



APPROVAL PROCESS 2025-26

Application Deficiency Report

DEFICIENCY REPORT AS PER APPLIED INTAKE (Applicable for Existing Institutions only)

Regional Office	Western	Overall Deficiency of Institution:	No
Application ID	1-44639815547	Permanent ID	1-479464511
Name of the Institution	Kirsan'S Mission Institute Of Management	Address	Gondia-Goregaon Road Gankhaira Tah. Goregaon Distt. Gondia
City/Village	Goregaon-Gankhaira	District	Gondia
State	Maharashtra	PIN	441801

Director/Principal Details

Designation	Name	Appointment Type	Qualification	PhD	Eligible as per AICTE Norms (YES/NO)
Director/Principal	Namdeo Kirsan	Regular	B.COM., LL.B., B. A., M. COM., M. PHIL., M.A., LL. M., M. B. A.,, PG DIPLOMA IN HRM	Yes	Yes

Other Details

Sr. No.	Particulars	Status Provided by the Institution	Deficiency
1.	List of Faculty Member and Data Uploaded on the Institution Web Portal	Yes	No
2.	Are all Approved Teaching Faculty Member being Paid as per Present /Pay Scale/Commission?	No	Yes
3.	Whether Institution is Operating from Permanent Site?	Yes	No
4.	Fees to be Charged, Reservation Policy, Admission Policy and Document Retention Policy are Uploaded in Institution's Website?	Yes	No
5.	Courses/Approved Intake Displayed at the Entrance of the Institution?	Yes	No

Anti-Ragging Related Deficiency Status

Sr. No.	Particulars	Status Provided by the Institution	Deficiency
1.	Constitution of Anti-Ragging Committee	Yes	No
2.	Constitution of Anti-Ragging Squad	Yes	No
3.	Undertaking Obtained from all Students	Yes	No
4.	Appointment of Counselors	Yes	No
5.	Undertaking Obtained from Parents of all the Students	Yes	No
6.	Undertaking Obtained from Students Staying in Hostel	No Hostel	No
7.	Undertaking Obtained from Parents of Students Staying in Hostel	No Hostel	No

Date of Signature(dd/mm/yyyy)

Seal of Institution

Name & Signature of Director/Principal

Application Deficiency Report



Application Status: **Submitted**
Application Sub-Status: **Payment Received**

Report Generated on :-07/12/2024

DECLARATION

BY THE AUTHORIZED SIGNATORY OF THE INSTITUTION /DEPARTMENT

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

- a) I have carefully gone through the AICTE Regulations 2021, published in the Gazette of India Extraordinary Part III, Section- 4 dated 04th February, 2021, also all provisions mentioned in the Approval Process Handbook 2024-27 and the addendum / corrigendum as updated from time to time.
- b) I am fully aware of the data uploaded by me in respect of my institution on the web portal.
- c) I am aware that there is no provision for correction of data, alteration of data, subsequent editing and appeal etc. for the online application once submitted on the web portal.
- d) I am also aware that application for seeking Extension of Approval(EoA), Increase/Reduction of intake, Addition of new courses, Change of site, Closure of course, Supernumerary Seats under FN/Gulf quota Approval status/OCI, NRI, Change of name, and Conversion of women institution into Co-ed institution and vice versa (as applicable), shall be processed as per relevant provisions enumerated in the Approval Process Handbook 2024-27 and the addendum / corrigendum as updated from time to time.
- e) I am aware of the Deficiencies (if any) pointed out in the Report generated online, based on the factual data uploaded by my institution on the web portal.
- f) I am also aware that Institution is eligible for grant of Extension of Approval to the Existing Institutions, Extended EoA(if Applicable as per APH 2024-27 and the addendum / corrigendum as updated from time to time), only on fulfillment of prescribed norms & requirements as mentioned in the Approval Process Handbook 2024-27 and the addendum / corrigendum as updated from time to time.

Signature of Authorized Signatory

Name :

Date of Signature(dd/mm/yyyy)

Seal of Institution

Name & Signature of Director/Principal