

Application Report - Part 1

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

Report Generated on :-23/03/2016



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

Guidelines on submission of documents along with print copy of application/s for approvals

1 Setting up new Institutes/ Adding new Technical Program/s (Refer annexure 17)

Ensure that all copies are in A4 size only (Land documents/building drawing may be up to A0 sizes). Also, ensure that all copies are attested.

Please number all copies of documents as given below:

Your Regional office code	Your Application Id	Annexure Number	Sr number as in annexure 17	Page number (3 digits)
---------------------------	---------------------	-----------------	-----------------------------	------------------------

E.g. consider numbering an affidavit (comprising of 2 pages), which is sr. no. 2 in annexure 17.1,

WRO	1-11234567	17.10	02	001
WRO	1-11234567	17.10	02	002

The number so generated **WRO1-1123456717.1002001** should be written on top of each page with bold pen as shown below

W	R	O	1	-	1	1	2	3	4	5	6	7	1	7	.	1	0	0	2	0	0	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Please do not bind or staple, as all pages are going to be scanned. All pages should be knotted on the left hand top corner as shown below. This set of knotted documents should be submitted in a "Flap Folder" as shown below.

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 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016



Provide index page on top of set of documents as follows,

Region - WRO		Application ID : 1-11234567	
Annexure Number	Sr number as in annexure 17 (2 digits)of documents which are being submitted now	Page number (3 digits)	
From	To		
17.10	02	001	002
17.10	03	001	005

2 Guidelines on submission of documents along with print copy of application/s for approvals (Refer annexure 18)

- Extension of approval to existing Institution
- Increase / Reduction in intake in existing courses
- Adding courses in existing program
- Closure of program / course
- Introducing / Continuing / Discontinuing supernumerary seats for PIO/FN
- Introducing / Continuing / Discontinuing seats for sons/daughters of NRIs
- Change of name of the Institute
- Conversion of Women's Institution into Co-Ed Institution and Vice-versa
- Introducing a Twining Program with an AICTE approved Indian Institution

Ensure that all copies are in A4 size only (Land documents/building drawing may be up to A0 sizes). Also, ensure that all copies are attested.

Please number all copies of documents as given below,

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 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

Your Regional office code	Your Application Id	Annexure Number	Sr number as in annexure 18	Page number (3 digits)
---------------------------	---------------------	-----------------	-----------------------------	------------------------

e.g. consider numbering an affidavit (comprising of 2 pages), which is sr. no. 2 in annexure 18.1,

WRO	1-11234567	18.10	02	001
WRO	1-11234567	18.10	02	002

The number so generated **WRO1-1123456718.1002001** should be written on top of each page with bold pen as shown below,

W	R	O	1	-	1	1	2	3	4	5	6	7	1	8	.	1	0	0	2	0	0	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Please do not bind or staple, as all pages are going to be scanned. All pages should be knotted on the left hand top corner as shown below. This set of knotted documents should be submitted in a "Flap Folder" as shown below.



Provide index page on top of set of documents as follows,

Region - WRO		Application ID : 1-11234567	
Annexure Number	Sr number as in annexure 18 (2 digits)of documents which are being submitted now	Page number (3 digits)	
From	To		
18.10	02	001	002
18.10	03	001	005

Regional Office codes :

Eastern	ERO		North-West	NWR		South Central	SCR		South-West	SWR
Northern	NRO		Central	CRO		Guwahati Camp Office	ERO		Southern	SRO
Western	WRO									

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 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

Important Note for Payments:

- a) "It has been observed that some of the institutions applying to AICTE for the approval process are submitting hand filled, over written payment slips (challan) along with the Cheque / Payorder at the collecting bank branches. We wish to reiterate that payment is to be deposited strictly as per Payment process explained in User manual uploaded on this website. AICTE shall not be able to update any such payment record as hand filled challan shall not have the corresponding Institution details at AICTE end for payment status updation, which will affect institution approval process.
- b) Institutions which do not follow the AICTE guidelines shall be responsible for rejection/ delay in updation of their application and neither AICTE nor the Collecting Bank shall be responsible for any such consequence."
- c) No DD / Cheque / PO to be sent to either Head Office / Regional Office of AICTE. Such payments shall not be processed and the applications are liable to be rejected.

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 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

Permanent Institute Id	1-5523281
Current Application Number	1-2813175324
Application Number of 2015-2016	1-2454907332
AICTE File No.	1-5523281
Application Type	Extension-Expansion-Closure
Permanent Institute Id ,as entered by Existing Institute applying for New Programme	Not Applicable
Do you want to change the Affiliating University/Board	No
Enter name of the new Affiliating University/Board	Data Not Provided by the Institute

Institute Details

Description	Details provided by Institute
Name of the Institution	RAGHAVENDRA INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH (RIPER)
Address	KRISHNAMREDDYPALLI CROSS, CHIYYEDU POST, ANANTAPUR - 515 721, ANDHRA PRADESH
Town/Village	ANANTAPUR
State/UT	Andhra Pradesh
District	ANANTAPUR
Pin	515721
AICTE Region	South-Central
STD code	918554
Land Phone number	255548
Cell Number	9848543932
FAX Number	255646
Email	riperatp@gmail.com
Alternate Email	riperatp@rediffmail.com
Website	www.riper.ac.in
Institute Type	Unaided - Private
Women Only Institute	No
Minority Institute	No
Type Of Minority	Data Not Provided by the Institute
Name of the Minority	NA
PAN	AAATR3438H
Primary Bank Account number	23728(Axis BANK), 2930(CANARA BANK)
Bank Name	FD IN INDIAN BANK, PRESENT ACCONTS IN AXIS BANK , CANARA BANK

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 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

IFSC Number	UTIB0000332,CNRB0008550
Any Unaided Course(In case of Government Aided Institute)	No
Approval Year of First Course	2002
Date of First Approval by AICTE	27/05/2002
Total number of teaching faculty in the Institute for all Programmes:	68
Number of teaching faculty approved by University/Government?:	34
Are all approved teaching faculty being paid as per VI pay commission?:	Yes
Are all the teaching faculty, as per AICTE qualification?:	Yes
Do you wish to apply closure of Institute?:	No
Percentage Grant/Funds Received from Government?:	0
Whether Institute is operating from Permanent Site/Temporary Site?:	Permanent Site
Whether mandatory disclosure is uploaded in Institute's website?:	Yes
Whether the Institute following ICAI(Institute of Chartered Accountants of India) Accounting Formats?:	Yes
Fees to be charged, Reservation policy, Admission policy and Document retention policy are duly approved by State Govt?:	Yes
Fees to be charged, Reservation policy, Admission policy and Document retention policy are duly approved by Affiliating Board/University?:	Yes
Fees to be charged, Reservation policy, Admission policy and Document retention policy are uploaded in Institute's Website?:	Yes
Whether List of faculty and data uploaded on the institute web portal	Yes

EOA/NBA/Autonomy Questions

Do you wish to apply for "Only Extension of Approval (EOA) for 2016-17"?	Yes
Do you have Autonomous Status (Academic Autonomy) as conferred by the Affiliating University?	Yes

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 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

Autonomy Issued Date:	13/10/2015
Autonomy Expiry Date:	31/05/2022
Do you have a valid NBA Accreditation? (Course should be accredited by NBA and Validity of Accredited Courses should be on or after 10-Apr-2016)	Yes
No of courses against which valid NBA Accreditation is present	1

Application Details

Change of Institute Site	No
Increase in Intake / Application for New Course	No
Closure of Course / Reduction in Intake	Yes
PIO/FN	Yes
NRI	No
Change of name of the Institute	No
Conversion of Women's Institution into Co-Ed Institution	No
Conversion of Co-ed Institution into Women Institution	No
Introducing a Twining Program with an AICTE approved Indian Institution	No
Introduction of New/Integrated Course	No

Payment Details

Sr. No.	Payment Id (1)	Mode of Payment (2)	Bank Transaction Id (3)	TPSL Transaction Id (4)	Receipt Flag (5)	Part Payment Amount (6)	Total Amount (7)	Transaction Date (8)
1	869431617	CIB/Retail Banking(Other Bank)	402554873	209377326	Y	50000	450000	28/02/2016
2	869431615	CIB/Retail Banking(Other Bank)	400569259	206240014	Y	400000	450000	15/02/2016

Details about Parent Organization

Name of the Parent organization	RAGHAVENDRA EDUCATIONAL AND RURAL DEVELOPMENT SOCIETY
Address	KRISHNAMREDDYPALLI CROSS, CHIYYEDU POST, ANANTAPUR DIST
Town/Village	ANANTAPUR
State/UT	Andhra Pradesh
District	ANANTAPUR

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 7 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

Pin Code	515721
Website	www.riper.ac.in
Type of the organization	Society
Registered with	DISTRICT REGISTRAR, KADAPA
Registration date	25/06/2001

Details about Contact Person

Title	Dr.
First Name	PADMANABHAREDDY
Last Name	YIRAGAMREDDY
Address (Plot No, Street etc.)	PLOT NO.2, LIC COLONY, JNTU ROAD, ANANTAPUR-515 721
Town/Village	ANANTAPUR
State/UT	Andhra Pradesh
District	ANANTAPUR
Pin Code	515002
Designation	PRINCIPAL
STD Code	918554
Land Phone Number	272177
Cell Number	9848543932
FAX Number	255646
Email	ypreddyatp@gmail.com
Alternate Cell Number	9441426655
Alternate Email Address	ypreddyatp@rediffmail.com

Land Details

Location	Rural
North Eastern States/Land in Hilly Area	No
Number of pieces of Land	1
Max distance in farthest pieces	NA
Land Piece Area 1 in acres	3
Land Piece Area 2 in acres	Data Not Provided by the Institute
Land Piece Area 3 in acres	Data Not Provided by the Institute
Latitude and Longitude	Latitude - 14, 35, 41 Longitude - 77, 39, 52
Total area in acres	3

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 8 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

Land registered with	DISTRICT REGISTRAR,ANANTAPUR
Land registration date	31/08/2001
Land Use Certificate issued by	Mandal Revenue Officer
Land Use Certificate date	24/12/2001
Land ownership details	Registered Sale Deed
Mortgage details(if any)	No
Purpose of mortgage	No

Land Details (Contd)

Sr. No.	Land Registration No (1)	Date of Registration (2)	Area of Land (acres) (3)	Khasra Number (4)	Plot Number, Survey Number, etc (5)	Land Situated At(6)	Land Registered in the name Of(7)	Ownership or Govt Lease(8)	Land Use Certificate Issued(9)	Land Use Certificate Issuing Authority (10)
1	7718, 7719/2001	31/08/2001	2.44	98	98	Kandukur Panchayat	Raghavendra Educational & Rural Development Society	Ownership	Yes	Revenue Divisional Officer

Land Details (Contd)

Sr. No.	Is the Land Mortgaged(11)	Details of Land If the Land is Mortgaged(12)	Land required at the time of First AICTE approval(In Acres)(13)	Land available at the time of First AICTE approval(In Acres)(14)
1	No	Data Not Provided by the Institute	5	6

Building Details

Building status	Available
Total built up area planned (Sq.mts)	18700
Total built up area ready (Sq.mts)	14500
Total Instructional area (carpet area) ready in (Sq.mts)	9500
Total Administrative area (carpet area) ready in (Sq.mts)	1000
Total Amenities area (carpet area) ready in (Sq.mts)	2600
Activities in the building other than AICTE approved courses(if any)	NIL

Building Details (Contd)

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 9 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

Sr Num	Building Number (1)	Building Name (2)	Sanctioned Built up Area(Sq.mts.) (3)	Constructed Built up area (Sq.mts.) (4)	Approved Carpet Area Instructional (Sq.mts.) (5)	Constructed Carpet Area Instructional (Sq.mts.) (6)	Approved Carpet Area- Administrative (Sq.mts.) (7)	Constructed Carpet Area Administrative (Sq.mts.) (8)	Approved Carpet Area- Amenities (Sq.mts.) (9)	Constructed Carpet Area Amenities (Sq.mts.) (10)
1	2/2001	Rag havendra Institute	18700	14500	14000	9500	1500	1000	3200	2600

Building Details (Contd)

Sr Num	Total Area Approved (Sq.mts.) (11)	Total Area Constructed (Sq.mts.) (12)	Activities Conducted in the Building (13)	Non AICTE approved courses run in the Building (if Any)(14)	Name of the Building Plan Approving Authority (15)	Building Plan Approval Date (16)	Approval Number(17)
1	18700	12467	Educational building	Nil	Panchayat Officer	20/09/2001	2-2001

Programme and courses

Sr. No.	Course Unique Id(1)	Programme (2)	Level (3)	Course (4)	Shift (5)	FT/PT (6)	Started In (7)	Applying For(8)	Course duration (9)
1	1-1400779872	PHARMACY	POST GRADUATE	PHARMACEUTICS	1st Shift	FULL TIME	2010	Closure of course	2
2	1-1400779875	PHARMACY	POST GRADUATE	PHARMACOLOGY	1st Shift	FULL TIME	2010	EoA Only	2
3	1-1400779877	PHARMACY	POST GRADUATE	PHARMACEUTICAL ANALYSIS AND QUALI	2nd Shift	FULL TIME	2010	Closure of course	2

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 10 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

				TY ASSUR ANCE					
4	1-1400779879	PHARMA CY	POST GRA DUAT E	PHAR MACE UTICS	1st Shift	FULL TIME	2011	EoA Only	2
5	1-1400779881	PHARMA CY	UND ER GRA DUAT E	PHAR MACY	1st Shift	FULL TIME	2010	EoA Only	4
6	1-1400779883	PHARMA CY	DIPL OMA	PHAR MACY	1st Shift	FULL TIME	2010	EoA Only	2
7	1-1400779891	PHARMA CY	POST GRA DUAT E	PHAR MACE UTICAL ANALY SIS AND QUALI TY ASSUR ANCE	1st Shift	FULL TIME	2008	EoA Only	2
8	1-1400779895	PHARMA CY	POST GRA DUAT E	PHAR MACE UTICS	1st Shift	FULL TIME	2012	EoA Only	2
9	1-1506961885	PHARMA CY	POST GRA DUAT E	PHAR MACY PRACT ICE	1st Shift	FULL TIME	2013	EoA Only	2
10	1-1507047435	PHARMA CY	POST GRA DUAT E	PHAR MACE UTICAL ANALY SIS AND QUALI TY ASSUR	1st Shift	FULL TIME	2013	EoA Only	2

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 11 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

				ANCE					
--	--	--	--	------	--	--	--	--	--

Programme and courses (Contd)

Sr. No.	Course Unique Id (10)	Program me (11)	Course (12)	Current intake (15-16) (13)	Applied for intake (16-17) (14)	University / Board(15)	NRI (16)	PIO/F N (17)	Twining Program Request (18)	NBA Accreditation status (As on 10-April-2016) (19)
1	1-1400779872	PHARMA CY	PHAR MACE UTICS	18	0	Jawaharlal Nehru Technolog ical University, Anantapur	Not interested	Applie d for closur e	Not intereste d	NO
2	1-1400779875	PHARMA CY	PHAR MACO LOGY	18	18	Jawaharlal Nehru Technolog ical University, Anantapur	Not interested	Applie d to contin ue	Not intereste d	NO
3	1-1400779877	PHARMA CY	PHAR MACE UTICA L ANALY SIS AND QUALI TY ASSUR ANCE	18	0	Jawaharlal Nehru Technolog ical University, Anantapur	Not interested	Applie d for closur e	Not intereste d	NO
4	1-1400779879	PHARMA CY	PHAR MACE UTICS	18	18	Jawaharlal Nehru Technolog ical University, Anantapur	Not interested	Applie d to contin ue	Not intereste d	NO
5	1-1400779881	PHARMA CY	PHAR MACY	120	120	Jawaharlal Nehru Technolog ical University, Anantapur	Not interested	Applie d to contin ue	Not intereste d	YES
6	1-1400779883	PHARMA CY	PHAR MACY	60	60	State Boadr of Technical Education	Not interested	Applie d to contin ue	Not intereste d	NO

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 12 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

						and Training, Hyderabad				
7	1-1400779891	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	18	18	Jawaharlal Nehru Technological University, Anantapur	Not interested	Applied to continue	Not interested	NO
8	1-1400779895	PHARMACY	PHARMACEUTICS	18	18	Jawaharlal Nehru Technological University, Anantapur	Not interested	Applied to continue	Not interested	NO
9	1-1506961885	PHARMACY	PHARMACY PRACTICE	24	24	Jawaharlal Nehru Technological University, Anantapur	Not interested	Applied to continue	Not interested	NO
10	1-1507047435	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	24	24	Jawaharlal Nehru Technological University, Anantapur	Not interested	Applied to continue	Not interested	NO

Integrated Course Details

Data not entered by Institute

Integrated Course Details(Contd.)

Data not entered by Institute

Instructional Area

Sr. No.	Programme	Level (2)	Building Number	Building Name	Room Type	Room Number	Average Carpet Area	Flooring	Wall & Painting	Elec & lighting	Furniture &
---------	-----------	-----------	-----------------	---------------	-----------	-------------	---------------------	----------	-----------------	-----------------	-------------

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 13 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

	(1)		(3)	(4)	(5)	(6)	(Sq.mts) (7)	(8)	(9)	(10)	Fixtures (11)
1	PHARMACY	DIPL OMA	01	RIPER	Semin ar Hall	34A	135	Ready	Ready	Ready	Ready
2	PHARMACY	UND ER GRA DUA TE	01	RIPER	Classr oom	34B	70.2	Ready	Ready	Ready	Ready
3	PHARMACY	UND ER GRA DUA TE	01	RIPER	Classr oom	38	70.2	Ready	Ready	Ready	Ready
4	PHARMACY	UND ER GRA DUA TE	01	RIPER	Classr oom	39	80.2	Ready	Ready	Ready	Ready
5	PHARMACY	UND ER GRA DUA TE	01	RIPER	Classr oom	40	80.2	Ready	Ready	Ready	Ready
6	PHARMACY	UND ER GRA DUA TE	01	RIPER	Classr oom	41	70.2	Ready	Ready	Ready	Ready
7	PHARMACY	UND ER GRA DUA TE	01	RIPER	Tutoria l Room	41A	35.1	Ready	Ready	Ready	Ready
8	PHARMACY	POS T GRA DUA TE	01	RIPER	Tutoria l Room	42	35.1	Ready	Ready	Ready	Ready
9	PHARMACY	POS T GRA DUA TE	01	RIPER	Tutoria l Rooms - PG	43	35.1	Ready	Ready	Ready	Ready
10	PHARMACY	POS T GRA DUA TE	01	RIPER	Tutoria l Rooms - PG	44	35.1	Ready	Ready	Ready	Ready
11	PHARMACY	DIPL OMA	01	RIPER	Classr oom	45	70.2	Ready	Ready	Ready	Ready
12	PHARMACY	POS T GRA DUA TE	01	RIPER	Tutoria l Rooms - PG	45A	35.1	Ready	Ready	Ready	Ready

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 14 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

13	PHARMACY	DIPLOMA	01	RIPER	Classroom	46	70.2	Ready	Ready	Ready	Ready
14	PHARMACY	POSTGRADUATE	01	RIPER	Tutorial Rooms - PG	46A	35.1	Ready	Ready	Ready	Ready
15	PHARMACY	POSTGRADUATE	01	RIPER	Tutorial Rooms - PG	47	35.1	Ready	Ready	Ready	Ready
16	PHARMACY	POSTGRADUATE	01	RIPER	Tutorial Rooms - PG	47A	35.1	Ready	Ready	Ready	Ready
17	PHARMACY	POSTGRADUATE	01	RIPER	Tutorial Rooms - PG	48	35.1	Ready	Ready	Ready	Ready
18	PHARMACY	POSTGRADUATE	01	RIPER	Tutorial Rooms - PG	48A	35.1	Ready	Ready	Ready	Ready
19	PHARMACY	POSTGRADUATE	01	RIPER	Tutorial Room	49	70.2	Ready	Ready	Ready	Ready
20	PHARMACY	POSTGRADUATE	01	RIPER	Laboratory	51	80	Ready	Ready	Ready	Ready
21	PHARMACY	POSTGRADUATE	01	RIPER	Laboratory	51A	105	Ready	Ready	Ready	Ready
22	PHARMACY	POSTGRADUATE	01	RIPER	Research Laboratory	52	80	Ready	Ready	Ready	Ready
23	PHARMACY	POSTGRADUATE	01	RIPER	Laboratory	52A	105	Ready	Ready	Ready	Ready
24	PHARMACY	POSTGRADUATE	01	RIPER	Laboratory	52B	75	Ready	Ready	Ready	Ready

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 15 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

25	PHARMACY	POST GRADUATE	01	RIPER	Research Laboratory	53	80	Ready	Ready	Ready	Ready
26	PHARMACY	POST GRADUATE	01	RIPER	Laboratory	53A	105	Ready	Ready	Ready	Ready
27	PHARMACY	POST GRADUATE	01	RIPER	Research Laboratory	54	75	Ready	Ready	Ready	Ready
28	PHARMACY	POST GRADUATE	01	RIPER	Research Laboratory	54A	75	Ready	Ready	Ready	Ready
29	PHARMACY	POST GRADUATE	01	RIPER	Research Laboratory	54B	75	Ready	Ready	Ready	Ready
30	PHARMACY	POST GRADUATE	01	RIPER	Tutorial Room	56	95	Ready	Ready	Ready	Ready
31	PHARMACY	UNDER GRADUATE	01	RIPER	Laboratory	58	80	Ready	Ready	Ready	Ready
32	PHARMACY	UNDER GRADUATE	01	RIPER	Laboratory	59	80	Ready	Ready	Ready	Ready
33	PHARMACY	UNDER GRADUATE	01	RIPER	Laboratory	60	80	Ready	Ready	Ready	Ready
34	PHARMACY	UNDER GRADUATE	01	RIPER	Laboratory	60A	75	Ready	Ready	Ready	Ready
35	PHARMACY	UNDER GRADUATE	01	RIPER	Laboratory	61	80	Ready	Ready	Ready	Ready

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 16 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

36	PHARMACY	UNDERGRADUATE	01	RIPER	Laboratory	62	95	Ready	Ready	Ready	Ready
37	PHARMACY	UNDERGRADUATE	01	RIPER	Laboratory	63	80	Ready	Ready	Ready	Ready
38	PHARMACY	UNDERGRADUATE	01	RIPER	Laboratory	64	80	Ready	Ready	Ready	Ready
39	PHARMACY	UNDERGRADUATE	01	RIPER	Laboratory	65	80	Ready	Ready	Ready	Ready
40	PHARMACY	UNDERGRADUATE	01	RIPER	Laboratory	66	95	Ready	Ready	Ready	Ready
41	PHARMACY	UNDERGRADUATE	01	RIPER	Laboratory	67	80	Ready	Ready	Ready	Ready
42	PHARMACY	DIPLOMA	01	RIPER	Laboratory	68	80	Ready	Ready	Ready	Ready
43	PHARMACY	DIPLOMA	01	RIPER	Laboratory	69	95	Ready	Ready	Ready	Ready
44	PHARMACY	DIPLOMA	01	RIPER	Laboratory	69A	75	Ready	Ready	Ready	Ready
45	PHARMACY	UNDERGRADUATE	01	RIPER	Laboratory	70	75	Ready	Ready	Ready	Ready
46	PHARMACY	POSTGRADUATE	01	RIPER	Tutorial Room	71	70.2	Ready	Ready	Ready	Ready
47	PHARMACY	POSTGRADUATE	01	RIPER	Tutorial Room	72	70.2	Ready	Ready	Ready	Ready
48	PHARMACY	POSTGRADUATE	01	RIPER	Tutorial Room	73	70.2	Ready	Ready	Ready	Ready

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 17 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

49	PHARMACY	DIPL OMA	01	RIPER	Tutoria l Room	74	35.1	Ready	Ready	Ready	Ready
50	PHARMACY	POS T GRA DUA TE	01	RIPER	Tutoria l Rooms - PG	75	35.1	Ready	Ready	Ready	Ready
51	PHARMACY	DIPL OMA	01	RIPER	Animal House	75 B	75	Ready	Ready	Ready	Ready
52	PHARMACY	UND ER GRA DUA TE	01	RIPER	Animal House	75A	75	Ready	Ready	Ready	Ready
53	PHARMACY	UND ER GRA DUA TE	01	RIPER	Labora tory	76	75	Ready	Ready	Ready	Ready
54	PHARMACY	DIPL OMA	01	RIPER	Labora tory	77	75	Ready	Ready	Ready	Ready
55	PHARMACY	POS T GRA DUA TE	01	RIPER	Tutoria l Room	78	135	Ready	Ready	Ready	Ready
56	PHARMACY	DIPL OMA	01	RIPER	Labora tory	79	75	Ready	Ready	Ready	Ready
57	PHARMACY	DIPL OMA	01	RIPER	Labora tory	80	75	Ready	Ready	Ready	Ready
58	PHARMACY	DIPL OMA	01	RIPER	Labora tory	85	75	Ready	Ready	Ready	Ready
59	PHARMACY	DIPL OMA	01	RIPER	Labora tory	86	75	Ready	Ready	Ready	Ready
60	PHARMACY	DIPL OMA	01	RIPER	Labora tory	87	75	Ready	Ready	Ready	Ready
61	PHARMACY	POS T GRA DUA TE	01	RIPER	Labora tory	88	100	Ready	Ready	Ready	Ready
62	PHARMACY	POS T GRA DUA TE	01	RIPER	Labora tory	89	100	Ready	Ready	Ready	Ready
63	PHARMACY	POS T GRA DUA TE	01	RIPER	Resea rch Labora tory	90	75	Ready	Ready	Ready	Ready
64	PHARMACY	POS T GRA DUA TE	01	RIPER	Resea rch Labora tory	91	75	Ready	Ready	Ready	Ready

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 18 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

65	PHARMACY	POST GRADUATE	01	RIPER	Tutorial Room	92	35.1	Ready	Ready	Ready	Ready
66	PHARMACY	POST GRADUATE	01	RIPER	Tutorial Room	93	35.1	Ready	Ready	Ready	Ready
67	PHARMACY	DIPLOMA	01	RIPER	Classroom	94	70.2	Ready	Ready	Ready	Ready
68	PHARMACY	DIPLOMA	01	RIPER	Classroom	95	70.2	Ready	Ready	Ready	Ready
69	PHARMACY	UNDER GRADUATE	01	RIPER	Classroom	96	70.2	Ready	Ready	Ready	Ready

Instructional Area Common facilities

Building Number (1)	Building Name (2)	Room Type (3)	Room Id(4)	Area (Sq.mts) (5)	Flooring(6)	Wall & Painting (7)	Elec & lighting (8)	Furniture & Fixtures(9)
01	RIPER	Library&Reading Room	55	200	Ready	Ready	Ready	Ready
01	RIPER	Computer Center	55B	150	Ready	Ready	Ready	Ready
01	RIPER	Library&Reading Room	PG/57	100	Ready	Ready	Ready	Ready

Administrative Area

Sr. No.	Building Number (1)	Building Name (2)	Room Type (3)	Room Id (4)	Area (Sq.mts) (5)	Flooring (6)	Wall & Painting (7)	Elec & Lighting (8)	Furniture & fixtures (9)
1	01	RIPER	Principal Directors Office	1	35.5	Ready	Ready	Ready	Ready
2	01	RIPER	Cabin for Head of Dept	10	10	Ready	Ready	Ready	Ready
3	01	RIPER	Cabin for Head of Dept	11	10	Ready	Ready	Ready	Ready
4	01	RIPER	Cabin for Head of Dept	12	10	Ready	Ready	Ready	Ready
5	01	RIPER	Faculty Room	13	35.1	Ready	Ready	Ready	Ready

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 19 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

Sr. No.	Building Number (1)	Building Name (2)	Room Type (3)	Room Id (4)	Area (Sq.mts) (5)	Flooring (6)	Wall & Painting (7)	Elec & Lighting (8)	Furniture & fixtures (9)
6	01	RIPER	Faculty Room	14	35.1	Ready	Ready	Ready	Ready
7	01	RIPER	Faculty Room	15	35.1	Ready	Ready	Ready	Ready
8	01	RIPER	Faculty Room	16	35.1	Ready	Ready	Ready	Ready
9	01	RIPER	Central Store	17	35.1	Ready	Ready	Ready	Ready
10	01	RIPER	Maintenance	18	35.1	Ready	Ready	Ready	Ready
11	01	RIPER	Security	19	10	Ready	Ready	Ready	Ready
12	01	RIPER	Faculty Room	19A	10	Ready	Ready	Ready	Ready
13	01	RIPER	Board Room	2	20	Ready	Ready	Ready	Ready
14	01	RIPER	Housekeeping	20	10	Ready	Ready	Ready	Ready
15	01	RIPER	Faculty Room	20A	10	Ready	Ready	Ready	Ready
16	01	RIPER	Pantry for Staff	21	10	Ready	Ready	Ready	Ready
17	01	RIPER	Exam Control Office	22	35.1	Ready	Ready	Ready	Ready
18	01	RIPER	Placement Office	22A	35.1	Ready	Ready	Ready	Ready
19	01	RIPER	Office All Inclusive	3	155.5	Ready	Ready	Ready	Ready
20	01	RIPER	Department Office	4	20	Ready	Ready	Ready	Ready
21	01	RIPER	Department Office	5	20	Ready	Ready	Ready	Ready
22	01	RIPER	Cabin for Head of Dept	59A	15	Ready	Ready	Ready	Ready
23	01	RIPER	Department Office	6	20	Ready	Ready	Ready	Ready
24	01	RIPER	Department Office	7	20	Ready	Ready	Ready	Ready
25	01	RIPER	Cabin for Head of Dept	8	10	Ready	Ready	Ready	Ready
26	01	RIPER	Faculty Room	81	35.1	Ready	Ready	Ready	Ready
27	01	RIPER	Faculty Room	82	35.1	Ready	Ready	Ready	Ready
28	01	RIPER	Cabin for Head of Dept	9	10	Ready	Ready	Ready	Ready

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 20 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

Amenities Area

Sr. No.	Building Number (1)	Building Name (2)	Room type (3)	Room Id (4)	Area (Sq.mts) (5)	Flooring (6)	Wall & Painting (7)	Elec & Lighting (8)	Furniture & Fixtures(9)
1	01	RIPER	Toilet	24	50.2	Ready	Ready	Ready	Ready
2	01	RIPER	Toilet	25	70.2	Ready	Ready	Ready	Ready
3	01	RIPER	Toilet	26	4.4	Ready	Ready	Ready	Ready
4	01	RIPER	Toilet	27	4.9	Ready	Ready	Ready	Ready
5	01	RIPER	Toilet	28	4.9	Ready	Ready	Ready	Ready
6	01	RIPER	Boys Common Room	29	80	Ready	Ready	Ready	Ready
7	01	RIPER	Girls Common Room	30	80	Ready	Ready	Ready	Ready
8	01	RIPER	Cafeteria	31	150	Ready	Ready	Ready	Ready
9	01	RIPER	Stationery Store	32	10	Ready	Ready	Ready	Ready
10	01	RIPER	First aid cum Sick Room	33	10	Ready	Ready	Ready	Ready
11	01	RIPER	Guest House	35	30	Ready	Ready	Ready	Ready
12	01	RIPER	Boys' Hostel	36	750	Ready	Ready	Ready	Ready
13	01	RIPER	Girls' Hostel	37	950	Ready	Ready	Ready	Ready
14	01	RIPER	Toilet	83	50.2	Ready	Ready	Ready	Ready
15	01	RIPER	Toilet	84	35.1	Ready	Ready	Ready	Ready

Circulation Area

Sr. No.	Building Number (1)	Building Name (2)	Area Type (3)	Average Carpet Area (Sq.mts) (4)	Flooring (5)	Wall & Painting(6)	Elec & Lighting (7)	Furniture & fixtures(8)	Sanitary Fittings (9)
1	01	RIPER	Corridors	1548	Yes	Ready	Ready	Ready	Y
2	01	RIPER	Other Areas (in Sq m)	120	Yes	Ready	Ready	Ready	Y
3	01	RIPER	Other Common Area (in Sq m)	695	Yes	Ready	Ready	Ready	Y

Other Facilities

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 21 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

All Weather Approach (Motorized Road)	YES
Backup Electric Supply	YES
Barrier free Environment	YES
CCTV Security	YES
ERP Software	YES
Electric Supply	YES
General Insurance	YES
Group Insurance	YES
Institution Web Site	YES
Insurance for Students	YES
Stand Alone Language Laboratory (Minimum 25 PCs/Laptop up to total intake of 1000.Further additional 25 PCs/Laptop per intake of 1000):	YES
Medical & Counseling facilities	YES
Notice Boards	YES
Public Announcement System	YES
Potable Water Supply	YES
Post & Banking/ATM	NO
Projectors in Classrooms	YES
Safety Provisions including fire and other calamities	YES
Sewage Disposal System	YES
Staff Quarters	NO
Telephone & FAX	YES
Transport Facility	YES
Vehicle Parking Facility	YES
First Aid Facility	YES
Rain Water Harvesting	YES
Solar Power Systems	NO
Appointment Of Student Counselor	YES
Establishment Of Anti Ragging Committee	YES
Establishment Of Committee For SC/ST	YES
Establishment of Internal Complaint Committee (ICC) Committee As per section 4 of Sexual Harassment of Women at Workplace(Prevention, Prohibition and Redressal) Act, 2013	YES
Establishment of Grievance Redressal Committee in the Institute and Appointment of OMBUDSMAN by the University	YES

Laboratory Details

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 22 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

Sr. No.	Program me (1)	Level (2)	Course (3)	Building Number (4)	Building Name (5)	Name of Lab(6)	Yearly Budget(E) (in Rs) (7)	Yearly Budget (C) (in Rs) (8)	Investment till Date (in Rs) (9)	Research Lab? (10)
1	PHARMACY	POST GRADUATE	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	01	RIPER	ADVANCED PHARMACEUTICAL ANALYSIS	15000	25000	2012	No
2	PHARMACY	UNDER GRADUATE	PHARMACY	01	RIPER	ANATOMY AND PHYSIOLOGY LAB	400000	35000	2012	No
3	PHARMACY	DIPL OMA	PHARMACY	01	RIPER	BIOCHEMISTRY	15000	25000	2012	No
4	PHARMACY	UNDER GRADUATE	PHARMACY	01	RIPER	BIOPHARMACEUTICS AND PHARMACOKINETICS LAB	400000	20000	2012	Yes
5	PHARMACY	POST GRADUATE	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	01	RIPER	CENTRAL SOPHISTICATED INSTRUMENTATION	200000	100000	2012	Yes
6	PHARMACY	POST GRADUATE	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	01	RIPER	CHROMATOGRAPHIC ANALYSIS	500000	100000	2012	No

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 23 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

Sr. No.	Program me (1)	Level (2)	Course (3)	Building Number (4)	Building Name (5)	Name of Lab(6)	Yearly Budget(E) (in Rs) (7)	Yearly Budget (C) (in Rs) (8)	Investment till Date (in Rs) (9)	Research Lab? (10)
7	PHARMACY	DIPL OMA	PHARM ACY	01	RIPER	CLINICAL BIOCHEMISTRY LAB	200000	20000	2012	No
8	PHARMACY	UNDER GRADUATE	PHARM ACY	01	RIPER	DISPENSING AND PREPARATIVE PHARMACY	200000	30000	2012	No
9	PHARMACY	DIPL OMA	PHARM ACY	01	RIPER	DISPENSING LAB	1000	20000	2012	No
10	PHARMACY	POST GRADUATE	PHARM ACOLOGY	01	RIPER	DRUG SCREENING LAB	800000	300000	2012	No
11	PHARMACY	POST GRADUATE	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	01	RIPER	ELECTROMETRIC METHODS OF ANALYSIS	400000	600000	2012	No
12	PHARMACY	DIPL OMA	PHARM ACY	01	RIPER	HOSPITAL PHARMACY	100000	20000	2012	No
13	PHARMACY	POST GRADUATE	PHARMACEUTICALS	01	RIPER	MACHINE ROOM	500000	10000	2012	No
14	PHARMACY	UNDER GRADUATE	PHARM ACY	01	RIPER	MEDICAL BIOCHEMISTRY	200000	20000	2012	No
15	PHARMACY	UNDER GRADUATE	PHARM ACY	01	RIPER	MEDICAL CHEMISTRY	200000	30000	2012	No

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 24 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

Sr. No.	Program me (1)	Level (2)	Course (3)	Building Number (4)	Building Name (5)	Name of Lab(6)	Yearly Budget(E) (in Rs) (7)	Yearly Budget (C) (in Rs) (8)	Investment till Date (in Rs) (9)	Research Lab? (10)
16	PHARMACY	UNDERGRADUATE	PHARMACY	01	RIPER	PHARM .ANALYSIS	200000	20000	2012	No
17	PHARMACY	UNDERGRADUATE	PHARMACY	01	RIPER	PHARMACEUTICAL BIOTECHNOLOGY LAB	250000	15000	2012	No
18	PHARMACY	DIPL OMA	PHARMACY	01	RIPER	PHARMACEUTICAL CHEMISTRY LAB	200000	20000	2012	No
19	PHARMACY	UNDERGRADUATE	PHARMACY	01	RIPER	PHARMACEUTICAL ORGANIC CHEMISTRY	150000	15000	2012	No
20	PHARMACY	DIPL OMA	PHARMACY	01	RIPER	PHARMACEUTICS	100000	20000	2012	No
21	PHARMACY	POST GRADUATE	PHARMACEUTICS	01	RIPER	PHARMACEUTICS (PHYSICAL PHARMACY) PG LAB	500000	50000	2012	Yes
22	PHARMACY	DIPL OMA	PHARMACY	01	RIPER	PHARMACEUTICS LAB	200000	20000	2012	No
23	PHARMACY	UNDERGRADUATE	PHARMACY	01	RIPER	PHARMACEUTICS PG LAB	200000	250000	2012	No
24	PHARMACY	DIPL OMA	PHARMACY	01	RIPER	PHARMACEUTICS- DIPLOMA	100000	20000	2012	No

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 25 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

Sr. No.	Program me (1)	Level (2)	Course (3)	Building Number (4)	Building Name (5)	Name of Lab(6)	Yearly Budget(E) (in Rs) (7)	Yearly Budget (C) (in Rs) (8)	Investment till Date (in Rs) (9)	Research Lab? (10)
25	PHARMACY	DIPL OMA	PHARMACY	01	RIPER	PHARMACOGNOSY AND BIOLOGY LAB	150000	15000	2012	No
26	PHARMACY	POST GRADUATE	PHARMACOLOGY	01	RIPER	PHARMACOLOGY	600000	100000	2012	Yes
27	PHARMACY	POST GRADUATE	PHARMACOLOGY	01	RIPER	PHARMACOLOGY PG LAB	200000	25000	2012	No
28	PHARMACY	UNDER GRADUATE	PHARMACY	01	RIPER	PHARMACOLOGY RESEARCH LAB	300000	400000	2012	Yes
29	PHARMACY	POST GRADUATE	PHARMACEUTICAL CHEMISTRY	01	RIPER	PHARMACY PRACTICE	200000	25000	2012	No
30	PHARMACY	POST GRADUATE	PHARMACEUTICS	01	RIPER	PHYSICAL PHARMACY LAB	100000	50000	2012	Yes
31	PHARMACY	DIPL OMA	PHARMACY	01	RIPER	PHYTO AND CHROMATOG RAPHIC TECHNIQUES	200000	50000	2012	No
32	PHARMACY	POST GRADUATE	PHARMACEUTICS	01	RIPER	PREFORMULATION RESEARCH LAB	300000	750000	2012	Yes

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 26 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

Sr. No.	Program me (1)	Level (2)	Course (3)	Building Number (4)	Building Name (5)	Name of Lab(6)	Yearly Budget(E) (in Rs) (7)	Yearly Budget (C) (in Rs) (8)	Investment till Date (in Rs) (9)	Research Lab? (10)
33	PHARMA CY	POS T GRADUA TE	PHARM ACEUTI CAL ANALY SIS AND QUALIT Y ASSUR ANCE	01	RIPER	QUALIT Y CONTR OL	700000	50000	2012	No
34	PHARMA CY	UND ER GRADUA TE	PHARM ACY	01	RIPER	TITRIC METRI C AND ELECT ROMET RIC ANALY SIS	200000	50000	2012	No

Library Books

Program me (1)	Titles (2)	Volumes(3)	International Journals (4)	National Journals (5)	Number of e-Book Titles (6)	Number of e-Book Volumes (7)
PHARMA CY	1458	11352	19	44	128	0

Library Facilities

Working Hrs. (1)	E journal Subscripti on (2)	Annual Budget (in Rs)(3)	Area in Sqm(4)	Library Management Software(5)	Bar Code or RF Tab book handling (6)	Reprographic Facility(7)	Reading Room Capacity (Number of Students)(8)
8.00 - 5.00	ELSEVIER - CLINICAL PHARMCO L, TOXED	500000	150	Yes	Yes	Y	175

e-Journal Declaration	Status of declaration check box
BY CLICKING THIS CHECK BOX THE INSTITUTE HEREBY DECLARES THAT IT HAS SUBSCRIBED FOR ALL THE REQUIRED E-JOURNALS AS MENTIONED IN APPROVAL PROCESS HANDBOOK2016-2017.	Yes

Computational Facility

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 27 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

Legal System Software (1)	Legal Application Software (2)	Internet Bandwidth in Mbps(3)	Internet Contention Ratio(4)	PCs/Laptop exclusively available to students (5)	PCs/Laptop available in Administrative Office(6)	Number of PCs/Laptop available in Library(7)	Number of PCs/Laptop in language lab(8)	PCs/Laptop available to Faculty Members(9)	Printers available to student(10)
1	10	32	1:1	170	7	5	15	10	9

Hostel Facility

Sr. Num	Number of rooms having Single bed/room (area of room)(1)	Building Number(2)	Name of Building(3)	Number of rooms having Double/Two bed/room (area of room)(4)	Building Number(5)	Name of Building(6)	Number of rooms having Triple/Three bed/room (area of room)(7)	Building Number(8)	Name of Building(9)	Number of rooms having Four bed/room (area of room)(10)	Building Number(11)	Name of Building(12)
1	Boys 0 (0)	02	RIPER Hostel	10 (10)	02	RIPER	20 (18)	02	RIPER Hostel	5 (2010)	03	RIPER Hostel
2	Girls 0 (0)	03	RIPER Hostel	20 (10)	03	RIPER Hostel	25 (20)	RIPER Hostel	RIPER Hostel	4(15)	03	RIPER Hostel

Operational Funds

Bank Name(1)	Account Number(2)	Bank Statement Date(3)	Cash Balance(4)
Axis Bank, Anantapur	332010100023728	02/02/2015	251679.8
Axis Bank, Anantapur	332010100016913	31/12/2014	888096.32

Financial Details (in Rs)

Funds/ Grants from Central Government	0
Funds/ Grants from State Government	0
Funds/ Grants from Student Fees	47984477
Funds/ Grants from Donations	0
Funds/ Grants from UGC	0
Funds/ Grants from Other Bodies	0
Funds/ Grants raised from Other Sources/ Internal Revenue	551972

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 28 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

Salary to the Teaching Staff	20355068
Remuneration to Visiting/Guest Faculty	305300
Salary to Non-teaching Staff:	6479722
Library (Investments)	914926
Equipment (Investments)	2732269
Building Maintenance Expenses	2610068
Other Expenditure (if any)	15139096

Company/Industry Details

Are you a Company/Industry wishing to set up a new Institute?:	No
Type of Company/Industry:	Not Applicable
Is the company having Minimum 100 Cr Turnover for the last 3 years? (Attach supporting documents):	Not Applicable
Company/Industry PAN Number:	Not Applicable
Company/Industry TAN Number:	Not Applicable
Company/Industry Registered Address:	Not Applicable
Company/Industry Year of Registration:	Not Applicable

Funds/Grants Received Details

Sr. No.	Name of Grant/Funds (1)	Year in which Grant/Funds was Sanctioned (2)	Sanctioned Letter Number(3)	Date of Sanctioned Grant/Funds(4)	Date of Receiving Grant/Funds(5)	Activity Conducted Related to Grant/Funds (From-Date) (6)	Activity Conducted Related to Grant/Funds (To-Date) (7)	Submitted Final Utilization certificate (Status) (8)	Utilization certificate Reference Number (9)	Date of submission of Final Utilization Certificate (10)
1	Research Promotion Scheme	2011	8023/RID/RPS-98(Pvt)/2011-12	20/12/2011	31/01/2012	01/02/2012	01/02/2014	Yes	Submitted	31/01/2014
2	MOD ROBS	2013	12/AICTE/RIFD/MOD/PVT-9/2012-13	28/11/2013	28/11/2013	02/12/2013	05/12/2015	Yes	Submitted	

Funds/Grants Received Details (Contd.)

Sr.	Name of	Final Settlement of	Balance of Grant/Funds	Balance of	Remarks(15)
-----	---------	---------------------	------------------------	------------	-------------

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 29 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

No.	Grant/Funds(11)	Grant/Funds(12)	to be received from AICTE(13)	Grant/Funds to be Refunded to AICTE(14)	
1	Research Promotion Scheme	Yes	0	0	
2	MODROBS	Yes	0	0	

Ombudsman/Grievance Details

Grievance Committee Appointment	Yes
OMBUDSMAN Appointment	Yes

Ombudsman Appointment/Grievance Committee Details

Sr. No.	Committee Type (1)	Appointment Order reference Number(2)	Date of Appointment (3)	Name of the Committee Member (4)	Profession (5)	Address (6)	Associated With(7)	Mobile Number (8)	e Mail Address (9)	Fax No. (10)
1	OMBU DSMAN	A2/AICTE/Ombudsman-Appointment	14/09/2012	Dr.H.Sudashana Rao	Professor	Rector, JNTU Anantapur, Anantapur	JNTUA University	9000551417	jntua.lector@gmail.com	8554272451
2	Grievance Redressal	RIPER/Grievance redressal/2012	03/09/2012	Dr.P.Ramalingam	Professor	Professor	RIPER, Anantapur	9985184448	rampharm@rediffmail.com	8554255646

Anti-Ragging Related Details Provided by the Institute

Constitution of Anti-Ragging Committee	Yes
Constitution of Anti-Ragging Squad	Yes
Undertaking obtained from all Students	Yes
Appointment of Counselors	Yes
Undertaking obtained from parents of all the students	Yes
Undertaking obtained from students staying in Hostel	Yes
Undertaking obtained from parents of students staying in Hostel	Yes

Anti-Ragging Committee/Squad Details

Sr. No.	Committee Type (1)	Appointment Order reference Number(2)	Date of Appointment (3)	Name of the Committee Member (4)	Profession (5)	Address (6)	Associated With(7)	Mobile Number (8)	Fax No (9)	eMail Address (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 30 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

1	Anti-Ragging Committee	RIPER/Anti Ragging Comm/2012	30/06/2012	Dr.J.Ravindra Reddy	Professor	Plot No.3, LIC Colony, JNTUA Road, anantapur	RIPER	9848543933	8554255646	riperravi@rediffmail.com
2	Anti-Ragging Committee	RIPER/Anti Ragging Comm/2012	30/06/2012	Dr.P.Ramalingam	Professor	Besides Rayalaseema Grameena Bank, State Bank Colony, JNTUA Road, anantapur	RIPER	9985184448	8554255646	rammpharm@rediffmail.com
3	Anti-Ragging Committee	RIPER/Anti Ragging Comm/2012	30/06/2012	Dr.C.Sowmya	Professor	Plot No.102, Sairam Apartment, Sarada Nagar, Anantapur	RIPER	9550334547	8554255646	drsowmyariper@gmail.com
4	Anti-Ragging Committee	RIPER/Anti Ragging Comm/2012	30/06/2012	Dr.Y.Padmanabha Reddy	Principal	Plot No.3, LIC Colony, JNTUA Road, Anantapur	RIPER	9848543932	8554255646	ypreddyatp@gmail.com
5	Anti-Ragging Squad	RIPER/Anti ragging squad/2012	30/06/2012	Dr.J.Ravindra Reddy	Professor	Plot No.3, LIC Colony, JNTUA Road, LIC Colony, Anantapur	RIPER	9848543933	8554255646	riperravi@rediffmail.com
6	Anti-Ragging Squad	RIPER/Anti Ragging Squad/2012	30/06/2012	Mr.C.Suryaprakash reddy	Associate Professor	Hsc.No.2 8-3-152,Tara knath colony, Opp Koti Reddy Building, JNTUA road, Anantapur	RIPER	9963170820	8554255646	reddiprakash@yahoo.com

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 31 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

7	Anti-Ragging Squad	RIPER/Anti Ragging Squad/2012	30/06/2012	Mrs.M.Geethavani	Associate Professor	Sairam Comforts , Sarada Nagar, JNTUA Road, Anantapuramu	RIPER	9490857491	8554255646	geetha_ph@yahoo.com
8	Anti-Ragging Squad	RIPER/Anti Ragging Squad/2012	30/06/2012	Mr.K.Vinodkumar	Associate Professor	6-966, Azad Nagar, Kalyandurg bye pass, Anantapuramu	RIPER	9989071070	8554255646	vinodpharma@gmail.com
9	Anti-Ragging Squad	RIPER/Anti Ragging Squad/2012	30/06/2012	Dr.M.V.Jyothi	Professor	Hsc.No.13-1-936, Revenue Colony, Anantapuramu	RIPER	9440158304	8554255646	drmvjyothiriper@gmail.com

Renewable Energy Installation Details/Conservation of Energy

Total land available (in Sq. mts.)	48562.3
No. of buildings with roof tops	2
Annual electricity consumption (No. of units) during previous financial year	25000
Electricity Bill-Average rate per unit paid during previous financial year (Rs. / unit) & Number of units used	10
Renewable Energy, if any, used at present	No
Renewable Energy Type(solar/Wind/Tidal/etc)	Data Not Provided by the Institute
Land available for placing solar photovoltaic panels (in sq. mts.)	28328
Total approximate roof- top area available for placing solar photovoltaic panel (in sq.mts.)	4059
Whether a policy has been adopted to use only LED lamps ?	Yes
Remarks	Data Not Provided by the Institute

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 32 of 33

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

Application Report - Part 1

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

Report Generated on :-23/03/2016

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 2016-2017.

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, 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.

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 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

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 33 of 33

***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 :-23/03/2016



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	1-5523281
Current Application Number	1-2813175324
Application Number of 2015-2016	1-2454907332
AICTE File No.	1-5523281
Application Type	Extension-Expansion-Closure
Organization Registration number	98/2001

Faculty Counts

Total number of teaching faculty in the Institute for all Programmes:	68
Total number of Regular /full time/Adhoc/Contract Faculty:	64
Total number of Adjunct Faculty/Resource Person from Industry:	4
Number of teaching faculty approved by University/Government?	34

Principal/Director

Surname	YIRAGAMREDDY
First name	PADMANABHAREDDY
Father's name	GANGIREDDY
Date of birth & age as on date	10/03/1963
Doctorate degree	Yes
Master's degree	M.PHARM
Bachelor degree	B.PHARM
Other qualifications	PGDBM,AIC
Field of specialization	PHARMACEUTICAL ANALYSIS
Date of joining the Institute as head	02/10/2002
Appointment type	Regular
Exact designation	Principal
Experience (T-R-I)	Teaching 28 Research 19

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 16

***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 :-23/03/2016

	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	1-2182576961	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	UG	FT	AMARNATHA	B	ASST PROFESSOR	11/12/2013	Regular	N	M.PHARMACY	B.PHARMACY	
2	1-2187024504	PHARMACY	PHARMACY	UG	FT	MURALI MOHAN	G	ASST PROFESSOR	11/12/2013	Regular	N	M.PHARMACY	B.PHARMACY	
3	1-2467835363	PHARMACY	PHARMACY	PG	FT	RAMAKRISHNA	REDDY	PROFESSOR	01/08/2014	Regular	Y	M.SC, M.PHIL	B.SC	M.TECH
4	1-2468706033	PHARMACY	PHARMACY	PG	FT	SOMADEEP	DASS	ASST PROFESSOR	10/11/2014	Regular	N	PHARM D		
5	1-2468706039	PHARMACY	PHARMACY	UG	FT	BHARGAV	E	ASST PROFESSOR	23/10/2014	Regular	N	M.PHARMACY	B.PHARMACY	
6	1-2468706365	PHARMACY	PHARMACY	PG	FT	YSAMHITHA	REDDY	ASST PROFESSOR	03/05/2014	Regular	N	PHARM D		
7	1-2468765263	PHARMACY	PHARMACY	PG	FT	BYRAM	RAJARAJESHWARIRI	ASST PROFESSOR	05/05/2014	Regular	N	PHARM D		

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 16

***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 :-23/03/2016

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
8	1-2470921463	PHARMACY	PHARMACY	PG	FT	BMANOJ	KUMAR	ASST PROFESSOR	29/01/2015	Regular	N	PHARM D		PCPV , PDCR
9	1-2926830696	PHARMACY	PHARMACEUTICAL ANALYSIS		FT	KOTHAMASU	KUMAR	ASST PROFESSOR	10/01/2016	Regular	N	M.PHARMACY	B.PHARMACY	
10	1-2927036923	PHARMACY	PHARMACEUTICAL ANALYSIS		FT	M	HANSAHAH	ASST PROFESSOR	01/01/2016	Regular	N	M.PHARMACY	B.PHARMACY	
11	1-2927242346	PHARMACY	PHARMACOLOGY		FT	KV	RK	ASST PROFESSOR	10/01/2016	Regular	N	M.PHARMACY	B.PHARMACY	
12	1-2968648380	PHARMACY	PHARMACY		FT	BOGIREDDY	REDDY	ASST PROFESSOR	21/12/2015	Regular	N	PHARM D		
13	1-2968729464	PHARMACY	PHARMACY		FT	PICHALA	PRIYANKA	ASST PROFESSOR	01/07/2015	Regular	N	PHARM D		
14	1-2968838335	PHARMACY	PHARMACY		FT	ISHRAR	SMG	ASST PROFESSOR	11/02/2016	Regular	N	PHARM D		
15	1-462441812	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	PG	FT	RAMALINGAM	PERAMAN	HEAD OF DEPT	01/06/2009	Regular/Approved	Y	M.PHARM	B.PHARMACY	

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 16

***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 :-23/03/2016

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
16	1-463279151	PHARMACY	PHARMACY PRACTICE	UG	FT	BALAJI	KALAVA	ASSOCIATE PROFESSOR	06/07/2009	Regular/Approved	N	M.PHARM	B.PHARM	D.PHARM
17	1-463279159	PHARMACY	PHARMACEUTICAL CHEMISTRY	UG	FT	GEETHAVANI	MEKA	ASSOCIATE PROFESSOR	01/09/2007	Regular/Approved	Y	M.PHARM	B.PHARM	
18	1-463279163	PHARMACY	PHARMACEUTICAL ANALYSIS	PG	FT	VINDKUMAR	KONREDDY	ASSOCIATE PROFESSOR	04/11/2009	Regular/Approved	N	M.PHARM	B.PHARM	
19	1-463279167	PHARMACY	PHARMACY PRACTICE	UG	FT	NARAYANA	GORUNTLA	ASSOCIATE PROFESSOR	12/02/2009	Regular/Approved	N	M.PHARM	B.PHARM	D.PHARM
20	1-463279191	PHARMACY	PHARMACEUTICAL ANALYSIS	PG	FT	HARIHARATHAJA	DUGGA	ASSOCIATE PROFESSOR	23/07/2010	Regular	Y	M.PHARM	B.PHARM	
21	1-463279195	PHARMACY	PHARMACEUTICS CHEMISTRY	UG	FT	VIJAYA JYOTHI	MALLELA	ASSOCIATE PROFESSOR	01/06/2004	Regular/Approved	Y	M.PHARM	B.PHARM	
22	1-463279199	PHARMACY	PHARMACY	UG	FT	RAMAKANTH REDDY	DUGGA	ASST PROFESSOR	01/12/2010	Regular	N	M.PHARM	B.PHARM	
23	1-463279223	PHARMACY	PHARMACOLOGY	PG	FT	SOMA	KANALA	ASSOCIATE PROFESSOR	01/04/2008	Regular/Approved	Y	M.PHARM	B.PHARM	

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 16

***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 :-23/03/2016

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
24	1-463279227	PHARMACY	PHARMACEUTICAL CHEMISTRY	UG	FT	USHARANI	UMARASETTY	ASST PROFESSOR	21/01/2010	Regular	N	M.PHARM	B.PHARM	
25	1-463279271	PHARMACY	PHARMACOGNOSY	UG	FT	VEERABHADRAPA	KASTURI	ASSOCIATE PROFESSOR	28/01/2004	Regular/Approved	N	M.PHARM	B.PHARM	D.PHARM
26	1-463279275	PHARMACY	PHARMACOLOGY AND TOXICOLOGY	UG	FT	JAFFARSADIQ	MANTARGI	ASSOCIATE PROFESSOR	06/07/2009	Regular/Approved	Y	M.PHARM	B.PHARM	
27	1-463279279	PHARMACY	PHARMACY PRACTICE	UG	FT	VIGNESWARAN	EASWARAN	ASSOCIATE PROFESSOR	18/02/2009	Regular/Approved	Y	M.PHARM	B.PHARM	
28	1-463468313	PHARMACY	PHARMACOLOGY	UG	FT	SUDHEER	AKKIRAJU	ASSOCIATE PROFESSOR	17/07/2006	Regular/Approved	N	M.PHARM	B.PHARM	
29	1-463468317	PHARMACY	PHARMACEUTICAL BIOTECHNOLOGY	UG	FT	SRINATH	BALKUNDHU	ASST PROFESSOR	14/11/2009	Regular/Approved	N	M.PHARM	B.PHARM	
30	1-463468341	PHARMACY	INDUSTRIAL PHARMACY	UG	FT	HARANATH	CHINTHANJALA	ASSOCIATE PROFESSOR	01/10/2008	Regular/Approved	N	M.PHARM	B.PHARM	
31	1-463468345	PHARMACY	PHARMACOLOGY	UG	FT	PRADHEEPKUMAR	BHUPALAM	ASSOCIATE PROFESSOR	25/06/2008	Regular/Approved	N	M.PHARM	B.PHARM	D.PHARM

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 16

***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 :-23/03/2016

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
32	1-463468349	PHARMACY	PHARMACEUTICS	UG	FT	SURYA PRAKASH REDDY	CHAPPIDI	ASSOCIATE PROFESSOR	15/03/2004	Regular/Approved	N	M.PHARM	B.PHARM	
33	1-463468363	PHARMACY	PHARMACY	Diploma	FT	NAGAVYSHNAVI	PENDEKANTI	LECTURER	08/12/2010	Regular	N		B.PHARM	D.PHARM
34	1-463468367	PHARMACY	PHARMACY	Diploma	FT	HIMABINDU	PANCHANGAM	LECTURER	02/08/2010	Regular	N		B.PHARM	
35	1-463468391	PHARMACY	PHARMACY	Diploma	FT	SOWMYALAKSHMI	MESARANANDA	LECTURER	03/12/2010	Regular	N		B.PHARM	
36	1-463468395	PHARMACY	PHARMACY PRACTICE	PG	FT	SEEBAA	ZACHARIAH	ASSOCIATE PROFESSOR	08/07/2010	Regular/Approved	Y	M.PHARM	B.PHARM	
37	1-465028693	PHARMACY	PHARMACEUTICAL ANALYSIS	PG	FT	PADMANABHAREDDY	YIRAGAMREDDY	PRINCIPAL	02/10/2002	Regular/Approved	Y	M.PHARM	B.PHARM	AIC, PGD BM
38	1-465028697	PHARMACY	PHARMACOLOGY	PG	FT	RAVINDRAREDDY	JUTURU	HEAD OF DEPT	01/10/2002	Regular/Approved	Y	M.PHARM	B.PHARM	
39	1-465028721	PHARMACY	PHARMACOLOGY	PG	FT	NAGARJUNA	SANNITHI	ASST PROFESSOR	15/11/2010	Regular/Approved	N	M.PHARM	B.PHARM	
40	1-482060261	PHARMACY	PHARMACOLOGY	UG	FT	SHARREEN	SHAIK	ASST PROFESSOR	15/06/2009	Regular	N	M.PHARM	B.PHARM	

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 16

***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 :-23/03/2016

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
41	1-482060265	PHARMACY	PHARMACEUTICS	UG	FT	SHIV APPA	GULAGANNAVAR	ASSOCIATE PROFESSOR	09/01/2008	Regular	N	M.PHARM	B.PHARM	
42	1-482060269	PHARMACY	PHARMACEUTICS	UG	FT	SIDD AIAH	GAVI	ASSOCIATE PROFESSOR	24/07/2007	Regular	N	M.PHARM	B.PHARM	
43	1-482144153	PHARMACY	PHARMACOLOGY	UG	FT	SANDHYA	PACHALA	ASST PROFESSOR	01/01/2009	Regular	N	M.PHARM	B.PHARM	
44	1-483919815	PHARMACY	PHARMACOLOGY	PG	FT	MANI KANDAN	N	ASSOCIATE PROFESSOR	05/10/2010	Regular	N	M.PHARM	B.PHARM	
45	1-497704139	PHARMACY	PHARMACY	Diploma	FT	SUJANA	P	LECTURER	01/02/2011	Regular	N		B.PHARMACY	D.PHARMACY
46	1-497704193	PHARMACY	PHARMACY	Diploma	FT	SRINIVASA	SEELAM	LECTURER	01/02/2011	Regular	N		B.PHARMACY	
47	1-503917911	PHARMACY	PHARMACEUTICS	PG	FT	SOWMYA	CHERUKURI	HEAD OF DEPT	05/10/2005	Regular	Y	M.PHARM	B.PHARM	
48	1-503917915	PHARMACY	Please Select	PG	FT	SHOBHA	MUNGLI	ASST PROFESSOR	24/02/2010	Regular	N	M.SC	B.SC	
49	1-503917919	PHARMACY	Please Select	UG	FT	RAVI	K	ASST PROFESSOR	01/06/2005	Regular/Approved	Y	M.A, M.PHILL	B.A	
50	1-503917993	PHARMACY	PHARMACY	Diploma	FT	ANIL	K	LECTURER	04/11/2006	Regular/Approved	N		B.PHARMACY	D.PHARMACY

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 7 of 16

***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 :-23/03/2016

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
51	1-503917997	PHARMACY	PHARMACY	UG	FT	MARUTHI	CHINTHAMANI	LECTURER	18/11/2005	Regular/Approved	N	M.PHARM	B.PHARMACY	
52	1-503918091	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	UG	FT	MOHAN	A	ASST PROFESSOR	01/02/2011	Regular/Approved	N	M.PHARM	B.PHARM	
53	1-503918095	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	UG	FT	KARUNA	A	ASST PROFESSOR	01/02/2011	Regular/Approved	N	M.PHARM	B.PHARM	
54	1-503918099	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	UG	FT	RAMA	YARRAM	ASST PROFESSOR	01/02/2011	Regular/Approved	N	M.PHARM	B.PHARM	

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 8 of 16

***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 :-23/03/2016

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
55	1-503918123	PHARMACY	PHARMACEUTICAL BIOCHEMISTRY	UG	FT	KISHORE	V	ASST PROFESSOR	01/02/2011	Regular/Approved	N	M.PHARM	B.PHARM	
56	1-774521142	PHARMACY	CLINICAL PHARMACY	PG	FT	MOHANRAJ	RATHINAVELU	ASST PROFESSOR	05/11/2011	Regular/Approved	N	M.PHARM	B.PHARMACY	
57	1-774635272	PHARMACY	PHARMACOGNOSY AND PHYTOCHEMISTRY	UG	FT	SANJEEVAKUMAR	AVARI	ASST PROFESSOR	01/12/2011	Regular/Approved	N	M.PHARM	B.PHARMACY	D. PHARMACY
58	1-775753172	PHARMACY	PHARMACEUTICS	Diploma	FT	SHABEENA	SHAIK	LECTURER	15/09/2011	Regular/Approved	N		B.PHARMACY	D. PHARMACY
59	1-783968632	PHARMACY	PHARMACY	UG	FT	PARVATHI	MERUGU	ASST PROFESSOR	04/11/2011	Regular/Approved	N	M.PHARM	B.PHARM	D.PHARMACY
60	1-1512877483	PHARMACY	PHARMACEUTICAL CHEMISTRY	PG	FT	NARESH	C	ASST PROFESSOR	01/12/2012	Regular	N	M.PHARMACY	B.PHARAMACY	
61	1-1515691403	PHARMACY	PHARMACEUTICAL CHEMISTRY	UG	FT	TRIVENI	S	ASST PROFESSOR	01/12/2012	Regular	N	M.PHARMACY	B.PHARMACY	

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 9 of 16

***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 :-23/03/2016

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
62	1-1515728164	PHARMACY	MEDICAL PHARMACEUTICAL CHEMISTRY	UG	FT	MANJOOOR	SYED	ASST PROFESSOR	11/06/2012	Regular	N	M.PHARM	B.PHARMACY	
63	1-1542427143	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	PG	FT	LALITHA	KV	ASST PROFESSOR	18/08/2011	Regular	N	M.PHARMACY	B.PHARMACY	
64	1-2077607913	PHARMACY	PHARMACEUTICAL TECHNOLOGY	UG	FT	ARSHAD	KHAN	ASST PROFESSOR	22/09/2011	Regular	N	M.PHARMACY	B.PHARMACY	
65	1-2077785013	MCA	Please Select	UG	FT	VENKAT	LAKSHMI	ASST PROFESSOR	21/06/2012	Regular	N	M.SC	B.SC	BED
66	1-2078262583	PHARMACY	PHARMACY	Diploma	FT	CHIDURALA	MOUNIKA	LECTURER	04/09/2013	Regular	N		B.PHARMACY	
67	1-2078632645	PHARMACY	PHARMACY	UG	FT	SUNKARA	SEETHA	ASST PROFESSOR	04/01/2014	Regular	N	M.PHARMACY	B.PHARMACY	
68	1-2078714753	PHARMACY	PHARMACY	Diploma	FT	PERUR	KARTHIK	ASST PROFESSOR	11/12/2013	Regular	N	M.PHARMACY	B.PHARMACY	D.PHARMACY

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 10 of 16

***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 :-23/03/2016

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
69	1-2078770828	PHARMACY	PHARMACY	UG	FT	P	TEJA	ASST PROFESSOR	11/12/2013	Regular	N	M.PHARMACY	B.PHARMACY	
70	1-2078785643	PHARMACY	PHARMACEUTICS	UG	FT	PAVAN	KUMAR	ASST PROFESSOR	11/12/2013	Regular	N	M.PHARMACY	B.PHARMACY	

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
1	1-466709296	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	POST GRADUATE	RAVI	BOYA	01/12/2005			BSC	ITI	MS OFFICE
2	1-466709373	PHARMACY	PHARMACEUTICS	POST GRADUATE	SANDEEP	ETIGONI	01/06/2009			BSC	D.PHARMACY	MS OFFICE, C LANGUAGE
3	1-466709379	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	POST GRADUATE	SELVA	GANDLA-B	06/08/2008				ITI	

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 11 of 16

***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 :-23/03/2016

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
4	1-466824405	PHARMACY	PHARMACOLOGY	POST GRADUATE	RAMACHANDRA	YANAMALA	25/11/2008			BSC	DAE	
5	1-466824563	PHARMACY	PHARMACEUTICS	POST GRADUATE	NAGENDRA	BETHA	22/12/2010			BA		TYPE HIGHER
6	1-466824569	PHARMACY	PHARMACY	UNDER GRADUATE	NARASIMHULU	PASALA	05/08/2010				ECE	C LANGUAGE
7	1-466824594	PHARMACY	PHARMACY	UNDER GRADUATE	RAMANA	MONDAM	01/08/2009			BA		
8	1-498079787	PHARMACY	PHARMACY	UNDER GRADUATE	NAGA	TALAPRODDATUR	24/08/2006		MSC	BSC	D.PHARM	
9	1-498142335	PHARMACY	PHARMACY	POST GRADUATE	NAGENDRA	PULAKURA	23/10/2004			BSC	ANESTHESIA TECHNOLOGICAL	MS.OFFICE
10	1-498142339	PHARMACY	PHARMACY	UNDER GRADUATE	KESAVAI AH	TALARI	12/12/2008			BA		
11	1-498142353	PHARMACY	PHARMACY	UNDER GRADUATE	RAMANNA	SAKE	01/08/2009					SSC
12	1-498142357	PHARMACY	PHARMACY	UNDER GRADUATE	RAJU	KURUGODU	05/03/2009					SSC

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 12 of 16

***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 :-23/03/2016

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
13	1-503702001	PHARMACY	PHARMACY	UNDERGRADUATE	LEELAVATHI	S	01/09/2009			BSC		
14	1-503702013	PHARMACY	PHARMACY	UNDERGRADUATE	RAJA	N	08/11/2008			BZC	D.PHARMACY	
15	1-503702017	PHARMACY	PHARMACY	UNDERGRADUATE	PRA SAD	V	01/12/2008		MSC	BSC		MS OFFICE
16	1-503702021	PHARMACY	PHARMACY	UNDERGRADUATE	SOMANARAYANAN	MUNNIPPAGARI	02/10/2004			BSC	D.PHARM	
17	1-503702025	PHARMACY	PHARMACY	DIPLOMA	PATHANNA	H	01/07/2008				DMLT	
18	1-1545341074	PHARMACY	PHARMACY	UNDERGRADUATE	RAMESH	M	04/06/2010			(BA)		
19	1-2077365962	PHARMACY	PHARMACY	DIPLOMA	MAHABOAB	S	07/02/2012			BSC	D.PHARM	MS OFFICE
20	1-2077468533	PHARMACY	PHARMACY	DIPLOMA	ASHANMUKHA	AGRAHARAM	01/08/2011		MSC	BSC		MS OFFICE

Admin & Library Staff

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 13 of 16

***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 :-23/03/2016

Sr Num	Staff Id	First Name	Last Name	Date of joining the institute	Doctorate Degree	Master Degree	Bachelor Degree	Diploma	Other Qualification
1	1-466708727	ANKI	PIDUGU	24/10/2002			BCOM	ITI	DIPLAMA IN INFORMATION TECHNOLOGY
2	1-466709058	HARAINATH	PARVATHIREDDY	24/10/2002		M.LISC	BCOM	D.PHARMACY	
3	1-466709078	VIJAYA	BOREDY	01/07/2005		(MA)	BA	D.PHARMACY	
4	1-466709134	VENKATA	SAKE	08/12/2005			(BSC)	DMLT	ITI
5	1-466709204	LAKSHMI	CHILAKALA	04/05/2007		MSC	BSC	D.PHARMACY	
6	1-466709210	MALLIKARJUNA	MAHANANDIGARI	09/07/2008			BSC	MS OFFICE	
7	1-466709260	VARALAKSHUMMA	MAHANANDHIGARI	09/07/2008			(BA)		DCA
8	1-466824521	CHINNAPPA	CHINNAVEERAGALLU	02/12/2002					
9	1-466825032	RAJESWARI	KUJALA	06/09/2010			BA	DCA	
10	1-498079781	VENKATA	TABJULA	07/11/2011					SSC
11	1-503702033	OBULAMMA	CHINNAVEERAGALLA	01/01/2003					
12	1-503702037	RAMANAMMA	GOLLAPALLI	17/07/2008					
13	1-504166341	NAGENDRA	TALARI	01/01/2003					SSC
14	1-504166345	GOPINATH	G	01/07/2008				INTER	
15	1-504166353	RAMA	MADASI	02/12/2007					
16	1-505566071	RAMA	NARUMINULU	01/12/2009					

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 14 of 16

***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 :-23/03/2016

Sr Num	Staff Id	First Name	Last Name	Date of joining the institute	Doctorate Degree	Master Degree	Bachelor Degree	Diploma	Other Qualification
17	1-505566075	SHARUFU DDIN	SAYYED	01/08/2009					
18	1-505566079	VENKATAR AMANA	BESTA	01/02/2011					
19	1-505566133	CHINNAPP A	GALI	02/08/2010					
20	1-507595739	RANGASE KHAR	VENNAP USALA	01/08/2009					
21	1-1542130002	SANDEEP	SUSURL A	04/05/2011		MBA	BA		PGDCA
22	1-1542161591	SAROJA	K	15/11/2012			B COM		
23	1-1542695514	VASANTHI	A	01/08/2011			B COM		
24	1-1544429005	SIVASANKAR	YENALU LAPALLI						SSC

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 15 of 16

***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 :-23/03/2016

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.
- 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, 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

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 16 of 16

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

Application Deficiency Report

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

Report Generated on :-23/03/2016



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

DEFICIENCY REPORT AS PER CURRENT INTAKE (Applicable for existing institutes only)

Regional office	South-Central
Application Id	1-2813175324
Permanent Id	1-5523281
Name of the Institute	RAGHAVENDRA INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH (RIPER)
Address	KRISHNAMREDDYPALLI CROSS, CHIYYEDU POST, ANANTAPUR - 515 721, ANDHRA PRADESH
City/Village	ANANTAPUR
District	ANANTAPUR
State	Andhra Pradesh
Pin	515721

	Name	Qualification	Appointment type	PhD
Principal/Director	PADMANABHAREDDY YIRAGAMREDDY	B.PHARM, M.PHARM, PGDBM,AIC	Regular	Yes

Overall Deficiency of Institute:	No
---	----

Other Details

Details of Requirement	Status provided by the Institute	Deficiency
List of faculty and data uploaded on the		No

Date of Signature
(dd/mm/yyyy)

Seal of Institute

Name & signature of Director /Principal

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

Application Deficiency Report

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

Report Generated on :-23/03/2016

institute web portal	Yes	
Are all approved teaching faculty being paid as per VI pay commission?	Yes	No
Whether Institute is operating from Permanent Site/ Temporary Site?	Permanent Site	No
Fees to be charged, Reservation policy, Admission policy and Document retention policy are uploaded in Institute's Website?	Yes	No
Courses/Approved Intake displayed at the entrance of the institute?	Yes	No

Anti-Ragging Related Deficiency Status

Details of Requirement	Status provided by the Institute	Deficiency
Constitution of Anti-Ragging Committee	Yes	No
Constitution of Anti-Ragging Squad	Yes	No
Undertaking obtained from all Students	Yes	No
Appointment of Counselors	Yes	No
Undertaking obtained from parents of all the students	Yes	No
Undertaking obtained from students staying in Hostel:	Yes	No
Undertaking obtained from parents of students staying in Hostel	Yes	No

Ombudsman Related Deficiency Status

Details of Requirement	Status provided by the Institute	Deficiency
Grievance Committee	Yes	No

Total Number of Students in Institute

Number of Students UG	480
Number of Students PG	312
Number of Students DIPLOMA	120
Total Students (CI) (UG+PG+DIPLOMA)	912

Date of Signature
(dd/mm/yyyy)

Seal of Institute

Name & signature of Director /Principal

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

Application Deficiency Report

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

Report Generated on :-23/03/2016

Faculty

Institute Level Faculty

Type	Actual number	Required number as per CI	Deficiency
Total Faculty(UG+PG+Diploma)	68	64	No
Minimum 80% Regular Faculty	64	51	No

Date of Signature
(dd/mm/yyyy)

Seal of Institute

Name & signature of Director /Principal

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

Application Deficiency Report

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

Report Generated on :-23/03/2016

Program Level Faculty

Sr.Number	Course Unique Id	Program	Course	Level	Course Duration	Full Time / Part Time	Approved Intake (15-16)	Approved Intake (14-15)	Approved Intake (13-14)	Approved Intake (12-13)	Approved Intake (11-12)	Faculty
1	1-1400779872	PHARMACY	PHARMA CEUTICS	POST GRADUATE	2	FULL TIME	18	18	18	18	18	3
2	1-1400779875	PHARMACY	PHARMA COLOGY	POST GRADUATE	2	FULL TIME	18	18	18	18	18	3
3	1-1400779877	PHARMACY	PHARMA CEUTICAL ANALYSIS AND QUALITY ASSURANCE	POST GRADUATE	2	FULL TIME	18	18	18	18	18	3
4	1-1400779879	PHARMACY	PHARMA CEUTICS	POST GRADUATE	2	FULL TIME	18	18	18	18	18	3
5	1-1400779881	PHARMACY	PHARMA CY	UNDER GRADUATE	4	FULL TIME	120	120	120	120	120	32
6	1-1400779883	PHARMACY	PHARMA CY	DIPL OMA	2	FULL TIME	60	60	60	60	60	8
7	1-1400779891	PHARMACY	PHARMA CEUTICAL ANALYSIS AND QUALITY ASSURANCE	POST GRADUATE	2	FULL TIME	18	18	18	18	18	3
8	1-1400779895	PHARMACY	PHARMA CEUTICS	POST GRADUATE	2	FULL TIME	18	18	18	18	18	3
9	1-1506961885	PHARMACY	PHARMA CY PRACTICE	POST GRADUATE	2	FULL TIME	24	24	24	0	0	4

Date of Signature
(dd/mm/yyyy)

Seal of Institute

Name & signature of Director /Principal

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

Application Deficiency Report

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

Report Generated on :-23/03/2016

Sr.Number	Course Unique Id	Program	Course	Level	Course Duration	Full Time / Part Time	Approved Intake (15-16)	Approved Intake (14-15)	Approved Intake (13-14)	Approved Intake (12-13)	Approved Intake (11-12)	Faculty
10	1-1507047435	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	POST GRADUATE	2	FULL TIME	24	24	24	0	0	4

Administrative Area

Type	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
Principal / Director Office	35	30	No
Central Store	35	30	No
Maintenance	35	10	No
Security	10	10	No
Housekeeping	10	10	No
Exam Control Office	35	30	No
Placement Office	35	30	No
Office All Inclusive	155	150	No

Amenities Area

Type	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
Boys Common Room	80	75	No
Girls Common Room	80	75	No
Cafeteria	150	150	No
Stationery Store	10	10	No
First aid cum Sick Room	10	10	No

Computational Facilities

Type	Available	Required	Deficiency
Internet Bandwidth	32	32	No
Printers	9	9	No
A1 size Color Printers	0	0	No
Legal Application S/W	10	10	No
Legal System S/W	1	1	No
PCs to Student ratio	170	169	No

Library Facilities

Type	Available	Required	Deficiency
Volumes	11352	6250	No
Titles	1586	850	No
National Journals	44	44	No

Date of Signature
(dd/mm/yyyy)

Seal of Institute

Name & signature of Director /Principal

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

Application Deficiency Report

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

Report Generated on :-23/03/2016

Type	Available	Required	Deficiency
Library Management Software	1	1	No
Reading Room Capacity	175	150	No
MultiMediaPC	15	9	No

Instructional Area-Common Facilities

Type	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
Computer Center	150	75	No
Library & Reading Room	300	150	No

Land Area Details

Type	Actual Room Area (Acres)	Expected Room Area (Acres)	Deficiency
Total Area of Land	3	2	No
Maximum number of Pieces	1	1	No
Minimum per Piece of Area	3	2	No

PHARMACY / Existing Programme

Type	Level	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
Class Room- Tutorial Room	UNDER GRADUATE	475	462	No
Tutorial Rooms - PG	POST GRADUATE	930	462	No
Laboratories-All	UG/PG	2260	2100	No
Animal House	UG/PG	150	75	No
Seminar Hall	UG/PG	135	132	No

PHARMACY-Diploma / Existing Programme

Type	Level	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
Classroom	Diploma/Post Diploma	280	132	No
Tutorial Rooms	Diploma/Post Diploma	35	33	No
Laboratory	Diploma/Post Diploma	700	675	No
Animal House	Diploma/Post Diploma	75	75	No
Seminar Hall	Diploma/Post Diploma	135	132	No

XX- No Rooms Available

DNA- Data Not Available / Insufficient Data

Blank Field-Data Not Entered

* Laboratories required and Actual Number includes Total Number of Laboratories, Research Laboratories, and Additional WS/Labs for UG and PG courses, as applicable

^ Actual Number of Tutorial Rooms for Under Graduate includes the Number of Tutorial Rooms Available for PG, if applicable

** Actual Number of Guest Rooms for Under Graduate includes the Actual Number of Guest Rooms Available for PG, if applicable

Date of Signature
(dd/mm/yyyy)

Seal of Institute

Name & signature of Director /Principal

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

Application Deficiency Report

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

Report Generated on :-23/03/2016

*** Actual Number of Kitchen for Under Graduate includes the Actual Number of Kitchen Available for PG, if applicable

Other Facilities

Type	Availability	Deficiency
All Weather Approach (Motorised Road)	Yes	No
Barrier free Environment	Yes	No
Electric Supply	Yes	No
General Insurance	Yes	No
Institution Web Site	Yes	No
Language laboratory (Minimum 25 PCs up to total intake of 1000. Further additional 25 PCs per intake of 1000)	Yes	No
Medical & Counseling	Yes	No
Notice Boards	Yes	No
Potable Water Supply	Yes	No
Safety Provisions	Yes	No
Sewage Disposal System	Yes	No
Telephone & FAX	Yes	No
Vehicle Parking	Yes	No
First Aid	Yes	No
Appointment of Student Counsellor	Yes	No
Establishment of Anti Ragging committee	Yes	No
Establishment of committee for SC/ST	Yes	No

Date of Signature
(dd/mm/yyyy)

Seal of Institute

Name & signature of Director /Principal

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

Application Deficiency Report

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

Report Generated on :-23/03/2016

Type	Availability	Deficiency
Establishment of Internal Complaint Committee(ICC) As per section 4 of SexualHarassment of Women at Workplace (Prevention, Prohibition and Redressal) Act,2013	Yes	No
Establishment of Grievance Redressal Committee in the Institute and Appointment of OMBUDSMAN by the University	Yes	No

DEFICIENCY REPORT AS PER INTAKE APPLIED FOR YEAR 2016-2017

Computational Facilities

Type	Available	Required	Deficiency
Internet Bandwidth-Applied Intake	32	32	No
Printers-Applied Intake	9	9	No
A1 size Color Printers-Applied Intake	0	0	No
Legal Application S/W-Applied Intake	10	10	No
Legal System S/W-Applied Intake	1	1	No
PCs to Student ratio-Applied Intake	170	165	No

Library Facilities

Type	Available	Required	Deficiency
Volumes	11352	6250	No
Titles	1586	850	No
National Journals	44	44	No
Library Management Software	1	1	No
Reading Room Capacity	175	150	No
MultiMediaPC	15	9	No

Instructional Area

PHARMACY / Existing Programme

Type	Level	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
Class Room-Tutorial Room	UNDER GRADUATE	475	462	No
Tutorial Rooms - PG	POST GRADUATE	930	627	No
Laboratories-All	UG/PG	2260	2100	No
Animal House	UG/PG	150	75	No
Seminar Hall	UG/PG	135	132	No

Date of Signature
(dd/mm/yyyy)

Seal of Institute

Name & signature of Director /Principal

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

Application Deficiency Report

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

Report Generated on :-23/03/2016

PHARMACY-Diploma / Existing Programme

Type	Level	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
Classroom	Diploma/Post Diploma	280	132	No
Tutorial Rooms	Diploma/Post Diploma	35	33	No
Laboratory	Diploma/Post Diploma	700	675	No
Animal House	Diploma/Post Diploma	75	75	No
Seminar Hall	Diploma/Post Diploma	135	132	No

XX- No Rooms Available

DNA- Data Not Available / Insufficient Data

Blank Field-Data Not Entered

* Laboratories required and Actual Number includes Total Number of Laboratories, Research Laboratories, and Additional WS/Labs for UG and PG courses, as applicable

^ Actual Number of Tutorial Rooms for Under Graduate includes the Number of Tutorial Rooms Available for PG, if applicable

** Actual Number of Guest Rooms for Under Graduate includes the Actual Number of Guest Rooms Available for PG, if applicable

*** Actual Number of Kitchen for Under Graduate includes the Actual Number of Kitchen Available for PG, if applicable

Information regarding intake applied

Sr Num	Course Unique Id	Program	Course	Level	Shift	Approved Intake 15-16	Intake Applied 16-17	Application type	Accreditation status	NRI	PIO	Foreign Collaborati
1	1-1400779872	PHARMACY	PHARMACEUTICS	POST GRADUATE	1st Shift	18	0	Closure of course	NOT ACCREDITED	Not interested	Applied for closure	Not interested
2	1-1400779875	PHARMACY	PHARMACOLOGY	POST GRADUATE	1st Shift	18	18	EoA Only	NOT ACCREDITED	Not interested	Applied to continue	Not interested
3	1-1400779877	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	POST GRADUATE	2nd Shift	18	0	Closure of course	NOT ACCREDITED	Not interested	Applied for closure	Not interested
4	1-140077	PHARMA	PHARMACEUTI	POST	1st Shift	18	18	EoA Only	NOT ACCRE	Not intere	Applied to	Not intere
		Date of Signature (dd/mm/yyyy)			Seal of Institute			Name & signature of Director /Principal				

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

Application Deficiency Report

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

Report Generated on :-23/03/2016

Sr Num	Course Unique Id	Program	Course	Level	Shift	Approved Intake 15-16	Intake Applied 16-17	Application type	Accreditation status	NRI	PIO	Foreign Collaborati
	9879	CY	CS	GRADUATE					DITED	sted	continue	sted
5	1-1400779881	PHARMACY	PHARMACY	UNDERGRADUATE	1st Shift	120	120	EoA Only	ACCREDITED	Not interested	Applied to continue	Not interested
6	1-1400779883	PHARMACY	PHARMACY	DIPLOMA	1st Shift	60	60	EoA Only	NOT ACCREDITED	Not interested	Applied to continue	Not interested
7	1-1400779891	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	POSTGRADUATE	1st Shift	18	18	EoA Only	NOT ACCREDITED	Not interested	Applied to continue	Not interested
8	1-1400779895	PHARMACY	PHARMACEUTICS	POSTGRADUATE	1st Shift	18	18	EoA Only	NOT ACCREDITED	Not interested	Applied to continue	Not interested
9	1-1506961885	PHARMACY	PHARMACY PRACTICE	POSTGRADUATE	1st Shift	24	24	EoA Only	NOT ACCREDITED	Not interested	Applied to continue	Not interested
10	1-1507047435	PHARMACY	PHARMACEUTICAL ANALY	POSTGRADUATE	1st Shift	24	24	EoA Only	NOT ACCREDITED	Not interested	Applied to continue	Not interested

Date of Signature
(dd/mm/yyyy)

Seal of Institute

Name & signature of Director /Principal

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

Application Deficiency Report

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

Report Generated on :-23/03/2016

Sr Num	Course Unique Id	Program	Course	Level	Shift	Approved Intake 15-16	Intake Applied 16-17	Application type	Accreditation status	NRI	PIO	Foreign Collaborati
			SIS AND QUALITY ASSURANCE	TE								

Date of Signature
(dd/mm/yyyy)

Seal of Institute

Name & signature of Director /Principal

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

Application Deficiency Report

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

Report Generated on :-23/03/2016

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 Notification dated 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.

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 of correction for 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, Dual Degree course, Integrated Course, 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.

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 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, Dual Degree course, Integrated course, 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

Name & signature of Director /Principal

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