



CORRIGENDUM

No: Western Region, Maharashtra/1-3960951/2010/EOA

November 08 ,2010

Following amendment is made to the Council's letter No. Western Region, Maharashtra/1-3960951 /2010/EOA dated: August 23, 2010 regarding Grant of Approval to

SHIKSHAN AND KRUSHI VIKAS PRATISHTHAN, MEDSHINGI'S SAHYADRI COLLEGE OF PHARMACY, SAHYADRI COLLEGE OF PHARMACY, A/P.METHAWADE, TAL:SANGOLA, DIST : SOLAPUR - 413307. MAHARASHTRA

- 1. Change the name & address of the institution wherever mentioned in the approval letter dated 23 August, 2010 as indicated below:

Read	SHIKSHAN AND KRUSHI VIKAS PRATISHTHAN, SAHYADRI COLLEGE OF PHARMACY, A/P.METHAWADE, TAL : SANGOLA, DIST : SOLAPUR - 413307. MAHARASHTRA
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for the academic year 2010-11 :-

In Table indicating name of programme and intake for the year 2010-11

2.

For Sr. No	Program	Level	Shift	Course	Intake 2009-10	Intake 2010-11
2	PHARMACY	PG	First Shift	M.PHARMACY	0	18
3	PHARMACY	PG	First Shift	M.PHARMACY	0	18

Read Sr. No	Program	Level	Shift	Course	Intake 2009-10	Intake 2010-11
2	PHARMACY	PG	First Shift	M.PHARMACY (PHARMACEUTICAL CHEMISTRY)	0	18
3	PHARMACY	PG	First Shift	M.PHARMACY (PHARMACEUTICS)	0	18

- 3. Other entries remain unchanged.

(Dr. S.G.Bhirud)
Director

To,

The Secretary
Higher & Technical Education & Employment Deptt.,
Govt. of Maharashtra, Mantralaya, Mumbai - 400 032

Copy To:

- 1. The Regional Officer, Western Region, Mumbai, Maharashtra.
- 2. The Director of Technical Education, Govt. of Maharashtra, Mumbai.
- 3. Guard File (AICTE)
- 4. The Registrar, Affiliating University
- 5. The Principal / Director, Shikshan and Krushi Vikas Pratishthan, Sahyadri College of Pharmacy, A/P. Methawade, Tal: Sangola, Dist: Solapur, Maharashtra.

Inward / Outward No:- 227
Date: 28/11/2010



No. : Western Region, Maharashtra/1-3960951/2010/EOA

August 23, 2010

To,
Secretary Tech. & Higher Education Deptt. Govt. of Maharashtra,
Mantralaya, Annexe Building, Mumbai-400032

Sub. : Extension of approval for the academic year 2010-11

Sir,

In terms of the Regulations notified by the Council vide F. No. 37-3/Legal/2010 and norms, standards, procedures and conditions prescribed by the Council from time to time, I am directed to convey the extension of approval of the Council to

SHIKSHAN & KRUSHI VIKAS PRATISTHAN, MEDSHINGI'S SAHYADRI COLLEGE OF PHARMACY, SAHYADRI COLLEGE OF PHARMACY, METHWADE, AT / POST METHWADE, TALUQA- SANGOLA - 413307 DISTRICT SOLAPUR, MAHARASHTRA, SOLAPUR, MAHARASHTRA, PIN : 413307

for conduct of the following courses with the intake indicated below in the academic year 2010-11.

Sr. No.	Program	Level	Shift	Course	Intake 2009-10	Intake 2010-11
1	Pharmacy	UG	First Shift	B.PHARMACY	60	60
2	Pharmacy	PG	First Shift	M.PHARMACY	0	18
3	Pharmacy	PG	First Shift	M.PHARMACY	0	18

The above mentioned approval is subject to the condition that

SHIKSHAN & KRUSHI VIKAS PRATISTHAN, MEDSHINGI'S SAHYADRI COLLEGE OF PHARMACY, SAHYADRI COLLEGE OF PHARMACY, METHWADE, AT / POST METHWADE, TALUQA- SANGOLA - 413307 DISTRICT SOLAPUR, MAHARASHTRA, SOLAPUR, MAHARASHTRA, PIN : 413307

shall follow and adhere to the regulations, guidelines and directions issued by AICTE from time to time and the undertaking / affidavit given by the institution along with the application submitted by the institution on portal and hard copy to Regional Office.

Anti Ragging :- The approval is subject to the institutions strictly complying with all the provisions made under the Anti ragging regulation notified by council vide F No 37/Legal/AICTE/2009 dated 1-7-2009 failing which it will be liable to any action defined under clause 5(a) of this regulation.

Yours faithfully,

(Signature)
Dr. S. G. Bhirud
Director

- Copy to
1. The Regional Office, Western Region, Maharashtra
 2. The Director of Technical Education Govt. of Maharashtra
 3. Guard File (AICTE)
 4. The Registrar, Affiliating University
 5. The Principal / Director
SHIKSHAN & KRUSHI VIKAS PRATISTHAN, MEDSHINGI'S SAHYADRI COLLEGE OF PHARMACY, SAHYADRI COLLEGE OF PHARMACY, METHWADE, AT / POST METHWADE, TALUQA- SANGOLA - 413307 DISTRICT SOLAPUR, MAHARASHTRA, SOLAPUR, MAHARASHTRA, PIN - 413307

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