



APPROVAL PROCESS 2019-20

Application Report Part-2

Permanent Institute Id 1-2842959281
Current Application No. 1-4261623548
Application No. of 2017-2018 1-3514595218
AICTE File No. 1-2842959281
Application Type Extension-Expansion-Closure
Organization Registration No. I-124

Principal/Director/Registrar

Surname	C D	First Name	SHAJI SELVIN
Father's Name	CHELLATHURAI	Date of Birth	23/06/1970
Doctorate Degree	Yes	Field of Specialization	PHARMACEUTICS
Master's Degree	M.PHARM	Bachelor Degree	B.PHARM
Other Qualifications	PGDCA	Date of Joining the Institute as head	26/03/2018
Appointment Type	Regular	Exact Designation	Principal
Experience (T-R-I)	Teaching	Research	Industry
	19	10	0

Faculty Counts

Total No. of Faculty	15
No. of Teaching faculty approved by University/Government?	15

Faculty Details

*Faculty Details available as on AICTE Web Portal

Sr . No.	Faculty ID	Programme	Course	Faculty Type	FT/PT	First Name	Surname	Exact Designation	Date of Joining the Institute	Appointment Type	Doctorate	Master's Degree	Bachelor 's Degree	Other Qualification	Aadhar Card	PAN Card	Total Gross Salary for the Last Financial Year	Pay Scale
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Application Status: **Submitted**
 Application Sub-Status: **Payment Received**

Report Generated on :-22/02/2019

1	1-3183495108	PHARMACY	PHARMACEUTICS		FT	ANN	JOSE	LECTURER	11/08/2016	Regular	N	M.PHARM	B.PHARM			BFJP J2301E	119105	Vlth Pay Scale
2	1-3183495206	PHARMACY	PHARMACOLOGY		FT	JEEVA	JAMES	ASSOCIATE PROFESSOR	18/06/2016	Regular	N	M.PHARM	B.PHARM	D.PHARM		AND PJ4586C	320175	Vlth Pay Scale
3	1-3183495264	PHARMACY	PHARMACOGNOSY AND PHYTOCHEMISTRY		FT	NISHAMOL	K.S	ASST PROFESSOR	16/08/2016	Regular	N	M.PHARM	B.PHARM			AVN PN7370C	191528	Vlth Pay Scale
4	1-3183495301	PHARMACY	PHARMACOLOGY		FT	AMBILY	SCARIA	LECTURER	12/08/2016	Regular	N	M.PHARM	B.PHARM			HAP PS7937J	79766	Vlth Pay Scale
5	1-3183495335	PHARMACY	PHARMACEUTICAL CHEMISTRY		FT	RENJITH	ALEX	ASSOCIATE PROFESSOR	01/08/2016	Regular	Y	M.PHARM	B.PHARM			ARV PA4886G	320400	Vlth Pay Scale
6	1-3545663675	PHARMACY	PHARMACEUTICS		FT	JEROME	GEOERGE	ASST PROFESSOR	11/09/2017	Regular	Y	M.PHARM	B.PHARM			BSIP G7384J	318000	Vlth Pay Scale
7	1-4253451376	PHARMACY	PHARMACY		FT	RANA	A	LECTURER	12/09/2018	Regular	N	M.PHARM	B.PHARM			CKB PA4899N	0	Vlth Pay Scale
8	1-4253451396	PHARMACY	PHARMACY		FT	SHAJI	C D	PRINCIPAL	26/03/2018	Regular	Y	M.PHARM	B.PHARM	PGDCA		CFBP S0364F	480000	Vlth Pay Scale
9	1-4253742700	PHARMACY	PHARMACY		FT	LINDA	MATHEW	LECTURER	30/08/2018	Regular	N	M.PHARM	B.PHARM			BEKP M7928E	0	Vlth Pay Scale

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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10	1-4253742707	PHARMACY	PHARMACY		FT	NILA	VARGHESE	ASST PROFESSOR	04/07/2018	Regular	N	M.PHARM	B.PHARM			ATM PV2719G	0	Vlth Pay Scale
11	1-4253742754	PHARMACY	PHARMACY		FT	RANI	KURIAKOSE	ASST PROFESSOR	01/08/2018	Regular	N	M.PHARM	B.PHARM			CBS PK0037L	0	Vlth Pay Scale
12	1-4253742961	PHARMACY	PHARMACY		FT	ANJU	RAJAN	ASST PROFESSOR	13/08/2018	Regular	N	M.PHARM	B.PHARM			BNK PA1157L	0	Vlth Pay Scale
13	1-4253742968	PHARMACY	PHARMACY		FT	AMEERA	KHALAM	ASST PROFESSOR	16/07/2018	Regular	N	M.PHARM	B.PHARM			EUG PK1231R	210000	Vlth Pay Scale
14	1-4901775260	PHARMACY	PHARMACY		FT	ARYA	RAVEENDRAN	ASST PROFESSOR	19/09/2016	Regular	N	M.PHARM	B.PHARM			CIHR1343C	211200	Vlth Pay Scale
15	1-4977621104	PHARMACY	PHARMACEUTICAL BIOTECHNOLOGY		FT	SMITHA	MATHEW	LECTURER	03/02/2019	Regular	N	M.SC (MICROBIOLOGY)	B.SC (MICROBIOLOGY)			DOK PM0060P	0	Vlth Pay Scale

Adjunct Faculty/Resource Person from Industry Details

Data not entered by Institute

Technical Staff

Sr. No.	Technical Staff Id	Program	Course	Level	First Name	Surname	Date of joining the Institute	Master Degree	Bachelor Degree	Diploma	Other Qualification

Date of Signature(dd/mm/yyyy)

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1	1-3214548539	PHARMACY	PHARMACY	UNDER GRADUATE	RINI	R	17/08/2016			D.PHARM	
2	1-3214548743	PHARMACY	PHARMACY	UNDER GRADUATE	JOSEPH	AUGUSTH Y	01/06/2016			D.PHARM	
3	1-3215971356	PHARMACY	PHARMACY	UNDER GRADUATE	BINDU	BIJU	17/08/2016				
4	1-3215971360	PHARMACY	PHARMACY	UNDER GRADUATE	UMA	M. V	17/08/2016				

Admin & Library Staff

Sr. No.	Staff Id	First Name	Last Name	Date of joining the Institute	Master Degree	Bachelor Degree	Diploma	Other Qualification
1	1-3205216883	NISHAMOL	V S	24/04/2011	B.SC			
2	1-3205253641	SREEKALA	B	08/06/2016	B.SC			
3	1-3205253645	MEBIN	FRANCIS	01/12/2010	M.COM			
4	1-3214091215	JEESMON	BABY	20/07/2016	MSW,MPA			
5	1-3214091219	SHYJA	JOHN	22/06/2016	MBA			
6	1-3214530519	CHANDRIKA	MAHESWARAN	01/07/2016	SSLC			
7	1-3214548533	YOHANNAN	THOMAS	01/07/2016	SSLC			
8	1-3235326026	SHINTO	ULAHANNAN	22/08/2016	PLUS TWO			
9	1-3705656655	SONIA	JOSEPH	01/06/2017	M LISC			

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DECLARATION

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

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

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

Signature of Principal/Director/Registrar

Name :

Seal/Stamp of the Institute/University Department

Date of Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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