***Note :- All the Dates in the Report are in mm/dd/yyyy format



All India Council for Technical Education (A Statutory body under Ministry of HRD, Govt. of India) 7th Floor, Chandralok Building, Janpath, New Delhi- 110 001

PHONE: 23724151/52/53/54/55/56/57 FAX: 011-23724183 www.aicte-India.org

Guidelines on submission of documents along with print copy of application/s for approvals

1 Setting up new Institutes/ Adding new Technical Program/s

Refer annexure 17.

Ensure that all copies are in A4 size only (Land documents/building drawing may be up to A0 sizes) Ensure that all copies are attested.

Please number all copies of documents as given below,

| Your Regional | Your Application | Annexure | Sr number as in | Page number |
|---------------|------------------|----------|-----------------|-------------|
| office code | ld | Number | annexure 17 | (3 digits) |

e.g. consider numbering an affidavit (comprising of 2 pages), which is sr. no. 2 in annexure 17.1,

| WRO | 1-11234567 | 17.10 | 02 | 001 |
|-----|------------|-------|----|-----|
| WRO | 1-11234567 | 17.10 | 02 | 002 |

The number so generated WRO1-1123456717.1002001 should be written on top of each page with bold pen as shown below

| W R O 1 - 1 1 2 3 4 5 6 7 1 7 . 1 0 0 2 0 0 |
|---|
|---|

Please do not bind or staple, as all pages are going to be scanned. All pages should be knotted on the left hand top corner as shown below. This set of knotted documents should be submitted in a "Flap Folder".

| Date of Signature | Seal of Institute | Name & s Director | signature of /Principal | |
|----------------------|-------------------|----------------------|----------------------------|--------------|
| 5/20/2014 | | | | Page 1 of 24 |

***Note :- All the Dates in the Report are in mm/dd/yyyy format



Provide index page on top of set of documents as follows,

| Region - WRO | | Application ID: 1 | -11234567 |
|--------------------|--|-------------------|-----------------|
| Annexure Number | Sr number as in annexure 17 (2 digits)of documents which are being submitted now | Page nur | nber (3 digits) |
| From | То | | |
| 17.10 | 02 | 001 | 002 |
| 17.10 | 03 | 001 | 005 |

Guidelines on submission of documents along with print copy of application/s for approvals

- 2 § Extension of approval to existing Institution
 - Increase / reduction in intake in existing courses §
 - § Adding course/s in existing program
 - Closure of program / course §
 - § Mandatory provision of supernumerary seats for TFW
 - Introducing / continuing / discontinuing supernumerary seats for PIO §
 - § Introducing / continuing / discontinuing seats for sons/daughters of NRIs
 - Change of name of the Institute §
 - Conversion of Women's Institution into Co-Ed Institution §
 - Introducing a Foreign Collaboration with an AICTE approved Indian Institution §

Refer annexure 18.

Ensure that all copies are in A4 size only (Land documents/building drawing may be up to A0 sizes)

Ensure that all copies are attested.

| Date of Signature | S | Seal of Institute | Name & signature of Director /Principal | |
|----------------------|---|-------------------|--|--------------|
| 5/20/2014 | | | | Page 2 of 24 |

***Note :- All the Dates in the Report are in mm/dd/yyyy format

Please number all copies of documents as given below,

| Your Regional | Your Application | Annexure | Sr number as in | Page number |
|---------------|------------------|----------|-----------------|-------------|
| office code | ld | Number | annexure 18 | (3 digits) |

| e.g. consider numb | ering an affidavit (co | mprising of 2 pages | s), which is sr. no. 2 in | annexure 18.1, |
|--------------------|------------------------|---------------------|---------------------------|----------------|
| WRO | 1-11234567 | 18.10 | 02 | 001 |
| WRO | 1-11234567 | 18.10 | 02 | 002 |

The number so generated WRO1-1123456718.1002001 should be written on top of each page with bold pen as shown below,

| W R O 1 - 1 1 2 3 4 5 6 7 1 8 . 1 0 0 2 0 1 |
|---|
|---|

Please do not bind or staple, as all pages are going to be scanned. All pages should be knotted on the left hand top corner as shown below. This set of knotted documents should be submitted in a "Flap Folder".



Provide index page on top of set of documents as follows,

| Region - WRC |) | Application ID : | 1-11234567 |
|--------------------|--|------------------|---------------------------|
| Annexure Number | Sr number as in annexure 18 (2 digits)of documents which a submitted now | re being | Page number (3 digits) |
| From | То | | |
| 18.10 | 02 | 001 | 002 |
| 18.10 | 03 | 001 | 005 |

Regional Office codes :

| Eastern ERO | North- NWR West | South Central | SCR | South- SWR West | |
|-------------|--------------------|------------------|-----|--------------------|--|
|-------------|--------------------|------------------|-----|--------------------|--|

| Date of Signature | Seal of Institute | Name & signature of Director /Principal | |
|----------------------|-------------------|--|----------------------------|
| 5/20/2014 | | | Page 3 of 24 |

5/20/2014

Please submit the hard copy of this Report to Regional Officer only if Application status is Submitted to RO

***Note :- All the Dates in the Report are in mm/dd/yyyy format

| Northern | NRO | Central | CRO | Guwahati Camp Office | ERO | Southern | SRO |
|----------|-----|---------|-----|-------------------------|-----|----------|-----|
| Western | WRO | | | | | | |

Important Note for Payments:

- "It has been observed that some of the institutions applying to AICTE for the approval process are а submitting hand filled, over written payment slips (challan) along with the Cheque / Payorder at the collecting bank branches. We wish to reiterate that payment is to be deposited strictly as per Payment process explained in User manual uploaded on this website. AICTE shall not be able to update any such payment record as hand filled challan shall not have the corresponding Institution details at AICTE end for payment status updation, which will affect institution approval process.
- Institutions which do not follow the AICTE guidelines shall be responsible for rejection/ delay in b updation of their application and neither AICTE nor the Collecting Bank shall be responsible for any such consequence."
- No DD / Cheque / PO to be sent to either Head Office / Regional Office of AICTE. Such payments С shall not be processed and the applications are liable to be rejected.

| Date of Signature | Seal of Institute | & signature of or /Principal |
|----------------------|-------------------|---------------------------------|
| 5/20/2014 | | Page 4 of 24 |

***Note :- All the Dates in the Report are in mm/dd/yyyy format

| Permanent Institute Id | 1-6906301 |
|--|---|
| Current Application Number | 1-2012898335 |
| Application Number of 13-14 | 1-1454845022 |
| AICTE File No. | 06/03/UP/MBA/051 |
| Application Type | Extension-Expansion-Closure |
| Permanent Institute Id ,as entered by Existing | Not Applicable |
| Institute applying for New Programme | |
| Do you want to change the Affiliating Board | Υ |
| Enter name of the new Affiliating Board | Uttar Pradesh Technical University, Lucknow |

Institute Details

| Description | Details provided by Institute |
|---|------------------------------------|
| Name of the Institution | JAIPURIA INSTITUTE OF MANAGEMENT |
| Address | SECTOR 14-C |
| | VASUNDHRA |
| Town/Village | GHAZIABAD |
| State/UT | Uttar Pradesh |
| District | GHAZIABAD |
| Pin | 201012 |
| AICTE Region | Northern |
| STD code | 120 |
| Land Phone number | 4550100 |
| Cell Number | 9560050000 |
| FAX Number | 2882804 |
| Email | directorjim@jaipuria.net |
| Alternate Email | anilyashika@gmail.com |
| Website | www.jaipuria.edu.in/jim |
| Institute Type | Unaided - Private |
| Women Institute | N |
| Minority Institute | N |
| Type Of Minority | Data Not Provided by the Institute |
| Name of the Minority | NA |
| PAN | NOPANGIVEN |
| Primary Bank Account number | 636010100006354 |
| Bank Name | AXIS BANK |
| IFSC Number | UTIB0000636 |
| Any Unaided Course? | N |
| Approval Year of First Course | 2001 |
| Date of First Approval by AICTE | 06/27/2001 |
| Date of thist Approval by AICTE | |
| Total number of teaching faculty in the Institute for | 25 |

| Date of Signature | Seal of Institute | Name & signature of Director /Principal | |
|----------------------|-------------------|--|--------------|
| 5/20/2014 | | | Page 5 of 24 |

***Note :- All the Dates in the Report are in mm/dd/yyyy format

| | 1 |
|---|-------------|
| all Programmes: | |
| Number of teaching faculty approved by 25 | |
| University/Government?: | |
| Are all approved teaching faculty being paid as per Y | |
| VI pay commission?: | |
| Are all the teaching faculty, as per AICTE Y | |
| qualification?: | |
| Do you wish to apply closure of Institute?: N | |
| Percentage Grant Received from Government?: 0 | |
| | manent Site |
| Site/Temporary Site?: | |
| Whether mandatory disclosure is uploaded in Y | |
| Institute's website?: | |
| Whether the Institute following ICAI(Institute of Y | |
| Chartered Accountants of India) Accounting | |
| Formats?: | |
| Fees to be charged, Reservation policy, Admission Y | |
| policy and Document retention policy are duly | |
| approved by State Govt?: | |
| Fees to be charged, Reservation policy, Admission Y | |
| policy and Document retention policy are duly | |
| approved by Affiliating Board?: | |
| Fees to be charged, Reservation policy, Admission Y | |
| policy and Document retention policy are uploaded | |
| in Institute's Website?: | |
| List of faculty and data uploaded on the institute Y | |
| web portal | |
| Courses/Approved Intake displayed Y | |
| at the entrance of the institute? | |

Application Details

| Change of Institute Site | N |
|---|---|
| Increase in Intake / Application for New Course | N |
| Closure of Course / Reduction in Intake | N |
| PIO | N |
| NRI | N |
| Change of name of the Institute | N |
| Conversion of Women's Institution into Co-Ed | Ν |
| Institution | |
| Introducing a Foreign Collaboration with an AICTE | N |
| approved Indian Institution | |
| Introduction of Second Shift / Part Time Course | Ν |
| Introduction of New Dual/Integrated Course | N |

| Date of Signature | Seal of Instit | ite | Name & signature of Director /Principal | |
|----------------------|----------------|-----|--|----------------------------|
| 5/20/2014 | | | | Page 6 of 24 |

***Note :- All the Dates in the Report are in mm/dd/yyyy format

Payment Details

| Payment Id | 204369481 |
|---------------------|--------------------------------|
| Mode of Payment | CIB/Retail Banking(Other Bank) |
| Bank Transaction Id | 106599595 |
| TPSL Transaction Id | 105184035 |
| Receipt Flag | Υ |
| Amount Received | 100000 |
| Transaction Date | 05/20/2014 |

Details about Parent Organization

| Name of the Parent organization | SETH ANANDRAM JAIPURIA EDUCATION SOCEITY |
|---------------------------------|---|
| Address | SECTOR 14-C, VASUNDHARA, GHAZIABAD-201012 |
| Town/Village | GHAZIABAD |
| State/UT | Uttar Pradesh |
| District | GHAZIABAD |
| Pin | 201012 |
| Website | www.jaipuria.edu.in/jim |
| Type of the organization | Society |
| Registered with | REGISTRAR OF SOCIETY (U.P) |
| Registration date | 07/01/1981 |

Details about Contact Person

| Title | Dr. |
|-------------------------|------------------------------------|
| First Name | DAVIENDER |
| Last Name | NARANG |
| Address | SECTOR 14 C, VASUNDHARA, GHAZIABAD |
| Town/Village | GHAZIABAD |
| State/UT | Uttar Pradesh |
| District | GHAZIABAD |
| Pin | 201012 |
| Designation | DIRECTOR |
| STD code | 120 |
| Land Phone number | 4550100 |
| Cell Number | 9560050000 |
| FAX Number | 2882804 |
| Email | directorjim@jaipuria.net |
| Alternate Cell Number | 9810675880 |
| Alternate Email Address | anilyashika@gmail.com |

| Date of Signature | Seal of Institute | Name & signature of Director /Principal | |
|----------------------|-------------------|--|--------------|
| 5/20/2014 | | | Page 7 of 24 |

***Note :- All the Dates in the Report are in mm/dd/yyyy format

Land Details

| Location | Other than Rural | | | | | |
|---------------------------------|---|--|--|--|--|--|
| Northern hilly area | N | | | | | |
| Number of pieces | NA | | | | | |
| Max distance in farthest pieces | NA | | | | | |
| Latitude and Longitude | Latitude - 28, 39, 31 Longitude - 77, 21, 50 | | | | | |
| Total area in acres | 1.5 | | | | | |
| Land registered with | U.P.AWAS VIKAS PARISHAD | | | | | |
| Land registration date | 07/09/1999 | | | | | |
| Land Use Certificate issued by | N.A.BECAUSE THIS LAND IS EDUCATION LAND | | | | | |
| Land Use Certificate date | 02/26/1997 | | | | | |
| Land ownership details | Government Lease | | | | | |
| Mortgage details | N | | | | | |
| Purpose of mortgage | NA | | | | | |

Other Land Details

| Sr Num | Land Registratio n No (1) | Date of Registration (2) | Area of Land (3) | Khasra Number (4) | Plot Number/ Survey Number (5) | Land Situate d At(6) | Land Registere d in the name Of(7) | Ownershi p or Govt Lease(8) | Land Use Certificate Issued(9) | Land Use Certificate Issuing Authority (10) |
|-----------|---------------------------------|--------------------------------|---------------------------|-------------------------|--|--------------------------------------|--|-----------------------------------|--------------------------------------|---|
| 1 | 4775 & PAGE NO 273/265 | 07/09/1999 | 2208 8 | 14-c | 14-C | VASUN DHARA , GHAZI ABAD | SETH ANANDR AM JAIPURIA EDUCATI ON SOCIETY | Governme nt Lease | No | Data Not Provided by the Institute |

Other Land Details Contd

| Sr Num | Is the Land Mortgaged(11) | Details of Land If the Land is Mortgaged(12) | Land required at the time of First AICTE approval(In Acres)(13) | Land available at the time of First AICTE approval(In Acres)(14) |
|-----------|------------------------------|---|---|--|
| 1 | No | Data Not Provided by the Institute | .5 | 1.5 |

Building Details

| Building status | Available |
|-----------------------------|-----------|
| Total built up area planned | 0 |
| Total built up area ready | 3369 |

| Date of Signature | Seal o | f Institute | Name & signature of Director /Principal | |
|----------------------|--------|-------------|--|--------------|
| 5/20/2014 | | | | Page 8 of 24 |

***Note :- All the Dates in the Report are in mm/dd/yyyy format

| Total Instructional area (carpet area) ready in Sqm | 1158 |
|--|------|
| Total Administrative area (carpet area) ready in Sqm | 611 |
| Total Amenities area (carpet area) ready in Sqm | 492 |
| Activities in the building other than AICTE approved courses | NO |

Other Building Details

| Sr Num | Building Number (1) | Building Name (2) | Sanctioned Built up Area(3) | Constructed Built up area(4) | Approved Carpet Area Instructional(5) | Constructed Carpet Area Instructional(6) | Approved Carpet Area- Adminstrative(7) | Constructed Carpet Area Adminstrative(8) | Approved Carpet Area- Amenities(9) | Constructed Carpet Area Amenities(10) |
|--------|------------------------|---|--------------------------------|---------------------------------|---|--|--|--|--|---|
| 1 | SECT OR 14 C | JAIPU RIA INSTI TUTE OF MANA GEME NT | 3369 | 3369 | 1158 | 1158 | 611 | 611 | 492 | 492 |

Other Building Details Contd

| Sr Num | Total Area Approved (11) | Total Area Constructed (12) | Activities Conducted in the Building (13) | Non AICTE approved courses run in the Building (If Any)(14) | Name of the Building Plan Authority (15) | Building Plan Approval Date (16) | Approval Number(17) |
|--------|--------------------------------|-----------------------------------|---|--|--|--|------------------------|
| 1 | 3369 | 3369 | MBA PROGRAMME | NIL | U.P.AWAS VIKAS PARISHAD | 06/24/2002 | 638 |

Programme and courses

| Sr Num | Course Unique Id(1) | Programme(2) | Level(3) | Course(4) | Shift(5) | FT/PT (6) | Started In (7) | Applying For(8) | Course duration (9) |
|-----------|------------------------|----------------|------------------|--|-----------|--------------|-------------------|--------------------|---------------------------|
| 1 | 1- 1454845290 | MANAGEMEN T | POST GRADUATE | MASTERS IN BUSINESS ADMINISTRATI ON | 1st Shift | FULL TIME | 2001 | EoA Only | 2 |

| Date of Signature | Seal of Institute | Name & signature of Director /Principal | |
|----------------------|-------------------|--|--------------|
| 5/20/2014 | | | Page 9 of 24 |

***Note :- All the Dates in the Report are in mm/dd/yyyy format

Programme and courses Contd

| Sr Num | Course Unique Id (10) | Programme (11) | Course (12) | Current intake (13-14) (13) | Appli ed for intake (14- 15) (14) | Board(15) | NRI (16) | PIO (17) | Foreign collabor ation Request (18) | Accreditatio n status (19) |
|-----------|-----------------------------|-------------------|--|--------------------------------------|--|---|-----------------------|-----------------------|---|----------------------------------|
| 1 | 1- 1454845290 | MANAGEME NT | MASTER S IN BUSINES S ADMINIS TRATION | 180 | 180 | Mahamaya Technical University, Noida | Not interes ted | Not interest ed | Not intereste d | NOT ACCREDITE D |

Instructional Area

| Sr Num | Programm e (1) | Level (2) | Building Number (3) | Building Name (4) | Room Type (5) | Room Numbe r (6) | Average Carpet Area(7) | Flooring (8) | Wall & Painting (9) | Elec & lighting (10) | Furniture & Fixtures (11) |
|-----------|----------------------|------------------------------|--|--|----------------------|---------------------------|------------------------------|-----------------|---------------------------|----------------------------|------------------------------------|
| 1 | MANAGEM ENT | POS T GRA DUA TE | Data Not Provide d by the Institut e | JAIPURI A INSTITU TE OF MANAG EMENT | Tutoria I Room | F1 | 53 | Ready | Ready | Ready | Ready |
| 2 | MANAGEM ENT | POS T GRA DUA TE | JIM BLOCK | JAIPURI A INSTITU TE OF MANAG EMENT | Classr oom | F11 | 75 | Ready | Ready | Ready | Ready |
| 3 | MANAGEM ENT | POS T GRA DUA TE | JIM BLOCK | JAIPURI A INSTITU TE OF MANAG EMENT | Classr oom | F12 | 66 | Ready | Ready | Ready | Ready |
| 4 | MANAGEM ENT | POS T GRA DUA TE | JIM BLOCK | JAIPURI A INSTITU TE OF MANAG EMENT | Tutoria I Room | F4 | 42 | Ready | Ready | Ready | Ready |
| 5 | MANAGEM ENT | POS T GRA DUA TE | JIM BLOCK | JAIPURI A INSTITU TE OF MANAG EMENT | Semin ar Hall | F7 | 136 | Ready | Ready | Ready | Ready |

| Date of Signature | Seal of Institute | Name & signature of Director /Principal | |
|----------------------|-------------------|--|-----------------------------|
| 5/20/2014 | | | Page 10 of 24 |

***Note :- All the Dates in the Report are in mm/dd/yyyy format

| Sr Num | Programm e (1) | Level (2) | Building Number (3) | Building Name (4) | Room Type (5) | Room Numbe r (6) | Average Carpet Area(7) | Flooring (8) | Wall & Painting (9) | Elec & lighting (10) | Furniture & Fixtures (11) |
|-----------|----------------------|------------------------------|---------------------------|--|---------------------|---------------------------|------------------------------|-----------------|---------------------------|----------------------------|------------------------------------|
| 6 | MANAGEM ENT | POS T GRA DUA TE | JIM BLOCK | JAIPURI A INSTITU TE OF MANAG EMENT | Classr oom | F8 | 66 | Ready | Ready | Ready | Ready |
| 7 | MANAGEM ENT | POS T GRA DUA TE | JIM BLOCK | JAIPURI A INSTITU TE OF MANAG EMENT | Classr oom | F9 | 75 | Ready | Ready | Ready | Ready |
| 8 | MANAGEM ENT | POS T GRA DUA TE | JIM BLOCK | JAIPURI A INSTITU TE OF MANAG EMENT | Semin ar Hall | G16 | 54 | Ready | Ready | Ready | Ready |
| 9 | MANAGEM ENT | POS T GRA DUA TE | JIM BLOCK | JAIPURI A INSTITU TE OF MANAG EMENT | Semin ar Hall | G20 | 75 | Ready | Ready | Ready | Ready |
| 10 | MANAGEM ENT | POS T GRA DUA TE | JIM BLOCK | JAIPURI A INSTITU TE OF MANAG EMENT | Classr oom | G21 | 75 | Ready | Ready | Ready | Ready |
| 11 | MANAGEM ENT | POS T GRA DUA TE | JIM BLOCK | JAIPURI A INSTITU TE OF MANAG EMENT | Classr oom | G23 | 75 | Ready | Ready | Ready | Ready |

Instructional Area Common facilities

| Building Number(1) | Building Name (2) | Room Type (3) | Room Id(4) | Area(5) | Flooring(6) | Wall & Painting (7) | Elec & lighting (8) | Furniture & Fixtures(9) |
|---|---|---------------------|------------|---------|-------------|---------------------------|---------------------------|----------------------------|
| Data Not Provided by the Institute | Data Not Provided by the Institute | Computer Center | F10G22 | 196 | Ready | Ready | Ready | Ready |

| Date of Signature | Seal of Institute | Name & signature of Director /Principal | |
|----------------------|-------------------|--|---------------|
| 5/20/2014 | | | Page 11 of 24 |

***Note :- All the Dates in the Report are in mm/dd/yyyy format

| Building Number(1) | Building Name (2) | Room Type (3) | Room Id(4) | Area(5) | Flooring(6) | Wall & Painting (7) | Elec & lighting (8) | Furniture & Fixtures(9) |
|---|---|------------------------|------------|---------|-------------|---------------------------|---------------------------|----------------------------|
| Data Not Provided by the Institute | Data Not Provided by the Institute | Libraryℜ ading Room | F5 | 170 | Ready | Ready | Ready | Ready |

Administrative Area

| Sr Num | Building Number (1) | Building Name (2) | Room Type (3) | Room Id (4) | Area (5) | Flooring (6) | Wall & Painting (7) | Elec & Lighting (8) | Furniture & fixtures (9) |
|-----------|---------------------------|---|----------------------------------|----------------|----------|-----------------|---------------------------|---------------------------|--------------------------|
| 1 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Office All Inclusive | F12A | 9 | Ready | Ready | Ready | Ready |
| 2 | JIM BLOCK | AIPURIA INSTITUTE OF MANAGEM ENT | Faculty Room | F13 | 15 | Ready | Ready | Ready | Ready |
| 3 | JIM BLOCK | AIPURIA INSTITUTE OF MANAGEM ENT | Office All Inclusive | F15 | 18 | Ready | Ready | Ready | Ready |
| 4 | JIM BLOCK | AIPURIA INSTITUTE OF MANAGEM ENT | Faculty Room | F17 | 8 | Ready | Ready | Ready | Ready |
| 5 | JIM BLOCK | AIPURIA INSTITUTE OF MANAGEM ENT | Faculty Room | F6 | 76 | Ready | Ready | Ready | Ready |
| 6 | JIM BLOCK | AIPURIA INSTITUTE OF MANAGEM ENT | Office All Inclusive | F8A | 9 | Ready | Ready | Ready | Ready |
| 7 | JIM BLOCK | AIPURIA INSTITUTE OF MANAGEM ENT | Principal Directors Office | G1 | 31 | Ready | Ready | Ready | Ready |
| 8 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Placemen t Office | G12 | 46 | Ready | Ready | Ready | Ready |

| Date of Signature | Seal of I | nstitute | Name & signature of Director /Principal | |
|----------------------|-----------|----------|--|-----------------------------|
| 5/20/2014 | | | | Page 12 of 24 |

***Note :- All the Dates in the Report are in mm/dd/yyyy format

| Sr Num | Building Number (1) | Building Name (2) | Room Type (3) | Room Id (4) | Area (5) | Flooring (6) | Wall & Painting (7) | Elec & Lighting (8) | Furniture & fixtures (9) |
|-----------|---------------------------|---|------------------------------|----------------|----------|-----------------|---------------------------|---------------------------|--------------------------|
| 9 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Faculty Room | G13 | 12 | Ready | Ready | Ready | Ready |
| 10 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Office All Inclusive | G14 | 12 | Ready | Ready | Ready | Ready |
| 11 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Exam Control Office | G15 | 37 | Ready | Ready | Ready | Ready |
| 12 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Office All Inclusive | G17 | 26 | Ready | Ready | Ready | Ready |
| 13 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Cabin for Head of Dept | G18 | 23 | Ready | Ready | Ready | Ready |
| 14 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Office All Inclusive | G19 | 34 | Ready | Ready | Ready | Ready |
| 15 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Departme nt Office | G2 | 20 | Ready | Ready | Ready | Ready |
| 16 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Pantry for Staff | G25 | 53 | Ready | Ready | Ready | Ready |
| 17 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Office All Inclusive | G27 | 18 | Ready | Ready | Ready | Ready |
| 18 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Office All Inclusive | G28 | 10 | Ready | Ready | Ready | Ready |
| 19 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Office All Inclusive | G29 | 8 | Ready | Ready | Ready | Ready |

| Date of Signature | Seal of | Institute | Name & signature of Director /Principal | |
|----------------------|---------|-----------|--|-----------------------------|
| 5/20/2014 | | | | Page 13 of 24 |

***Note :- All the Dates in the Report are in mm/dd/yyyy format

| Sr Num | Building Number (1) | Building Name (2) | Room Type (3) | Room Id (4) | Area (5) | Flooring (6) | Wall & Painting (7) | Elec & Lighting (8) | Furniture & fixtures (9) |
|-----------|---------------------------|---|-------------------------|----------------|----------|-----------------|---------------------------|---------------------------|--------------------------|
| 20 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Board Room | G4 | 23 | Ready | Ready | Ready | Ready |
| 21 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Faculty Room | G5 | 17 | Ready | Ready | Ready | Ready |
| 22 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Maintena nce | G6 | 11 | Ready | Ready | Ready | Ready |
| 23 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Office All Inclusive | G7 | 6 | Ready | Ready | Ready | Ready |
| 24 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Faculty Room | G8 | 33 | Ready | Ready | Ready | Ready |
| 25 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Houseke eping | G9 | 11 | Ready | Ready | Ready | Ready |
| 26 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Central Store | S1 | 33 | Ready | Ready | Ready | Ready |
| 27 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Security | S3 | 12 | Ready | Ready | Ready | Ready |

Amenities Area

| Sr Num | Building Number (1) | Building Name (2) | Room type (3) | Room Id (4) | Area(5) | Flooring (6) | Wall & Painting (7) | Elec & Lighting (8) | Furniture & Fixtures(9) |
|-----------|---------------------------|---|---------------------|-------------|---------|-----------------|---------------------------|------------------------|----------------------------|
| 1 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Toilet | F14 | 14 | Ready | Ready | Ready | Ready |

| Date of Signature | Seal of Institute | Name & signature of Director /Principal | |
|----------------------|-------------------|--|-----------------------------|
| 5/20/2014 | | | Page 14 of 24 |

***Note :- All the Dates in the Report are in mm/dd/yyyy format

| Sr Num | Building Number (1) | Building Name (2) | Room type (3) | Room Id (4) | Area(5) | Flooring (6) | Wall & Painting (7) | Elec & Lighting (8) | Furniture & Fixtures(9) |
|-----------|---------------------------|---|-------------------------------|-------------|---------|-----------------|---------------------------|------------------------|----------------------------|
| 2 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | First aid cum Sick Room | F16 | 10 | Ready | Ready | Ready | Ready |
| 3 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Toilet | F18 | 12 | Ready | Ready | Ready | Ready |
| 4 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Toilet | F19 | 14 | Ready | Ready | Ready | Ready |
| 5 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Toilet | F2 | 10 | Ready | Ready | Ready | Ready |
| 6 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Toilet | F20 | 4 | Ready | Ready | Ready | Ready |
| 7 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Toilet | F21 | 30 | Ready | Ready | Ready | Ready |
| 8 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Toilet | F3 | 4 | Ready | Ready | Ready | Ready |
| 9 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Stationery Store | F5A | 13 | Ready | Ready | Ready | Ready |
| 10 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Toilet | G10 | 15 | Ready | Ready | Ready | Ready |
| 11 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Toilet | G11 | 13 | Ready | Ready | Ready | Ready |
| 12 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Girls Common Room | G24 | 75 | Ready | Ready | Ready | Ready |

| Date of Signature | Seal of Institute | Name & signature of Director /Principal | |
|----------------------|-------------------|--|----|
| 5/20/2014 | | Page 15 of 2 | 24 |

***Note :- All the Dates in the Report are in mm/dd/yyyy format

| Sr Num | Building Number (1) | Building Name (2) | Room type (3) | Room Id (4) | Area(5) | Flooring (6) | Wall & Painting (7) | Elec & Lighting (8) | Furniture & Fixtures(9) |
|-----------|---------------------------|---|------------------------|-------------|---------|-----------------|---------------------------|------------------------|----------------------------|
| 13 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Toilet | G26 | 14 | Ready | Ready | Ready | Ready |
| 14 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Toilet | G3 | 7 | Ready | Ready | Ready | Ready |
| 15 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Toilet | G30 | 12 | Ready | Ready | Ready | Ready |
| 16 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Cafeteria | G31 | 162 | Ready | Ready | Ready | Ready |
| 17 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Boys Common Room | G32 | 76 | Ready | Ready | Ready | Ready |
| 18 | JIM BLOCK | JAIPURIA INSTITUTE OF MANAGEM ENT | Toilet | G3A | 7 | Ready | Ready | Ready | Ready |

Circulation Area

| Sr Num | Building Number (1) | Building Name (2) | Area Type (3) | Average Carpet Area(4) | Flooring (5) | Wall & Painting(6) | Elec & Lighting (7) | Furniture & fixtures(8) | Sanitary Fittings (9) |
|-----------|---------------------------|--|---------------------|------------------------------|-----------------|-----------------------|------------------------|-------------------------------|-----------------------------|
| 1 | JIM BLOCK | JAIPURIA INSTITUT E OF MANAGE MENT | Corridors | 1108 | Yes | Ready | Ready | Ready | Y |

Other Facilities

| All Weather Approach (Motorized Road) | Y |
|---------------------------------------|---|
| Backup Electric Supply | Y |
| Barrier free Environment | Υ |
| CCTV Security | Ν |
| ERP Software | Ν |
| Electric Supply | Y |
| General Insurance | Y |
| Group Insurance | Y |
| Institution Web Site | Y |

| Date of Signature | Seal of Institute | Name & signature of Director /Principal | |
|----------------------|-------------------|--|---------------|
| 5/20/2014 | | | Page 16 of 24 |

***Note :- All the Dates in the Report are in mm/dd/yyyy format

| Insurance for Students | Y |
|---|---|
| Stand Alone Language Laboratory (Minimum 25 PCs up to total | Υ |
| intake of 1000.Further additional 25 PCs per intake of 1000): | |
| Medical & Counseling | Y |
| Notice Boards | Υ |
| Public Announcement System | Υ |
| Potable Water Supply | Υ |
| Post & Banking/ATM | N |
| Projectors in Classrooms | Υ |
| Safety Provisions | Υ |
| Sewage Disposal System | Υ |
| Staff Quarters | N |
| Telephone & FAX | Υ |
| Transport Facility | Y |
| Vehicle Parking | Y |
| First Aid | Y |

Laboratory Details

| Sr Num | Programme (1) | Leve (2) | Course (3) | Building Number (4) | Building Name (5) | Name of Lab(6) | Yearly Budget(E) (7) | Yearly Budget (C) (8) | Investment till Date(9) | Research Lab? (10) |
|-----------|------------------|-------------|---------------|---------------------------|----------------------|----------------------|----------------------------|--------------------------------|----------------------------|--------------------------|
|-----------|------------------|-------------|---------------|---------------------------|----------------------|----------------------|----------------------------|--------------------------------|----------------------------|--------------------------|

Library Books

| Programme(1) | Titles (2) | Volumes(3) | International Journals (4) | National Journals (5) |
|--------------|------------|------------|----------------------------|--------------------------|
| MANAGEMENT | 2667 | 17065 | 2 | 42 |

Library Facilities

| Working Hrs. (1) | E journal Subscription (2) | Annual Budget (3) | Area in Sqm(4) | Library Management Software(5) | Bar Code or RF Tab book handling (6) | Reprographic Facility(7) | Reading Room Capacity(8) |
|------------------------|----------------------------------|----------------------|-------------------|--------------------------------------|---|-----------------------------|-----------------------------|
| 9 A.M. TO 7 P.M. | 2 | 600000 | 170 | Yes | Yes | Y | 100 |

| eJournal Declaration | Status of declaration check box |
|--|---------------------------------|
| BY CLICKING THIS CHECK BOX THE INSTITUTE HEREBY DECLARES THAT IT HAS SUBSCRIBED FOR ALL THE REQUIRED E-JOURNALS AS MENTIONED IN APPROVAL PROCESS HANDBOOK | |
| 2013-2014. | Ŷ |

| Date of Signature | Seal of Institute | Name & signature of Director /Principal | |
|----------------------|-------------------|--|-----------------------------|
| 5/20/2014 | | | Page 17 of 24 |

***Note :- All the Dates in the Report are in mm/dd/yyyy format

Computational Facility

| Legal System Softwar e (1) | Legal Application Software (2) | Internet Bandwidt h in mbps(3) | Internet Contention Ratio(4) | PC exclusivel y available to students (5) | PCs available in Administrati ve Office(6) | Number of PCs available in Library(7) | Number of PCs in language lab(8) | PCs available to Faculty Members(9) | Printers available to student(1 0) |
|--|---|---|------------------------------------|---|---|--|---|--|--|
| 3 | 20 | 2 | 1:1 | 180 | Data Not Provided by the Institute | Data Not Provided by the Institute | Data Not Provide d by the Institute | Data Not Provide d by the Institute | 18 |

Hostel Facility

| Sr Num | Number of rooms having 1 bed/room (area of room)(1) | Building Number(2) | Name of Building(3) | Number of rooms having 2 bed/room (area of room)(4) | Building Number(5) | Name of Building(6) | Number of rooms having 3 bed/room (area of room)(7) | Building Number(8) | Name of Building(9) | Number of rooms having 4 bed/room (area of room)(10) | Building Number(11) | Name of Building(12) |
|--------|---|--------------------|---------------------|---|--------------------|---------------------|---|--------------------|---------------------|--|---------------------|----------------------|
| 1 | Boys 1 (9) | | | 4 (49) | | | 7 (152) | | | 2 (2010) | | |
| 2 | Girls () | | | () | | | () | | | () | | |

Operational Funds

| Bank Name(1) | Account Number(2) | Bank Statement Date(3) | Cash Balance(4) |
|----------------|-------------------|------------------------|-----------------|
| AXIS BANK | 636010100006354 | 11/30/2012 | 7916756.81 |
| ALLAHABAD BANK | 20372745394 | 11/30/2012 | 1025821.11 |

Financial Details

| Date of Signature | Seal of Institute | Name & signature of Director /Principal | |
|----------------------|-------------------|--|-----------------------------|
| 5/20/2014 | | | Page 18 of 24 |

5/20/2014

Please submit the hard copy of this Report to Regional Officer only if Application status is Submitted to RO

***Note :- All the Dates in the Report are in mm/dd/yyyy format

| Income from Central Government | 0 |
|-------------------------------------|--------|
| Income From State Government | 0 |
| Income From Student Fees | 448.02 |
| Income From Donations | 0 |
| Income From UGC | 0 |
| Income From Other Bodies | 0 |
| Income From Other/ Internal Revenue | 33.89 |
| Salary Teaching Staff | 207.95 |
| Remuneration to Visiting/Guest: | 0 |
| Salary Non-teaching Staff: | 69.32 |
| Library | .05 |
| Equipment | 1 |
| Building Maintenance | 22 |
| Other Expenditure | 165 |

Company/Industry Details

| Are you a Company/Industry wishing to set up a new Institute?: | No |
|--|----------------|
| Type of Company/Industry: | Not Applicable |
| Is the company having Minimum 100 Cr Turnover | Not Applicable |
| for the last 3 years? (Attach supporting doc): | |
| Company/Industry PAN Number: | Not Applicable |
| Company/Industry TAN Number: | Not Applicable |
| Company/Industry Registered Address: | Not Applicable |
| Company/Industry Year of Registered: | Not Applicable |

Grants Received Details

| Sr Num | Name of Grant (1) | Year in which Grant was Sanctione d (2) | Sanctioned Letter Number(3) | Date of Sanctione d Grant(4) | Date of Receivin g Grant(5) | Activity Related to Grant Conducte d From(6) | Activity Related to Grant Conducte d upto(7) | Submitt ed Final Utilizatio n certificat e (8) | Utilization certificate Reference Number (9) | Date of submissio n of Final Utilization Certificate (10) |
|-----------|----------------------------|--|-----------------------------------|------------------------------------|--------------------------------------|--|--|--|--|--|
|-----------|----------------------------|--|-----------------------------------|------------------------------------|--------------------------------------|--|--|--|--|--|

Grants Received

| Sr Num | Name of Grant(11) | Final Settlement of Grant(12) | Balance of Grant to be received from AICTE(13) | Balance of Grant to be Refunded to AICTE(14) | Remarks(15) |
|--------|----------------------|-------------------------------|--|--|-------------|
|--------|----------------------|-------------------------------|--|--|-------------|

| Date of Signature | Seal of Institute | • | Name & signature of Director /Principal | |
|----------------------|-------------------|---|--|-----------------------------|
| 5/20/2014 | | | | Page 19 of 24 |

***Note :- All the Dates in the Report are in mm/dd/yyyy format

Ombudsman/Grievance Details

| Grievance Committee Appointment | Yes |
|---------------------------------|-----|
| OMBUDSMAN Appointment | No |

Ombudsman Appointment/Grievance Committee Details

| Sr Num | Committe e Type (1) | Appointment Order reference Number(2) | Date of Appointme nt (3) | Name of the Committe e Member (4) | Professio n (5) | Addres s (6) | Associated With(7) | Mobile Number (8) | e Mail Address (9) | Fax No. (10) |
|-----------|------------------------|--|-----------------------------------|---|-----------------------------------|---|-----------------------|-------------------------|----------------------------------|--------------------|
| 1 | Grievance Redressal | JIM/GRIEVAN CE/2012 | 12/01/2012 | DR. D.P.S. VERMA | FORMER DEAN & PROFESS OR | Q.NO 285B CHITR AKOOT ,PITAM PURA, DELHI- 110034 | INSTITUTE | 9818134 500 | DPSVER MA@HO TMAIL.C OM | |
| 2 | Grievance Redressal | JIM/GRIEVAN CE/2012 | 12/01/2012 | DR.K.K.G UPTA | FORMER DEAN & PROFESS OR | GHAZI ABAD | INSTITUTE | 9410018 707 | KK12121 212@G MAIL.CO M | |

Anti-Ragging Related Details Provided by the Institute

| Constitution of Anti-Ragging Committee | Yes |
|---|-----|
| Constitution of Anti-Ragging Squad | Yes |
| Affidavit obtained from all Students | Yes |
| Appointment of Counselors | Yes |
| Affidavit obtained from parents of all the students | Yes |
| Affidavit obtained from students staying in Hostel | Yes |
| Affidavit obtained from parents of students staying | Yes |
| in Hostel | |

Anti-Ragging Committee/Squad Details

| Sr Num | Committee Type (1) | Appointmen t Order reference Number(2) | Date of Appointme nt (3) | Name of the Committee Member (4) | Profession (5) | Addres s (6) | Associate d With(7) | Mobile Number (8) | Fax No (9) | e Mail Address (10) |
|-----------|-------------------------------|---|-----------------------------------|--|-------------------|--|--|-------------------------|------------------------|----------------------------------|
| 1 | Anti- Ragging Committee | JIM/GHAZIA BAD/2012 | 12/01/2012 | DR. DAVIENDE R NARANG | DIRECTOR | SECTO R 14 C, VASUN DHARA , GHAZI ABAD | JAIPURIA INSTITUT E OF MANAGE MENT | 9560050 000 | 120 288 280 4 | directorji m@jaipu ria.net |

| Date of Signature | Seal of Institute | Name & signature of Director /Principal | |
|----------------------|-------------------|--|-----------------------------|
| 5/20/2014 | | | Page 20 of 24 |

5/20/2014

***Note :- All the Dates in the Report are in mm/dd/yyyy format

| 2 | Anti- Ragging Committee | JIM/GHAZIA BAD/2012 | 12/01/2012 | DR. ANIL KUMAR GUPTA | ASSOCIAT E PROFESS OR | 12 A, NEW KRISH NA NAGAR , SHANK ER GALI, GALI NO. 7, | JAIPURIA INSTITUE OF MANGEM ENT | 9810675 880 | anilyashi ka@gmai I.com |
|---|-------------------------------|------------------------|------------|--------------------------------|--------------------------------|---|--|----------------|---|
| 3 | Anti- Ragging Committee | JIM/GHAZIA BAD/2012 | 12/01/2012 | DR. ASHWANI VARSHNE Y | ASSOCIAT E PROFESS OR | DELHI - 51 136/1, SHIVP URI, NORTH BOPHA ROAD, MUZZA FER NAGAR | JAIPURIA INSTITUT E OF MANAGE MENT | 9540156 879 | ashwaniv arshney @gmail.c om |
| 4 | Anti- Ragging Committee | JIM/GHAZIA BAD/2012 | 12/01/2012 | MS. BHANA MALIK | ASSISTAN T PROFESS OR | C - 18, SECTO R 41, NOIDA | JAPURIA INSTITUT E OF MANAGE MENT | 9811121 527 | bhavna. malik@re diffmail.c om |
| 5 | Anti- Ragging Committee | JIM/GHAZIA BAD/2012 | 12/01/2012 | DR. MAMTA KUMARI | ASSISTAN T PROFESS OR | 39A/ D- 1, ARAVA LI APART MENTS , SECTO R - 52, NOIDA | JAIPURIA INSTITUT E OF MANAGE MENT | 9711006 449 | mamtago der@gm ail.com |
| 6 | Anti- Ragging Committee | JIM/GHAZIA BAD/2012 | 12/01/2012 | MR. UTKARSH | STUDENT | D - 57/5D, PLOT NO. 7, KASAP BHAWA N, MOLVI BAGH, SIGRA, VARAN ASI | JAIPURIA INSTITUT E OF MANAGE MENT | 9670900 000 | newwave 01amit@ gmail.co m |
| 7 | Anti- Ragging Committee | JIM/GHAZIA BAD/2012 | 12/01/2012 | MS. NIDHI BIYANI | STUDENT | NEW WAVE ACADE MY, 260, AMANI GANG, FAIZAB AD | JAIPURIA INSTITUT E OF MANAGE MENT | 9415302 747 | nidhi.biya ni89@g mail.com |
| 8 | Anti- | JIM/GHAZIA | 12/01/2012 | MR. | SUB | VASUN | UTTAR | 9411984 | anilyashi |

| Date of Signature | Seal of Institute | Name & signature of Director /Principal |
|----------------------|-------------------|--|
| 5/20/2014 | | Page 21 of 24 |

5/20/2014 Please submit the hard copy of this Report to Regional Officer only if Application status is Submitted to RO

***Note :- All the Dates in the Report are in mm/dd/yyyy format

| | Ragging Committee | BAD/2012 | | BABURAM | INSPECTO R | DHARA POLICE CHOKI, VASUN DHARA , | PRADESH POLICE | 147 | ka@gmai I.com |
|----|-------------------------------|------------------------|------------|-----------------------------|---------------------------------|---|--|----------------|--|
| 9 | Anti- Ragging Committee | JIM/GHAZIA BAD/2012 | 12/01/2012 | MR. R. K. GUPTA | ASSTT. ENGINEER | GHAZI ABAD ELEC. DIVISIO N - 2, U.P. AVAS VIKAS PARIS HAD | U.P. AVAS VIKAS PARISHA D | 9319053 468 | anilyashi ka@gmai I.com |
| 10 | Anti- Ragging Squad | JIM/GHAZIA BAD/2012 | 12/01/2012 | DR. ANINDITA | FACULTY INCHARGE (HOSTEL) | PLOT NO. 2/65, SECTO R - 6, VAISHA LI, GHAZI ABAD | JAIPURIA INSTITUT E OF MANAGE MENT | 9999686 086 | aninditas harma18 @gmail.c om |
| 11 | Anti- Ragging Squad | JIM/GHAZIA BAD/2012 | 12/01/2012 | MR. AJAY TRIPATHI | ASSISTAN T PROFESS OR | H - 165, BLOCK - D, SECTO R - 10, VASUN DHARA , GHAZI ABAD | JAIPURIA INSTITUT E OF MANAGE MENT | 9868611 107 | ajayinvns @gmail.c om |
| 12 | Anti- Ragging Squad | JIM/GHAZIA BAD/2012 | 12/01/2012 | DR. PRACHEE MISHRA | ASSISTAN T PROFESS OR | B - 6, FLAT NO. 804, KRISH NA APART MENT, VAIBHA V KHAND , INDIRA | JAIPURIA INSTITUT E OF MANAGE MENT | 9560206 627 | prachee mishna7 6@gmail. com |
| | | | | | | PURAM , GHAZI ABAD | | | |
| 13 | Anti- Ragging Squad | JIM/GHAZIA BAD/2012 | 12/01/2012 | MS. NAJAF SHAN FATIMA | ASSISTAN T PROFESS OR | H.NO 105, S.G. IMPRE SSION, SECTO R 4B, | JAIPURIA INSTITUT E OF MANAGE MENT | 8800577 994 | najaf_sh an@yah oo.com |

| Date of Signature | Seal of Institute | Name & signature of Director /Principal | |
|----------------------|-------------------|--|---------------|
| 5/20/2014 | | | Page 22 of 24 |

5/20/2014

***Note :- All the Dates in the Report are in mm/dd/yyyy format

| | | | | | | VASUN DHARA ,GHAZI ABAD | | | |
|----|-------------------------------|------------------------|------------|------------------------|-------------------------------------|---|--|----------------|--------------------------------|
| 14 | Anti- Ragging Squad | JIM/GHAZIA BAD/2012 | 12/01/2012 | MR. SUMESH ARORA | ASSISTAN T DIRECTOR (EXAM) | H.NO 201, GAUPU RI, GAUSH ALA ROAD, GALI NO 4, GHAZI ABAD | JAIPURIA INSTITUT E OF MANAGE MENT | 9810249 606 | aroras_ji m@yaho o.com |
| 15 | Anti- Ragging Squad | JIM/GHAZIA BAD/2012 | 12/01/2012 | MR. AMRISH KUMAR | FACULTY INCHARGE HOSTEL | SECTO R 14C, VASUN DHARA , GHAZI ABAD | JAIPURIA INSTITUT E OF MANAGE MENT | 9313824 675 | amrish@j aipuria.n et |
| 16 | Anti- Ragging Committee | JIM/GHAZIA BAD/2012 | 12/01/2012 | MR. IRFAN AHMAD | REPORTE R | DANIK JAGRA N OFFICE , VAISHA LI | JAIPURIA INSTITUT E OF MANAGE MENT | 9873838 836 | irfanahm ad75@g mail.com |

DECLARATION BY THE PRINCIPAL/DIRECTOR OF THE INSTITUTE

I, as the Head of the Institution, hereby declare:

a) That, I have carefully gone through the AICTE Notification dated 27th September 2012, published in the Gazette of India - Extraordinary Part 3, Section (iv) and also the various provisions mentioned in the Approval Process Hand Book 2013-14.

b) That, I am fully aware of the data uploaded by me in respect of my institute on the web portal.

c) That, I am aware that there is no provision of correction of data, alteration of data, subsequent editing and appeal etc. for the online application once uploaded on the web portal.

d) That, I am also aware that application for seeking Extension of Approval, Increase/Reduction of intake, Addition of new courses, Second Shift Programme, Part-time program, Change of site, Closure of course, Supernumerary Seats under PIO, NRI, Change of name, and Conversion of women institute into Co-ed institute (as applicable), shall be processed as per relevant provisions enumerated in the Approval Process Hand Book 2013-14.

e) That, I am aware of the Deficiencies (if any) pointed out in the Report generated online, based on the

| Date of Signature | Seal of Institute | Name & signature of Director /Principal | |
|----------------------|-------------------|--|---------------|
| 5/20/2014 | | | Page 23 of 24 |

***Note :- All the Dates in the Report are in mm/dd/yyyy format

factual data uploaded by my institute on the portal.

f) That, I am also aware that the institute is eligible for grant of Extension of Approval, Increase/Reduction of intake, Addition of new courses, Closure of course, supernumerary seats under PIO, NRI, Change of name, Second shift programme, Part-time program, Change of site, Conversion of women institute into Co-ed institute (as applicable) only on fulfillment of prescribed norms & requirements as mentioned in the Approval Process Hand Book 2013-14.

| Date of Signature | Seal of Institute | Name & signature of Director /Principal | |
|----------------------|-------------------|--|-----------------------------|
| 5/20/2014 | | | Page 24 of 24 |

5/20/2014

Please submit the hard copy of this Report to Regional Officer only if Application status is Submitted to RO