



APPROVAL PROCESS 2021-22

APPLICATION REPORT

INSTITUTION DETAILS

INSTITUTION DETAILS: BASIC DETAILS

Current Application Number	1-9321253867	Application Type	Extension-Expansion-Closure
Current Status	Submitted	Sub Status	Payment Received
Permanent Institution ID	1-2942084	Academic Year	2021-2022
Approval Status of Application	Data Not Available	Application Opened Date	03/09/2021
Application Submitted Date	04/01/2021	Attend Scrutiny Committee Date	Data Not Available
Appeal Requested Date	Data Not Available	Application Reopened Date	Data Not Available
Overall Deficiency	No		

INSTITUTION DETAILS: ADDITIONAL INFORMATION

Name of Institution	P. E. Society'S Modern College Of Pharmacy, Nigdi, Pune-44	Address of Institution	Sector-21, Yamunanagar, Nigdi, Pune-411044 Maharashtra India
State/ UT	Maharashtra	District	Pune
Town/ City/ Village	Pune	AICTE Region	Western
PIN	411044	Women's Institution	No
Institution Type	Private-Self Financing	Any Self- Financed Course	Yes
Percentage Grant Received from Government	0	Are you an Institution for PWD Students	No
Whether Institution is NAAC Accredited ?	Y	NAAC CGPA	2.76 - 3.00
Letter Grade	Y	NAAC Status	Accredited
Minority Institution	No	Type of Minority	NA
Minority Name, if Linguistic	NA	Name of the Minority	NA
Minority Certificate Issued Date		Minority Certificate Valid Till	
Approval Year of First Course	1998	Mandatory Disclosure Link	
AISHE Prefix	C	AISHE Numeric Code	42167
AISHE Code	C-42167	Whether Institution is Graded Autonomy ?	
NBA Accreditation Points		NBA Points Valid Till	Data Not Available 06/30/2022
Whether your University has been recognized as an Institute of Eminence by MHRD		PCI Id	
COA Id			

HOI & Faculty Members

PRINCIPAL / DIRECTOR

PERSONAL DETAILS

Surname/Family name	Chaudhari	First Name	Praveen
Father's Name	Digambar	Mother's Name	Indumati

Date of Birth	07/27/1972	Mobile Number	9850179873
STD code	20	Land Phone Number	2027661315
Email	pdchaudhari21@gmail.com	PAN	ABSPC6074D
EDUCATIONAL DETAILS			
Doctorate Degree	Yes	Master's Degree	M. PHARM
Bachelor's Degree	B. PHARM	Other Qualifications	MMS
International Certification (If Any)	NA	Field of Specialization	PHARMACEUTICS
DETAILS RELATED TO PROFESSION			
Date of joining the Institution	05/16/2008	Appointment Type	Regular
Exact Designation	Principal		
WORK EXPERIENCE DETAILS			
Teaching Experience (Years)	22	Research Experience (Years)	12
Industry Experience (Years)	1		
OTHER DETAILS			
Research Projects Guided - UG	10	Research Projects Guided – PG	65
Research Projects Guided - PhD	10	Number of Books Published	6
Papers Published - National	125	Papers Published – International	24
FACULTY NORMS AND PAY SCALE			
Are all Approved teaching Faculty Members being paid as per present AICTE pay scale?	Yes		
Are all the teaching Faculty Members, as per AICTE/UGC Norms?	Yes		
List of Faculty Members and data uploaded on the institution's web portal.	Yes		

FACULTY MEMBERS LIST

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 Institution	Appointment Type	Doctorate	Master's Degree	Bachelor 's Degree	Other Qualifications	Aadhar Card	PAN Card	Total Gross Salary for the Last Financial Year	Pay Scale
1	1-3404921173	PHARMACY	PHARMACEUTICS		FT	SANGITA	KALE	ASST PROFESSOR	01/01/2019	Adhoc	No	M.PHARM	B.PHARM		805870818999	DNXP0132A	180000	Consolidated
2	1-3640878542	PHARMACY	PHARMACEUTICS		FT	ANURADHA	MORE	ASST PROFESSOR	08/01/2017	Regular	No	M. PHARMACY	B. PHARMACY	0	273979403360	ASUPR8732Q	359509	Vith Pay Scale
3	1-3640878860	PHARMACY	PHARMACOLOGY		FT	PADMAJA	KORE	ASST PROFESSOR	06/01/2018	Adhoc	Yes	M.PHARMACY	B.PHARMACY		709837440175	BWMPK3484R	120000	Vith Pay Scale

50	49	48	47	46
1-1476031573	1-741006502	1-454274467	1-454274463	1-454274459
PHARMACY	PHARMACY	PHARMACY	PHARMACY	PHARMACY
PHARMACY	QUALITY ASSURANCE TECHNIQUES	PHARMACEUTICS	QUALITY ASSURANCE TECHNIQUES	PHARMACOLOGY
UG	PG	UG	UG	UG
FT	FT	FT	FT	FT
SOMDATTA	KARIMUNNISA	ANGIRA	VITTHAL	DEEPTI
CHAUDHARI	SHAIKH	PUROHIT	CHOPADE	BANDAWANE
ASST PROFESSOR	PROFESSOR	ASST PROFESSOR	ASSOCIATE PROFESSOR	PROFESSOR
07/01/2012	05/01/2011	08/17/2006	08/03/2007	08/27/1999
Regular	Regular/Approved	Regular/Approved	Regular	Regular/Approved
No	Yes	No	Yes	Yes
M.PHARMACY	M.PHARM	M. PHARMACY	M. PHARMACY	M. PHARMACY
B.PHARMACY	B.PHARM	B.PHARMACY	B.PHARMACY	B.PHARMACY
NIL	NIL	NIL	NIL	NIL
350413589305	908614213334	754544404462	671429149376	310415952079
AMKPC7828G	AXTPS2244J	ARMPP2010J	AGOPC1836E	AHSPB3229M
552801	1102677	544534	486452	1416897
Vith Pay Scale	Vith Pay Scale	Vith Pay Scale	Vith Pay Scale	Vith Pay Scale

ODL FACULTY DETAILS

Data not entered by Institute

OL FACULTY DETAILS

Data not entered by Institute

DECLARATION

BY THE AUTHORIZED SIGNATORY OF THE INSTITUTION DEPARTMENT

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

- a) I have carefully gone through the AICTE Regulations 2021, published in the Gazette of India Extraordinary Part III, Section- 4 dated 04th February, 2021, also all provisions mentioned in the Approval Process Handbook 2021-22.
- b) I am fully aware of the data uploaded by me in respect of my Institution 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 submitted 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 FN/Gulf quota Approval status/OCI, NRI, Change of name, and Conversion of women Institution into Co-ed Institution and vice versa (as applicable), shall be processed as per relevant provisions enumerated in the Approval Process Handbook 2021-22.
- e) I am aware of the Deficiencies (if any) pointed out in the Report generated online, based on the factual data uploaded by my Institution on the portal.
- f) I am also aware that University is eligible for grant of Extension of Approval to the Existing Institution, Extended EoA(if Applicable as per APH 2021-22),only on fulfillment of prescribed norms & requirements as mentioned in the Approval Process Handbook 2021-22.

Signature of Authorized Signatory

Name :