## All India Council for Technical Education







## **APPROVAL PROCESS 2018-19**

## Extension of Approval (EoA)

F.No. Northern/1-3511968847/2018/EOA

Date: 04-Apr-2018

To

The Principal Secretary (Tech. Edu.) Govt. of Uttar pradesh, Sachiv Bhawan, Lucknow-226001, 12A, Navin Bhawan, U.P. Lucknow-226001

Sub: Extension of Approval for the Academic Year 2018-19

Ref: Application of the Institution for Extension of approval for the Academic Year 2018-19

Sir/Madam,

In terms of the provisions under the All India Council for Technical Education (Grant of Approvals for Technical Institutions) Regulations 2016 notified by the Council vide notification number F.No.AB/AICTE/REG/2016 dated 30/11/2016 and amended on December 5, 2017 and norms standards, procedures and conditions prescribed by the Council from time to time, I am directed to convey the approval to

| Permanent Id          | nanent Id 1-508619601              |                           | 1-3511968847                                                        |  |  |
|-----------------------|------------------------------------|---------------------------|---------------------------------------------------------------------|--|--|
| Name of the Institute | HIND INSTITUTE OF MEDICEAL SCIENCE | Name of the Society/Trust | HIND CHARITABLE TRUST                                               |  |  |
| Institute Address     |                                    |                           | SAFEDABAD<br>BARABANKI,BARABANKI,BARABA<br>NKI,Uttar Pradesh,225001 |  |  |
| Institute Type        | Unaided - Private                  | Region                    | Northern                                                            |  |  |

| Opted for Change from<br>Women to Co-Ed and vice<br>versa       | No | Change from Women to Co-Ed and vice versa Approved or Not            | NA    |
|-----------------------------------------------------------------|----|----------------------------------------------------------------------|-------|
| Opted for Change of Name                                        | No | Change of Name Approved or Not                                       | NA    |
| Opted for Change of Site                                        | No | Change of Site Approved or Not                                       | NA NA |
| Opted for Conversion from<br>Degree to Diploma or vice<br>versa | No | Conversion for Degree to<br>Diploma or vice versa<br>Approved or Not | NA    |
| Opted for Organization Name<br>Change                           | No | Change of Organization Name<br>Approved or Not                       | NA.   |

## To conduct following Courses with the Intake indicated below for the Academic Year 2018-19

| Program  | Shift | [eve]   | Course   | FT/PT+ | Affiliating Body<br>(Univ/Body)                           | Intake Approved for<br>2018-19 | NRI Approval<br>Status | PIO / FN / Gulf<br>quota/ OCV<br>Approval Status | Foreign<br>Collaboration<br>// Twining Program<br>Approval Status* |
|----------|-------|---------|----------|--------|-----------------------------------------------------------|--------------------------------|------------------------|--------------------------------------------------|--------------------------------------------------------------------|
| PHARMACY | 1st   | DIPLOMA | PHARMACY | FT     | Uttar Pradesh Board of<br>Technical Education,<br>Lucknow | 60                             | NA                     | NA                                               | NA                                                                 |

<sup>+</sup>FT -Full Time,PT-Part Time

Application No:1-3511968847 Note: This is a Computer generated Report. No signature is required. Printed By: aic004998 Page 1 of 2

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