Institution Detail

PCI Code	Institution Name	Register Type	Institution Type	Year of Establishment
PCI-10390	Shree Swaminarayan Institute of Pharmacy	New	Private Institute	-

Application For

(Academic Session)	Conduct	u/s 12	Yes/No	Number of admissions requested	Yes/No	Proposed Intake	
B.Pharm	2025-2026	Conduct	U/5 12	163/110	Number of autilissions requested	163/110	100

Institution Information

House No./Apt.No.:	1	response_sif.institution_information	NH. 8
Area/Locality/Sector:	Near Ahmedabad-Himmatnagar Highway	Landmark :	Near Petrol Pump
Village :	Tajpur	Gram Panchayat :	Tajpur
Block/Tehsil:	Prantij	State:	GUJARAT
District :	SABAR KANTHA	Pin Code :	383205
Mobile Number :	6357675562	Landline Number With STD Code :	2770255132
Email ID	swaminarayanpharmacy@gmail.com		
Post Office :	Tajpur	Police Station :	Prantij
Nearest Railway Station :	Himmatnagar	Nearest Airport:	Ahmedabad
Status of the Course Conducting Body :	State Goverment University	Name of the Society/Trust/Management :	Prayas The Foundation Sports Culture and Education Trust
House No./Apt.No.:	1	Street/Road/Lane :	NH. 8
Area/Locality/Sector:	Near Ahmedabad-Himmatnagar Highway	Landmark :	Majra Cross Road
Village :	Tajpur	Gram Panchayat :	Tajpur
Block/Tehsil:	Prantij	State:	GUJARAT
District :	SABAR KANTHA	Pin Code :	383205
Mobile Number :	9898966365	Landline Number With STD Code :	2770255132
Email ID	swamibn20@gmail.com		
Post Office :	Tajpur	Police Station :	Prantij
Nearest Railway Station :	Himmatnagar	Nearest Airport :	Ahmedabad
Name of Head of Institution :	-	Pharmacy Council No :	-
House No./Apt.No. :	-	Street/Road/Lane :	-
Area/Locality/Sector:	-	Landmark :	-
Village :	-	Gram Panchayat :	-
Block/Tehsil:	-	State:	-

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District :	-	Pin Code :	-
Mobile Number :	-	Landline Number With STD Code :	-
Email ID	-		
Post Office :	-	Police Station :	-
Nearest Railway Station :	-	Nearest Airport :	-

Other Institution in Same Campus

Sr.No.	Institution Name	College Running Since
	No data fou	ınd.

Examining Authority

1	B.Pharm	Gujarat Technological University, Ahmedabad, Gujarat	registrar@gtu.ac.in	9099063730
Sr.No.	Course	Examining Authority	Email	Phone Number

Accreditation Information

Accreditation From :	_	Accreditation Upto :	-
Grade:	-	Accreditation Certificate :	NA
NIRF Ranking :	-	Upload Ranking Certificates:	NA

Accreditation Certificate NBA

Sr.No.	Course	Approved From	Approved Upto	Certifying Body	NBA Document
			No data found.		

Any Other Accreditation

01.140.	Oddisc	Approved From	No data found.	Certifying Body	Document
Sr.No.	Course	Approved From	Approved Upto	Certifying Body	Document

Statutory Document

Institution Name:	Shree Swaminarayan Institute of Pharmacy/PCI-10390	Institution Address:	Shree Swaminarayan Institute of Pharmacy
Consent of Affiliation of Examining Authority:	View Document	NOC/Approval of the State Govt:	View Document
State govt has taken up the policy decision to the effect not to issue the NOC	NA	Name of State Govt	-

Infrastructure Details

Independent Building :	YES	Remarks :	Fulfilled
Separate Campus :	YES	Remarks :	NA
Wing of another college:	NO	Remarks :	Fulfilled
Land Type :	Rural	Status:	YES

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Availability of land :	2 Acer	Remarks :	Fulfilled
Survey No.	208 (Old 396)	Extent of Land	-
Land Details to be in name of Trust and Society :	own	Upload Land Details:	View Document
Sale Deed Remarks:	1004/4/36/2009	Sale Deed:	View Document
Approved Building Plan Remarks:	31103	Approved Building Plan:	View Document
Longitude:	23.3654	Latitude:	72.799646
Instructional area:	410 sqmt	Upload instructional area:	View Document
Administrative area:	138.53 sqmt	Upload Administrative area:	View Document
Amenities area:	2650	Upload amenities area:	View Document
Circulation area:	816	Upload Circulation area:	View Document
Total Builtup area of the Institution in Sqmts:	6712	Total Floor of Institution:	3
and Area as per norms:	YES	Enclose Certified copy of Land Use Certificate:	View Document
Jpload Certificate of single piece of land:	NA	Upload latest revenue paid receipt :	View Document
Multi Institutional Campus Status:	NO	Remarks:	-
Allocated land no.:	-	Enclose copy of allocated land:	NA
s Institutes building complete and ownership of building and land is with Institution:	YES		
Enclose Building Completion Certificate:	View Document	Enclose Approved Building Map by local govt. authority having land number in map:	View Document
Enclose building insurance certificate :	NA	Enclose Building Fire Safety Certificate :	View Document
Enclose CA certified copy of building costruction :	NA	If No, Enclose certificate/declaration :	NA
s previously any institution was running on the same building/land:	YES	If yes, enclose closure certificate from the concern authority:	View Document
f yes, enclose copy:	NA		
Any other courses running in the same building:	NO	Remarks:	-
f yes, name of courses:	-	If No, Enclose declaration:	NA
nstitution Photo:	View Document		•
		±	

Physical Infrastructure

Own Building	YES	Rented Building	NO
Number of Class Rooms	1	Number of Lab	3
Museum	YES	Machine Room	YES
Preparation Room	YES	Store Room	YES
Library	YES	Principal Room	YES

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Staff Room	YES	Smart Class Room	YES	
CCTV Surveillance	YES	Biometric Device	-	

Institution Class Room

Sr.No.	Course Name	Room Name	Required Area	Available Area	Unit	Latitude	Longitude	Inside Room Image	Outside Room Image	QR Code
1	B.Pharm	Class Room 1	75	75	Sqmts	23.365646	72.799006	View Document	View Document	

Institution Lab Registration

Sr.No.	Course Name	Lab Name	Semester	Department Name	Required Area(sqmts)	Available Area(sqmts)	Inside Lab Image	Outside Lab Image	QR Code
1	B.Pharm	Pharmaceutics Lab	1	Dept of Pharmaceutics	75	75	View Document	View Document	
2	B.Pharm	Pharmacology Lab 1	1	Dept of Pharmacology	75	75	View Document	View Document	
3	B.Pharm	PHARMACEUTICAL CHEMISTRY LAB 1	1	Dept of Pharmaceutical Chemistry	75	75	View Document	View Document	

Institution Common Facilities

Sr.No	Common Facility Name	Latitude	Longitude	Required Area	Available Area	Unit	Common Facility Image	QR Code
1	Drinking Water facility - Water Cooler (Essential).	23.365492	72.799964	0	1		View Document	
2	Herbal Garden (Essential)	32.365366	72.799587	0	200	sqmt	View Document	
3	Toilet Blocks for Boys (Desirable)	23.364774	72.799616	0	40	Sq.mt	View Document	
4	Girl's Common Room (Essential)	23.364794	72.799405	60	60	Sq.mts	View Document	

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5	Store Room - I (Essential)	23.364975	72.799764	1	39	Sq mts	View Document	
6	Area of the Machine Room (Essential)	23.362812	72.798546	100	100	Sq.mts	View Document	
7	Auditorium (Essential)	23.36636	72.800238	300	300	sqmt	View Document	

Institution Computer Lab Details

Sr.No.	Name	Latitude	Longitude	Required	Available	Unit	Bill Image	Image with Geotag	QR Code
1	Computer Room for B.Pharm Course	23.365316	72.798901	1		15	View Document	View Document	

Institution Amenity Detail

Sr.No.	Amenities Name	Latitude	Longitude	Required	Available	Unit	Upload Image with Geotag	QR Code
1	Medical Facility (First Aid) Essential	23.364794	72.799405	0	45		View Document	
2	Faculty Room (Essential)	23.364878	72.799609	1	39	Sq mts	View Document	
3	Canteen (Essential)	23.366126	72.800277	100	100	Sq. mts	View Document	
4	Office (Essential)	23.365995	72.80052	0	85	sq mts	View Document	
5	Parking Area for staff and students (Essential)	23.365304	72.799694	0	1	Sq mts	View Document	

Laboratory

Gas Supply :	No	Water Supply:	Yes
Electricity Supply:	Yes	Is social pharmacy laboratories maintained as per new regulations:	Yes
Latest Electricity Bill:	View Document	Latest Water Bill:	View Document

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Latest Gas Bill:	View Document
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Curriculum

Enclose Previous Year Academic Calendar:	
Is Previous Year Pharmacist Day Celebration	
Is Previous Year Pharmacy Week Celebration	
Is National Educational Pharmacy Week	
Enclose Previous Year Time Table For All Courses:	

Sr.No. Course Intake Intake Ratio(Theory) Ratio(Practical) Scheme Commencement Completion Days Vacation Days

Sr.No. Course Total Student Appeared Total Student Passed Total Studen	t Failed
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Class Conducted

Sr.No.	Course Semester	Subject	Prescribed No. of Hours (Theory)		No. of Hours		No. of Hours	No. of Hours Conducted (Tutorial)	
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Faculty

Sr. No.	Profile Photo	Faculty	Centralised Council No	State Council No.	Qualification	Designation	Department	Overall Exp.	Email/Mobile	Date Of Joining
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Non-teaching-staff

1	Mr. Yakin B. Joshi	M.Com	9099173076	Administrative Officer	13-01-2025
Sr. No.	Name of the Staff	Qualification	Mobile Number	Designation	Date Of Joining

Faculty Workload

Sr. No.	Faculty Name	Course		Theory (Number of Hours per week including tutorials)	Practical (Number of Hours per week)	Year	Remarks
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Faculty Salary Details

Lab Technician Detail

Sr.No.	Pharmacy Council No	ncil No Technician Name		Mobile No	Joining Date	Designation Name
1	BH-P-25-30207	MUKESHKUMAR DAYALAL .		9799152912	13-01-2025	Laboratory Technician

Faculty Consent

Sr.No. Faculty Name Email	Qualification	Mobile Number	Consent Letter	Previous Institution NOC
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1	Hardik jagdishbhai gajjar	ghardy619@gmail.com	MPHARM	9429738083	View Document	NA
2	KHANJAN BHARATKUMAR RAJYAGURU	khanjanrajyagurub@gmail.com	M.pharm	8140154322	View Document	NA
3	RAVIKUMAR RAMESHKUMAR PATEL	drravikumarrpatel@gmail.com	M.PHARM PHD	9428114678	View Document	NA
4	JIGNESHKUMAR PASHABHAI PRAJAPATI	prajapatijignesh44@gmail.com	MASTER OF PHARMACY	9033296323	View Document	NA

Income And Expenditure

Bachelor Degree Equipment Details

Sr. No.	Course	Equipment	Department	Equip Model No.	Min Required	Qty(avl)	Working(qty)	Item Cost	DOP	Bill	QR Code	
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Master Degree Equipment Details

Sr. No.	Course	Equipment	Department	Equip Model No.	Min Required	Qty(avl)	Working(qty)	Item Cost	DOP	Bill	QR Code
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Chemical Reagents And Other Consumables Equipment

Sr.No	Equipment Type	Vendor	Purchase Date	Purchase Bill
	71			

Library Norms

Books

	Sr. No.	Course	Titles Required	Titles Available	Volume Required	Volume Available	Journals Required	Journals Available
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Journals

Computer Lab Norms

Subject Wise Classification

Sr. No.	Course	Available Numbers	Available Titles

Library accession register for previous year

PG And PhD Projects

Sr. No.	Name of the Supervisor	Supervisor BH No.	Name of the Candidate	Type of Project	Titles of the Thesis/Dissertation	Duration(in months)	Year	
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Projects Completed

On Going Projects

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Sr. No.	Name of the Faculty	Centralised Pharmacy No.	Title of the Project	Duration(in months)	Sanctioned Amount(in Lakhs)	Funded By	
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Research Collaboration

Sr. No. Name of Collaborating Organization Nature of Collaboration Outcome	tcome of Collaboration	Year
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Research Publication

Sr.No.	Authors	Title	Journal	Volume : Issue ; Page Numbers	Impact Factor	Year

Consultancy Service

No. Name of the Individual/Industry Name of the Institution/Industry	Title of the work	Duration	Amount Received	Year
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Patents

Sr.No. Title Filed (Provide Patent Application Number) Patent Type Awarded (Provide Patent Grant Number) Name of	he Inventor	
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Workshops Conducted

	Sr.No.	Type of Activity	Title of the Event	Duration(in days)	Number of Participants	Date	Workshops Conducted Image	
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Workshops Attended

	Sr.No.	Type of Activity	Title of the Event	Name of The Faculty	Place	Date	Workshops Conducted Image
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Research Papers Presented

Sr.No.	Name of the Faculty/Student	Title of The paper	Name of the workshop/Seminars/Conferences	Amount Granted from Funding Agency	Place	Date	Workshops Conducted Image
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Sports

Curricular Activity

Sr.N	Vo.	Title of the Event	Number of Participants	Date	Workshops Conducted Image
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Anti Ragging Cell

Gender Sensitization Cell

Anti Discrimination Cell

Career Guidance Cell/ Placement Cell

Information Available On Website

Court Case

Additional Information

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