



Homoeopathic Medicine Board

Uttar Pradesh, Lucknow

College Affiliation System - Application Form

Part-01

Report Code - HMB0001

[200340352]- PRAKASH COLLEGE OF PHARMACY

GENERAL INFORMATION

INSTITUTE DETAILS	
Name of Institute/College	PRAKASH COLLEGE OF PHARMACY
Complete Postal Address	VILLAGE- CHAK HALAL, POST- JAFARPUR, TEHSIL- SADAR, DISTRICT- AZAMGARH
Pincode	276128
Landline No. with STD Code	
Mobile No.	9415208464
Fax No.	N/A
E-mail	prakashdhp20@gmail.com
Year of Establishment	2020
Status of course conducting body	Private
Enclose copy of Registration documents	Uploaded
PRIMARY CONTACT DETAILS	
Name	DEV PRAKASH RAI
Designation	MANAGER
E-mail	prakashdhp20@gmail.com
Mobile No.	9415208464
Landline No. with STD Code	
Fax No.	N/A
OFFICE ADDRESS DETAILS	
Office Address	VILLAGE- SURASI, POST- JAFARPUR, TEHSIL- SADAR, , Azamgarh, Uttar Pradesh
Pincode	276128
RESIDENCE ADDRESS DETAILS	
Office Address	prakashdhp20@gmail.com, Azamgarh, Uttar Pradesh
Pincode	276128
DETAILS OF THE HEAD OF THE INSTITUTION/DIRECTOR	
Name of the head of the Institution/Director	DEV PRAKASH RAI
Designation	MANAGER
Aadhar No.	0000000000222
Address	VILLAGE- SURASI, POST- JAFARPUR, TEHSIL- SADAR, DISTRICT- AZAMGARH
Pin Code	276128
Document of the Head of the Institution(Like letter of consent, appointment letter)	Uploaded
Whether other Educational Institutions/Courses are also being run by the Trust/Institution in the same Building/Campus?	No
STATUS OF D.H.P. COURSE	
Independent Building	Yes
Wing of another College	No
Separate Campus	Yes
Multi Institutional Campus	No



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PRINCIPAL DETAILS

Name of Principal	ABHICHANDRA YADAV
Homoeopathic Registration No.	H095202
Mobile No.	9415208464
Aadhar No.	880433159179
Qualification	BHMS
Actual Experience (In Years)	05
Letter of Consent	Uploaded
Appointment Letter	Uploaded
Homoeopathic Registration Certificate	Uploaded
Experience Details	Uploaded

DETAILS OF SOCIETY/TRUST/MANAGEMENT

Type of Parent	Trust
Name	BHALBHADRA PRAKASH WELFARE TRUST
Registration Number	50
Registration Date	01/06/2017
Mobile No.	9415208464
E-mail	prakashdhp20@gmail.com
Pan No. of Society/Trust/Management	AABDF4589P
Facilities available for Diploma in Homoeopathic Pharmacy	YES
Registration Certificate of the Society/Trust	Uploaded
Address	VILLAGE- CHAKHLAL, POST- JAFARPUR, Azamgarh, Uttar Pradesh
Pin Code	276128
Landline No. with STD Code	
Fax No.	N/A
Website	N/A
Manual Of the Society/Trust	Uploaded
Nazri Naksha	Uploaded

BANK DETAILS OF SOCIETY/TRUST/MANAGEMENT

Bank Name	STATE BANK OF INDIA
IFSC Code	SBIN000001
Branch Name	CIVIL LINES AZAMGARH
Account Number	32041909339
Bank Statement	Uploaded

COMPOSITION OF THE STATE GOVERNMENT/UNION TERRITORY/UNIVERSITY/TRUST

LIST OF PARTICULARS OF MEMBER

Sr. No	Name	Designation	Qualification	Experience (In Yrs.)	Uploaded Document
1	DEV PRAKASH RAI	MANAGER	GRADUATION	0	Uploaded
2	ANJANI RAI	SECRETARY	GRADUATION	0	Uploaded



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PROPOSED PHASE PROGRAMME AND QUARTER WISE SCHEDULE OF ACTIVITIES INDICATING	
Commencement and Completion of Building Design	AVAILABLE
Map of Project Site	Uploaded
Local Body Approvals	ZILA PANCHAYAT
Civil Construction	NA
Provision of Engineering Services and Equipments	NA
Requirement of Staff	NA
Schedule of Admission	NA
Documents(Relevant to Building Design Approved by Authorized Officer)	N/A



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TEACHING STAFF DETAILS

Name : NA					
Designation		NA		Photo & Sign of The Faculty 	
Qualification		NA			
Mobile No		9415208464			
Teaching Experience(In Yrs.)		After UG	0	After PG	0
Aadhar No		111111111111	Date of Joining	01/07/2020	U.P. Homoeo. Medicine Board Reg. No. 0
Aadhar Card	Appointment Letter	Letter of Consent	Experience Details		Homeo. Reg. Certificate
Uploaded	Uploaded	Uploaded	Uploaded		Uploaded

Name : NA					
Designation		NA		Photo & Sign of The Faculty 	
Qualification		NA			
Mobile No		9415208464			
Teaching Experience(In Yrs.)		After UG	0	After PG	0
Aadhar No		222222222222	Date of Joining	01/07/2020	U.P. Homoeo. Medicine Board Reg. No. 0
Aadhar Card	Appointment Letter	Letter of Consent	Experience Details		Homeo. Reg. Certificate
Uploaded	Uploaded	Uploaded	Uploaded		Uploaded

Name : NA					
Designation		NA		Photo & Sign of The Faculty 	
Qualification		NA			
Mobile No		9415208464			
Teaching Experience(In Yrs.)		After UG	0	After PG	0
Aadhar No		333333333333	Date of Joining	01/06/2020	U.P. Homoeo. Medicine Board Reg. No. 0
Aadhar Card	Appointment Letter	Letter of Consent	Experience Details		Homeo. Reg. Certificate
Uploaded	Uploaded	Uploaded	Uploaded		Uploaded



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Name : NA						
Designation		NA		Photo & Sign of The Faculty 		
Qualification		NA				
Mobile No		9415208465				
Teaching Experience(In Yrs.)		After UG	0	After PG	0	
Aadhar No		444444444444	Date of Joining	02/06/2020	U.P. Homoeo. Medicine Board Reg. No.	0
Aadhar Card	Appointment Letter	Letter of Consent	Experience Details	Homeo. Reg. Certificate		
Uploaded	Uploaded	Uploaded	Uploaded	Uploaded		



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STAFF MEMBER DETAILS

DETAILS OF NON-TEACHING STAFF REQUIRED FOR AFFILIATION									
1. LIST OF NON-TEACHING STAFF									
S.No	Required Posts						No. of Posts		
1	Laboratory Technician						2		
S.No	Name	Aadhar No.	Educational Qualification	Full Time/ Part Time	Declaration Regarding Staff Information	Higher Educational Qualification Document	Appointment Letter	Other	
1	NA	121444941679	NA	Full Time	Uploaded	Uploaded	Uploaded	Uploaded	
2	ABC	588464931244	NA	Full Time	Uploaded	Uploaded	Uploaded	Uploaded	
2	Laboratory Attendant						4		
S.No	Name	Aadhar No.	Educational Qualification	Full Time/ Part Time	Declaration Regarding Staff Information	Higher Educational Qualification Document	Appointment Letter	Other	
1	NA	982244124571	NA	Full Time	Uploaded	Uploaded	Uploaded	Uploaded	
2	NA	146493979697	NA	Full Time	Uploaded	Uploaded	Uploaded	Uploaded	
3	NA	367649397114	NA	Full Time	Uploaded	Uploaded	Uploaded	Uploaded	
4	NA	316497136749	NA	Full Time	Uploaded	Uploaded	Uploaded	Uploaded	
3	Office Superintendent						1		
S.No	Name	Aadhar No.	Educational Qualification	Full Time/ Part Time	Declaration Regarding Staff Information	Higher Educational Qualification Document	Appointment Letter	Other	
1	NA	741741741741	NA	Full Time	Uploaded	Uploaded	Uploaded	Uploaded	
4	Clerk cum Accountant						1		



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S.No.	Name	Aadhar No.	Educational Qualification	Full Time/ Part Time	Declaration Regarding Staff Information	Higher Educational Qualification Document	Appointment Letter	Other	
1	SANTOSH YADAV	123456789125	INTERMEDIATE	Full Time	Uploaded	Uploaded	Uploaded	Uploaded	
5	Store Keeper						1		
S.No.	Name	Aadhar No.	Educational Qualification	Full Time/ Part Time	Declaration Regarding Staff Information	Higher Educational Qualification Document	Appointment Letter	Other	
1	ABCD	121446497929	NA	Full Time	Uploaded	Uploaded	Uploaded	Uploaded	
6	Steno Cum Typist						1		
S.No.	Name	Aadhar No.	Educational Qualification	Full Time/ Part Time	Declaration Regarding Staff Information	Higher Educational Qualification Document	Appointment Letter	Other	
1	NA	454545454545	NA	Full Time	Uploaded	Uploaded	Uploaded	Uploaded	
7	Assistant Librarian						1		
S.No.	Name	Aadhar No.	Educational Qualification	Full Time/ Part Time	Declaration Regarding Staff Information	Higher Educational Qualification Document	Appointment Letter	Other	
1	ABC	145227887545	NA	Full Time	Uploaded	Uploaded	Uploaded	Uploaded	
8	Library Attendant						1		
S.No.	Name	Aadhar No.	Educational Qualification	Full Time/ Part Time	Declaration Regarding Staff Information	Higher Educational Qualification Document	Appointment Letter	Other	
1	NA	999999912461	NA	Full Time	Uploaded	Uploaded	Uploaded	Uploaded	
9	Peon						2		
S.No.	Name	Aadhar No.	Educational Qualification	Full Time/ Part Time	Declaration Regarding Staff Information	Higher Educational Qualification Document	Appointment Letter	Other	



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1	RAMESH PRAJAPATI	45516464644 4	NA	Full Time	N/A	N/A	N/A	N/A	
2	MAHENDRA GOND	85855523646 4	NA	Full Time	N/A	N/A	N/A	N/A	
10	Daftari						1		
	S.No	Name	Aadhar No.	Educational Qualification	Full Time/ Part Time	Declaration Regarding Staff Information	Higher Educational Qualification Document	Appointment Letter	Other
1	NA		52252446464 4	NA	Full Time	N/A	N/A	N/A	N/A
11	Cleaner/Sweepers						4		
	S.No	Name	Aadhar No.	Educational Qualification	Full Time/ Part Time	Declaration Regarding Staff Information	Higher Educational Qualification Document	Appointment Letter	Other
1	SANTOSH		15464643744 1	NA	Full Time	N/A	N/A	N/A	N/A
2	MAHESH		14944971349 7	NA	Full Time	N/A	N/A	N/A	N/A
3	SURENDRA		15467639362 5	NA	Part Time	N/A	N/A	N/A	N/A
4	NAVEEN		54874144474 3	NA	Full Time	N/A	N/A	N/A	N/A
12	Gardener						1		
	S.No	Name	Aadhar No.	Educational Qualification	Full Time/ Part Time	Declaration Regarding Staff Information	Higher Educational Qualification Document	Appointment Letter	Other
1	SURESH MALI		58799746167 6	NA	Full Time	N/A	N/A	N/A	N/A
13	Watchman						3		
	S.No	Name	Aadhar No.	Educational Qualification	Full Time/ Part Time	Declaration Regarding Staff Information	Higher Educational Qualification Document	Appointment Letter	Other
1	RAM BADAN YADAV		21544976794 3	NA	Full Time	N/A	N/A	N/A	N/A



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2	SAMHARU	45446693331 4	NA	Full Time	N/A	N/A	N/A	N/A
3	ROHIT	64658667694 9	NA	Full Time	N/A	N/A	N/A	N/A

CO-CURRICULAR ACTIVITIES/SPORTS ACTIVITIES

Whether college has NSS(National Service Scheme) Unit?	No
Reason	NEW COLLEGE
Whether students participate in University level Cultural Activities /Co-curricular/ Sports Activities	No
Physical Instructor	Available
Sports Ground	Individual

FINANCIAL STATUS OF THE INSTITUTION

UPLOADED BALANCE SHEET OF LAST 3 YEARS

Balance Sheet of Previous Year : 2017	Uploaded
Balance Sheet of Second Last Year : 2018	Uploaded
Balance Sheet of Third Last Year : 2019	Uploaded

INFORMATION ABOUT GRANT & FEE

Sr.No.	Particulars	Amount
1.	Grants a- Government b- Others c- Others Sources : NA	1 1
2.	Tuition Fee	1
3.	Library Fee	1
4.	Sports Fee	1
5.	Union Fee	1
6.	Others	1
7.	Total	7

Relevant Documents to Grants	Uploaded
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FINANCIAL DETAILS

PROJECT COST	
Capital cost of land (INR)	1
Building (INR)	1
Plant and machinery (INR)	1
Furniture and fixtures (INR)	1
Preliminary and preoperative expenses (INR)	1
Upload Relevant Documents to Project Cost	N/A
INFORMATION ABOUT GRANT & FEE	
Contribution of the Applicants (INR)	1
Grants (INR)	0
Donations (INR)	0
Equity (INR)	0
Term loans (INR)	0
Other Sources, if any (INR)	No
REVENUE ASSUMPTIONS	
Hospital user Charges (INR)	0
EXPENDITURE ASSUMPTIONS	
Operating Expenses	0
Depreciation	0

DETAILS OF EXISTING HOSPITAL

NAME, ADDRESS AND DETAILS OF THE EXISTING HOSPITAL	
Name of Hospital	NA
Address	NA, Azamgarh, Uttar Pradesh
Pin Code	276128
Built up area (sq mtr)	1
Bed Strength	1
Avg No. of Bed Occupancy	1
Avg No. of Bed Patients	1
Name of Head of the Existing Hospital	NA
Hospital Services	N/A