



APPROVAL PROCESS 2025-26

APPLICATION REPORT

INSTITUTION DETAILS

INSTITUTION DETAILS: BASIC DETAILS

Current Application Number	1-44644189195	Application Type	Extension-Expansion-Closure
Current Status	Submitted	Sub Status	Payment Received
Permanent Institution ID	1-44244684954	Academic Year	2025-2026
Approval Status of Application	Data Not Available	Application Opened Date	30/12/2024
Application Submitted Date	11/01/2025	Attend Scrutiny Committee Date	Data Not Available
Appeal Requested Date	Data Not Available	Application Reopened Date	08/01/2025
Overall Deficiency	Yes		

INSTITUTION DETAILS: MORE INFORMATION

Name of Institution	B S Channabasappa First Grade College	Address of Institution	S S Layout 'A' Block
State/ UT	Karnataka	District	Davanagere
Town/ City/ Village	Davanagere	AICTE Region	South-West
PIN	577004	Women's Institution	No
Institution Type	Private-Self Financing	Any Self- Financed Course ?	Yes
Percentage Grant Received from Government	0	Are you an Institution for PWD Students	No
Whether Institution is NAAC Accredited ?	N	NAAC CGPA	Data Not Available
Letter Grade	Data Not Available	NAAC Status	Data Not Available
Minority Institution	No	Type of Minority Institution	NA
Minority Name, if Linguistic Minority Certificate Issued Date	NA	Name of the Minority	Data Not Available
Year of Establishment	2005	Minority Certificate Valid Till	Data Not Available
Year of 1st Approval from AICTE	2024	Mandatory Disclosure Link	0
AISHE Prefix	C	Apply for ODL/Online New Institute?	Data Not Available
AISHE Code	C-17690	AISHE Numeric Code	17690
NBA Accreditation Points	0	Whether Institution is Graded Autonomy ?	Data Not Available
University	N	NBA Points Valid Till	Data Not Available
Is the Land Shared with other Institute?	N	Whether your University has been recognized as an Institute of Eminence by MOE?	N
Is your Institution having Autonomous Status (Academic Autonomy) as conferred by the Affiliating University?	Is your Institution newly Approved last year(LoA) & failed to Admit Students?		No

Date of Signature(dd/mm/yyyy)

Seal of Institution

Name & Signature of Director/Principal

HOI & Faculty Members

PRINCIPAL / DIRECTOR

PERSONAL DETAILS

Surname/Family name	M C	First Name	Guru
Father's Name	Channabasappa M	Mother's Name	Manjula M C
Date of Birth	12/06/1984	Mobile Number	9886215251
STD code	8192	Land Phone Number	221816
Email	gmaganahalli@gmail.com	PAN	AOOPG3793A

EDUCATIONAL DETAILS

Doctorate Degree	No	Master's Degree	M.B.A.
Bachelor's Degree	B.B.M.	Other Qualifications	KSET
International Certification (If Any)	NA	Field of Specialization	Finance

DETAILS RELATED TO PROFESSION

Date of joining the Institution	15/07/2010	Appointment Type	Regular
Exact Designation	Principal		

WORK EXPERIENCE DETAILS

Teaching Experience (Years)	14	Research Experience (Years)	3
Industry Experience (Years)	0		

OTHER DETAILS

Research Projects Guided - UG	190	Research Projects Guided - PG	0
Research Projects Guided - PhD	0	Number of Books Published	0
Papers Published - National	2	Papers Published - International	1

FACULTY NORMS AND PAY SCALE

Are all Approved teaching Faculty Members being paid as per present AICTE pay scale?	No
Are all the teaching Faculty Members, as per AICTE/UGC Norms?	No
List of Faculty Members and data uploaded on the institution's web portal.	No

FACULTY MEMBERS LIST

Details available as on AICTE Web Portal

Sr. No.	Faculty ID	First Name	Last Name	PAN	Gender	Date of Birth	Designation	Appointment Type	Programme	Department	Course	Date of Joining	Diploma	UG	PG	Doctorate Degree	FY/Common Subject Teacher?	FY/Common Subject
1	1-44762617021	DHANANJAYA	N S	CEKPD2435J	Male	06/10/1986	LECTURER	Regular	MANAGEMENT	BUSINESS ADMINISTRATION	BBA	10/10/2010	N	Y	N	N	N	
2	1-44762617034	ANNESH	P	BLWPA6939C	Male	08/06/1983	LECTURER	Regular	COMPUTER APPLICATIONS	COMPUTER APPLICATIONS	BCA	01/07/2013	N	Y	N	N	Y	Kannada

Date of Signature(dd/mm/yyyy)

Seal of Institution

Name & Signature of Director/Principal

24	1-44762993396	JAYALAKSHMI	J P	GIUPP2991F	Female	04/12/1997	LECTURER	Contract	MANAGEMENT	BUSINESS ADMINISTRATION	BBA	03/08/2020	N	Y	N	N	N
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ODL FACULTY DETAILS

Data not entered by Institution

OL FACULTY DETAILS

Data not entered by Institution

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 portal.
- f) I am also aware that University is eligible for grant of Extension of Approval to the Existing Institution, Extended EoA(if Applicable as per APH 2024-27 and the addendum / corrigendum as updated from time to time),Change in name of the Course(s)/ Reduction in Intake/ Closure of Programme(s) and/ or Course(s),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 :