

To

The Joint Director, (Dev.)  
Technical Education Haryana,  
Bays No. 7-12, Sec.4.,  
Panchkula

**Sub:- Regarding Compliance Report and Mandatory Disclosure for extension of approval for 2009-10 & 2010-11**

R /Sir,

Reference your office Memo No.569-680 / Dev Dated 19.01.2010, please find enclosed herewith, the requisite information pertaining to Mandatory Disclosure / Compliance Report as per the proformas prescribed by the A.I.C.T.E. to together with the Soft copy of the same as well.

An affiliation fee of Rs.10,000/- (Rs.ten thousand only) in the form of D.D.No.017747 dated 21.01.2010 of Bank of India, drawn in your favour is also being sent herewith. (for the Session 2009-10.)

It is requested that necessary approval may kindly be accorded.

With regards,

Yours faithfully,

Encl.: As above.

Director  
Dehat Vikas College of Pharmacy,  
Tigaon (Faridabad)

Endst.No.**DVCP / 6243 / 10**

Dated: **21.01.2010**

1. A Copy of the same is forwarded to the Regional Director AICTE, Chandigarh for information & necessary action.

Director  
Dehat Vikas College of Pharmacy,  
Tigaon (Faridabad)

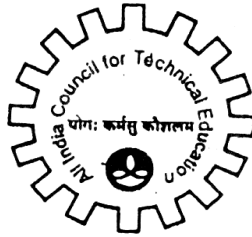
Signature of Authorized Signatory with date

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# ALL INDIA COUNCIL FOR TECHNICAL EDUCATION

## Format for Compliance Report for the year 2009-10 to be submitted along with Mandatory Disclosure

- *Last date of submission of Compliance Report – 22/01/2010*
- *Compliance Report to be submitted at the concerned Regional Office.*



**INDIRA GANDHI SPORTS COMPLEX, I.P. ESTATE  
NEW DELHI – 110 002**

**Phone: (011) 23392563 to 23392565, 23392568, 23392571,  
23392573 to 23392575, 23392506 Fax: (011) 23392554**

**Website: [www.aicte.ernet.in](http://www.aicte.ernet.in)**

Signature of Authorized Signatory with date

### *Important information for filling up the compliance report*

- *The institution is required to submit two copies of the Compliance Report as per prescribed format along with mandatory disclosure to the concerned Regional Office latest by 22th Januaryt 2010.*
- *The Compliance Report should be submitted alongwith a processing fee of Rs. 40,000/- in the form of demand draft in the favour of Member Secretary, AICTE, payable at New Delhi. The compliance reports without the processing fee will not be accepted.*
- *The information in the compliance report should be filled up strictly as per the prescribed format. Compliance Reports with incomplete information will not be accepted.*
- *All the annexures should be indexed with page numbers and signed by the authorized signatory of the institution.*

Signature of Authorized Signatory with date

# FORMAT FOR COMPLIANCE REPORT

All the existing technical institutions are required to submit the following information both in the form of hard and soft copy by 22/01/2010.

## 1 i) Name and Address of the Institution

Name	DEHAT VIKAS COLLEGE OF PHARMACY, TIGAON		
Address	Permanent Location as approved by AICTE	Temporary Location (if applicable)	
Village	Tigaon		
Taluk	Faridabad		
District	Faridabad		
Pin Code	0121101		
State	Haryana		
STD Code	0129	Phone No: 2401790, 3299094	
Fax No.	2401790	E-Mail: dvcpfbd @Hry.nic.in	
Nearest Rly Station	Ballabgarh		
Nearest Airport	New Delhi		
Web site	<a href="http://WWW.dvcptigaon.com">WWW.dvcptigaon.com</a>		
File No with date of first approval : F-No.16-9/91-AICTE- dated 01.01.1992			

## 1 ii) Information regarding Mandatory Disclosure:

- a) Whether the Mandatory Disclosure is hoisted on the institutional website: Yes  No
- b) If yes, web-site address on which Mandatory Disclosure is available: [WWW.dvcptigaon.com](http://WWW.dvcptigaon.com)
- c) Whether the faculty information provided in the Mandatory Disclosure is same as being submitted in the Compliance Report. Yes  No
- d) Whether the information provided in the Mandatory Disclosure is being regularly updated.  
Yes  No  , Date on which the Mandatory Disclosure was last updated: 10.02.2007

## 1 iii) Whether the institution is operating at temporary location (if so provide details of permanent location alongwith survey no.)?

-----N.A-----	
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## 2 i) Name and Address of the Society / Trust

Name	DEHAT VIKAS EDUCATIONAL SOCIETY, TIGAON		
Address	V.P.O. Tigaon , Teh. & Distt. Faridabad, Haryana		
Pin Code	121101	STD Code	0129
Phone No.	2401790, 3299094	Fax No.	2401790
E-Mail	dvcpfbd@hry.nic.in	Web site	WWW.dvcptigaon.com

Signature of Authorized Signatory with date

**2 ii) Brief details regarding background of the Trust/Society, Governing body members, etc.**

The institute is Managed by the Dehat Vikas Educational Society, (Regd.), Tigaon (Faridabad) under the guidance & supervision of with Sh.Vinod Nagar as the President of the said society. The society was established in the year 1992. The society is running the other Educational Institutes viz.

1. Dehat Vikas College of Pharmacy, Tigaon (2) Shiv College of Education, Tigaon / (D.Ed.) & (M.Ed.) (3) S.D.Sr.Sec. Public School, Tigaon, as well.

**3 Name and Designation of the Head of the Institution (Principal / Director)**

<b>Name</b>	Sh. Anil Aggarwal				
<b>Designation</b>	H.O.D.	<b>Qualification &amp; Experience:</b>	<b>Highest Degree</b>	<b>Specialization</b>	<b>Total Experience</b>
		<b>Date of Birth:</b> 31.07.1975	M.Pharma.	Pharmacology	11 Yrs.
<b>STD Code</b>	0129	<b>Phone No. (O)</b> 2401790,3299094	<b>Fax No.</b>	2401790	
<b>STD Code</b>	-----	<b>Phone No. (R)</b> -----	<b>Fax No.</b>	-----	
<b>E-Mail</b>	-----	<b>Mobile No.</b> -----	<b>Date of joining the institution:</b> 29.11.2004		

**4. Type of Technical Institution (Tick ✓ whichever is applicable)**

- i) University Dept./Constituent College of University/Deemed to be University
- ii) Central / State Government
- iii) Government Aided
- iv) Self-Financing (Minority)
- v) Self-Financing (Non-Minority)
- vi) Any other (Please specify)

**5. Information on Establishment of the Institution**

- i) Year of Establishment 1992
- ii) Date on which first approval was accorded by the Council 01.01.1992
- iii) Year of Commencement of the first batch 1992
- iv) Details of Last extension letter with year of approval Year-2009 (Copy of letter attached)

Signature of Authorized Signatory with date

**6. Whether there is any change of Name of the Institution, Society / Trust and Location of the Institution after AICTE approval? If yes, enclose details**

- |      |  |     |                                     |    |                                     |
|------|--|-----|-------------------------------------|----|-------------------------------------|
| i)   | Whether the name of the Society has been changed<br>If yes, give details           | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| ii)  | Whether the composition of the Society has been changed<br>If yes, give details    | Yes | <input checked="" type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| iii) | Whether the name of the Institution has been changed<br>If yes, give details       | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| iv)  | Whether the Institution is functioning at temporary site<br>If yes, give details   | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| v)   | Whether the Institution has changed its permanent location<br>If yes, give details | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |

**7. i) Whether there is any Court Case filed by the Institution against AICTE which is in progress ? (Please tick (√) appropriate box)**

Yes  No

**If yes, then give details with name of the Court, Writ Petition No. Subject Matter and Latest Status.**

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Signature of Authorized Signatory with date

7. ii) Whether there is any case of Malpractices / Complaints/ or being penalized on account of non- submission of compliance within the cut-off-date, making excess admissions etc. against the Institution ? if yes, provide details

\_\_\_\_\_N. A.\_\_\_\_\_

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8. Name and Address of the Affiliating University

<b>Name</b>	<b>Board of Technical Education Haryana, Chandigarh</b>		
<b>Address</b>	<b>Directorate of Technical Education Haryana, Bays 7-12, Sec-4 Panchkula</b>		
<b>Pin Code</b>	<b>160017</b>	<b>Period of Affiliation</b>	<b>2009-10</b>
<b>STD Code</b>	<b>0172</b>	<b>Phone No.</b>	<b>2560224 , 2584218</b>
<b>Fax No.</b>	<b>2584218</b>	<b>E-Mail/ Web site</b>	<b>WWW.techeduhry.nic.in</b>

Signature of Authorized Signatory with date





10. i) Whether the Institution is sharing its facilities / premises with any other Institution or running any unapproved Programmes ? If yes, give details.

Yes

No

A. Name of the other Institutions, which are sharing the facilities

\_\_\_\_\_

B. Unapproved course(s) functioning in the college premises, its duration and intake : **NO**

S. No.	Courses	Approving Authority	Affiliating Body	Degree / Diploma / Certificate	Duration (Years)	Sanctioned Intake	Actual Admissions during 2009-10
<b>TOTAL</b>							

10 ii) Whether admissions under PIO / Foreign Nationals quota has been approved for your institution by the AICTE? If yes, give details.

S. No.	Courses	Sanctioned Intake 2008-2009	Actual Admissions
		-----N.A.-----	

11. Status of Compliance of Specific Conditions / Deficiencies Communicated in the Last Approval/Extension of Approval by AICTE.

S.No.	Deficiencies Communicated / Specific Conditions	Compliance Report
	NIL	

Signature of Authorized Signatory with date

**12. (i) Particulars of the Full Time Principal/Director of the institution**

**Name : Sh.Anil Aggarwal**

**Date of Birth : 31.07.1975**

**Academic qualifications (with field of specialization) : M.Pharm. ( P'Cology )**

**Details of Experience (Academic / Industrial) : 11 Yrs.**

**Date of the appointment in the present institution : 29.11.2004**

Signature of Authorized Signatory with date



**12 ii) (b) Details of the Full Time Teaching Faculty exclusively appointed and working for the AICTE approved programme with designation, date of birth, qualification alongwith class / division obtained, experience, date of joining and pay scale (Programme wise).**

Name of the Course	S. No.	Name (s) of the Teaching Faculty	Designation (Lecturer/ Asst. Professor/ Professor)	Qualifications with field of specialization with class / division of passing			Date of Birth	Experience a) Teaching b) Industry c) Research			Date of Joining the Institution	Gross total salary as on date with scale & Basic pay	PAN Number	P.F. A/c No.
				U G	PG	Doctorate		a	b	c				
UG Level														
Diploma in Pharmacy	1.	Sh.Anil Aggarwal	H.O.D.		M. Pharm..		31.7.75	11 Yrs			29.11.04	26224/-	AHBPA 3386R	---
	2.	Sh.Brij Mohan	Sr. Lecturer		B. Pharm		13.5.67	12.5 Yrs.			01.07.04	17684/-	AKMPM 3750B	----
	3.	Sh.Tilak Raj	Lecturer		-do-		02.7.73	11.5 Yrs.			01.09.06	17128/-	AKBRK 8210D	----
	4.	Sh.Brijesh Sharma	Lecturer		-do-		09.9.82	04 Yrs.			28.09.06	17128/-	AVTPK 3725E	---
	5.	Sh.Tarun Chaudhary	Lecturer		-do-		31.12.80	04 Yrs.			09.01.07	17128/-	----	---
	6.	Ms.Leena Ganotra	Lecturer		-do-		20.10.83	04 Yrs.			08.01.07	17128/-	AHSPG 2290B	----
	7.	Mrs.Indu Bala	Lecturer		-do-		12.10.84	Study leave			19.10.07	17128/-		
	8.	Miss. Lalita	Lecturer		-do-		20.10.83	01 Year				8000/- Consolidated		
PG Level														
Humanities & Sciences														

**Important Note:**

1. **The institution is required to submit:**
  - i. **A statement signed by each faculty member stating that he / she has been appointed and is working exclusively for the AICTE approved programme in the institution.**
  - ii. **An affidavit from the Chairman of the Trust / Society / Director of the institution stating that faculty members mentioned in the section 12 of the compliance report are exclusively teaching for the AICTE approved programme / institution.**
2. **The faculty in Humanities & Sciences / General subjects should be specifically mentioned.**

Signature of Authorized Signatory with date

**12 ii) (c) Information about stability of the Faculty (separately for each Programme).**

S. No.	Programme	Category	Period of appointment				Total
			Less than 6 Months	Between 6 Months to 1 year	Between 2 to 3 years	More than 3 years	
1	<b>Diploma in Pharmacy</b>	Professors					
		Assistant Prof.					
		<b>Lecturers</b>	<b>NIL</b>	<b>02</b>	<b>02</b>	<b>04</b>	<b>08</b>
		Others					

**12 ii) (d) Mode of selection of faculty and staff : Through Interview**

**Name of the newspapers in which advertisements are placed and their circulation status  
( Hindustan Times , Dated 08.10.2007 )**

**Constitution of the selection committee : President, Director, & H.O.D.**

Whether University representative is invited in the selection committee meeting. Yes  No

Signature of Authorized Signatory with date

12 ii) (e) Details of Technical / Administrative / supporting Staff

S.No	Category Staff	Number
1	<b>Technical Supporting Staff</b> a) Workshop Attendant b) Workshop Technician c) Laboratory Assistant d) Librarian e) Assistant Librarian f) Programmer g) System Analyst h) Others (Computer Lab in-charge, Lab Attendant etc) 1	a) 1 b) 2 c) 4 d) 1 e) 1 f) 1 g) ---- h) 1
2	<b>Administrative Staff</b> a) Administrative Officer b) Accounts Officer/Assistant Account Officer c) Clerks d) Others	a) 1 b) 1 c) 2 d) 3

13. **Strengths & Weaknesses of the institution in terms of Teaching Methodology/Transaction of Syllabus /Innovations /best practices (if any)/ industrial project / Industrial consultancy / research taken up for industry and amount granted thereby:**

The institute has a spacious building situated in green and pollution free environment; with adequate infrastructure in respect of Laboratories Library Class-Rooms. together with well qualified & dedicated teaching faculty and also other facilities such facilities as contribute to the overall development of the students. Representatives /Executives from well established & reputed Pharmaceutical concerns namely (i) Global Health line, Pvt. Ltd. New Delhi, M/s Cadila Health Care Pvt. Ltd.,New Delhi , conducted campus-Interview and as many as 23 students were selected by those two Pharmaceutical concerns for the purpose of offering job-opportunity to the student / Diploma-holders of this institute.

Signature of Authorized Signatory with date



15. i) Total no. of students placed by the Institution through its Placement Cell (Discipline wise)

Year	Discipline	Total no. of students passed out ( last 3 years )	Total no. of students placed through placement cell (last 3 years)
2007	Diploma in Pharmacy	29	29
2008	-do-	35	16
2009	-do-	31	20

15 ii) Provide details of companies/Industries, which visited the institute for placement since the last three years.

S.No.	Year	Name of the Company/Industry	Number of Students placed
1.	2007	Global Health Line Pvt.Ltd.,New Delhi	11
		Cadila Health care Pvt.Ltd. ,N.Delhi	04
		Feel Good Health Care Pvt.Ltd.N.Delhi	12
		Macleods Pharmaceutical Pvt. Ltd.Chd.	02
2	2008	Hetero health care Pvt.Ltd.,New Delhi	16
3	2009	Gloval Health care Pvt.Ltc.,New Delhi	30
		Paras Hospital, Gurgaon	20

Signature of Authorized Signatory with date



**18. Details of Laboratories & Workshops**

S. No	Name of the Course	Name of the laboratory/workshop	Total Area of lab/workshop	Major equipment
1.	Diploma in Pharmacy	Machine Room	112 Sq Mt.	Hot. Air oven, Laminar air flow, Karl fisher Apparatus, Incubator, & Tablet Machines etc.
2.	-do-	Pharmaceutics Lab	55 Sq.Mts.	Hand grinding Mill, Tablet Compressor Machine , Ball Mill & Tablet coating Machine, Tablet polishing pan
3.	-do-	Pharma chemistry Lab.	55 Sq.Mts.	Photo Electric colorimeter, Electronic balance, P.H. Meter & Refract meter
4.	-do-	H.A.P. & Pharma Cology	55 Sq.Mts.	Pole Climbing Apparatus , Histamine Chamber, Microscope, B.P. Apparatus ,Sherington's, Rotating Drum & Refrigerator
5.	-do-	Bio.Chem & Hospital Pharmacy	55 Sq.Mts.	Filtration Machine, Filling Machine , Auto Clave, Sterliser, Hot Air oven , Leminar Air flow , Incubator & Refrigerator
6.	-do-	Pharma Cognosy	64.25 Sq.Mts.	Crude drugs .Models, & Chemicals

**19. Computer Facilities for the existing programme (s)**

S.No	Particulars	Requirements as per Norms (1:4 all undergraduate UG Programmes and 1:2 for Diploma in Pharmacy)		Availability	
1.	No of Computer terminals	10		11	
2.	Hardware Specification	Pentium-IV, 2GHZ ,HDD.40 GB, RAM-256		Pentium-IV, 2GHZ ,HDD.40 GB, RAM-256	
3.	No of terminals of LAN/WAN	10		10	
4.	Relevant Legal Software	Application	System	M.S Office, Excel, Power Point etc.	
5.	Peripheral (s) / Printers	01		03	
6.	Internet Accessibility (in kbps & hrs)	yes		256 Kbps/ (BSNL Broad-band )	

Whether the computer facilities are suitable for the existing programmes ? Yes  No

**20. Building**

1. Available Built up area per student **28.63 Sq. Mt.**
2. Total Built up Area for the existing programme (s) **1718 Sq.Mt.**

Particulars	Area required as per norms (Sq.M)	Building with RCC Roof (Sq.M)	Building with Sheet Roof (if suitable for Educational Institution) (Sq.M)	Total sanctioned intake (last 4 yrs. for Engg./Pharmacy/ HMCT/ Arch. etc. 2 yrs. MBA/ PGDBM and 3 yrs. for MCA)	Built up area per student	Total Area Available (Sq.M)
Instructional Area (Carpet Area)		730	-----	2006 -- 60	-----	730
Administrative Area (Carpet Area)		119	-----	2007 -- 60	-----	119
Amenities (Carpet Area)		41	-----	2008 -- 60	-----	41
Circulation & Others		828	-----	2009 -- 60	-----	828
<b>Total</b>		<b>1718</b>	-----		-----	<b>1718</b>

**21. Instructional Area for the existing programme(s)**

Particulars	Number of rooms		Carpet area of each room	
	Requirement as per norms	Available in the institution	Requirement as per norms	Available in the Institution (Sq.M)
Class Rooms	02	02	90 Sq. Mt.	83.61
Tutorial Hall	01	01		52
Drawing Hall (*)	-----	-----	-----	-----
Computer Centre	01	01	75	80
Library	01	01	100	114
workshops	01	01	100	112
<b>Total</b>	<b>06</b>	<b>06</b>	<b>365</b>	<b>358</b>

Signature of Authorized Signatory with date

- ❖ Whether any academic activity is being carried out in the basement  
If yes, give details. Yes  No
- ❖ Whether a barrier free environment has been created in the building for Physically challenged persons. Yes  No
- ❖ Whether the Classrooms, Tutorial hall, Drawing hall, Computer centre, Library, Laboratory and workshops are well equipped for the existing courses. Yes  No

## 22. Land Availability

Land Category (Rural/ District Head Quarter/ State Capital/ Metropolitan city/ Mega City)	Area required as per Land Category (Acres)	Total Area available (Acres)
Rural	2.5	3 Acre & 01 Marla

- (a) Whether the said land is demarcated by fencing/ boundary wall for the institution (Tick ✓ appropriate box) Yes  No
- (b) Whether the land is contiguous (Tick ✓ appropriate box) Yes  No
- If Not, Number of plots  Distance between the plots (Sq.M)  No

## 23. Availability of other facilities:

S.No.	Parameter	Availability	
1	All Weather Approach Road (cemented / kuchha)	Cemented	
2	Potable Water Supply System (own bore well / municipal corporation)	Both	
3	Electrical Generator (5kv, 5-10 kv, 10-15 kv, more than 20 kv)	20 Kv.	
4	Students' Canteen	Yes.	
5	Students' Common Room (Boys / Girls)	Yes	
6	Hostel	Boys	Nil
		Girls	Nil
	If no hostel facility is available, whether arrangements have been made for boarding and lodging of students near to the institution, if yes mode of travel from the place of stay to the institution		
7	Principal's Quarters	No	
8	Digital Library	Yes	
9	Quarters for Faculty	No.	
10	Guest House	Yes	
11	Parking facilities	Yes	
12	Medical facilities (full time / part time doctor / dispensary)	Yes	
13	Insurance facilities	No	
14	Telephone booth	Yes	
15	Gymnasium /indoor / outdoor stadium	Yes	
16	Rainwater-harvesting facilities are available	Yes	
17	Post office facility	Yes	
18	Bank facility	Yes	
19	Transport facility for day scholars	Yes	
20.	Reprographic facilities in the Institutions.		
21.	Barrier free environment for physically challenged.	Yes	

Signature of Authorized Signatory with date

**24. Fee Structure of the Institution**

S.No.	Category	CET quota		Management quota	
		Fixed by the State Fee Committee	Being charged by the Institution	Fixed by the State Fee Committee	Being charged by the Institution
1.	Admission Fee				
2.	Tuition Fee	17500	17500	17500	17500
3.	University fee (Examination fee, Registration fee etc.)	200	200	200	200
4.	Hostel fee (Rent etc.)				
5.	Laboratory fee				
6.	Library fee				
7.	Stu.Fund. & Dev.Fund	1200+5000	6200	6200	6200
<b>Total Fee</b>		<b>23900</b>	<b>23900</b>	<b>23900</b>	<b>23900</b>

**25. Financial Position**

(i) Whether applicant has opened a bank account in the name of the Society/ Trust for the existing institution Yes  No

(ii) Source of income & expenditure during the last year

S.No.	Source of Income	Rs. (in lakhs)	Expenditure during the last year	Rs. (in lakhs)
1.	Central Government		Salary of Full-Time Faculty	<b>13,93,424</b>
2.	State Government		Salary for Visiting/Adjunct faculty	-----
3.	University Grants Commission		Salary of Non-Teaching Staff	<b>10,77,942</b>
4.	Other Central/State Govt. Bodies		Library	<b>30,000</b>
5.	Private Trust		Computer Centre	<b>14850</b>
6.	Student Funds	<b>328440</b>	Equipments Labs and Workshops	<b>2,22,402</b>
7.	Student Fees Tuition Fees	<b>11,65,000</b>	Building	<b>9,24,509</b>
8.	Internal Revenue Generation		Others (please specify)	<b>10,68,934</b>
9.	Others (please specify)	<b>20,91,710</b>		
<b>Total</b>		<b>3585150</b>		<b>3585150</b>

(iii) **Details of Operational funds**

S.No.	Name of Bank With Branch & Full Address	Account No.	Cash Balance (in lakhs)	FDR, if any (Excluding joint FDR submitted to AICTE)	Total Amount (in lakhs)
1.	Bank of India, Tigaon, Faridabad	CD-4	63641	27,64,872.98	29,10,311
2.		17143	23870		
3.		27280	15110		
4.		27281	42818		

Signature of Authorized Signatory with date

**Declaration:**

It is certified that:

- a) Existing Courses are being conducted as per norms, standards and guidelines of the AICTE.
- b) All the physical deficiencies stated in the last approval letter have been complied with.
- c) The AICTE pay scales are being paid to the faculty members.
- d) The admissions are made on merit and no capitation fee or donation of any kind is charged for admission.
- e) The teaching faculty has been recruited as per qualifications and experience laid down by AICTE.
- f) The tuition and the other fee is being charged as prescribed by the Competent Authority.
- g) No new course has been started (since the last approval by AICTE) without prior approval of AICTE.
- h) The institution is not running any courses not approved by AICTE in the premises of the AICTE approved institution.
- h) The intake in any of the AICTE approved course has not been increased beyond the sanctioned intake, without prior approval of AICTE.

**I/We solemnly declare that no information has been withheld and all the information provided in this Compliance Report is correct. If any information is found to be incorrect or false, I/We understand that proposal shall be liable for rejection.**

**Date: 22.01.2010**

**Name and Signature of the Authorized  
Signatory of the institution with seal**

**Place: Tigaon (Faridabad)**

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**List of Annexure's to be submitted along with the Compliance Report  
(Annexures should be strictly submitted in the following order alongwith index and page numbers and signed by the authorized signatory).**

**Annexure 1 Copy of Mandatory Disclosure.**

**Annexure 2 Faculty & Staff**

**(A) Existing faculty:**

The following documents should be submitted for each of the existing faculty members in the serial order as mentioned **in the section 12. ii b)** of the compliance report.

- 1) One page biodata alongwith attested passport size photographs (with details covering number of papers published, books written, summer winter schools attended, R&D projects undertaken etc.).
- 2) Copies of appointment letters with terms and conditions of appointment and joining report.
- 3) Aquittance roll of Faculty / Non-teaching staff for the current and previous year.
- 4) Salary register of faculty/proof of salary paid to the staff along with TDS records.

Signature of Authorized Signatory with date

**(B) Additional faculty appointed.**

The following documents should be submitted for the additional faculty members appointed.

- 1) Copy of the advertisement.
- 2) Details of the number of candidates applied and called for interview.
- 3) Selection Committee minutes and recommendations.
- 4) Approval by the Governing body or board of governors.
- 5) One page biodata of the appointed candidates.
- 6) Appointment letter and joining letters of the appointed faculty.

**(C)** The institution is required to submit a statement signed by each faculty member stating that he / she has been appointed and is working exclusively for the AICTE approved programme in the institution.

**(D)** An affidavit from the Chairman of the Trust / Director / Principal of the institution stating that faculty members mentioned in the section 12 of the compliance report are exclusively teaching for the AICTE approved programme / institution is required to be submitted by the institution.

**Annexure 3 Details of the Built-up Area.**

- Details of instructional area, administrative area, amenities area & circulation area (excluding play grounds, residential area, parking space and open air theater) duly certified by Registered Architect.
- Approved building plan with total area of built-up space.
- Building completion certificate from competent authority.
- Details of proposed/under construction area. (if any)

**Annexure 4 Photographs and Video CD**

- The Institution is required to submit a group photograph with name underneath of all the faculty members and staff (Technical and Non-Technical, etc. separately) along with the head of the Institution.
- Photograph (color) of the building attested by the Chairman/Secretary of the Trust/Society.

**Annexure 5 Correspondence related to AICTE Approval.**

- Copy of the first approval of AICTE
- Copies of subsequent extension of approval letters of AICTE
- Latest Affiliation of University
- Details of reduction in intake last year, if any.
- Documents related to penal action against the Institution by the University/State/AICTE last year, if any.

**Annexure 6 Details regarding workshop, laboratories, library and computers– Course-wise**

- Stock Register of Library Books (copies of last five pages to be submitted)
- Usage register of books (copies of last five pages),
- Stock registers of Computers, equipment
- Internet facility, (Type and bandwidth details)
- Copies of Cover page of all journals (last six months) Cover Page of all Journals to bear the stamp of the institution.
- List of laboratories available with area of each lab and major equipments.

**Annexure 7 Students data.**

- Course-wise number of Students admitted in the previous year.
- Percentage of Pass in each course for the last three years. (A copy of the affiliating University Results of the last three years to be provided.)
- No. of students admitted under PIO / Foreign Nationals (with passport details and account and currency in which fees have been paid).

Signature of Authorized Signatory with date

**Annexure 8 Land details.**

- A copy of original Land documents.

**Annexure 9 Financial details**

- Audited Statement of accounts of the institution
- Latest bank statement, funds available in the FDR and Saving Account/Current Account
- A copy of fee receipts with details of the fee being charged from the students.
- TDS Certificate in respect of the Income Tax deducted from salary of faculty members.

Signature of Authorized Signatory with date

**DEHAT VIKAS COLLEGE OF PHARMACY, TIGAON (FARIDABAD)**

**List of laboratory with area & equipments**

Sr. No.	Laboratory for D.Pharm Course	Available		Major Equipments
		No.	Area in Sq. Mts.	
1.	Pharmaceutics	01	54.811	Hand grinding Mill, Tablet Compressor Machine , Ball Mill & Tablet coating Machine, Tablet polishing pan
2.	Pharmaceutical Chemistry	01	54.811	Photo Electric colorimeter, Electronic balance, P.H. Meter & Refract meter
3.	Hospital & clinical Pharmacy & Bio. Chemistry	01	54.811	Filtration Machine, Filling Machine , Auto Clave, Sterliser, Hot Air oven , Leminar Air flow , Incubator & Refrigerator
4.	Human Anatomy & Physiology Pharmacology	01	54.811	Pole Climbing Apparatus , Histamine Chamber, B.P. Apparatus , Sherington's, Rotating Drum & Refrigerator
5.	Pharmacognosy	01	64.25	Microscope, Models, Charts & speciman

Signature of Authorized Signatory with date

## **DECLARATION**

I \_\_\_\_\_ Lecturer ; Dehat Vikas College of Pharmacy,  
Tigaon (Faridabad) do hereby declare and affirm as under that:-

I have been appointed and am working exclusively for the A.I.C.T.E. approved  
programme in this institute.

Signature

## **UNDERTAKING**

It is certified that 3 Acre 01 Marla piece of land in the name of Dehat Vikas  
Educational Society, Tigaon is wholly solely meant for Dehat Vikas college of  
Pharmacy, Tigaon and is solely under the possession of the college and is not  
mortgaged to any one else.

Director

Signature of Authorized Signatory with date

## BIO- DATA

Name : Miss.Lalita Ganotra

Designation : Lecturer

Father's Name : Tek Chand Ganotra

Date of Birth : 22.10.1983

Qualification : B.Pharma.

Experience : 01 year

Permanent Address : H.No.402, Gali Gopal Mandir,  
Jagdish Colony,Ballabgarh (Faridabad)

Signature

Signature of Authorized Signatory with date

**Bio-Data of the H.O.D.**

Name : Anil Aggarwal  
Father's Name : Sh. Suresh Chand Aggarwal  
Date of Birth : 31.7.1975  
Qualification : Master of Pharmacy ( M. Pharm.)  
From College of Pharmacy, Delhi University in 1998  
(First Division)  
Bechelor of Pharmacy (B.Pharm.)  
From College of Pharmacy, Delhi University in 1996  
(First Division)  
Experience : 11 years including Teaching  
Correspondence : Dehat Vikas College of Pharmacy, Tigaon (Faridabad )  
Permanent Address : 1008, Sec.19, Faridabad

Signature of H.O.D.

Signature of Authorized Signatory with date

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**DEHAT VIKAS COLEGE OF PHARMACY, TIGAON (FARIDABAD)**

**List of Managing Committee**

<b><u>Sr.No.</u></b>	<b><u>Name of Faculty</u></b>	<b><u>Designation</u></b>
1.	Sh.Vinod Nagar	President
2.	Sh.Dharambir Nagar	Vice-President
3.	Sh.Suresh Nagar	Secretary
4.	Smt.Darshan Nagar	Treasurer
5.	Sh.Ashok Nagar	Member
6.	Sh.Om Parkash	Member
7.	Sh.N.P.Singh	Member
8.	Smt.Pushpa Devi	Member
9.	Smt.Renu Nagar	Member
10.	Sh.Ram Singh	Member
11.	Sh.Sudhir	Member

Signature of Authorized Signatory with date

DEHAT VIKAS COLLEGE OF PHARMACY, TIGAON (FARIDABAD)

LIST OF NON-TEACHING

Sr. No.	Name of the staff	Designation	Qualification	Nature of work assigned	Remarks
1	Sh.Parmal Singh Pundir	Director	M.Sc.(Math) M.A.( Eco. ) M.A. (Pol.Sci.) B.Ed.	Regular	
2	Sh.Rajesh Kumar	Office Suptt.	M. A. Pre .(Hist.) B.A. ( Computer & Tally A/ C Course)	-do-	
3	Sh.Neeraj Adhana	Lab. Technician	D.Pharmacy	-do-	
4	Sh.Om Dev	Lab. Technician	D.Pharmacy	-do-	
5	Mrs.Babita	Fee A/C clerk	B.Com.	-do-	
6	Sh.Sube Singh	Store-Keeper	B.A.	-do-	
7	Sh.Naresh Kumar	Librarian	B.Lib, M.Lib.	-do-	
8	Sh.Mahavir	Computer-Operator	10+2	-do-	
9	Sh.Tej Singh	Lib Assistant	10+2	-do-	
10	Sh.Bhanwar Singh	Lab.Assistant	10+2	-do-	
11	Virender Singh	Lab. Attendant	10+2	-do-	
12	Sh.Rajender	Lab. Attendant	8 <sup>th</sup>	-do-	
13	Sh.Jas Raj	Lab.Attendant	8 <sup>th</sup>	-do-	
14	Sh.Joginder	Peon	5 <sup>th</sup>	-do-	
15	Sh.Mahender	Peon	-----		
16	Sh.Kehar Singh	Cleaner/Safaiwala	5 <sup>th</sup>	-do-	
17	Sh.Bhim Singh	Cleaner/Safaiwala	8 <sup>th</sup>	-do-	

Signature of Authorized Signatory with date

**DEHAT VIKAS COLLEGE OF PHARMACY, TIGAON (FARIDABAD)**

**List of Library Staff**

<b>Sr. No.</b>	<b>Name</b>	<b>Designation</b>	<b>Qualification</b>	<b>Date of Joining</b>	<b>Salary</b>	<b>Remarks</b>
1.	Naresh Kumar	Librarian	B.Lib.	01.11.06	6000/- Consolidated	
2.	Tej Singh	Lib.Assit.	10+2	01.02 07	5000/- Consolidated	

Signature of Authorized Signatory with date

**DEHAT VIKAS COLLEGE OF PHARMACY, TIGAON (FARIDABAD)**

**Scale of pay and allowances of Faculty Members (Diploma)**

Sr. No.	Name of the Faculty	Designation	Qualification	Date of joining	Basis pay	D.A.	A.D.A.	H.R.A.	C.C.A./ Medical	TDS	Total Salary		
1.	Sh. Anil Aggarwal	H.O.D.	M.Pharm.	29.11.04	12750/-	6375/-	6694/-	285/-	120/-	2000/-	26224/-		
2.	Sh. Brij Mohan Sharma	Lecturer	B.Pharm.	01.7.04	8550/-	4275/-	4489/-	250/-	120/-		17684/-		
3.	Sh. Tilak Raj Sharma	Lecturer	B.Pharm	01.09.06	8275/-	4138/-	4345/-	250/-	120/-		17128/-		
4.	Sh. Brijesh Sharma	Lecturer	B.Pharm	28.09.06	8275/-	4138/-	4345/-	250/-	120/-		17128/-		
5.	Miss. Leena Ganotra	Lecturer	B.Pharm	08.01.07	8275/-	4138/-	4345/-	250/-	120/-		17128/-		
6.	Sh. Tarun Choudhary	Lecturer	B.Pharm.	09.01.07	8275/-	4138/-	4345/-	250/-	120/-		17128/-		
7.	Indu Bala	Lecturer	B.Pharm.	18.10.07	STUDY LEAVE								
8.	Miss. Lalita Ganotra	Lecturer	B.Pharm.	03.02.09	8000						8000/- Consolidated		

Signature of Authorized Signatory with date

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