.PHARM			AJJP R5393M	259200	Consolidated
3	1-4240035792	PHARMACY	PHARMACY		FT	PINTU	DE	ASSOCIATE PROFESSOR	08/12/2017	Regular	Y	M.PHARM	B.PHARM	PHD		AGJP D7654C	840000	Vlt 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 : aict11328

## Application Report - Part 2



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Report Generated on :-05/03/2019

4	1-4240035800	PHARMACY	PHARMA TECHNOLOGY		FT	DEVLINA	PAL	ASST PROFESSOR	08/12/2017	Regular	N	M.PH ARM	B.PH ARM	-		BQZ PP9471L	187200	V l t h P a y S c a l e
5	1-4240035887	PHARMACY	PHARMACY		FT	ASIM	HAL DER	ASST PROFESSOR	13/07/2018	Regular	Y	M.PH ARM	B.PH ARM	THESIS SUBMITTED		AHH PH5953P	135000	V l t h P a y S c a l e
6	1-4240036044	PHARMACY	PHARMACEUTICAL SCIENCE		FT	PREETA	BOS E	ASST PROFESSOR	13/07/2018	Regular	N	M.PH ARM	B.PH ARM			BOJP B6624M	120000	V l t h P a y S c a l e

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7	1-4240036241	PHARMACY	PHARMACY		FT	KAUSIK	KAPAT	ASST PROFESSOR	02/07/2018	Regular	Y	M.S. (PHARM)	B. PHARM			ATIP K0476D	240000	V l t h P a y S c a l e
8	1-4240036249	PHARMACY	PHARMACY		FT	TAPAN	CHATTERJE	PROFESSOR	02/01/2018	Regular	Y	M. PHARM	B. PHARM	PHD		ACH PC9529M	240000	V l t h P a y S c a l e
9	1-4814339211	PHARMACY	PHARMACY		FT	SOUMEN	DHARA	ASST PROFESSOR	05/12/2017	Contract	N	M. PHARM	B. PHARM			BAVP D3268F	180000	V l t h P a y S c a l e

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10	1-4815486712	PHARMACY	PHARMACY		FT	DIVYAJYOTI	SAHA	ASST PROFESSOR	03/01/2018	Regular	N	M.PH ARM	B.PH ARM			CAU PS0209K	187200	V t h P a y s c a l e
11	1-4816014640	PHARMACY	PHARMACY		FT	SUSHMITA	DEY	ASST PROFESSOR	20/12/2017	Regular	N	M.PH ARM	B.PH ARM			CSN PD8191G	1857200	V t h P a y s c a l e
12	1-5028370424	PHARMACY	PHARMACY		FT	TANMOY	SAHA	ASST PROFESSOR	05/12/2017	Regular	N	M.PH ARM	B.PH ARM			CRLP S6545Q	187200	V l t h P a y S c a l e

Date of Signature(dd/mm/yyyy)

Seal of Institute

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13	1-5028654811	PHARMACY	PHARMACY		FT	SUBHAM	PAUL	ASST PROFESSOR	20/12/2018	Regular	N	M.PH ARM	B.PH ARM			CER PP5146P	46800	V l t h P a y S c a l e
14	1-5028654818	PHARMACY	PHARMACY		FT	MOUNO	BHATTACHARJEE	ASST PROFESSOR	05/12/2018	Regular	N	M.PH ARM	B.PH ARM			BEPP B2927B	46800	V l t h P a y S c a l e
15	1-5028655625	PHARMACY	PHARMACY		FT	KALI	DE	ASST PROFESSOR	01/01/2019	Regular	N	M.PH ARM	B.PH ARM			ACS PD1679C	21600	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

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16	1-5029009112	PHARMACY	PHARMACY		FT	DEEPARHAN	RAY	ASST PROFESSOR	05/12/2018	Regular	N	M.PHARM	B.PHARM			BPYP R772 4G	46800	V l t h P a y S c a l e
17	1-5029009119	PHARMACY	PHARMACY		FT	CAMELIA	BISWAS	ASST PROFESSOR	04/12/2018	Regular	N	M.PHARM	B.PHARM			BMYPB16 09R	46800	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	1-3717477823	PHARMACY	PHARMACY	UNDER GRADUATE	KOUSHIK	PL	01/11/2017		B SC		

### Admin & Library Staff

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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Data not entered by Institute

Date of Signature(dd/mm/yyyy)

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### **DECLARATION**

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

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

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