

**Application Report - Part 1**

Application Status: Submitted  
Application Sub-Status: Payment Received

Report Generated on :-20/02/2017

**All India Council for Technical Education**

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

Nelson Mandela Marg Vasant Kunj, New Delhi-110067

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 (Refer annexure 16)**

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 16	Page number (3 digits)
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E.g. consider numbering an affidavit (comprising of 2 pages), which is sr. no. 2 in annexure 16,

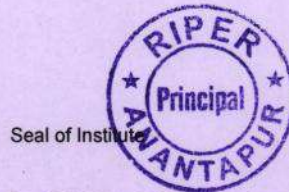
WRO	1-11234567	16.1	02	001
WRO	1-11234567	16.1	02	002

The number so generated WRO1-1123456716.1002001 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	6	.	1	0	0	2	0	0	1
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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.

22.02.17.  
Date of  
Signature(dd/mm/yyyy)



Seal of Institute

Name & Signature of Director/Principal  
(Dr. Y. PADMANABHA REDDY)

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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		
16.10	02	001	002
16.10	03	001	005

**2 Guidelines on submission of documents along with print copy of application/s for approvals (Refer annexure 17)**

- 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/Gulf quota Approval status/OCI
- 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

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Please number all copies of documents as given below,

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

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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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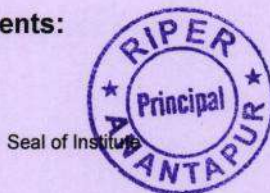
Region - WRO		Application ID : 1-11234567	
Annexure Number	Sr number as in annexure 18 (2 digits)of documents which are being submitted now	Page number (3 digits)	
From	To		
17.10	02	001	002
17.10	03	001	005

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						

#### Important Note for Payments:

22.02.17  
 Date of  
 Signature(dd/mm/yyyy)



*[Handwritten Signature]*  
 Name & Signature of Director/Principal  
 (Dr. Y. PADMANABHA REDDY)

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- 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.

22.02.17  
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Seal of Institute



*[Handwritten Signature]*  
 Name & Signature of Director/Principal  
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## Application Report - Part 1

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Permanent Institute Id	1-5523281
Current Application Number	1-3325358447
Application Number of 2016-2017	1-2813175324
AICTE File No.	1-5523281
Application Type	Extension-Expansion-Closure
Do you want to change the Affiliating University/Board	No

## Institute Details

Description	Details provided by Institute
Name of the Institution	RAGHAVENDRA INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH (RIPER)
Address	KRISHNAMREDDYPALLI CROSS, CHIYEDU 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
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

22.02.17  
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*[Signature]*  
Name & Signature of Director/Principal  
Dr. Y. PADMANABHA REDDY

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Number of teaching faculty approved by University/Government?:	36
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
Type of Institute Closure Requested:	
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
Courses/Approved Intake displayed at the entrance of the Institute?:	Yes
Is the Cafeteria shared among other institutes?:	No
Is Library and Reading Room shared among other institutes?:	No
Is the Computer Centre shared among other institutes?:	No

### EOA/NBA/Autonomy Questions

Do you wish to apply for "Only Extension of Approval (EOA) for 2017-18"?	No
Do you have Autonomous Status (Academic Autonomy) as conferred by the Affiliating University?	Yes
Autonomy Issued Date:	13/10/2015
Autonomy Expiry Date:	12/10/2022
Autonomy Conferred by	UGC

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Order of Conferment	No.F.22-1/2015(AC)
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-2017)	Yes
No of courses against which valid NBA Accreditation is present	1
Do you wish to apply for Conversion from Diploma to Degree or Vice-Versa?:	No
Do you wish to apply for Merger of Courses?:	No
Do you wish to apply for Restoration? (Applicable ONLY to the Institutes where EoA for 2016-17 granted with Punitive Action. No Admission issued Institutes need not have to answer this question.):	No
Do you wish to add New Course at Diploma level under existing UG Pharmacy Program or Vice-Versa?:	No

### Application Details

Change of Institute Site	No
Increase in Intake / Application for New Course	No
Closure of Course / Reduction in Intake	No
PIO/FN/Gulf quota Approval status/OCI	Yes
NRI	No
Change of name of the Institute	No
Old Name of the Institute	Not Applicable
New Institute Name	Not Applicable
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	415369092	CIB/Retail Banking(Other Bank)	471803369	296430383	Y	500000	500000	08/02/2017

### Details about Parent Organization

22-02-17  
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*(Signature)*  
Name & Signature of Director/Principal  
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SCR1-332535844717-1001008

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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
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	Not Applicable
Land Piece Area 3 in acres	Not Applicable

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Latitude and Longitude	Latitude - 14, 35, 41 Longitude - 77, 39, 52
Total area in acres	3
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

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## Building Details (Contd)

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 havendr a 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)	Program me (2)	Level (3)	Course (4)	Shift (5)	FT/PT (6)	Started In (7)	Applying For(8)	Course duration (9)
1	1-1400779872	PHARMA CY	POST GRA DUATE	PHAR MACE UTICS	1st Shift	FULL TIME	2010	Closure Pending	2
2	1-1400779875	PHARMA CY	POST GRA DUATE	PHAR MACOL OGY	1st Shift	FULL TIME	2010	EoA Only	2
3	1-1400779877	PHARMA CY	POST GRA DUATE	PHAR MACE UTICAL ANALY SIS AND QUALI TY ASSUR	2nd Shift	FULL TIME	2010	Closure Pending	2

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Name &amp; Signature of Director/Principal

Dr.Y.PADMANABHA REDDY

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				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 ANCE	1st Shift	FULL TIME	2013	EoA Only	2

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*[Signature]*  
 Name & Signature of Director/Principal  
 (D.V. PARNABHA REDDY)

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## Programme and courses (Contd)

Sr. No.	Course Unique Id (10)	Program me (11)	Course (12)	Current intake (16-17) (13)	Applied for intake (17-18) (14)	University / Board(15)	NRI (16)	PIO / FN / Gulf quota Approva l status OCI (17)	Twining Program Request (18)	NBA Accreditatio n status (As on 10-April-2017) (19)
1	1-1400779872	PHARMA CY	PHAR MACE UTICS	0	0	Jawaharlal Nehru Technolog ical University, Anantapur	Not interest ed	Not intereste d	Not intereste d	NO
2	1-1400779875	PHARMA CY	PHAR MACO LOGY	18	18	Jawaharlal Nehru Technolog ical University, Anantapur	Not interest ed	Applied to continue	Not intereste d	NO
3	1-1400779877	PHARMA CY	PHAR MACE UTICA L ANALY SIS AND QUALI TY ASSUR ANCE	0	0	Jawaharlal Nehru Technolog ical University, Anantapur	Not interest ed	Not intereste d	Not intereste d	NO
4	1-1400779879	PHARMA CY	PHAR MACE UTICS	18	18	Jawaharlal Nehru Technolog ical University, Anantapur	Not interest ed	Applied to continue	Not intereste d	NO
5	1-1400779881	PHARMA CY	PHAR MACY	120	100	Jawaharlal Nehru Technolog ical University, Anantapur	Not interest ed	Applied to continue	Not intereste d	YES
6	1-1400779883	PHARMA CY	PHAR MACY	60	60	State Board of Technical Education and Training, Hyderabad	Not interest ed	Applied to continue	Not intereste d	NO
7	1-1400779891	PHARMA CY	PHAR MACE UTICA L ANALY SIS AND	18	18	Jawaharlal Nehru Technolog ical University, Anantapur	Not interest ed	Applied to continue	Not intereste d	NO

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			QUALITY ASSURANCE							
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.)**

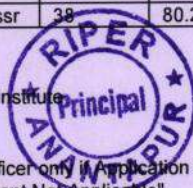
Data not entered by Institute

**Instructional Area**

Sr. No.	Programme (1)	Level (2)	Building Number (3)	Building Name (4)	Room Type (5)	Room Number (6)	Average Carpet Area (Sq.mts) (7)	Flooring (8)	Wall & Painting (9)	Elec & lighting (10)	Furniture & Fixtures (11)
1	PHARMACY	DIPL OMA	01	RIPER	Seminar Hall	34A	135	Ready	Ready	Ready	Ready
2	PHARMACY	UNDER GRADUATE	01	RIPER	Classroom	34B	80.2	Ready	Ready	Ready	Ready
3	PHARM	UND	01	RIPER	Classr	38	80.2	Ready	Ready	Ready	Ready

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	ACY	ER GRA DUA TE			oom						
4	PHARM ACY	UND ER GRA DUA TE	01	RIPER	Classr oom	39	80.2	Ready	Ready	Ready	Ready
5	PHARM ACY	UND ER GRA DUA TE	01	RIPER	Classr oom	40	80.2	Ready	Ready	Ready	Ready
6	PHARM ACY	UND ER GRA DUA TE	01	RIPER	Classr oom	41	80.2	Ready	Ready	Ready	Ready
7	PHARM ACY	UND ER GRA DUA TE	01	RIPER	Tutoria l Room	41A	70.2	Ready	Ready	Ready	Ready
8	PHARM ACY	POS T GRA DUA TE	01	RIPER	Tutoria l Room	42	35.1	Ready	Ready	Ready	Ready
9	PHARM ACY	POS T GRA DUA TE	01	RIPER	Tutoria l Rooms - PG	43	35.1	Ready	Ready	Ready	Ready
10	PHARM ACY	POS T GRA DUA TE	01	RIPER	Tutoria l Rooms - PG	44	35.1	Ready	Ready	Ready	Ready
11	PHARM ACY	DIPLO MA	01	RIPER	Classr oom	45	70.2	Ready	Ready	Ready	Ready
12	PHARM ACY	POS T GRA DUA TE	01	RIPER	Tutoria l Rooms - PG	45A	35.1	Ready	Ready	Ready	Ready
13	PHARM ACY	DIPLO MA	01	RIPER	Classr oom	46	70.2	Ready	Ready	Ready	Ready
14	PHARM ACY	POS T GRA DUA TE	01	RIPER	Tutoria l Rooms - PG	46A	35.1	Ready	Ready	Ready	Ready
15	PHARM ACY	POS T GRA DUA TE	01	RIPER	Tutoria l Rooms - PG	47	35.1	Ready	Ready	Ready	Ready
16	PHARM ACY	POS T	01	RIPER	Tutoria l	47A	35.1	Ready	Ready	Ready	Ready

22-02-17

Date of  
Signature(dd/mm/yyyy)

Seal of Institute



Name & Signature of Director/Principal  
(Dr. V. PADMANABHA REDDY)

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## Application Report - Part 1

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		GRA DUA TE			Rooms - PG						
17	PHARM ACY	POS T GRA DUA TE	01	RIPER	Tutoria l Rooms - PG	48	35.1	Ready	Ready	Ready	Ready
18	PHARM ACY	POS T GRA DUA TE	01	RIPER	Tutoria l Rooms - PG	48A	35.1	Ready	Ready	Ready	Ready
19	PHARM ACY	POS T GRA DUA TE	01	RIPER	Tutoria l Room	49	70.2	Ready	Ready	Ready	Ready
20	PHARM ACY	POS T GRA DUA TE	01	RIPER	Labora tory	51	80	Ready	Ready	Ready	Ready
21	PHARM ACY	POS T GRA DUA TE	01	RIPER	Labora tory	51A	105	Ready	Ready	Ready	Ready
22	PHARM ACY	POS T GRA DUA TE	01	RIPER	Resea rch Labora tory	52	80	Ready	Ready	Ready	Ready
23	PHARM ACY	POS T GRA DUA TE	01	RIPER	Labora tory	52A	105	Ready	Ready	Ready	Ready
24	PHARM ACY	POS T GRA DUA TE	01	RIPER	Labora tory	52B	75	Ready	Ready	Ready	Ready
25	PHARM ACY	POS T GRA DUA TE	01	RIPER	Resea rch Labora tory	53	80	Ready	Ready	Ready	Ready
26	PHARM ACY	POS T GRA DUA TE	01	RIPER	Labora tory	53A	105	Ready	Ready	Ready	Ready
27	PHARM ACY	POS T GRA DUA TE	01	RIPER	Resea rch Labora tory	54	75	Ready	Ready	Ready	Ready
28	PHARM ACY	POS T	01	RIPER	Resea rch	54A	75	Ready	Ready	Ready	Ready

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Name &amp; Signature of Director/Principal

(D.Y. PADMANABHA REDDY)

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## Application Report - Part 1

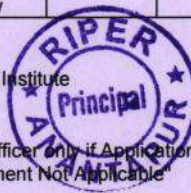
Application Status: Submitted  
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		GRA DUA TE			Labora tory						
29	PHARM ACY	POS T GRA DUA TE	01	RIPER	Resea rch Labora tory	54B	75	Ready	Ready	Ready	Ready
30	PHARM ACY	POS T GRA DUA TE	01	RIPER	Tutoria l Room	56	95	Ready	Ready	Ready	Ready
31	PHARM ACY	UND ER GRA DUA TE	01	RIPER	Labora tory	58	80	Ready	Ready	Ready	Ready
32	PHARM ACY	UND ER GRA DUA TE	01	RIPER	Labora tory	59	80	Ready	Ready	Ready	Ready
33	PHARM ACY	UND ER GRA DUA TE	01	RIPER	Labora tory	60	80	Ready	Ready	Ready	Ready
34	PHARM ACY	UND ER GRA DUA TE	01	RIPER	Labora tory	60A	75	Ready	Ready	Ready	Ready
35	PHARM ACY	UND ER GRA DUA TE	01	RIPER	Labora tory	61	80	Ready	Ready	Ready	Ready
36	PHARM ACY	UND ER GRA DUA TE	01	RIPER	Labora tory	62	95	Ready	Ready	Ready	Ready
37	PHARM ACY	UND ER GRA DUA TE	01	RIPER	Labora tory	63	80	Ready	Ready	Ready	Ready
38	PHARM ACY	UND ER GRA DUA TE	01	RIPER	Labora tory	64	80	Ready	Ready	Ready	Ready
39	PHARM ACY	UND ER GRA DUA TE	01	RIPER	Labora tory	65	80	Ready	Ready	Ready	Ready
40	PHARM ACY	UND ER	01	RIPER	Labora tory	66	95	Ready	Ready	Ready	Ready

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**Application Report - Part 1**

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		GRADUATE									
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
49	PHARMACY	DIPLOMA	01	RIPER	Tutorial Room	74	35.1	Ready	Ready	Ready	Ready
50	PHARMACY	POSTGRADUATE	01	RIPER	Tutorial Rooms - PG	75	35.1	Ready	Ready	Ready	Ready
51	PHARMACY	DIPLOMA	01	RIPER	Animal House	75 B	75	Ready	Ready	Ready	Ready
52	PHARMACY	UNDERGRADUATE	01	RIPER	Animal House	75A	75	Ready	Ready	Ready	Ready
53	PHARMACY	UNDERGRADUATE	01	RIPER	Laboratory	76	75	Ready	Ready	Ready	Ready
54	PHARMACY	DIPLOMA	01	RIPER	Laboratory	77	75	Ready	Ready	Ready	Ready
55	PHARMACY	POSTGRADUATE	01	RIPER	Tutorial Room	78	135	Ready	Ready	Ready	Ready

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56	PHARMACY	DIPLOMA	01	RIPER	Laboratory	79	75	Ready	Ready	Ready	Ready
57	PHARMACY	DIPLOMA	01	RIPER	Laboratory	80	75	Ready	Ready	Ready	Ready
58	PHARMACY	DIPLOMA	01	RIPER	Laboratory	85	75	Ready	Ready	Ready	Ready
59	PHARMACY	DIPLOMA	01	RIPER	Laboratory	86	75	Ready	Ready	Ready	Ready
60	PHARMACY	DIPLOMA	01	RIPER	Laboratory	87	75	Ready	Ready	Ready	Ready
61	PHARMACY	POSTGRADUATE	01	RIPER	Laboratory	88	100	Ready	Ready	Ready	Ready
62	PHARMACY	POSTGRADUATE	01	RIPER	Laboratory	89	100	Ready	Ready	Ready	Ready
63	PHARMACY	POSTGRADUATE	01	RIPER	Research Laboratory	90	75	Ready	Ready	Ready	Ready
64	PHARMACY	POSTGRADUATE	01	RIPER	Research Laboratory	91	75	Ready	Ready	Ready	Ready
65	PHARMACY	POSTGRADUATE	01	RIPER	Tutorial Room	92	35.1	Ready	Ready	Ready	Ready
66	PHARMACY	POSTGRADUATE	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	UNDERGRADUATE	01	RIPER	Classroom	96	80.2-	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	300	Ready	Ready	Ready	Ready
01	RIPER	Computer Center	55B	150	Ready	Ready	Ready	Ready

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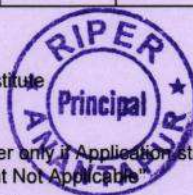
Building Number (1)	Building Name (2)	Room Type (3)	Room Id(4)	Area (Sq.mts) (5)	Flooring(6)	Wall & Painting (7)	Elec & lighting (8)	Furniture & Fixtures(9)
01	RIPER	Library&Reading Room	PG/57	100	Ready	Ready	Ready	Ready

## 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
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	50	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

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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)
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

## 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

22.02.17  
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*[Signature]*  
Name & Signature of Director/Principal  
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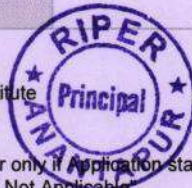
Sr. No.	Building Number (1)	Building Name (2)	Area Type (3)	Average Carpet Area (Sq.mts) (4)	Flooring (5)	Wall & Painting(6)	Elec & Lighting (7)	Furniture & fixtures(8)	Sanitary Fittings (9)
1	01	RIPER	Corridors	1548	Yes	Ready	Ready	Ready	Y
2	01	RIPER	Other Areas (in Sq m)	120	Yes	Ready	Ready	Ready	Y
3	01	RIPER	Other Common Area (in Sq m)	695	Yes	Ready	Ready	Ready	Y

## Other Facilities

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	YES

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<b>Workplace(Prevention, Prohibition and Redressal) Act, 2013</b>	
Establishment of Grievance Redressal Committee in the Institute and Appointment of OMBUDSMAN by the University	YES
Digital Payment for all Financial Transactions as per MHRD Directives:	YES
Compliance of the National Academic Depository(NAD) as per MHRD Directives:	YES
Display Board within the premises as well as in the Website of the Institution Indicating the Feedback Facility of Students and Faculty Available in the AICTE Web Portal:	YES
Implementing Food Safety and Standard Act,2006 in the Institution:	YES
Copies of AICTE Approvals (LOA and EOA of subsequent years)obtained since Inception of Institution till date shall be placed in the Website of the Institution:	YES
Provision to watch MOOCS Courses through Swayam:	YES
Implementation of Unnat Bharath Abhiyan:	YES
Institution-Industry Cell:	YES
Applied for Membership of National Digital Library:	YES

## Laboratory Details

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	PHARMA CY	POS T GRA DUA TE	PHARM ACEUTI CAL ANALY SIS AND QUALIT Y ASSUR ANCE	01	RIPER	ADVAN CED PHARM ACEITI CAL ANALY SIS	15000	25000	2012	No
2	PHARMA CY	UND ER GRA DUA TE	PHARM ACY	01	RIPER	ANATO MY AND PHYSIL OGY LAB	400000	35000	2012	No
3	PHARMA CY	DIPL OMA	PHARM ACY	01	RIPER	BIOCH EMIST RY	15000	25000	2012	No

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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)
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
7	PHARMACY	DIPL OMA	PHARMACY	01	RIPER	CLINICAL BIOCHEMISTRY LAB	200000	20000	2012	No
8	PHARMACY	UNDER GRADUATE	PHARMACY	01	RIPER	DISPENSING AND PREPARATIVE PHARMACY	200000	30000	2012	No
9	PHARMACY	DIPL OMA	PHARMACY	01	RIPER	DISPENSING LAB	1000	20000	2012	No
10	PHARMACY	POST GRADUATE	PHARMACOLOGY	01	RIPER	DRUG SCREENING LAB	800000	300000	2012	No

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## Application Report - Part 1

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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)
11	PHARMA CY	POST GRADUATE	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	01	RIPER	ELECTROMETRIC METHODS OF ANALYSIS	400000	600000	2012	No
12	PHARMA CY	DIPL OMA	PHARMACY	01	RIPER	HOSPITAL PHARMACY	100000	20000	2012	No
13	PHARMA CY	POST GRADUATE	PHARMACEUTICS	01	RIPER	MACHINE ROOM	500000	10000	2012	No
14	PHARMA CY	UNDER GRADUATE	PHARMACY	01	RIPER	MEDICAL BIOCHEMISTRY	200000	20000	2012	No
15	PHARMA CY	UNDER GRADUATE	PHARMACY	01	RIPER	MEDICAL CHEMISTRY	200000	30000	2012	No
16	PHARMA CY	UNDER GRADUATE	PHARMACY	01	RIPER	PHARM ANALYSIS	200000	20000	2012	No
17	PHARMA CY	UNDER GRADUATE	PHARMACY	01	RIPER	PHARMACEUTICAL BIOTECHNOLOGY LAB	250000	15000	2012	No
18	PHARMA CY	DIPL OMA	PHARMACY	01	RIPER	PHARMACEUTICAL CHEMISTRY LAB	200000	20000	2012	No
19	PHARMA CY	UNDER GRADUATE	PHARMACY	01	RIPER	PHARMACEUTICAL ORGANIC CHEMISTRY	150000	15000	2012	No

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## Application Report - Part 1

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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)
20	PHARMA CY	DIPL OMA	PHARM ACY	01	RIPER	PHARM ACEUTI CS	100000	20000	2012	No
21	PHARMA CY	POS T GRA DUA TE	PHARM ACEUTI CS	01	RIPER	PHARM ACEUTI CS (PHYSI CAL PHARM ACY) PG LAB	500000	50000	2012	Yes
22	PHARMA CY	DIPL OMA	PHARM ACY	01	RIPER	PHARM ACEUTI CS LAB	200000	20000	2012	No
23	PHARMA CY	UND ER GRA DUA TE	PHARM ACY	01	RIPER	PHARM ACEUTI CS PG LAB	200000	250000	2012	No
24	PHARMA CY	DIPL OMA	PHARM ACY	01	RIPER	PHARM ACEUTI CS- DIPLO MA	100000	20000	2012	No
25	PHARMA CY	DIPL OMA	PHARM ACY	01	RIPER	PHARM ACOGN OSY AND BIOLO GY LAB	150000	15000	2012	No
26	PHARMA CY	POS T GRA DUA TE	PHARM ACOLO GY	01	RIPER	PHARM ACOLO GY	600000	100000	2012	Yes
27	PHARMA CY	POS T GRA DUA TE	PHARM ACOLO GY	01	RIPER	PHARM ACOLO GY PG LAB	200000	25000	2012	No
28	PHARMA CY	UND ER GRA DUA TE	PHARM ACY	01	RIPER	PHARM ACOLO GY RESEA RCH LAB	300000	400000	2012	Yes
29	PHARMA CY	POS T GRA DUA TE	PHARM ACEUTI CAL CHEMI STRY	01	RIPER	PHARM ACY PRACTI CE	200000	25000	2012	No

22-02-17

Date of  
Signature(dd/mm/yyyy)

Seal of Institute



Name & Signature of Director/Principal  
(Dr. Y. PADMANABHA REDDY)

Please submit the hard copy of this Report to Regional Officer only if Application status is "Submitted" and Application Substatus is "Payment Received" / "Payment Not Received".

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## Application Report - Part 1

Application Status: Submitted  
Application Sub-Status: Payment Received

Report Generated on :-20/02/2017

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)
30	PHARMA CY	POS T GRA DUA TE	PHARM ACEUTI CS	01	RIPER	PHYSI CAL PHARM ACY LAB	100000	50000	2012	Yes
31	PHARMA CY	DIPL OMA	PHARM ACY	01	RIPER	PHYTO AND CHRO MATOG RAPHI C TECHN IQUES	200000	50000	2012	No
32	PHARMA CY	POS T GRA DUA TE	PHARM ACEUTI CS	01	RIPER	PREFO RMULA TION RESEA RCH LAB	300000	750000	2012	Yes
33	PHARMA CY	POS T GRA DUA 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 GRA DUA 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	49	128	0

## Library Facilities

22.02.17  
Date of  
Signature(dd/mm/yyyy)

Seal of Institute



Name & Signature of Director/Principal  
(Dr. Y. PADMANABHA REDDY)

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

## Application Report - Part 1

Application Status: Submitted  
Application Sub-Status: Payment Received

Report Generated on :-20/02/2017

Working Hrs. (1)	E journal Subscription (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 HANDBOOK2017-2018.	Yes

## Computational Facility

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

22-02-17  
Date of  
Signature(dd/mm/yyyy)



Name & Signature of Director/Principal  
(Dr.Y.PADMANABHA REDDY)

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## Application Report - Part 1

Application Status: Submitted  
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Report Generated on :-20/02/2017

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
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)
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22-02-17  
Date of  
Signature(dd/mm/yyyy)

Seal of Institute



Name & Signature of Director/Principal  
(Dr. Y. PADMANABHA REDDY)

Please submit the hard copy of this Report to Regional Officer only if Application status is "Submitted" and Application Substatus is "Payment Received" / "Payment Not Applicable"

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

### Application Report - Part 1

Application Status: Submitted  
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Report Generated on :-20/02/2017

1	Research Promotion Scheme	2011	8023/RID/R PS-98(Pvt)/2011-12	20/12/2011	31/01/2012	01/02/2012	01/02/2014	Yes	Submitted	31/01/2014
2	MODROBS	2013	12/AICTE/R IFD/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. No.	Name of Grant/Funds(11)	Final Settlement of Grant/Funds(12)	Balance of Grant/Funds to be received from AICTE(13)	Balance of Grant/Funds to be Refunded to AICTE(14)	Remarks(15)
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	OMBUDSMAN	A2/AICTE/Ombudsman-Appointmen	14/09/2012	Dr.H.Sudarshana Rao	Professor	Rector, JNTU Anantapur, Anantapur	JNTUA University	9000551417	jntua.rect or@gmail.com	8554272451
2	Grievance Redressal	RIPER/Grievance redressal/2012	03/09/2012	Dr.P.Ramalingam	Professor	Professor	RIPER, Anantapur	9985184448	rammpharm@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	Yes

22.02.17  
Date of Signature(dd/mm/yyyy)

Seal of Institute



*[Signature]*  
Name & Signature of Director/Principal  
(Dr. Y. PADMANABHA REDDY)

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## Application Report - Part 1

Application Status: Submitted  
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Report Generated on :-20/02/2017

staying in Hostel

## 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)
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	855 425 564 6	riperravi@rediffmail.com
2	Anti-Ragging Committee	RIPER/Anti Ragging Comm/2012	30/06/2012	Dr.P.Ramalingam	Professor	Besides Rayalaseema Grameenabank, State Bank Colony, JNTUA Road, anantapur	RIPER	9985184448	855 425 564 6	rampharm@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	855 425 564 6	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	855 425 564 6	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	855 425 564 6	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	RIPER	9963170820	855 425 564 6	reddiprakash@yahoo.com

22.02.17  
Date of

Signature(dd/mm/yyyy)

Seal of Institute



Name &amp; Signature of Director/Principal

(Dr.Y.PADMANABHA REDDY)

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**Application Report - Part 1**

Application Status: Submitted  
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Report Generated on :-20/02/2017

						Reddy Building, JNTUA road, Anantapur				
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.1 3-1-936, Rev enue Colony, Anantapuramu	RIPER	9440158304	8554255646	dmvjyothiriper@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

22-02-17  
Date of  
Signature(dd/mm/yyyy)



*[Signature]*  
Name & Signature of Director/Principal  
**(Dr.Y.PADMANABHA REDDY)**

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**Application Report - Part 1**


Application Status: Submitted  
 Application Sub-Status: Payment Received

Report Generated on :-20/02/2017

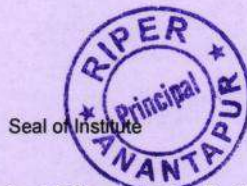
**DECLARATION  
 BY THE PRINCIPAL/DIRECTOR OF THE INSTITUTE**

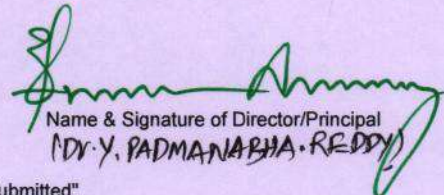
I, as the Head of the Institution, hereby declare that:

- a) I have carefully gone through the AICTE Regulations Notification dated on 30th November, 2016, published in the Gazette of India - Extraordinary Part III, Section- 4 and also the various provisions mentioned in the Approval Process Hand Book 2017-18.
- b) I am fully aware of the data uploaded by me in respect of my institute on the web portal.
- c) I am aware that there is no provision for correction of data, alteration of data, subsequent editing and appeal etc. for the online application once uploaded on the web portal.
- d) I am also aware that application for seeking Extension of Approval(EOA), Increase/Reduction of intake, Addition of new courses, Change of site, Closure of course, Supernumerary Seats under PIO/FN/Gulf quota Approval status/OCI, NRI, Change of name, and Conversion of women institute into Co-ed institute and vice versa (as applicable), shall be processed as per relevant provisions enumerated in the Approval Process Hand Book 2017-18.
- 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/Gulf quota Approval status/OCI, 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 2017-18

  
 (Principal/Director) 22-02-17  
 PRINCIPAL  
 Raghavendra Institute of Pharmaceutical  
 Education and Research  
 HYYEDU - 515 721 Anantapur A.P.

22-02-17  
 Date of  
 Signature(dd/mm/yyyy)



  
 Name & Signature of Director/Principal  
 DR. Y. PADMANABHA REDDY

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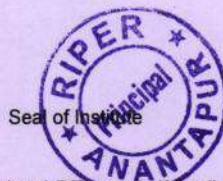
SCR 1-332535844717.1001033

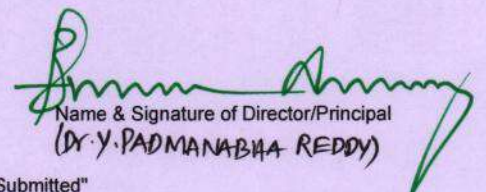
### Application Report - Part 1

Application Status: Submitted  
Application Sub-Status: Payment Received

Report Generated on :-20/02/2017

22.12.17  
Date of  
Signature(dd/mm/yyyy)



  
Name & Signature of Director/Principal  
(Dr. Y. PADMANABHA REDDY)

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SCR1-332535844717.1001034

## Application Report - Part 2

Application Status: Submitted  
Application Sub-Status: Payment Received

Report Generated on :-20/02/2017



### All India Council for Technical Education

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

Nelson Mandela Marg, Vasant Kunj, New Delhi-110067

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

Permanent Institute Id	1-5523281
Current Application Number	1-3325358447
Application Number of 2016-2017	1-2813175324
AICTE File No.	1-5523281
Application Type	Extension-Expansion-Closure
Organization Registration number	98/2001

#### Faculty Counts

Number of teaching faculty approved by University/Government?	36
---	----

#### 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 Industry 0

22.02.17  
Date of  
Signature(dd/mm/yyyy)

Seal of Institute



Name & Signature of Director/Principal  
(Dr. Y. PADMANABHA REDDY)

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Page 1 of 17

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## Application Report - Part 2

Application Status: Submitted  
Application Sub-Status: Payment Received

Report Generated on :-20/02/2017

Total number of Regular/Adhoc/Contract Faculty	60
--	----

## Faculty

(\*\*Data in Faculty table is as on 06-Feb-2017)

Sr Number	Faculty ID	Programme	Course	Faculty Type	FT/PT	First Name	Surname	Exact Designation	Date of Joining the institute	Appointment type	Doctorate	Master's Degree	Bachelor Degree	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	RAJAJESHWAR	ASST PROFESSOR	05/05/2014	Regular	N	PHARM D		
8	1-2470921463	PHARMACY	PHARMACY	PG	FT	BMANOJ	KUMAR	ASST PROFESSOR	29/01/2015	Regular	N	PHARM D		PCPV, PDCR

22.02.17  
Date of  
Signature(dd/mm/yyyy)

Seal of Institute



Name &amp; Signature of Director/Principal

Dr. Y. PADMANABHA REDDY

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## Application Report - Part 2

Application Status: Submitted

Application Sub-Status: Payment Received

Report Generated on :-20/02/2017

Sr Number	Faculty ID	Programme	Course	Faculty Type	FT/PT	First Name	Surname	Exact Designation	Date of Joining the institute	Appointment type	Doctorate	Master's Degree	Bachelor Degree	Other Qualification
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	PICALA	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	1-3369842636	PHARMACY	CLINICAL PHARMACY		FT	DAVID	BANJI	PROFESSOR	31/12/2016	Regular	Y	M.PHARMACY	B.PHARMACY	
16	1-3369956736	PHARMACY	PHARMACEUTICAL CHEMISTRY		FT	PEMADI	RAGHUVERRVARMA	ASSOCIATE PROFESSOR	07/11/2016	Regular	Y	M.PHARMACY	B.PHARMACY	
17	1-3370080239	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE		FT	JUTURUNAGAMOHAN	REDDY	ASST PROFESSOR	01/08/2016	Regular	N	M.PHARMACY	B.PHARMACY	

22-02-17

Date of  
Signature(dd/mm/yyyy)

Seal of Institute



*[Signature]*  
Name & Signature of Director/Principal  
(Dr. Y. PADMANABHA REDDY)

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SCR1-332535844717.1001037

## Application Report - Part 2

Application Status: Submitted  
Application Sub-Status: Payment Received

Report Generated on :-20/02/2017

Sr Number	Faculty ID	Programme	Course	Faculty Type	FT/PT	First Name	Surname	Exact Designation	Date of Joining the institute	Appointment type	Doctorate	Master's Degree	Bachelor Degree	Other Qualification
18	1-3374380900	PHARMACY	PHARMACEUTICS		FT	THENETHI	SHIRISHA	ASST PROFESSOR	09/07/2016	Regular	N	M.PHARMACY	B.PHARMACY	
19	1-3375586223	PHARMACY	PHARMACEUTICS		FT	S	SUNTAJ	ASST PROFESSOR	20/08/2016	Regular	N	M.PHARMACY	B.PHARMACY	
20	1-3375842307	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE		FT	KAKUMANI	GANGADHAR	ASST PROFESSOR	01/08/2016	Regular	N	M.PHARM	B.PHARM	D.PHARM
21	1-3378910293	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE		FT	GAJARAM	VERANAGOWDA	ASST PROFESSOR	01/08/2016	Regular	N	M.PHARMACY	B.PHARMACY	
22	1-3378975283	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE		FT	YAMBADI	RAJKUMAR	ASST PROFESSOR	01/08/2016	Regular	N	M.PHARMACY	B.PHARMACY	

22.02.17  
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Seal of Institute



Name & Signature of Director/Principal  
Dr. Y. PADMANABHA REDDY

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Application Status: Submitted

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Sr Number	Faculty ID	Programme	Course	Faculty Type	FT/PT	First Name	Surname	Exact Designation	Date of Joining the institute	Appointment type	Doctorate	Master's Degree	Bachelor Degree	Other Qualification
23	1-463241812	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	PG	FT	RAMALIN GAM	PERAMAN	HEAD OF DEPT	01/06/2009	Regular/Approved	Y	M.PHARM	B.PHARMACY	
24	1-463279151	PHARMACY	PHARMACY PRACTICE	UG	FT	BALAJI	KALAVA	ASSOCIATE PROFESSOR	06/07/2009	Regular/Approved	N	M.PHARM	B.PHARM	D.PHARM
25	1-463279159	PHARMACY	PHARMACEUTICAL CHEMISTRY	UG	FT	GEETHAVANI	MEKA	ASSOCIATE PROFESSOR	01/09/2007	Regular/Approved	Y	M.PHARM	B.PHARM	
26	1-463279163	PHARMACY	PHARMACEUTICAL ANALYSIS	PG	FT	VINDKUMAR	KONDREDDY	ASSOCIATE PROFESSOR	04/11/2009	Regular/Approved	N	M.PHARM	B.PHARM	
27	1-463279167	PHARMACY	PHARMACY PRACTICE	UG	FT	NARAYANA	GORUNTLA	ASSOCIATE PROFESSOR	12/02/2009	Regular/Approved	N	M.PHARM	B.PHARM	D.PHARM
28	1-463279191	PHARMACY	PHARMACEUTICAL ANALYSIS	PG	FT	HARITHAJA	DUGGA	ASSOCIATE PROFESSOR	23/07/2010	Regular	Y	M.PHARM	B.PHARM	
29	1-463279195	PHARMACY	PHARMACEUTICS CHEMISTRY	UG	FT	VIJAYA JYOTHI	MALLEA	ASSOCIATE PROFESSOR	01/06/2004	Regular/Approved	Y	M.PHARM	B.PHARM	
30	1-463279199	PHARMACY	PHARMACY	UG	FT	RAMAKANTH REDDY	DUGGA	ASST PROFESSOR	01/12/2010	Regular	N	M.PHARM	B.PHARM	

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Sr Number	Faculty ID	Programme	Course	Faculty Type	FT/PT	First Name	Surname	Exact Designation	Date of Joining the institute	Appointment type	Doctorate	Master's Degree	Bachelor Degree	Other Qualification
31	1-463279223	PHARMACY	PHARMACOLOGY	PG	FT	SOMASEKHAR REDDY	KANALA	ASSOCIATE PROFESSOR	01/04/2008	Regular/Approved	Y	M.PHARM	B.PHARM	
32	1-463279227	PHARMACY	PHARMACEUTICAL CHEMISTRY	UG	FT	USHARANI	UMARASETTY	ASST PROFESSOR	21/01/2010	Regular	N	M.PHARM	B.PHARM	
33	1-463279271	PHARMACY	PHARMACOGNOSY	UG	FT	VEERABHADRAPA	KASTURI	ASSOCIATE PROFESSOR	28/01/2004	Regular/Approved	N	M.PHARM	B.PHARM	D.PHARM
34	1-463279275	PHARMACY	PHARMACOLOGY AND TOXICOLOGY	UG	FT	JAFFARSADIQ	MANTARIGI	ASSOCIATE PROFESSOR	06/07/2009	Regular/Approved	Y	M.PHARM	B.PHARM	
35	1-463279279	PHARMACY	PHARMACY PRACTICE	UG	FT	VIGNESWARAN	EASWARAN	ASSOCIATE PROFESSOR	18/02/2009	Regular/Approved	Y	M.PHARM	B.PHARM	
36	1-463468313	PHARMACY	PHARMACOLOGY	UG	FT	SUDHEER	AKKIRAJU	ASSOCIATE PROFESSOR	17/07/2006	Regular/Approved	N	M.PHARM	B.PHARM	
37	1-463468317	PHARMACY	PHARMACEUTICAL BIOTECHNOLOGY	UG	FT	SRINATH	BAKUNDHAI	ASST PROFESSOR	14/11/2009	Regular/Approved	N	M.PHARM	B.PHARM	
38	1-463468341	PHARMACY	INDUSTRIAL PHARMACY	UG	FT	HARANATH	CHINTHANJALA	ASSOCIATE PROFESSOR	01/10/2008	Regular/Approved	N	M.PHARM	B.PHARM	
39	1-463468345	PHARMACY	PHARMACOLOGY	UG	FT	PRADHEEP KUMAR	BHUPALAM	ASSOCIATE PROFESSOR	25/06/2008	Regular/Approved	N	M.PHARM	B.PHARM	D.PHARM

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Sr Number	Faculty ID	Programme	Course	Faculty Type	FT/PT	First Name	Surname	Exact Designation	Date of Joining the institute	Appointment type	Doctorate	Master's Degree	Bachelor Degree	Other Qualification
40	1-463468349	PHARMACY	PHARMACEUTICS	UG	FT	SURYA PRAKASH REDDY	CHAPPIDI	ASSOCIATE PROFESSOR	15/03/2004	Regular/Approved	N	M.PHARM	B.PHARM	
41	1-463468363	PHARMACY	PHARMACY	Diploma	FT	NAGAVYSHNAVI	PENDEKANTI	LECTURER	08/12/2010	Regular	N		B.PHARM	D.PHARM
42	1-463468367	PHARMACY	PHARMACY	Diploma	FT	HIMABINDU	PANCHANGAM	LECTURER	02/08/2010	Regular	N		B.PHARM	
43	1-463468391	PHARMACY	PHARMACY	Diploma	FT	SOWMYALAKSHMI	MESARAGANDA	LECTURER	03/12/2010	Regular	N		B.PHARM	
44	1-463468395	PHARMACY	PHARMACY PRACTICE	PG	FT	SEEBAA	ZACHARIAH	ASSOCIATE PROFESSOR	08/07/2010	Regular/Approved	Y	M.PHARM	B.PHARM	
45	1-465028693	PHARMACY	PHARMACEUTICAL ANALYSIS	PG	FT	PADMANABHAREDDY	YIRAGAMREDDY	PRINCIPAL	02/10/2002	Regular/Approved	Y	M.PHARM	B.PHARM	AIC,PGDBM
46	1-465028697	PHARMACY	PHARMACOLOGY	PG	FT	RAVINDRAREDDY	JUTURU	HEAD OF DEPT	01/10/2002	Regular/Approved	Y	M.PHARM	B.PHARM	
47	1-465028721	PHARMACY	PHARMACOLOGY	PG	FT	NAGARJUNA	SANNITHI	ASST PROFESSOR	15/11/2010	Regular/Approved	N	M.PHARM	B.PHARM	
48	1-482060261	PHARMACY	PHARMACOLOGY	UG	FT	SHARREEN	SHAIK	ASST PROFESSOR	15/06/2009	Regular	N	M.PHARM	B.PHARM	
49	1-482060265	PHARMACY	PHARMACEUTICS	UG	FT	SHIVAPPA	GULAGANNAVAR	ASSOCIATE PROFESSOR	09/01/2008	Regular	N	M.PHARM	B.PHARM	

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50	1-482060269	PHARMACY	PHARMACEUTICS	UG	FT	SIDD AIAH	GA VI	ASSOCIATE PROFESSOR	24/07/2007	Regular	N	M.PHARM	B.PHARM	
51	1-482144153	PHARMACY	PHARMACOLOGY	UG	FT	SANDHYA	PACHALA	ASST PROFESSOR	01/01/2009	Regular	N	M.PHARM	B.PHARM	
52	1-483919815	PHARMACY	PHARMACOLOGY	PG	FT	MANIKANDAN	N	ASSOCIATE PROFESSOR	05/10/2010	Regular	N	M.PHARM	B.PHARM	
53	1-497704139	PHARMACY	PHARMACY	Diploma	FT	SUJANA	P	LECTURER	01/02/2011	Regular	N		B.PHARMACY	D.PHARMACY
54	1-497704193	PHARMACY	PHARMACY	Diploma	FT	SRINIVASA	SEELAM	LECTURER	01/02/2011	Regular	N		B.PHARMACY	
55	1-503917911	PHARMACY	PHARMACEUTICS	PG	FT	SOWMYA	CHERUKURI	HEAD OF DEPT	05/10/2005	Regular	Y	M.PHARM	B.PHARM	
56	1-503917915	PHARMACY	Please Select	PG	FT	SHOBHA	MUNGLI	ASST PROFESSOR	24/02/2010	Regular	N	M.SC	B.SC	
57	1-503917919	PHARMACY	Please Select	UG	FT	RAVI	K	ASST PROFESSOR	01/06/2005	Regular/Approved	Y	M.A, M.PHILL	B.A	
58	1-503917993	PHARMACY	PHARMACY	Diploma	FT	ANIL	K	LECTURER	04/11/2006	Regular/Approved	N		B.PHARMACY	D.PHARMACY
59	1-503917997	PHARMACY	PHARMACY	UG	FT	MARUTHI	CHINTHAMANI	LECTURER	18/11/2005	Regular/Approved	N	M.PHARM	B.PHARMACY	
60	1-503918091	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	UG	FT	MOHAN	A	ASST PROFESSOR	01/02/2011	Regular/Approved	N	M.PHARM	B.PHARM	

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Name & Signature of Director/Principal  
(Dr.Y.PADMANABHA REDDY)

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Sr Number	Faculty ID	Programme	Course	Faculty Type	FT/PT	First Name	Surname	Exact Designation	Date of Joining the institute	Appointment type	Doctorate	Master's Degree	Bachelor Degree	Other Qualification
61	1-503918095	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	UG	FT	KARUNA	A	ASST PROFESSOR	01/02/2011	Regular/Approved	N	M.PHARM	B.PHARM	
62	1-503918099	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	UG	FT	RAMA	YARRAAM	ASST PROFESSOR	01/02/2011	Regular/Approved	N	M.PHARM	B.PHARM	
63	1-503918123	PHARMACY	PHARMACEUTICAL BIOCHEMISTRY	UG	FT	KISHORE	V	ASST PROFESSOR	01/02/2011	Regular/Approved	N	M.PHARM	B.PHARM	
64	1-774521142	PHARMACY	CLINICAL PHARMACY	PG	FT	MOHANRAJ	RATHINAVELU	ASST PROFESSOR	05/11/2011	Regular/Approved	N	M.PHARM	B.PHARMACY	
65	1-774635272	PHARMACY	PHARMACOLOGY AND PHYTOCHEMISTRY	UG	FT	SANJEEVAKUMAR	AVVARIRI	ASST PROFESSOR	01/12/2011	Regular/Approved	N	M.PHARM	B.PHARMACY	D. PHARMACY
66	1-775753172	PHARMACY	PHARMACEUTICS	Diploma	FT	SHABEENA	SHAIK	LECTURER	15/09/2011	Regular/Approved	N		B.PHARMACY	D. PHARMACY
67	1-783968632	PHARMACY	PHARMACY	UG	FT	PARVATHI	MERUGU	ASST PROFESSOR	04/11/2011	Regular/Approved	N	M.PHARM	B.PHARM	D.PHARMACY

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Name & Signature of Director/Principal  
(D.Y.PADMANABHA REDDY)

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Sr Number	Faculty ID	Programme	Course	Faculty Type	FT/PT	First Name	Surname	Exact Designation	Date of Joining the Institute	Appointment type	Doctorate	Master's Degree	Bachelor Degree	Other Qualification
68	1-1512877483	PHARMACY	PHARMACEUTICAL CHEMISTRY	PG	FT	NARESH	C	ASST PROFESSOR	01/12/2012	Regular	N	M.PHARMACY	B.PHARMACY	
69	1-1515691403	PHARMACY	PHARMACEUTICAL CHEMISTRY	UG	FT	TRIVENI	S	ASST PROFESSOR	01/12/2012	Regular	N	M.PHARMACY	B.PHARMACY	
70	1-1515728164	PHARMACY	MEDICAL PHARMACEUTICAL CHEMISTRY	UG	FT	MANJOOOR	SYED	ASST PROFESSOR	11/06/2012	Regular	N	M.PHARMACY	B.PHARMACY	
71	1-1542427143	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	PG	FT	LALITHA	KV	ASST PROFESSOR	18/08/2011	Regular	N	M.PHARMACY	B.PHARMACY	
72	1-2077607913	PHARMACY	PHARMACEUTICAL TECHNOLOGY	UG	FT	ARSHAD	KHAN	ASST PROFESSOR	22/09/2011	Regular	N	M.PHARMACY	B.PHARMACY	
73	1-2077785013	MCA	Please Select	UG	FT	VENKAT	LAKSHMI	ASST PROFESSOR	21/06/2012	Regular	N	M.SC	B.SC	BED
74	1-2078262583	PHARMACY	PHARMACY	Diploma	FT	CHIDURALA	MOUNIKA	LECTURER	04/09/2013	Regular	N		B.PHARMACY	
75	1-2078632645	PHARMACY	PHARMACY	UG	FT	SUNKARA	SEETHA	ASST PROFESSOR	04/01/2014	Regular	N	M.PHARMACY	B.PHARMACY	

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(Dr.Y.PADMANABHA REDDY)

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76	1-2078714753	PHARMACY	PHARMACY	Diploma	FT	PERUR	KARTHIK	ASST PROFESSOR	11/12/2013	Regular	N	M.PHARMACY	B.PHARMACY	D.PHARMACY
77	1-2078770828	PHARMACY	PHARMACY	UG	FT	P	TEJA	ASST PROFESSOR	11/12/2013	Regular	N	M.PHARMACY	B.PHARMACY	
78	1-2078785643	PHARMACY	PHARMACEUTICS	UG	FT	PAVAN	KUMAR	ASST PROFESSOR	11/12/2013	Regular	N	M.PHARMACY	B.PHARMACY	

Total number of Adjunct Faculty/Resource Person from Industry	6
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Adjunct Faculty/Resource Person from Industry

Not Applicable

Technical Staff

Sr Number	Technical Staff Id	Program	Course	Level	First Name	Sur Name	Date of joining the institute	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

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Sr Number	Technical Staff Id	Program	Course	Level	First Name	Sur Name	Date of joining the institute	Master Degree	Bachelor Degree	Diploma	Other Qualification
3	1-466709379	PHARMACY	PHARMACEUTICAL ANALYSIS AND QUALITY ASSURANCE	POST GRADUATE	SELVA	GANDLA-B	06/08/2008			ITI	
4	1-466824405	PHARMACY	PHARMACOLOGY	POST GRADUATE	RAMACHANDRA	YANAMALA	25/11/2008		BSC	DAE	
5	1-466824563	PHARMACY	PHARMACEUTICS	POST GRADUATE	NAGENDRA	BESHTHA	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	PULAKUR	23/10/2004		BSC	ANESTHESIA TECHNICIAN	MS.OFFICE
10	1-498142339	PHARMACY	PHARMACY	UNDER GRADUATE	KESAVAI	TALARI	12/12/2008		BA		
11	1-498142353	PHARMACY	PHARMACY	UNDER GRADUATE	RAMANNA	SAKE	01/08/2009				SSC

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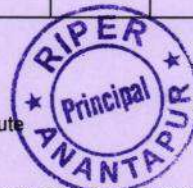
Sr Number	Technical Staff Id	Program	Course	Level	First Name	Sur Name	Date of joining the institute	Master Degree	Bachelor Degree	Diploma	Other Qualification
12	1-498142357	PHARMACY	PHARMACY	UNDERGRADUATE	RAJU	KURUGODU	05/03/2009				SSC
13	1-503702001	PHARMACY	PHARMACY	UNDERGRADUATE	LEELAVATHI	S	01/09/2009		BSC		
14	1-503702013	PHARMACY	PHARMACY	UNDERGRADUATE	RAJAN	N	08/11/2008		BZC	D.PHARMACY	
15	1-503702017	PHARMACY	PHARMACY	UNDERGRADUATE	PRAVAD	V	01/12/2008	MSC	BSC		MS OFFICE
16	1-503702021	PHARMACY	PHARMACY	UNDERGRADUATE	SOMANARAYAN	MUNNAPPAGARI	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 &amp; Library Staff

Sr Num	Staff Id	First Name	Last Name	Date of joining the institute	Master Degree	Bachelor Degree	Diploma	Other Qualification
1	1-466708727	ANKI	PIDUGU	24/10/2002		BCOM	ITI	DIPLAMA IN INFORMATION TECHNOLOGY

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Sr Num	Staff Id	First Name	Last Name	Date of joining the institute	Master Degree	Bachelor Degree	Diploma	Other Qualification
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	TABJULAA	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				
17	1-505566075	SHARUFUDDIN	SAYYED	01/08/2009				
18	1-505566079	VENKATARAMANA	BESTA	01/02/2011				
19	1-505566133	CHINNAPPA	GALI	02/08/2010				
20	1-507595739	RANGASEKHAR	VENNAPUSALA	01/08/2009				

22-02-17  
Date of  
Signature(dd/mm/yyyy)

Seal of Institute



Name & Signature of Director/Principal  
(Dr. Y. PARMANABHAREDDY)

Please submit the hard copy of this Report to Regional Officer only if Application status is "Submitted" and Application Substatus is "Payment Received" / "Payment Not Applicable"

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17  
\*\*\*Note :- All the Dates in the Report are in dd/mm/yyyy format

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## Application Report - Part 2

Application Status: Submitted  
Application Sub-Status: Payment Received

Report Generated on :-20/02/2017

Sr Num	Staff Id	First Name	Last Name	Date of joining the institute	Master Degree	Bachelor Degree	Diploma	Other Qualification
21	1-1542130002	SANDEEP	SUSURLA	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

22.02.17  
Date of  
Signature(dd/mm/yyyy)

Seal of Institute



Name & Signature of Director/Principal  
(D.Y. PADMANABHA REDDY)

Please submit the hard copy of this Report to Regional Officer only if Application status is "Submitted" and Application Substatus is "Payment Received" / "Payment Not Applicable"  
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\*\*\*Note :- All the Dates in the Report are in dd/mm/yyyy format

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## Application Report - Part 2

Application Status: Submitted  
Application Sub-Status: Payment Received

Report Generated on :-20/02/2017

**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 30th November, 2016, published in the Gazette of India - Extraordinary Part III, Section- 4 and also the various provisions mentioned in the Approval Process Hand Book 2017-18.
- 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/Gulf Quota Approval Status/OCI, NRI, Change of name, and Conversion of women institute into Co-ed institute and vice versa (as applicable), shall be processed as per relevant provisions enumerated in the Approval Process Hand Book 2017-18 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/Gulf Quota Approval Status/OCI, 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 2017-18.

*(Signature)*  
(Principal/ Director)  
PRINCIPAL  
Raghavendra Institute of Pharmaceutical  
Education and Research  
MIVVEDU - 515 721 Anantapur (A.P.)

*22/02/17*  
Date of  
Signature(dd/mm/yyyy)



*(Signature)*  
Name & Signature of Director/Principal  
(Dr. Y. PADMANABHA REDDY)

Please submit the hard copy of this Report to Regional Officer only if Application status is "Submitted" and Application Substatus is "Payment Received" / "Payment Not Applicable"

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

SCR-1-332535844717.1001050

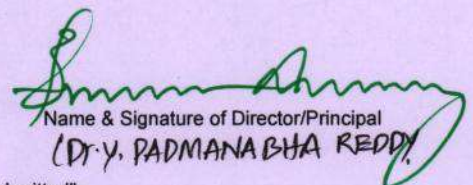
Application Report - Part 2

Application Status: Submitted  
Application Sub-Status: Payment Received

Report Generated on :-20/02/2017

22.02.17  
Date of  
Signature(dd/mm/yyyy)



  
Name & Signature of Director/Principal  
(Dr. Y. PADMANABHA REDDY)

Please submit the hard copy of this Report to Regional Officer only if Application status is "Submitted"  
and Application Substatus is "Payment Received" / "Payment Not Applicable"  
17

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

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SCR1 - 332535844717.1001051

## Application Deficiency Report

Application Status: Submitted  
Application Sub-Status: Payment Received

Report Generated on :-20/02/2017



### All India Council for Technical Education

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

Nelson Mandela Marg Vasant Kunj, New Delhi-110067  
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	1-3325358447
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

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

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

#### Other Details

22-02-17  
Date of Signature  
(dd/mm/yyyy)

Seal of Institute



Name & signature of Director /Principal  
(Dr. Y. PADMANABHA REDDY)

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

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Page 1 of 9

## Application Deficiency Report

**Application Status:** Submitted

**Application Sub-Status:** Payment Received

Report Generated on :-20/02/2017

Details of Requirement	Status provided by the Institute	Deficiency
List of faculty and data uploaded on the institute web portal	Yes	No
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**

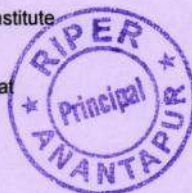
Details of Requirement	Status provided by the Institute	Deficiency
Grievance Committee	Yes	No

### **Total Number of Students in Institute**

Number of Students UG	480
Number of Students PG	276
Number of Students DIPLOMA	120
Total Students (CI)	876

22/02/17  
Date of Signature  
(dd/mm/yyyy)

Seal of Institute



*[Signature]*  
Name & signature of Director /Principal  
(Dr. Y. PADMANABHA REDDY)

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

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SCR1-332535844717.1001053

## Application Deficiency Report

Application Status: Submitted  
Application Sub-Status: Payment Received

Report Generated on :-20/02/2017

(UG+PG+DIPLOMA)	
-----------------	--

### Faculty

#### Institute Level Faculty

Type	Actual number	Required number as per CI	Deficiency
Total Faculty(UG+PG+Diploma)	66	61	No
Minimum 80% Regular Faculty	60	49	No

### Administrative Area

Type	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
Principal / Director Office	35	20	No
Board Room	20	20	No
Office All Inclusive	155	150	No
Department Offices	80	20	No
Cabin for Head of Dept	65	10	No
Central Store	35	30	No
Maintenance	35	10	No
Housekeeping	10	10	No
Pantry for Staff/Faculty	10	10	No
Exam Control Office	35	30	No
Training Placement Office	50	50	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

22.02.17  
Date of Signature  
(dd/mm/yyyy)

Seal of Institute



*[Signature]*  
Name & signature of Director /Principal  
(Dr.Y. PADMANABHAREDDY)

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

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## Application Deficiency Report

Application Status: Submitted

Application Sub-Status: Payment Received

Report Generated on :-20/02/2017

Type	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
First aid cum Sick Room	10	10	No

### Computational Facilities

Type	Available	Required	Deficiency
Internet Bandwidth	32	32	No
Printers	9	6	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	118	No

### Library Facilities

Type	Available	Required	Deficiency
Volumes	11352	7100	No
Titles	1586	725	No
National Journals	49	44	No
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	400	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	550	462	No
Tutorial Rooms - PG	POST GRADUATE	930	198	No
Laboratories-All	UG/PG	2260	1320	No
Seminar Hall	UG/PG	135	132	No

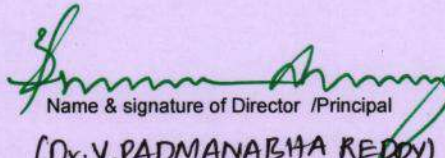
### PHARMACY-Diploma / Existing Programme

22.02.17

Date of Signature  
(dd/mm/yyyy)

Seal of Institute



  
 Name & signature of Director /Principal  
 (Dr. Y. PADMANABHA REDDY)

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

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SCR1 - 332535844717.1001055

## Application Deficiency Report

Application Status: Submitted  
Application Sub-Status: Payment Received

Report Generated on :-20/02/2017

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	525	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

### 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
Standalone Language Laboratory	Yes	No
Medical & Counseling	Yes	No
Notice Boards	Yes	No
Potable Water Supply	Yes	No
Safety Provisions	Yes	No

22-02-17  
Date of Signature  
(dd/mm/yyyy)

Seal of Institute



*(Signature)*  
Name & signature of Director /Principal  
(Dr. Y. PADMANABHA REDDY)

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

Printed By: AE857401

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### Application Deficiency Report

Application Status: Submitted  
 Application Sub-Status: Payment Received

Report Generated on :-20/02/2017

Type	Availability	Deficiency
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
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
Digital Payment for all Financial Transactions as per MHRD Directives	Yes	No
Compliance of the National Academic Depository(NAD) as per MHRD Directives	Yes	No
Display Board within the premises as well as in the Website of the Institution Indicating the Feedback Facility of Students and Faculty Available in the AICTE Web Portal	Yes	No
Implementing Food Safety and Standard Act,2006 in the Institution	Yes	No
Copies of AICTE Approvals (LOA and EOA of subsequent years)obtained since Inception of Institution till date shall be placed in the Website of the	Yes	No

22/02/17  
 Date of Signature  
 (dd/mm/yyyy)

Seal of Institute



*[Signature]*  
 Name & signature of Director /Principal  
 (Dr. Y. PADMANABHA REDDY)

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



### Application Deficiency Report

Application Status: Submitted  
 Application Sub-Status: Payment Received

Report Generated on :-20/02/2017

Type	Availability	Deficiency
<b>Institution</b>		
Provision to watch MOOCS Courses through Swayam	Yes	No
Implementation of Unnat Bharat Abhiyan	Yes	No
Institution-Industry Cell	Yes	No
Group Insurance for Employees	Yes	No
Insurance for Students	Yes	No
Applied membership-National Digital Library	Yes	No

### DEFICIENCY REPORT AS PER INTAKE APPLIED FOR YEAR 2017-2018

**Computational Facilities**


Type	Available	Required	Deficiency
Internet Bandwidth-Applied Intake	32	16	No
Printers-Applied Intake	9	6	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	113	No

**Library Facilities**

Type	Available	Required	Deficiency
Volumes	11352	7100	No
Titles	1586	725	No
National Journals	49	44	No
Library Management Software	1	1	No
Reading Room Capacity	175	147	No
MultiMediaPC	15	9	No

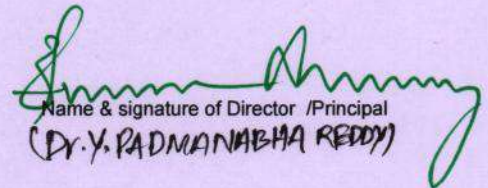
**Instructional Area**

**PHARMACY / Existing Programme**

  
 Date of Signature  
 (dd/mm/yyyy)  
 22-02-17

Seal of Institute



  
 Name & signature of Director /Principal  
 (Dr. Y. RADMANABHA REDDY)

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

## Application Deficiency Report

Application Status: Submitted  
Application Sub-Status: Payment Received

Report Generated on :-20/02/2017

Type	Level	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
Class Room-Tutorial Room	UNDER GRADUATE	550	462	No
Tutorial Rooms - PG	POST GRADUATE	930	198	No
Laboratories-All	UG/PG	2260	1320	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	525	No
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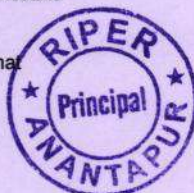
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\*\* Actual Number of Guest Rooms for Under Graduate includes the Actual Number of Guest Rooms Available for PG, if applicable

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

22-02-17  
Date of Signature  
(dd/mm/yyyy)

Seal of Institute



*(Signature)*  
Name & signature of Director /Principal  
(Dr. Y. PADMANABHA REDDY)

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

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**Application Deficiency Report**

Application Status: Submitted  
 Application Sub-Status: Payment Received

Report Generated on :-20/02/2017

**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 30th November, 2016, published in the Gazette of India - Extraordinary Part III, Section- 4 and also the various provisions mentioned in the Approval Process Hand Book 2017-18.
- 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/Gulf Quota Approval Status/OCI, NRI, Change of name, and Conversion of women institute into Co-ed institute and vice versa(as applicable), shall be processed as per relevant provisions enumerated in the Approval Process Hand Book 2017-18.
- 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/Gulf Quota Approval Status/OCI, 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 2017-18.

*(Handwritten Signature)*  
 (Principal/Director) 22/02/17

PRINCIPAL  
 Raghavendra Institute of Pharmaceu...  
 Education and Research  
 HIRVEDU - 515 721 Anantapur, A.P.

22-02-17  
 Date of Signature  
 (dd/mm/yyyy)

Seal of Institute



*(Handwritten Signature)*  
 Name & signature of Director /Principal  
 (Dr. Y. PADMANABHA REDDY)

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