

Application Report - Part 2

Application Status: Submitted
Application Sub-Status: Payment Received

Report Generated on :-17/02/2017



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

Permanent Institute Id	
Current Application Number	1-3392335761
Application Number of 2016-2017	
AICTE File No.	NEW
Application Type	New Institute
Organization Registration number	45

Faculty Counts

Number of teaching faculty approved by University/Government?	0
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Principal/Director

Surname	Kumar
First name	Rahul
Father's name	Jagat Lal Baishyantari
Date of birth & age as on date	11/08/1979
Doctorate degree	No
Master's degree	M.Tech.
Bachelor degree	B.Sc. (Engg)
Other qualifications	
Field of specialization	Manufacturing
Date of joining the Institute as head	16/08/2010
Appointment type	Regular
Exact designation	Principal
Experience (T-R-I)	Teaching 4 Research 3 Industry 3

Date of
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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Total number of Regular/Adhoc/Contract Faculty	5
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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	1-3404512901	ENGINEERING AND TECHNOLOGY	ELECTRONICS & COMMUNICATION ENGG		FT	MOHAMMAD	ALAM	LECTURER	01/04/2014	Regular	N		B.TECH H.	
2	1-3404512908	ENGINEERING AND TECHNOLOGY	ELECTRONICS & COMMUNICATION ENGINEERING		FT	JYOTI	JAI SWAL	LECTURER	01/07/2015	Regular	N		B.TECH H.	
3	1-3405185834	ENGINEERING AND TECHNOLOGY	ELECTRICAL ENGINEERING		FT	UTTAM	KUMAR	LECTURER	13/01/2016	Regular	N		B.TECH H.	
4	1-3405227582	ENGINEERING AND TECHNOLOGY	ELECTRICAL ENGINEERING		FT	KUMAR	GAURAV	LECTURER	17/02/2015	Regular	N		B.TECH H.	
5	1-3405227589	ENGINEERING AND TECHNOLOGY	MECHANICAL ENGINEERING		FT	RATAN	KUMAR	LECTURER	04/01/2014	Regular	N		B.TECH H.	CAD TOOL DESIGN

Total number of Adjunct Faculty/Resource	0
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Date of Signature(dd/mm/yyyy)

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Person from Industry	
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Adjunct Faculty/Resource Person from Industry

Not Applicable

Technical Staff

Data not entered by Institute

Admin & Library Staff

Data not entered by Institute

Date of
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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.

(Principal/ Director)

Date of
Signature(dd/mm/yyyy)

Seal of Institute

Name & Signature of Director/Principal

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