

Examining Authority:	Diploma Course
Name with Complete Postal address, telephone No. and STD Code.	The Director Punjab State Board of Technical Education & Industrial Training Chandigarh (U.T.).

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B - I.1

Name of the Principal

Gopendra Singh

Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experien
	M. Pharm	Yes	05 Years	
	PhD (Desirable)	No	02 Years	

* Documentary evidence should be provided

B - I.2

For institution seeking continuation of affiliation

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied/Not Complied	red
D Pharm	11/03/2015		Yes	

* Enclose Documents

B - I.3

Pay Scales

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks
Teaching Staff	AICTE/UGC/State Govt.	Yes No	No	No	
Non-Teaching Staff	State Government	Yes No	No	No	

B - I.4

D Pharm Course: Admission statement for the past three years

ACADEMIC YEAR	2014-2015	2015-2016	
Sanctioned	0	60	
No. of Admissions	0	60	