

**Institution**

PCI Code	Institution Name	Institution Type	Register Type	Year of Establishment
PCI-9211	RAAFIAH COLLEGE OF PHARMACY	Private Institute	Existing	2023-2024

**Application Form**

Course	Starting of Course (Academic Session)	Extension of approval		Raise in Admission		Introduction of New Course	
		Conduct	u/s 12	Yes/No	Number of admissions requested	Yes/No	Intake
D.Pharm	2023-2024	✓		✓	60		

**Institution Information**

House No./Apt.No. :	228, Phatan Pur Tappa Haveli	Street/Road/Lane :	Sahaswan - Bisoli Road,
Area/Locality/Sector:	Sahaswan	Landmark :	Daak Bungalow
Village :	village	Gram Panchayat :	local
Block/Tehsil :	Sahaswan	State :	UTTAR PRADESH
District :	BUDAUN	Pin Code :	243638
Mobile Number :	9999098111	Landline Number With STD Code :	9868506876
Fax Number :	23230394	Email ID	pulse_service@yahoo.com
Post Office :	Sahaswan	Police Station :	Sahaswan
Nearest Railway Station :	Ujhani	Nearest Airport :	Bareilly

**Details of the Society/Trust/ Management**

Status of the Course Conducting Body :	Private Institution	Name of the Society/Trust/Management :	SABERA FOUNDATION & RESEARCH INSTITUTE
House No./Apt.No. :	41-A, DDA FLATS	Street/Road/Lane :	MATA SUNDARI ROAD
Area/Locality/Sector :	MINTO RAOD	Landmark :	BARAKHAMBHA FLYOVER
Village :	NEW DELHI	Gram Panchayat :	IP STATE
Block/Tehsil :	CENTRAL DELHI	State :	DELHI
District :	CENTRAL	Pin Code :	110002
Mobile Number :	-	Landline Number With STD Code :	23230393
Fax Number :	23230394	Email ID	pulse_service@yahoo.com
Post Office :	I P POST OFFICE	Police Station :	IP STATE
Nearest Railway Station :	NEW DELHI	Nearest Airport :	IG AIRPORT

**Details of Head of Institution**

Name of Head of Institution :	AMIT SAINI	Street/Road/Lane :	JAYOM NAGAR
House No./Apt.No. :	JAYOM NAGAR	Landmark :	JAYOM NAGAR
Area/Locality/Sector :	AMHORA	Gram Panchayat :	AMHORA
Village :	AMHORA	State :	UTTAR PRADESH
Block/Tehsil :	AMHORA	Pin Code :	244221
District :	AMROHA	Landline Number With STD Code :	0
Mobile Number :	7055403222	Email ID	amit_saini1@gmail.com
Fax Number :	0	Police Station :	AMHORA
Post Office :	AMHORA	Nearest Airport :	BAREILLY
Nearest Railway Station :	AMHORA		

**Other College in Same Campus**

Other College Name	College Running Since
--------------------	-----------------------

### Institute Approval Status

Course	Approval For	Approval													
		Course conduct					Approval u/s 12 in the 1st instance					Extension upto u/s 12			
		Year	A/S	Intake	A.Admitted	S.Intake	A/S		Intake	A.Admitted	S.Intake	A/S	Intake	A.Admitted	S.Intake
							From	To							
D.Pharm	extension	-	-	-	-	-	-	-	-	-	-	2023-2024	60	0	60

### Others Related

Previous Inspection Report	Previous Approval Letter
-	-

### Previous Year Affiliation Charges

Course	Affiliation Fee Paid
D.Pharm	2023-2024

### Pharmacy Educations Regulatory Charges For Affiliation

Receiving/Dispatch No.	0	Receiving/Dispatch File Type	Other
Receiving/Dispatch File Date	05-04-2023		
Latest/Previous Year PCI Receipt Of Pharmacy Educations Regulatory Charges For Affiliation	<a href="#">View Document</a>		

### Sanctioned Intake

Name of the Course	Sanctioned Intake	Actual no. of Admissions
D.Pharm	66	1

### Examining Authority

Course	Examining Authority	Email	Phone Number
D.Pharm	BTE UP	secretarybte@gmail.com	915222630243

### Accreditation Information

#### Accredited by NAAC

Accreditation From :		Accreditation Till :	
Grade :	-	Receiving/Dispatch File Type :	-
Receiving/Dispatch No :	-	Receiving/Dispatch File Date :	
Accreditation Certificate :			

#### Accreditation by NBA

Course	NBA Approved From	NBA Approved To	NBA Doc
--------	-------------------	-----------------	---------

### NIRF Ranking

NIRF Ranking :	-	Receiving/Dispatch No. :	-
Receiving/Dispatch File Type :	-	Receiving/Dispatch File Date :	
Upload Ranking Certificates:			

### Infrastructure Details

Independent Building Status :	YES	Remarks :	-
-------------------------------	-----	-----------	---

Separate Campus Status :	YES	Remarks :	NA
Wing of another college Status :	NO	Remarks :	NA

### Land Availability

Land Type :	Rural	Status:	YES
Availability of land :	9360	Remarks :	NA

### Land Details

Land Details to be in name of Trust and Society :	-	Receiving/Dispatch File Type:	-
Receiving/Dispatch No.:	-	Receiving/Dispatch File Date:	
Upload Land Details:	View Document		

### Sale Deed

Sale Deed Remarks:	YES	Receiving/Dispatch File Type:	-
Receiving/Dispatch No.:	-	Receiving/Dispatch File Date:	
Sale Deed:	View Document		

### Building Approval Authority

Approved Building Plan Remarks:	Available	Receiving/Dispatch File Type:	-
Receiving/Dispatch No.:	-	Receiving/Dispatch File Date:	
Approved Building Plan:	View Document		

### Instructional Area

Instructional area:	9360	Receiving/Dispatch File Type:	-
Receiving/Dispatch No.:	-	Receiving/Dispatch File Date:	
Longitude:	78	Latitude:	28
Upload instructional area:	View Document		

### Total Administrative Area

Administrative area:	2935.68	Receiving/Dispatch File Type:	-
Receiving/Dispatch No.:		Receiving/Dispatch File Date:	
Upload Administrative area:	View Document		

### Total Amenities Area

Amenities area:	YES	Receiving/Dispatch File Type:	
Receiving/Dispatch No.:	75sq mts	Receiving/Dispatch File Date:	
Upload amenities area:	View Document		

### Total Circulation Area

Circulation area:	9360	Receiving/Dispatch File Type:	
Receiving/Dispatch No.:		Receiving/Dispatch File Date:	
Upload Circulation area:	View Document		

### Total Builtup Area

Total Builtup area of the Institution in Sqmts:	2935.68	Total Floor of Institute:	2
Total Pieces of Land:	1		

### Land Area as per norms

Land Area as per norms: YES  
 Receiving/Dispatch No.:  
 Enclose Certified copy of Land Use Certificate: View Document

Receiving/Dispatch File Type:  
 Receiving/Dispatch File Date:

### Certificate of single piece of land

Receiving/Dispatch No.: Receiving/Dispatch File Date:  
 Receiving/Dispatch File Type: Upload Certificate of single piece of land: View Document

### Latest Revenue Paid Receipt

Receiving/Dispatch No.: Receiving/Dispatch File Date:  
 Receiving/Dispatch File Type: Upload latest revenue paid receipt : View Document

### Multi Institutional Campus

Multi Institutional Campus Status: NO Remarks:  
 Allocated land no.: Receiving/Dispatch No.:  
 Receiving/Dispatch File Type: Receiving/Dispatch File Date:  
 Enclose copy of allocated land: View Document

### Building Completion Certificate

Is Institutes building complete and ownership of building and land is with Institute: YES  
 Receiving/Dispatch No.: Receiving/Dispatch File Type: Receiving/Dispatch File Date:  
 Building Map Receiving/Dispatch No.: Building Map Receiving/Dispatch File Type: Building Map Receiving/Dispatch File Date:  
 Enclose Building Completion Certificate: View Document Enclose Approved Building Map by local govt. authority having land number in map: View Document

### Building Insurance Certificate

Receiving/Dispatch No.: Receiving/Dispatch File Date:  
 Receiving/Dispatch File Type: Enclose building insurance certificate : View Download

### Building Fire Safety Certificate

Receiving/Dispatch No.: Receiving/Dispatch File Date:  
 Receiving/Dispatch File Type: Enclose Building Fire Safety Certificate : View Document

### Construction Cost of Building

Construction cost of building: Receiving/Dispatch File Type:  
 Receiving/Dispatch No.: Receiving/Dispatch File Date:  
 Enclose CA certified copy of building construction : View Document

### Building Under Mortgage

the land or building under mortgage/loan: NO Receiving/Dispatch File Type:  
 Receiving/Dispatch No.: Receiving/Dispatch File Date:  
 If No, Enclose certificate/declaration : View Document

### Previous Institute in Same Building

Is previously any institution was running on the same building/land: NO Receiving/Dispatch File Type:  
 Receiving/Dispatch No.: Receiving/Dispatch File Date:  
 If yes, enclose closure certificate from the concern authority: View Document

## Property Tax Certificate

Is registration of Municipality/Tehsil/Panchayat office available such as Professional tax certificate/ Shop and Establishment certificate:

NO

Receiving/Dispatch File Type:

Receiving/Dispatch No.:

Receiving/Dispatch File Date:

If yes, enclose copy:

View Document

## Course Running in the Same Building

Is any other course running in the same Building:

NO

Remarks:

If yes, name of courses:

Receiving/Dispatch File Type:

Receiving/Dispatch No.:

Receiving/Dispatch File Date:

If No, Enclose declaration:

View Document


## Institute Class Room

Program Name	Room Name	Required Area	Available Area	Unit	Latitude	Longitude	Functional Date	Inside Room Image	Outside Room Image
--------------	-----------	---------------	----------------	------	----------	-----------	-----------------	-------------------	--------------------


## Institute Lab Registration

Program Name	Lab Name	Semester	Department Name	Required Area(sqft)	Available Area(sqft)	Functional Date	Inside Lab Image	Outside Lab Image
D.Pharm	PHARMACOGNOSY	1	Dept of Pharmacognosy	75	0	01-07-2024	View Document	View Document


## Institute Common Facility

Common Facility Name	Latitude	Longitude	Required Area	Available Area	Unit	Functional Date	Inside Lab Image	QR Code
Store Room - I (Essential)	28	78	1	0	Sq mts	01-07-2024	View Document	

## Institute Computer And Other Facility

Computer And Other Facility Name	Latitude	Longitude	Required	Available	Unit	Functional Date	Bill Image	Upload Image with Geotag	QR Code
Multi Media Projector			1			01-07-2024	View Document	View Document	

## Institute Amenity Detail

Amenities Name	Latitude	Longitude	Required	Available	Unit	Functional Date	Upload Image with Geotag	QR Code
Faculty Room (Essential)	28	78	0	1	Sq mts	01-07-2024	View Document	

## Laboratory

### Supply

Gas Supply :

Yes

Water Supply:

Yes

Electricity Supply:

Yes

Is social pharmacy laboratories maintained as per new regulations:

Yes

### Electricity Bill

Receiving/Dispatch File Type:

Bill

Receiving/Dispatch File No.:

Receiving/Dispatch File Date:

Latest Electricity Bill:

View Document

**Water Bill**

Receiving/Dispatch No.:

Receiving/Dispatch File Date:

Receiving/Dispatch File Type:

Latest Water Bill:

[View Document](#)**Physical Infrastructure**

Own Building

YES

Rented Building

YES

Number of Class Rooms

Number of Lab

0

**Common Facility**

Museum

YES

Machine Room

YES

Preparation Room

YES

Store Room

YES

Library

YES

Principal Room

YES

Staff Room

YES

Smart Class Room

YES

**Curriculum**

Whether PCI curriculum is adopted

Yes

**Academic Calendar**

Receiving/Dispatch No.

0

Receiving/Dispatch File Type

Other

Receiving/Dispatch File Date

01-01-2024

Enclose Previous Year Academic Calendar

[View Document](#)**Time Table For All Courses**

Receiving/Dispatch No.

0

Receiving/Dispatch File Type

Other

Receiving/Dispatch File Date

01-01-2024

Enclose Previous Year Time Table For All Courses

[View Document](#)**Course Details**

Course	Course Intake	Student Staff Ratio(Theory)	Student Staff Ratio(Practical)	Examination Scheme	Date of Commencement	Date of Completion	Total No of Working Days	Vacation	Vacation Days
D.Pharm	0	0	0	Semester	01-01-2024	01-01-2024	0	Summer	0

**Previous Year (All Semester) Students Result**

Course	Total Student Appeared	Total Student Passed	Total Student Failed
D.Pharm	1	0	0

**Pharmacist Day Celebration**

Is Previous Year Pharmacist Day Celebration

YES

Image with Geotag

[View Document](#)**Pharmacy Week Celebration**

Is Previous Year Pharmacy Week Celebration

YES

Image with Geotag

[View Document](#)**National Pharmacy Educational Day**

Is National Educational Pharmacy Week

YES

Image with Geotag

[View Document](#)**Class Conducted****Previous Year (All Semester) Students Result**

Course	Semester	Subject	Prescribed No. of Hours (Theory)	No. of Hours Conducted (Theory)	Prescribed No. of Hours (Practical)	No. of Hours Conducted (Practical)	Prescribed No. of Hours (Tutorial)	No. of Hours Conducted (Tutorial)
--------	----------	---------	----------------------------------	---------------------------------	-------------------------------------	------------------------------------	------------------------------------	-----------------------------------

D.Pharm	2	Pharmacology	75	1	50	1	25	1
D.Pharm	2	Pharmacotherapeutics	75	1	25	1	25	1
D.Pharm	2	Hospital & Clinical Pharmacy	75	1	25	1	25	1
D.Pharm	1	Social Pharmacy	75	1	75	1	25	1
D.Pharm	2	Biochemistry & Clinical Pathology	75	1	50	1	25	1
D.Pharm	2	Pharmacy Law & Ethics	75	1	0	0	25	1
D.Pharm	1	Pharmaceutics	75	1	75	1	25	1
D.Pharm	1	Pharmaceutical Chemistry	75	1	75	1	25	1
D.Pharm	2	Community Pharmacy & Management	75	1	75	1	25	1
D.Pharm	1	Human Anatomy & Physiology	75	1	75	1	25	1
D.Pharm	1	Pharmacognosy	75	1	75	1	25	1

### Faculty

Profile	Faculty	Email	Department	Qualification	Overall Experience	Date Of Joining	Designation	Mobile No.	State Pharmacy Council No.	Appointn Letter
	Mohd. Faizan 0	mohdfaizanaipr54@gmail.com	M.Pharm Pharmacognosy	B. Pharm	0 year(s)	01-01-2024	Assistant Professor	7078632434		View Document
	MUSTKEEM 0	mustkeem0786786@gmail.com		B. PHARMA	0 year(s)	01-01-2024	Teacher	9720409762	45209	View Document
	AJAY BHANDARI 0	ajaybhandari2907@gmail.com		M. PHARM	0 year(s)	01-01-2024	Teacher	7982251312	33059	View Document
	SUMBUL KHAN 0	khansumbul1995@gmail.com		M. PHARM	0 year(s)	01-01-2024	Teacher	8527629889	28611	View Document
A	AMIT SAINI	amit_saini1@gmail.com	M.Pharm Pharmaceutics	M. PHARM	5.0 year(s)	01-01-2024	Principal	7055403222	86736	View Document
	MD. FAIYAZ ALAM 0	faiyazaliraza9@gmail.com		M. PHARM	0 year(s)	01-01-2024	Teacher	8368810527	31065	View Document
	MOHAMMAD AKRAM 0 0	akrammalik9310@gmail.com		B. PHARMA	0 year(s)	01-01-2024	Teacher	8439946462	62796	View Document
	SUNIL KUMAR 0	sunilkumar575852@gmail.com		B. PHARM	0 year(s)	01-01-2024	Teacher	7088809033	108867	View Document

### Non-teaching-staff

Name of the Staff	Qualification	Mobile Number	Designation	Date Of Joining
MEHTAB ALAM	D. PHARM	9250400367	Laboratory Technician	05-01-2023
GAURAV KUMAR	M. PHARM	9899998574	Laboratory Technician	05-01-2023
KULSUM	POST GRADUATE	9389403716	Laboratory Assistants OR Laboratory Attenders	05-01-2023
RASHI SAXENA	GRADUATE	9458501993	Laboratory Assistants OR Laboratory Attenders	05-01-2023
UZMA	GRADUATE	8510066766	Laboratory Assistants OR Laboratory Attenders	05-01-2023
ABHISHEK	GRADUATE	9313388883	Laboratory Assistants OR Laboratory Attenders	05-01-2023
SHIVAM SAXENA	POST GRADUATE	7017449412	Office Superintendent	05-01-2023
AZAM NOOR ZUBERI	GRADUATE	7017331835	Accountant	05-01-2023
MOHAMMAD HILAL	GRADUATE	9548083278	Store keeper	05-01-2023
MD. NEWAZ SHARIF	MCA	9932771403	Computer Data Operator	05-01-2023

IKLAS	SSLC	6395613419	Peon	05-01-2023
HASHIM	SSCL	9690814978	Peon	05-01-2023
NOORUL	0	9899998574	Cleaning personnel	05-01-2023
SHAHNAZ	8th	9718911623	Cleaning personnel	05-01-2023
HASEENA BANO	0	8510066766	Cleaning personnel	05-01-2023
RUMENA KHATOON	0	9899998574	Cleaning personnel	05-01-2023
NANNE	0	9568879711	Gardener	05-01-2023

### Faculty Workload

Faculty Name	Program	Course	Theory (Number of Hours per week including tutorials)	Practical (Number of Hours per week)	Year	Remarks
--------------	---------	--------	-------------------------------------------------------	--------------------------------------	------	---------

### Faculty Salary

#### AMIT SAINI

Month	Salary Amount(Rs)	TDS Amount(Rs)	Transaction Id	Transaction Date
APR	₹0.00	₹0.00		
AUG	₹0.00	₹0.00		
DEC	₹0.00	₹0.00		
FEB	₹0.00	₹0.00		
JAN	₹0.00	₹0.00		
JUL	₹0.00	₹0.00		
JUN	₹0.00	₹0.00		
MAR	₹0.00	₹0.00		
MAY	₹0.00	₹0.00		
NOV	₹0.00	₹0.00		
OCT	₹0.00	₹0.00		
SEP	₹0.00	₹0.00		
Enclose form 16:	<a href="#">View Document</a>	Principal signature:	<a href="#">View Document</a>	-

### Academic Expenditure

Status	Budget Heads	2023-2024
Recurring	Electricity	₹141,682.00
Recurring	Miscellaneous	₹46,055.00
Recurring	Annual maintenances	₹120,577.00
Recurring	Fee to apex Bodies	₹0.00
Recurring	Travelling	₹0.00
Recurring	Glassware's	₹0.00
Recurring	Chemicals	₹660,952.00
Recurring	Stationary	₹58,472.00
Recurring	Phone Bills	₹18,747.00
Non-Recurring	Equipment's	₹0.00
Non-Recurring	Books & Journals	₹47,520.00
Non-Recurring	Vehicles	₹133,892.00
Non-Recurring	Building	₹0.00
Non-Recurring	Furniture's	₹562,905.00

### Income And Expenditure



**Income**

Particulars	Amount in (INR)
Sports Fee	₹0.00
Grants Others	₹0.00
Library Fee	₹0.00
Union Fee	₹0.00
Grants Govt	₹0.00
Tution Fee	₹7,680,693.00
Others	₹0.00

**Expenditure**

Particulars	Amount in (INR)
Building	₹0.00
Equipment	₹0.00
Others	₹7,680,693.00

**Revenue Expenditure**

Particulars	Amount in (INR)
Chemicals	₹0.00
Maintenance Exp - Others	₹120,577.00
Maintenance Exp - College	₹0.00
Stationary	₹58,472.00
Annual maintenances	₹0.00
Revenue Exp - Salary	₹6,867,131.00
Apex Bodies Fee	₹0.00
Misc.Expenditure	₹46,055.00
Deposit held by the College	₹0.00
Others	₹0.00

**Audited accounts of immediate Previous Year**

Receiving/Dispatch No.:

Receiving/Dispatch File Date:

Receiving/Dispatch File Type: Statement

Upload Audited accounts of immediate Previous Year

[View Document](#)**Society/Trust/Company Constitution Details**

Receiving/Dispatch No.:

Receiving/Dispatch File Date:

Upload Society/Trust/Company Constitution Details [View Document](#)**Pancard Details**

Institution Pancard No.: AAKTS8998P

Receiving/Dispatch File Type:

Receiving/Dispatch No.:

Receiving/Dispatch File Date:

Receiving/Dispatch File Type:

Upload Institution Pancard

[View Document](#)**GST Details**

GST Registration No.:

Receiving/Dispatch File Type:

Receiving/Dispatch No.:

Receiving/Dispatch File Date:

Upload GST Registration Certificate [View Document](#)

**GSTR 3B Details****GSTR 3B:**

Receiving/Dispatch No.:

Enclose Latest return's copy

[View Document](#)

Receiving/Dispatch File Type:

Receiving/Dispatch File Date:

**Bank account details in which fees to be received**

Bank Name:

PUNJAB NATIONAL BANK

Account Holder Name:

RAAFIAH COLLEGE OF PHARMACY

Bank Account No.:

6154000100146686

IFSC:

PUNB0615400

Upload Cancelled Cheque

[View Document](#)**Bank account details from which salary to be paid**

Bank Name:

PUNJAB NATIONAL BANK

Account Holder Name:

RAAFIAH COLLEGE OF PHARMACY

Bank Account No.:

6154000100146686

IFSC:

PUNB0615400

Upload Cancelled Cheque

[View Document](#)**Other Bank account details**

Bank Name:

Account Holder Name:

Bank Account No.:

IFSC:

Upload Cancelled Cheque

[View Document](#)**Books**

Course	Titles Required	Titles Available	Volume Required	Volume Available	Journals Required	Journals Available
D.Pharm	300	225	850	754	75	6

**Journals**

Total no. of National Journals available

6

Receiving/Dispatch File Type:

Bill

Receiving/Dispatch No.:

0

Receiving/Dispatch File Date:

Enclose Details of the Journals Subscribed

[View Document](#)

Total no. of International Journals available

6

Receiving/Dispatch File Type:

Bill

Receiving/Dispatch No.:

0

Receiving/Dispatch File Date:

05-03-2023

Enclose CA Certified GST Paid Bills of Books and Journals

[View Document](#)**Library Norms**

Is Library available as per the norms

Yes

Library Area

186.5

Is Reading Room available

Yes

Total Seating Capacity

80

Receiving/Dispatch No.:

0

Receiving/Dispatch File Date:

05-01-2023

Receiving/Dispatch Type.:

Other

If yes, enclose appointment of Librarian

[View Document](#)**Computer Lab Norms**

Is Computer Lab available as per the norms

Yes

Total no. of computer available

20

Receiving/Dispatch No.:

0

Receiving/Dispatch File Date:

04-24-2023

Receiving/Dispatch File Type:

Bill

If yes, enclose CA certified GST Paid Bills of computers and printers with remark for use of licensed software

[View Document](#)**Subject Wise Classification**

Course	Available Numbers	Available Titles
Pharmaceutical Chemistry	0	0

Biochemistry & Clinical Pathology	0	0
Pharmacology	0	0
Community Pharmacy & Management	0	0
Hospital & Clinical Pharmacy	0	0
Pharmacognosy	0	0
Pharmaceutics	0	0
Pharmacotherapeutics	0	0
Social Pharmacy	0	0
Human Anatomy & Physiology	0	0
Pharmacy Law & Ethics	0	0

### Other Facilities

Particulars	Number Required	Number Available
-------------	-----------------	------------------

### PG And PhD Projects

Name of the Supervisor	Name of the Candidate	Type of Project	Titles of the Thesis/Dissertation	Duration(in months)	Year
NA	NA	PG	NA	0	01-04-2024

### Projects Completed

Name of the Investigator	Title of the Project	Duration(in months)	Sanctioned Amount(in Lakhs)	Funding Agency	Year
NA	NA	0	₹0.00	NA	01-04-2024

### On Going Projects

Name of the Faculty	Title of the Project	Duration(in months)	Sanctioned Amount(in Lakhs)	Funded By
NA	NA	0	₹0.00	NA

### Research Collaboration

Name of Collaborating Organization	Nature of Collaboration	Outcome of Collaboration	Year
NA	Training	NA	01-04-2024

### Research Publication

Authors	Title	Journal	Volume : Issue ; Page Numbers	Impact Factor	Year
NA	NA	NA	0	0	01-04-2024

### Consultancy Service

Name of the Individual/Industry	Name of the Institution/Industry	Title of the work	Duration	Amount Received	Year
NA	NA	NA	0	₹0.00	01-04-2024

### Patents

Title	Filed (Provide Patent Application Number)	Patent Type	Awarded (Provide Patent Grant Number)	Name of the Inventor
NA	NA	Grant	NA	NA

### Master Degree Equipment

Program	Equipment	Department	Equipment Model No.	Minimum Required	Quantity(avl)	Working(qty)	Item Cost	Purchase Date	Bill
---------	-----------	------------	---------------------	------------------	---------------	--------------	-----------	---------------	------

### Bachelor Degree Equipment

Program	Equipment	Department	Equipment Model No.	Minimum Required	Quantity(avl)	Working(qty)	Item Cost	Purchase Date	Bill
---------	-----------	------------	---------------------	------------------	---------------	--------------	-----------	---------------	------

D.Pharm	Microscopes	Dept of Pharmacognosy,Dept of Pharmaceutics,Dept of Physiology,Dept of Pharmacology	90111000	20	20	20	1850	05-04-2023	View Document
---------	-------------	-------------------------------------------------------------------------------------	----------	----	----	----	------	------------	---------------

### Chemical Reagents And Other Consumables Equipment

Equipment Type	Vendor	Purchase Date	Purchase Bill
Glass Wear	MICRO TECHNOLOGIES	05-04-2023	View Document

### Workshops Conducted

Type of Activity	Title of the Event	Duration(in days)	Number of Participants	Date	Workshops Conducted Image
Workshop	0	0	0	01-01-2024	View Document

### Workshops Attended

Type of Activity	Title of the Event	Name of The Faculty	Place	Date	Workshops Conducted Image
Workshop	0	0	NA	01-01-2024	View Document

### Research Papers Presented

Name of the Faculty/Student	Title of The paper	Name of the workshop/Seminars/Conferences	Amount Granted from Funding Agency	Place	Date	Workshops Conducted Image
NA	NA	Workshop	₹0.00	NA	01-01-2024	View Document

### Sports

Name NA Qualification NA Experience(in Years) 0  
 Upload Degree/Experience View Document

Activity	Activity Name	No. Of teachers Participated	No. Of Students Participated	Year
----------	---------------	------------------------------	------------------------------	------

### Curricular Activity

Title of the Event	Number of Participants	Date	Workshops Conducted Image
NA	0	01-01-2024	View Document

### Anti Ragging Cell

Name of the Chairperson cell NA No. of meeting in a year 0  
 No of Activities in a year (Workshop/Guest Lecture/Orientation) 0 Case reported in previous years No  
 If yes, status of the case(Pending/Closed) Receiving/Dispatch No.:  
 Receiving/Dispatch File Type: Receiving/Dispatch File Date:  
 Copy of orders for having constituted the committee as per SAKSHAM Guidelines View Document

### Gender Sensitization Cell

Name of the Chairperson cell NA No. of meeting in a year 0  
 No of Activities in a year 0 Case reported in previous years No  
 If yes, status of the case Receiving/Dispatch No.:  
 Receiving/Dispatch File Type: Receiving/Dispatch File Date:  
 Copy of orders for having constituted the committee as per SAKSHAM Guidelines View Document

### Anti Discrimination Cell

Name of the Chairperson of Anti discrimination cell NA No. of meeting in a year 0

Case reported in previous years No

Receiving/Dispatch File Type:

Receiving/Dispatch No.:

If yes, status of the case

Receiving/Dispatch File Date:

Copy of the orders for having constituted the committee [View Document](#)

**Career Guidance Cell/ Placement Cell**

Name of the Placement Officer NA

No. of students participated 0

Percentage of placement 0

Receiving/Dispatch File Type:

Receiving/Dispatch No.:

Mobile Number of the Placement officer 9250400367

No. of the Student Placed 0

No. of Companies participated in Placement Drive 0

Receiving/Dispatch File Date:

Copy of the Constitution to be enclosed as Annexure [View Document](#)

**Information Available On Website**

Dean/Principal Yes

Results of All Examinations in previous years No

Details of Contact Available on College Website Tool Yes

List Of Student Admitted Category wise(UG,PG) in current and previous year No

Toll Free Number To Report Ragging No

Affiliated university and its VC Registrar No

Details of Members of Gender of Harrasment Committee Members with Contact Details including Landline ,ph.no, email etc No

Teaching Staff Yes

Details of Members of Anti Ragging Committee Members with Contact Details including Landline ,ph.no, email etc No

Details of Email Address Available on College Website Tool Yes

**Statutory Document**

**Institution Information**

Institute Name RAAFAH COLLEGE OF PHARMACY/PCI-9211

Institute Address RAAFAH COLLEGE OF PHARMACY

**Affiliation of Examining Authority**

Receiving/Dispatch File Type Other

Receiving/Dispatch File Date

Receiving/Dispatch No.

Consent of Affiliation of Examining Authority [View Document](#)

**Approval of the State Govt**

Receiving/Dispatch File Type Other

Receiving/Dispatch File Date

Receiving/Dispatch No.

NOC/Approval of the State Govt [View Document](#)

**Notification of the State Govt be Upload**

Receiving/Dispatch File Type Other

Receiving/Dispatch File Date

Receiving/Dispatch No.

State govt has taken up the policy decision to the effect not to issue the NOC [View Document](#)

**Court Case**

Whether any Court Case is filed by the institution against PCI No

**Documents of court case against PCI**

Date	Description	Documents of court case against PCI

**Affidavit by Society Chairman/Secretary**

Receiving/Dispatch File No

Receiving/Dispatch File Date

Receiving/Dispatch File Type

Affidavit

### Additional Information

#### Notification of the State Govt be Upload

Whether the deficiencies pointed in earlier IR have been rectified

Not Applicable

Receiving/Dispatch No.

Receiving/Dispatch File Type

Receiving/Dispatch File Date

Affidavit Document