APPROVAL PROCESS 2023-24

APPLICATION REPORT

INSTITUTION DETAILS

INSTITUTION DETAILS: BASIC DETAILS			
Current Application Number	1-36515438381	**Application Type**	Extension-Expansion-Closure
Current Status	Submitted	**Sub Status**	Payment Received
Permanent Institution ID	1-10961001	**Academic Year**	2023-2024
Approval Status of Application	Data Not Available	**Application Opened Date**	30/03/2023
Application Submitted Date	05/04/2023	**Attend Scrutiny Committee Date**	Data Not Available
Appeal Requested Date	Data Not Available	**Application Reopened Date**	Data Not Available
Overall Deficiency	No		

INSTITUTION DETAILS: MORE INFORMATION			
Name of Institution	Ritee Business School (Ribs) Raipur	**Address of Institution**	Chhatauna Mandir Hasaud Raipur, Chhattisgarh 492101
State/ UT	Chhattisgarh	**District**	Raipur
Town/ City/ Village	Raipur	**AICTE Region**	Central
PIN	492101	**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	NA	**Name of the Minority**	Data Not Available
Minority Certificate Issued Date	Data Not Available	**Minority Certificate Valid Till**	Data Not Available
Year of Establishment	2009	**Mandatory Disclosure Link**	http://ribs.education/
Year of 1st Approval from AICTE	2009	**Apply for ODL/Online New Institute?**	None
AISHE Prefix	S	**AISHE Numeric Code**	50
AISHE Code	S-50	**Whether Institution is Graded Autonomy ?**	Data Not Available
NBA Accreditation Points	0	**NBA Points Valid Till**	Data Not Available
University	Data Not Available	**Whether your University has been recognized as an Institute of Eminence by MOE?**	Data Not Available
Is the Land Shared with other Institute?	N	**Is your Institution newly Approved last year(LoA) & failed to Admit Students?**	N
Is your Institution having Autonomous Status (Academic Autonomy) as conferred by the Affiliating University?			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	Karia	**First Name**	Jayesh
Father's Name	Late Shri Nathalal Karia	**Mother's Name**	
Date of Birth	09/06/1974	**Mobile Number**	9303873121
STD code	771	**Land Phone Number**	4036053
Email	director.pgdm@rit.edu.in	**PAN**	ALMPK9724G

EDUCATIONAL DETAILS

Doctorate Degree	No	**Master's Degree**	MBA
Bachelor's Degree	B.COM	**Other Qualifications**	NA
International Certification (If Any)	NA	**Field of Specialization**	FINANCE & MARKETING

DETAILS RELATED TO PROFFESSION

Date of joining the Institution	17/09/2013	**Appointment Type**	Regular
Exact Designation	Director		

WORK EXPERIENCE DETAILS

Teaching Experience (Years)	22	**Research Experience (Years)**	0
Industry Experience (Years)	2		

OTHER DETAILS

Research Projects Guided - UG	0	**Research Projects Guided - PG**	0
Research Projects Guided - PhD		**Number of Books Published**	0
Papers Published - National	0	**Papers Published - International**	0

FACULTY NORMS AND PAY SCALE

Are all Approved teaching Faculty Members being paid as per present AICTE pay scale?	Yes
Are all the teaching Faculty Members, as per AICTE/UGC Norms?	Yes
List of Faculty Members and data uploaded on the institution's web portal.	Yes

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	1-3536732652	SURESH	PATTANAYAK	AVJPP0081G	Male	10/06/1976	ASSOCIATE PROFESSOR	Regular	MANAGEMENT	MANAGEMENT	POST GRADUATE DIPLOMA IN	27/06/2017	N	Y	Y	Y	N	
2	1-3537244343	SUCHITRA	TAMRAKAR	ADIPT2530P	Female	14/09/1976	ASSOCIATE PROFESSOR	Regular	MANAGEMENT	MANAGEMENT	POST GRADUATE DIPLOMA IN	27/05/2017	N	Y	Y	Y	N	

Date of Signature(dd/mm/yyyy) Seal of Institution Name & Signature of Director/Principal

3	4	5	6	7
1-3537304845	1-9516520749	1-9516520849	1-11324981108	1-12333594892
PADMA	KASTURI	TRILOK	SUNDRESH	PRACHEE
NAIYAR	POMAL	BAGH	SHRIVASTAVA	SHARMA
ARPPN7811C	DLJPP5758R	ALBPB4486H	CSPPS1379P	EYHPS1065J
Female	Female	Male	Male	Female
15/06/1968	15/01/1996	06/10/1971	27/05/1980	26/11/1973
LECTURER	ASST PROFESSOR	ASST PROFESSOR	ASST PROFESSOR	ASSOCIATE PROFESSOR
Regular	Regular	Regular	Adhoc	Regular
MANAGEMENT	MANAGEMENT	MANAGEMENT	MANAGEMENT	MANAGEMENT
LIBRARY	POST GRADUATE DIPLOMA IN	POST GRADUATE DIPLOMA IN	POST GRADUATE DIPLOMA IN	POST GRADUATE DIPLOMA IN
POST GRADUATE DIPLOMA IN	POST GRADUATE DIPLOMA IN	POST GRADUATE DIPLOMA IN	POST GRADUATE DIPLOMA IN	POST GRADUATE DIPLOMA IN
23/05/2009	18/06/2019	15/01/2020	03/01/2022	01/08/2017
N	Y	N	Y	N
N	Y	Y	N	N
Y	Y	Y	N	Y
N	Y	N	N	Y
N	N	N	N	N

ODL FACULTY DETAILS

Data not entered by Institution

OL FACULTY DETAILS

Data not entered by Institution

Date of Signature(dd/mm/yyyy)

Seal of Institution

Name & Signature of Director/Principal

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 2023-24.

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 2023-24.

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 2023-24),only on fulfillment of prescribed norms & requirements as mentioned in the Approval Process Handbook 2023-24.

Signature of Authorized Signatory

Name :

Date of Signature(dd/mm/yyyy)

Seal of Institution

Name & Signature of Director/Principal