- I.5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. DETAILS OF AFFLIATION FEE PAID

Name of the Course	Affiliation Fee Paid Upto	Receipt No.	Dated	Remarks o Inspecto
D Pharm	2017-18	914870	07/04/2017	

b. APPROVAL STATUS

Name of the Course	Approved Upto	Intake Approved and Admitted	PCI	State Govt	University	Remarks Inspec
D Pharm	2017-18	Approved Letter No & Date	17-55/2010-PCI/10148-49	STATE GOVT.	BTEUP, LUCKNOW	
		Approved Intake	40	40	40	
		Actually Admitted	40	40	40	

c. STATUS OF APPLICATION

Course	Extension of Approval	Increase in Intake of Seates	Remarks	
			Current Intake	Proposed increase i
D Pharm	Yes	No	40	0

Note: Enclose relevant documents

A - I.6

Whether other educational institutions/courses are also being run by the trust/instiutuion in the same building/campus?

If yes, give status Yes

A - I.6 a

Status of the Pharmacy Course:	
Independent Building	Yes
Wing of Another College	No
Separate Campus	Yes
Multi Institutional Campus	Yes

Examining Authority:	Diploma Course
Name with Complete Postal address, telephone No. and STD Code.	The Secretary, Board of Technical Education, Guru Gobind Singh Marg, U.P. Lucknow - 226 001 (2002-03) The Secretary Uttaranchal Board of Tech. Education, 37-3, Civil Lines, Opp. Shiv Mand Roorkee – 247 667, Distt. Haridwar (From 2003-04)

Signature of the Head of the Institution

PRINCIPAL
GOVT. GIRLS POLYTECHNI
ALLAHABAD

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B - I.1

Name of the Principal Sri S K Srivastava

Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remark Insp
	M. Pharm	No	05 Years	32	
	PhD (Desirable)	No	02 Years		