



**APPROVAL PROCESS 2020-21**

**Application Deficiency Report**

**DEFICIENCY REPORT AS PER APPLIED INTAKE (Applicable for Existing Institutions only)**

<b>Regional Office</b>	Western	<b>Overall Deficiency of Institution:</b>	<b>No</b>
<b>Application ID</b>	1-7014366977	<b>Permanent ID</b>	1-3348012618
<b>Name of the Institution</b>	Dr. Rajendra Gode Institute Of Pharmacy, Amravati	<b>Address</b>	University- Mardi Road, Amravati
<b>City/Village</b>	Amravati	<b>District</b>	Amravati
<b>State</b>	Maharashtra	<b>PIN</b>	444602

**Director/Principal Details**

Designation	Name	Appointment Type	Qualification	PhD	Qualified as per AICTE Norms (YES/NO)
Director/Principal	Ravindrakumar Bakal	Regular	B.PHARM, M.PHARM, A.I.C	Yes	Yes

**Other Details**

Sr. No.	Particulars	Status Provided by the Institution	Deficiency
1.	List of Faculty Member and Data Uploaded on the Institution Web Portal	Yes	No
2.	Are all Approved Teaching Faculty Member being Paid as per Present Pay Scale/Commission?	Yes	No
3.	Whether Institution is Operating from Permanent Site?	Yes	No
4.	Fees to be Charged, Reservation Policy, Admission Policy and Document Retention Policy are Uploaded in Institution's Website?	Yes	No
5.	Courses/Approved Intake Displayed at the Entrance of the Institution?	Yes	No

**Anti-Ragging Related Deficiency Status**

Sr. No.	Particulars	Status Provided by the Institution	Deficiency
1.	Constitution of Anti-Ragging Committee	Yes	No
2.	Constitution of Anti-Ragging Squad	Yes	No
3.	Undertaking Obtained from all Students	Yes	No
4.	Appointment of Counselors	Yes	No
5.	Undertaking Obtained from Parents of all the Students	Yes	No
6.	Undertaking Obtained from Students Staying in Hostel	No Hostel	No
7.	Undertaking Obtained from Parents of Students Staying in Hostel	No Hostel	No

**Ombudsman Related Deficiency Status**

Sr. No.	Particulars	Status Provided by the Institution	Deficiency
1.	Grievance Committee	Yes	No

**Institution Level Faculty Member**

Sr. No.	Particulars	Actual No.	Required No. as per CI	Deficiency
1.	Total Faculty(UG+PG+Diploma)	30	30	No

Date of Signature(dd/mm/yyyy)

Seal of Institution

Name & Signature of Director/Principal

## Application Deficiency Report



Application Status: **Submitted**  
Application Sub-Status: **Payment Received**

Report Generated on :-02/03/2020

<b>Administrative Area</b>				
Sr. No.	Particulars	Actual Room Area (Sq.m.)	Expected Room Area (Sq.m.)	Deficiency
1.	Board Room	27	20	No
2.	Department Offices/Cabin for Head of Dept	20	20	No
3.	Central Store	30	30	No
4.	Exam Control Office	35	30	No
5.	Housekeeping	10	10	No
6.	Maintenance	10	10	No
7.	Office All Inclusive	150	150	No
8.	Placement Office	30	30	No
9.	Principal Directors Office	32	30	No
10.	Security	10	10	No
TOTAL		354.00	340.00	

<b>Amenities Area</b>				
Sr. No.	Particulars	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
1.	Boys Common Room	75	75	No
2.	Cafeteria	150	150	No
3.	First aid cum Sick Room	10	10	No
4.	Girls Common Room	75	75	No
5.	Stationery Store	10	10	No
TOTAL		320.00	320.00	

<b>Computational Facilities</b>				
Sr. No.	Particulars	Available	Required	Deficiency
1.	Internet Bandwidth	40	32	No
2.	Printers	3	3	No
3.	A1 size Color Printers	0	0	No
4.	Number of PCs in Language lab	20	20	No
5.	Legal Application S/W	10	10	No
6.	Legal System S/W	1	1	No
7.	PCs to Student ratio	60	59	No

<b>Library Facilities</b>				
Sr. No.	Particulars	Available	Required	Deficiency
1.	Volumes	3596	3000	No
2.	Titles	456	375	No
3.	Journals	11	9	No
4.	Library Management Software	1	1	No
5.	Reading Room Seating Capacity	71	71	No
6.	MultiMediaPC	10	10	No
			2	

Date of Signature(dd/mm/yyyy)

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<b>Instructional Area-Common Facilities</b>				
Sr. No.	Particulars	Available	Required	Deficiency
1.	Computer Center inclusive of Language Laboratory	141	75	No
2.	Library & Reading Room	150	150	No
TOTAL		291.00	225.00	

<b>Land Area Details</b>				
Sr. No.	Particulars	Available	Required	Deficiency
1.	Total Area of Land	4	2	No
2.	Maximum number of Pieces	1	1	No

<b>Existing Programme / PHARMACY</b>					
Sr. No.	Particulars	Level	Actual Room Area (Sqm)	Expected Room Area (Sqm)	Deficiency
1.	Classroom	UG	357	198	No
2.	Tutorial Room	UG	34	33	No
3.	Seminar Hall	UG/PG	132	132	No
4.	Machine Room	UG/PG	75	75	No
5.	Instrument Room	UG/PG	75	75	No
6.	Laboratory	UG	600	525	No
TOTAL			1273.00	1038.00	

<b>Existing Programme / PHARMACY-Diploma</b>					
Sr. No.	Particulars	Level	Actual Room Area (Sqm)	Expected Room Area (Sqm)	Deficiency
1.	Classroom	DIPLOMA	150	132	No
2.	Tutorial Room	DIPLOMA	34	33	No
3.	Instrument Room	DIPLOMA	75	75	No
4.	Laboratory	DIPLOMA	300	300	No
TOTAL			559.00	540.00	

<b>Other Facilities</b>			
Sr. No.	Particulars	Availability	Deficiency
1.	All Weather Approach(Motorised Road)	Yes	No
2.	Safety Provisions	Yes	No
3.	Sewage Disposal System	Yes	No
4.	Telephone	Yes	No
5.	Vehicle Parking	Yes	No
6.	First Aid	Yes	No
7.	Appointment: Student Counselor	Yes	No
8.	Establishment: Anti-Ragging Committee	Yes	No
9.	Establishment: Committee for SC/ST	Yes	No
10.	Establishment: Internal Complaint Committee(ICC)	Yes	No

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11.	Estb: Grievance Redressal Committee/OMBUDSMAN	Yes	No
12.	Barrier free Environment	Yes	No
13.	AICTE Approval Letters- EoA/LoA	Yes	No
14.	Institution-Industry Cell	Yes	No
15.	Digital Payment-Financial Transactions	Yes	No
16.	Food Safety and Standards	Yes	No
17.	Insurance for Students	Yes	No
18.	Applied membership-National Digital Library	Yes	No
19.	Online Grievance Redressal Mechanism	Yes	No
20.	Internal Quality Assurance Cell	Yes	No
21.	Fire and Safety Certificate	Yes	No
22.	Atleast 5 MoUs with industries	Yes	No
23.	Display of info submitted to AICTE on website	Yes	No
24.	General Insurance	Yes	No
25.	Backup Electric Supply	Yes	No
26.	Group accident policy for employees	Yes	No
27.	Rain Water Harvesting	Yes	No
28.	Implementation of student Induction Programme	Yes	No
29.	Waste Management and a sustainable Green Campus	Yes	No
30.	Institution Web Site	Yes	No
31.	Medical & Counseling	Yes	No
32.	Notice Boards	Yes	No
33.	Potable Water Supply	Yes	No

Date of Signature(dd/mm/yyyy)

Seal of Institution

Name & Signature of Director/Principal

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### **DECLARATION BY THE PRINCIPAL/DIRECTOR/REGISTRAR OF THE INSTITUTION 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 2020-21.
- 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 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 institution into Co-ed institution and vice versa (as applicable), shall be processed as per relevant provisions enumerated in the Approval Process Hand Book 2020-21.
- 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 Institute is eligible for grant of Extension of Approval to the Existing Institutions, Extended EoA(if Applicable as per APH 2020-21), only on fulfillment of prescribed norms & requirements as mentioned in the Approval Process Hand Book 2020-21.

**Signature of Director/Registrar/ Principal**

**Name :**

**Seal/Stamp of the University /Institution Department**

Date of Signature(dd/mm/yyyy)

Seal of Institution

Name & Signature of Director/Principal