Report Generated on :-10/03/2016



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

Permanent Institute Id	1-12588797
Current Application Number	1-2812395652
Application Number of 2015-2016	1-2455930170
AICTE File No.	06/04/PHAR/KAR/2006/01
Application Type	Extension-Expansion-Closure
- 1	
Organization Registration number	VOLUME-IV-126/02-03, NO 70

Faculty Counts

Total number of teaching faculty in the Institute	24
for all Programmes:	
Total number of Regular /full	24
time/Adhoc/Contract Faculty:	
Total number of Adjunct Faculty/Resource	0
Person from Industry:	
Number of teaching faculty approved by	24
University/Government?	

Principal/Director

Surname	TARANALLI
First name	ASHOK
Father's name	DUNDAPPA
Date of birth & age as on date	29/07/1955
Doctorate degree	Yes
Master's degree	M.PHARM
Bachelor degree	B.PHARM
Other qualifications	
Field of specialization	PHARMACOLOGY
Date of joining the Institute as head	01/08/2015
Appointment type	Regular
Exact designation	Principal
Experience (T-R-I)	Teaching 34
	Research 10

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 7

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

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Industry 0

Faculty

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- 2239 7472 74	PHA RMA CY	PHAR MACY	U G	FT	KISH ORI	SU TA R	ASST PROFE SSOR	21/07/20 13	Regul ar		M.PH ARM	B.PHA RM	
2	1- 2239 7472 84	PHA RMA CY	PHAR MACY	UG	FT	PRIY A	GU DD AD	ASST PROFE SSOR	28/04/20 14	Regul ar		M.PH ARM	B.PHA RM	
3	1- 2239 7472 89	PHA RMA CY	PHAR MACY	UG	FT	BHAS KAR	KU RA NG _	ASST PROFE SSOR	10/12/20 13	Regul ar		M.PH ARM	B.PHA RM	
4	1- 2239 7473 34	PHA RMA CY	PHAR MACY	UG	FT	HANA	SA RK AR	ASST PROFE SSOR	05/05/20 14	Regul ar		M.PH ARM	B.PHA RM	
5	1- 2239 7473 39	PHA RMA CY	PHAR MACY	U G	FT	VANI	UN GE R	ASST PROFE SSOR	02/04/20 12	Regul ar		M.PH ARM	B.PHA RM	
6	1- 2242 5482 04	PHA RMA CY	PHAR MACY	Di plo ma	FT	ROHI NI	KA VA LA PU RE	LECTU RER	26/05/20 14	Regul ar			B.PHA RM	
7	1- 2242 5482 26	PHA RMA CY	PHAR MACY	Di plo ma	FT	ASMA	MU LL A	LECTU RER	21/12/20 13	Regul ar			B.PHA RM	
8	1- 2242 5482 31	PHA RMA CY	PHAR MACY	Di plo ma	FT	PLLA VI	PA TIL	LECTU RER	21/12/20 13	Regul ar			B.PHA RM	
9	1- 2242 5482 36	PHA RMA CY	PHAR MACY	Di plo ma	FT	ANAN D	MA DA RK HA NDI	LECTU RER	20/05/20 14	Regul ar			B.PHA RM	
10	1- 2488 7150 30	PHA RMA CY	PHAR MACY	U G	FT	SHIV ARAJ	SA DE KA R	ASST PROFE SSOR	10/11/20 14	Regul ar	N	M.PH ARM	B.PHA RM	

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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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 (D/R)	Master's Degree (D/R)	Bachelor Degree (D/R)	Other Qualification
11	1- 2488 7743 71	PHA RMA CY	PHAR MACY	U G	FT	PRIY ANKA	PA TIL	ASST PROFE SSOR	21/01/20 15	Regul ar	N	M PHA RM	B PHAR M	
12	1- 2631 0785 10	PHA RMA CY	PHAR MACY	U G	FT	MRU TYUN JAYA	BE LL AD	LECTU RER	27/04/20 15	Regul ar	N	MPH ARM	BPHA RM	
13	1- 2633 0486 69	PHA RMA CY	PHAR MACY	Di plo ma	FT	KRAN TI	PA TIL	LECTU RER	20/05/20 15	Regul ar	N		B.PHA RM	
14	1- 2698 3036 32	PHA RMA CY	PHAR MACY	U G	FT	ASHO K	TA RA NA LLI	PRINCI PAL	01/08/20 15	Regul ar	Y	M.PH ARM	B.PHA RM	
15	1- 2699 2738 38	PHA RMA CY	PHAR MACY	Di plo ma	FT	SEEM A	RA CH AN NA VA R	LECTU RER	18/08/20 15	Regul ar	N	M.PH ARM A	B PHAR MA	
16	1- 2710 0469 28	PHA RMA CY	PHAR MACY	U G	FT	SNEH A	PA TIL	LECTU RER	18/08/20 15	Regul ar	N	M.PH ARM	B.PHA RM	
17	1- 2899 1364 23	PHA RMA CY	PHAR MACY		FT	ASH WINI	PA TIL	LECTU RER	01/08/20 15	Regul ar	N	M.PH ARM	B.PHA RM	
18	1- 2899 2335 60	PHA RMA CY	PHAR MACY		FT	JAYA	KA MB LE	LECTU RER	11/01/20 16	Regul ar	N	M.PH ARM	B.PHA RM	
19	1- 2899 4448 23	PHA RMA CY	PHAR MACY		FT	AMB RABA TI	YU MN AM	LECTU RER	04/02/20 16	Regul ar	N	M.PH ARM	B.PHA RM	
20	1- 2899 4453 76	PHA RMA CY	PHAR MACY		FT	RAVI NDRA NATH	KA MB IM AT H	LECTU RER	02/02/20 16	Regul ar	N	M.PH ARM	B.PHA RM	
21	1- 2899 5007 69	PHA RMA CY	PHAR MACY		FT	SHIT AL	PA TIL	LECTU RER	11/01/20 16	Regul ar	N		B.PHA RM	

Date of Signature(dd/mm/yyyy)

Seal of Institute

Application Report - Part 2

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

Report Generated on :-10/03/2016

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
22	1- 4505 8877 7	PHA RMA CY	PHAR MACY	υG	FT	RENU KA	KA DO LK AR	ASSOC IATE PROFE SSOR	01/01/20 07	Regul ar/App roved	N	M.PH ARM	B.PHA RM	N/A
23	1- 4508 9981 1	PHA RMA CY	PHAR MACY	JG	FT	GAU RI	KU LK AR NI	ASSOC IATE PROFE SSOR	18/09/20 06	Regul ar/App roved	N	M.PH ARM	B.PHA RM	N/A
24	1- 4508 9981 7	PHA RMA CY	PHAR MACY	U G	FT	TWA RITA	DE SH PA ND E	ASST PROFE SSOR	01/07/20 08	Regul ar/App roved	N	M.PH ARM	B.PHA RM	N/A

Technical Staff

Sr Number	Technical Staff Id	Program	Course	Level	First Name	Sur Name	Date of joining the institute	Doctorate Degree	Master Degree	Bachelor Degree	Diploma	Other Qualification
	Sta		_					o D D	M. De			δσ
1	1- 4529 5324 5	PHARM ACY	PHAR MACY	UND ER GRA DUA TE	SHA NKA R	KAS AR AD DI	08/08/200 6			B.A	D.PHA RM	
2	1- 4529 5324 9	PHARM ACY	PHAR MACY	UND ER GRA DUA TE	UDA YKU MAR	MA DA RK HA NDI	02/06/200 9			B.SC		
3	1- 4530 4847 3	PHARM ACY	PHAR MACY	UND ER GRA DUA TE	ANA ND	PUJ ARI	03/02/201				D.PHA RM	
4	1- 4530 4917 1	PHARM ACY	PHAR MACY	UND ER GRA DUA TE	SANJ AYK UMA R	KU MB ARI	08/02/201 0			B.SC	D.PHA RM	

Admin & Library Staff

Date of Signature(dd/mm/yyyy)

Seal of Institute

Report Generated on :-10/03/2016

Sr Num	Staff Id	First Name	Last Name	Date of joining the institute	Doctorate Degree	Master Degree	Bachelor Degree	Diploma	Other Qualification
1	1- 228353 0145	MAHABAL ESWAR	CHACHA DI	25/04/2012	<u> </u>		B.COM		
2	1- 228353 0149	IRANNA	BOMMA KKANNA VAR	25/04/2012			B.COM		
3	1- 228353 0323	ABHIMANY U	GOSAL	25/04/2012		MA	BA	ITI COPA	
4	1- 228353 0327	ASHA	PAMMA R	25/04/2012					
5	1- 228353 0441	RATNA	PAMMA R	23/04/2012					
6	1- 228353 0445	IRAPPA	DODAM ANI	01/03/2014					SSLC
7	1- 228353 0449	MODINSAB	NADAF	01/03/2014					SSLC
8	1- 228353 0553	RAJENDRA	KOURI	01/03/2014					ITI
9	1- 228353 0557	GEETA	MORE	01/03/2014					PUC
10	1- 263103 5295	PRAMODK UMAR	KUPPI	09/01/2014		MLISC	BA		DIP IN LIB SCIENCE & LLB (SPL)
11	1- 459287 116	VIJAY	PADAKI	01/02/2010			B.COM		
12	1- 464493 236	LAXMI	KASARA DDI	01/06/2006		MLISC	B.COM		
13	1- 464493 240	JAGADISH	MADAR KHANDI	20/06/2006			B.A		
14	1- 464695 814	RASHEKA R	KARLIN GANNAV AR	01/02/2010			B.COM		
15	1- 479475 543	GRACY	VERGHI S	01/02/2010			B.A		
16	1- 479475 547	SIDDAPPA	HUDALI	16/08/2006		M.LIB.S C	B.SC, B.LIB.SC		LLB
17	1- 499233 111	SUNILKUM AR	DESAI	03/04/2006					PUC II

Date of Signature(dd/mm/yyyy)

Seal of Institute

Application Report - Part 2

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Sr Num	Staff Id	First Name	Last Name	Date of joining the institute	Doctorate Degree	Master Degree	Bachelor Degree	Diploma	Other Qualification
18	1- 499980 301	LAXMAN	KADABI	05/06/2006					PUC II
19	1- 499980 305	RAMCHAN DRA	DAMMA NAGI	03/04/2006					SSLC
20	1- 499980 309	MOJES	GUNTA GANI	01/02/2008					SSLC
21	1- 499980 473	KRISHNA	DESAI	05/02/2010					SSLC
22	1- 499980 735	YALLAPPA	BAJANT RI	15/05/2009					SSLC
23	1- 499980 739	BHEEMRA O	PATIL	28/01/2010					SSLC
24	1- 499980 783	MALLIKAR JUN	WAGGE R	20/10/2010					PUC
25	1- 499980 787	SUDHAKA R	KATTI	01/02/2010					SSLC
26	1- 500071 151	ASHOK	ANKALI	01/02/2010					SSLC
27	1- 500071 155	SIDDAPPA	PAWAR	01/02/2010					SSLC
28	1- 500071 159	PRASAD	SALUNK E	23/02/2011					ITI, PUC II
29	1- 500071 283	SHOBHA	PAWAR	04/12/2010					

Date of Signature(dd/mm/yyyy)

Seal of Institute

Report Generated on :-10/03/2016

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 27th 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 2016-17.
- 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, 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 2016-17 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, 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 2016-17.

(Principal/ Director)

Date of Signature(dd/mm/yyyy)

Seal of Institute