

Institutional Information for Quality Assessment(IIQA)

NAVMAHARASHTRA SHIKSHAN MANDAL'S ABASAHEB KAKADE COLLEGE OF B.PHARMACY,BODHEGAON SHEVGAON,MAHARASHTRA

| Date of submission | | 16/06/2023 |
|----------------------|---|--------------|
| AISHE ID | : | C-48758 |
| Institution Track ID | : | MHCOGN114447 |

| 1 | Application For | Accreditation | | |
|---|---|---|--|--|
| | Cycle of Accreditation | Cycle1 | | |
| 2 | Name of the College | NAVMAHARASHTRA SHIKSHAN MANDAL'S ABASAHEB KAKADE COLLEGE OF B.PHARMACY | | |
| 3 | Date of establishment of the Institution | 14/05/2013 | | |
| 4 | Name of the Head of the Institution | Dr. | | |
| | | IGE PRADUM PUNDLIKRAO | | |
| | Designation | Principal | | |
| 5 | Does the college function from Own Campus | Yes | | |
| 6 | Address of the College | A/P Bodhegaon Shevgaon | | |
| | State/UT | MAHARASHTRA | | |
| | District | AHMEDNAGAR | | |
| | City | BODHEGAON SHEVGAON | | |
| | Pin | 414503 | | |
| | Phone No | 02429-240295 | | |
| | Fax No | 02429-240295 | | |
| | Mobile No | 8668388789 | | |
| | Registered Email | kakadebpharmacy@gmail.com | | |
| | Alternate Email | pradyumna064@gmail.com | | |
| 7 | Alternate Faculty Contact Details | Prof. | | |
| | | JADHAV BHARAT VITTHALRAO | | |
| | | IQAC / CIQA coordinator | | |
| | Address | A/P Bodhegaon Tal Shevgaon Dist Ahmednagar | | |
| | State/UT | MAHARASHTRA | | |
| | City | BODHEGAON SHEVGAON | | |
| | Pin | 414503 | | |
| | Phone No | <u> </u> | | |

Phone No

| | | | 0242 | 29-24 | 0495 | | | |
|----|---|---|-----------------------------------|-------|---------------|-------------------------|---|--|
| | | | 02429-240295 9404644268 | | | | | |
| | | | | | | | | |
| | Email | | bjpharma302@gmail.com | | | | | |
| | Alternate Email | | tikone43@gmail.com | | | | | |
| 8 | Website | | www.kakadebpharmacy.in | | | | | |
| 9 | Has the Institution completed 6 years of existence / Years of graduation of last two batches | | Yes Year1- 2021 Year2- 2022 | | | | | |
| 10 | Nature of the college | | Private | | | | | |
| 11 | College Affiliation | | Affiliated | | | | | |
| | | | (Affiliated/Constituent Colleges) | | | | | |
| 12 | Name of the affiliatin | g University(ies) and the state(s) | | | | | | |
| | State | University Name | | | Documents | | 7 | |
| | Maharashtra | Savitribai Phule Pur | 10 | | | mont | | |
| | manar asiici a | University | <u>View Document</u> | | | | | |
| | _ | | | | | | | |
| 13 | Is the Institution recognized under section 2(f) of the UGC Act? | | No | | | | | |
| 14 | Is the Institution recognized under section 12B of the UGC Act? If yes, date of recognition by UGC under section 12B along with latest Plan General Development Grant release letter | | No | | | | | |
| 15 | | | No | | | | | |
| 16 | Is the institution recognised as a 'College with Potential for Excellence (CPE)' by the UGC? | | No | | | | | |
| 17 | Is the institution recognised as a 'College of Excellence' by the UGC? | | No | | | | | |
| 18 | Is the College offering any programmes recognised by any Statutory Regulatory Authority (SRA) | | Yes | | | | | |
| | Statutory Regulatory | y Authorities | | | A program PCI | Document View Document | | |
| 19 | offering programmes Regulatory Authoritie recognized by Assoc or other appropriate | ot affiliated to a university and is a recognized by any Statutory es (SRA), are the programmes ciation of Indian Universities(AIU) Government authorities as G Programmes of a University | Not | Appl | icable | | | |

| 20 | Whether the Institution is registered in the National Academic Depository (NAD) system | | No | | | | | |
|----|--|----------------------------|-------------|--|--------------------------------|-----------------------------|-----------|--|
| 21 | Number of programmes offered | | | | | | | |
| | Programmes | | | Number | | | | |
| | UG | | 1 | | | | | |
| | PG | | 0 | | | | | |
| | Post Master's (DM, Ayurveda | | 0 | | | | | |
| | Vachaspathi, M.Ch) Pre Doctoral (M.Phil) | | 0 | | | | | |
| | Doctoral (Ph.D) | | 0 | | | | | |
| | Post Doctoral (D.Sc , D.Litt , | | 0 | | | | | |
| | LLD) PG Diploma recognised by statutory | | 0 | | | | | |
| | authority ind | cluding universit | У | 0 | | | | |
| | Certificate / | / Awareness | | 0 | | | | |
| | L | | | | | | | |
| 22 | Programme Details | | | | | | | |
| | Program | Department | Univers | ity Affiliation | SRA Recog | ognition Affiliation Status | | |
| | BPharm | Bachler Of | Savit: | | PCI | | Temporary | |
| | | Pharmacy | Unive: | Pune rsity | | | | |
| | View Document | | | | | | | |
| 23 | | Staff by employment stat | tus (perm | nanent / temp | orary) and by | gender | | |
| | Male | Female | | Transgender | | Total | | |
| | 2 | 1 | | 0 | | 3 | | |
| | 6 | 1 | | 0 | | 7 | | |
| 24 | Number of New Tool | hing Staff by ampleymen | et etetue / | (normanant / t | tomporory) o | ad by go | ndor | |
| 24 | | hing Staff by employmen | ıı status (| | , | | ender | |
| | Male | Female | | Transgender | | Total | | |
| | 10 | 0 | | 0 | | 10 | | |
| 05 | | | | | | | | |
| 25 | Number of Students on roll by gender | | | | | | | |
| | Male | Female | | Transgender | | Total | | |
| | 145 | 137 | | 0 | | 282 | | |
| | | | ••• | | | | | |
| 26 | Does the institution ha | ave statutory cells / comr | mittees | 1.Commitee for SC/ST 2.Grievance Redressal Committee | | | | |
| | | | | | 3.Internal Compliant Committee | | | |
| | | | | 4.Anti-ragging Committee | | | | |

| | | 5.OBC Cell |
|----|---|---|
| 27 | Date of establishment of IQAC | 02/02/2018 |
| 28 | Has the institution made statutory declaration on the institution website under Section 4 (1) (b) of the RTI Act 2005 as issued and amended from time to time. | Yes <pre>http://www.kakadebpharmacy.in/RTI.html</pre> |
| 29 | Does the college have an academic MoU with any foreign institution | No |
| 30 | Date of uploading data on MHRD website for All India Survey on Higher Education (AISHE). | 22/12/2022 <u>View Document</u> |
| 31 | Attach Certification by the Head of the Institution for having complied with Rules & Regulations of Central Government, UGC and other Statutory Bodies, State Government and Affiliating University in the prescribed format enclosed herewith. | <u>View Document</u> |
| 32 | Registration Fee paid details. | Online Receipt No: 81890 Transaction ID:20560903 Transaction Date:16/06/2023 Amount:29500.00 Bank ID: Bank Reference No:pay_M2USe7qb4oEmrY Status:Received |