

प्रेषक,

सचिव,
प्राविधिक शिक्षा परिषद,
उत्तर प्रदेश लखनऊ।

सेवा में,

अध्यक्ष/सचिव,
सत्र 2024-25 हेतु नवस्थापित,
डी0फार्मा0 पाठ्यक्रम हेतु आवेदित संस्थान।

पत्रांक:-प्राशिप/परिषद/2024/7628

लखनऊ:दिनांक-07.10.2024

विषय:-सत्र 2024-25 के लिए डी0फार्मा0 पाठ्यक्रम हेतु परिषद से सम्बद्धता प्रदान किये जाने के संबंध में आवेदन किये जाने विषयक।

महोदय,

उपरोक्त विषयक अवगत कराना है कि सत्र 2024-25 हेतु नवस्थापित डी0फार्मा0 संस्थानों को परिषद से अनापत्ति/एन0ओ0सी0 प्रदान किये जाने हेतु आवेदन आमंत्रित किये गये थे, एवं अर्ह संस्थानों को परिषद द्वारा एन0ओ0सी0 निर्गत कर दी गयी।

ऐसे संस्थान जिन्हें परिषद द्वारा सत्र 2024-25 हेतु डी0फार्मा पाठ्यक्रम हेतु एन0ओ0सी0 प्रदान की गयी है एवं फार्मसी काउन्सिल ऑफ इण्डिया, नई दिल्ली द्वारा उन्हें सत्र 2024-25 हेतु अनुमोदन प्रदान कर दिया गया हो, ऐसे संस्थानों से परिषद द्वारा सत्र 2024-25 हेतु सम्बद्धता प्रदान किये जाने के संबंध में यू0राईज पोर्टल के माध्यम से दिनांक 08-10-2024 से 15-10-2024 ऑनलाइन आवेदन आमंत्रित किये जाते हैं।

सूच्य है कि एन0ओ0सी0 आवेदन हेतु पूर्व में प्रदत्त यूजर आई0डी0 एवं पासवर्ड से ही आवेदन किया जा सकेगा। आवेदन किये जाने की पूर्ण प्रक्रिया पत्र के साथ संलग्न है। प्रक्रिया का भलीभांति अवलोकन करते हुए यू0राईज पोर्टल के माध्यम से आवेदन करना सुनिश्चित करें। इस हेतु कोई भी ऑफलाइन आवेदन/हार्डकॉपी परिषद कार्यालय में स्वीकार्य नहीं की जाएगी एवं न ही उस पर विचार किया जाएगा।

संस्थाओं द्वारा ऑनलाइन माध्यम से किये गये आवेदन के उपरांत पूर्व में निर्गत शासनादेश संख्या 2/2024/आई465013/2024/16-3099/156/2019 दिनांक 05 जनवरी 2024 में निहित प्राविधानानुसार संस्थाओं का भौतिक सत्यापन कर सम्बद्धता हेतु अग्रेतर कार्यवाही सुनिश्चित की जाएगी।

संलग्नक:-उपरोक्तानुसार।

भवदीय,

(अजीत कुमार मिश्र)
सचिव

पू0सं0- प्राशिप/परिषद/2024/7629-33 तददिनांक-07-10-2024

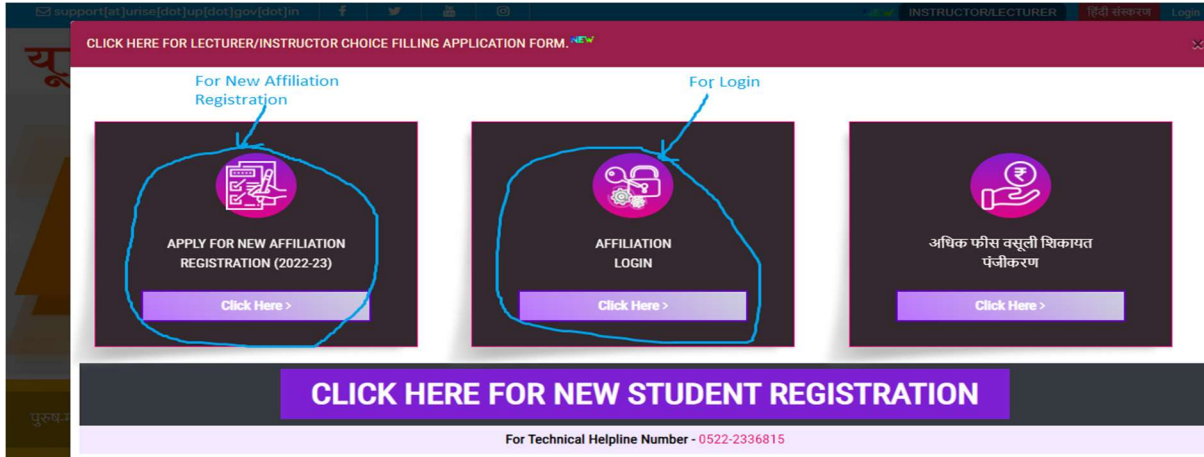
प्रतिलिपि:-निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. निजी सचिव, प्रमुख सचिव, प्राविधिक शिक्षा, उ0प्र0 शासन, लखनऊ को प्रमुख सचिव महोदय के अवगतार्थ।
2. विशेष सचिव, प्राविधिक शिक्षा, उत्तर प्रदेश शासन, लखनऊ।
2. निदेशक, प्राविधिक शिक्षा, उ0प्र0 कानपुर।
3. शोध विकास प्रशिक्षण संस्थान, उ0प्र0 कानपुर।

(अजीत कुमार मिश्र)
सचिव

New Affiliation Process (2024-25)

URISE URL <https://urise.up.gov.in>



The email ID which you filled at the time of NOC is your user's name and the password set for NOC will be your password in this.

Login URL <https://urise.up.gov.in/affiliation/affiliationinic>

AFFILIATION LOGIN

Email Id *

Password * Show Password

Enter the text shown in the image * (case sensitive)



Login

[Don't have an account ? Register Now](#)

[Forgot your password ?](#)

After Login You will be see Four parent TAB.

1) Basic Information

A) Institute Details

BASIC INFORMATION

- Institute Details
- Society/Trust Details
- Contact Details
- Programme Details

Institute Name	<input type="text"/>		
Institute Type	<input type="text" value="CO-ED"/>		
Address	<input type="text"/>		
Director/Principal	<input type="text"/>	Email	<input type="text"/>
Contact No.	<input type="text"/>	District	<input type="text" value="Gorakhpur"/>

Next

B) Society/Truест Details

BASIC INFORMATION

- Institute Details
- Society/Trust Details
- Contact Details
- Programme Details

Society/Trust Name *	<input type="text"/>	Address *	<input type="text"/>
Registration No. *	<input type="text"/>	Establishment Year *	<input type="text"/>
Chairman/Trustee Name *	<input type="text"/>	Chairman/Trustee Mobile *	<input type="text"/>
Chairman/Trustee Email *	<input type="text"/>	Designation *	<input type="text" value="Select Trustee Designation"/>
Trustee Since *	<input type="text"/>	Trustee Till *	<input type="text"/>

Save Detail

C) Contact Details

BASIC INFORMATION +

Institute Details Society/Trust Details **Contact Details** Programme Details

Name * Designation *

Address * State/UT *

District * Town/City/Village *

Postal Code * STD Code *

Landline Number * Mobile Number *

Altername Mobile Email Address *

Altername Email

Save Detail

D) Programme Details

BASIC INFORMATION +

Institute Details Society/Trust Details Contact Details **Programme Details**

Programme Name * Academic Year *

Course Details

Course Name *	Intake *	Duration *	Action
<input type="text" value="Select a Course"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="+"/>

Save Detail

2) Infrastructure

A) Land Information

INFRASTRUCTURE +

Land Information	Administrative Building Details	Academic Building Detail	Amenities/Facility Details
Location*	<input type="text" value="-Select Location-"/>	Total Land area(In Acre)*	<input type="text"/>
Total Builtup Area (In sqm)*	<input type="text"/>	Land Registration No.*	<input type="text"/>
Land Registration in the Name of*	<input type="text"/>	Land Registration Date*	<input type="text"/>
Land Conversion date*	<input type="text"/>	Khasra-Khatuni /Gata No.*	<input type="text"/>
Land Ownership Detail*	<input type="text" value="-Select-"/>	Access and Circulation Area(in sqm)*	<input type="text"/>
Latitude (North/South)*	Degree <input type="text"/> Minute <input type="text"/>	Second <input type="text"/>	
Longitude (North/South)*	Degree <input type="text"/> Minute <input type="text"/>	Second <input type="text"/>	

[Save Detail](#)

B) Administrative Building Details

Land Information	Administrative Building Details	Academic Building Detail	Amenities/Facility Details
Institute Type	<input type="text" value="Engineering"/>		
Administrative Building Carpet Area(in sqm)*	<input type="text"/>		
No. of Principal/Director Office Room*	<input type="text"/>	Area in sqm*	<input type="text"/>
No. of Board Room*	<input type="text"/>	Area in sqm*	<input type="text"/>
No. of Office All Inclusive*	<input type="text"/>	Area in sqm*	<input type="text"/>
No. of HOD Office*	<input type="text"/>	Area in sqm*	<input type="text"/>
No. of Faculty Room*	<input type="text"/>	Area in sqm*	<input type="text"/>
No. of Central Store Room*	<input type="text"/>	Area in sqm*	<input type="text"/>
No. of Maintenance Room*	<input type="text"/>	Area in sqm*	<input type="text"/>
No. of Security Room*	<input type="text"/>	Area in sqm*	<input type="text"/>
No. of House Keeping Room*	<input type="text"/>	Area in sqm*	<input type="text"/>
No. of Pantry for staff Room*	<input type="text"/>	Area in sqm*	<input type="text"/>
No. of Exam Control Office Room*	<input type="text"/>	Area in sqm*	<input type="text"/>
No. of Training Placement office Room*	<input type="text"/>	Area in sqm*	<input type="text"/>

[Save Detail](#)

C) Academic Building Detail

INFRASTRUCTURE



Land Information

Administrative Building Details

Academic Building Detail

Amenities/Facility Details

Institute Type

Engineering



Academic Area Details

Academic Building Carpet Area(in sqm)*

No. of Classroom*

Area in sqm*

No. of Tutorial Room*

Area in sqm*

No. of Seminar Hall*

Area in sqm*

No. of Drawing Room*

Area in sqm*

No. of Language Lab*

Area in sqm*

No. of Computer Center*

Area in sqm*

No. of Library*

Area in sqm*

No. of Workshop Basic*

Area in sqm*

No. of Additional Workshop For 'X' Category Courses*

Area in sqm*

No. of Studio Room*

Area in sqm*

No. of Art Court*

Area in sqm*

Computer Facilities

No. of Computer (Latest Configuration)*

No. of Printers*

No. of Xerox Machine*

No. of A1 Size Color Printers*

No. of Legal System Software*

No. of Application Software*

Internet Speed (in mbps)*

Library and Books Facilities

No. of Titles (Per Courses)*

No. of Volumes (Per Courses)*

No. of Library Multimedia PCS*

Save Detail

D) Amenities

INFRASTRUCTURE



Land Information

Administrative Building Details

Academic Building Detail

Amenities/Facility Details

Institute Type

Engineering



Amenities Area(in sqm)*

Student Facility

No. of Toilet for Male*

Area in sqm*

No. of Toilet for Female*

Area in sqm*

No. of Toilet for Disabled*

Area in sqm*

No. of Boys Common Room*

Area in sqm*

No. of Girls Common Room*

Area in sqm*

No. of Stationary Store*

Area in sqm*

No. of First Aid/ Sick Room*

Area in sqm*

No. of Cafeteria*

Area in sqm*

No. of Play Ground*

Area in sqm*

Save Detail

3) Faculty /Staff Details

FAUCULTY/STAFF DETAILS

Teaching Faculty

Institute Type: Pharmacy

Personal Detail

Faculty Name *	Email *	Mobile *	Date Of Birth *	Gender *	PAN No. *	State Pharmacy Council Reg No. *	Is Director/Principal	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	dd-mm-yyyy	Sele <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	

Save Detail

Fill the faculty details than click on **faculty unique id**.

FAUCULTY/STAFF DETAILS

Teaching Faculty

Institute Type: Engineering

Personal Detail

Faculty Name *	Email *	Mobile *	Date Of Birth *	Gender *	PAN No. *	Is Director/Principal	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	dd-mm-yyyy	Select <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	

On clicking on this unique ID, a popup will open, in which you will have to fill all the required fields.

Save Detail

Faculty Unique ID	Faculty Name	Email	Mobile	Date Of Birth	Gender	PAN No.	Action
Click here to add more information : 202300025	asdasd	asds23@gmail.com	9999999999	09-06-2022	Male	FGHJK4561N	

After clicking on the Unique ID, a popup will open.

Faculty/Staff Other Details

✕

UNIQUE ID: 202300025

Faculty Type

Select

▼

Unassigned The Director/Principal

Educational Details

Upload file in PDF format and file size should be less than 100kb

Qualification *	School/ Institute/ University *	Group/Stream/Specialization*	Passing Year *	Percentage *	Upload Document(less than 100kb) *	Action
--Select-- ▼	Name	Group/stream/Specializati	Select ▼	Percentage	<input type="button" value="Choose Files"/> No fil...hosen	<input style="background-color: #28a745; color: white; border: none; padding: 2px 5px; border-radius: 3px;" type="button" value="+"/>

Experience Detail

Upload file in PDF format and file size should be less than 100kb

District *	Company/Organisation/Institute Name *	From Date *	To Date Fill only (ToDate Or TillDate) one Field.	Till Date	Designation *	Upload Document (less than 100kb) *	Action
--S ▼	--Select Here-- ▼	dd-mm-yyyy <input type="text"/>	dd-mm-yyyy <input type="text"/>	<input type="checkbox"/>	--Select-- ▼	<input type="button" value="Choose File"/> No file chosen	<input style="background-color: #28a745; color: white; border: none; padding: 2px 5px; border-radius: 3px;" type="button" value="+"/>

District

Company / Institute Name

From Date

To Date

Till Date

Designation

Upload Document

Research Experience Detail

Upload file in PDF format and file size should be less than 100kb

Journal Name *	Title Of Paper *	Publisher Name *	Impact Factor *	Date of Issue *	Volume *	Page No. *	Upload Publication (less than 100kb) *	Action
Journal Nar	Title Of P:	Publisher Ni	Impact Fac	dd-mm-yyyy <input type="text"/>	Volume	Page F Page T	<input type="button" value="Choose File"/> No file chosen	<input style="background-color: #28a745; color: white; border: none; padding: 2px 5px; border-radius: 3px;" type="button" value="+"/>

Journal Name

Title Of Paper

Publisher Name

Impact Factor

Date of Issue

Volume

Page From

Page To

Upload Publication

Details Related To Profession

Upload file in PDF format and file size should be less than 100kb

Appointment Type	Select Type ▼	Designation	Select Designation ▼
Date of Joining	dd-mm-yyyy <input type="text"/>	Upload Document (less than 100kb)	<input type="button" value="Choose File"/> No file chosen

Bank Details

Bank Name	Bank Name	Bank A/C no.	Bank Account No.
Basic Pay Rs.	Basic Pay	Total Pay Rs.	Total Pay
IFSC Code	IFSC Code	Bank Statement (less than 100kb) Last 3Month	<input type="button" value="Choose File"/> No file chosen

4) Additional Document

ADDITIONAL DOCUMENT

DOCUMENTS

Registration Certificate *

Choose File No file chosen

Upload Letter in pdf format.

Niyamavali *

Choose File No file chosen

Upload Letter in pdf format.

Resolution Letter *

Choose File No file chosen

Upload Letter in pdf format.

Land Registration No.
Attachment*

Choose File No file chosen

Upload Letter in pdf format.

Land Conversion Certificate*

Choose File No file chosen

Upload Letter in pdf format.

Land Conversion Certificate
issuing Authority*

Choose File No file chosen

Upload Letter in pdf format.

Landhasra-Khatuni /Gata No.
Attachment*

Choose File No file chosen

Upload Letter in pdf format.

Land Ownership Detail
Attachment*

Choose File No file chosen

Upload letter in pdf format

Landuse Certificate*

Choose File No file chosen

Upload Letter in pdf format.

Landuse Certificate Issuing
Authority*

Choose File No file chosen

Upload Letter in pdf format.

Approved Building Drawing*

Choose File No file chosen

Attach Scan Copy of All Approved Building Drawings in PDF Format
in one file.

Attach Autocad Drawing*

Choose File No file chosen

Attach Autocad Drawings of building in PDF Format.

Administrative Building Attach
Photo Album*

Choose File No file chosen

Upload Photo Album in pdf Format

Administrative Building Attach
Video Clip (Video Size : 10 MB
)*

Choose File No file chosen

Academic Building Attach
Photo Album*

Choose File No file chosen

Upload Photo Album in pdf Format

Academic Building Attach
Video Clip (Video Size : 10 MB
)*

Choose File No file chosen

Amenities Attach Photo Album
*

Choose File No file chosen

Upload Photo Album in pdf Format

Amenities Attach Video Clip
(Video Size : 10 MB)*

Choose File No file chosen

5) Preview and Final Submit

After Fill the all Parents and Child TAB, then preview the application Form

- BASIC INFORMATION -
- INFRASTRUCTURE +
- FAICULTY/STAFF DETAILS +
- ADDITIONAL DOCUMENT +

Preview & Submit

Amenities Attach Photo Album	VIEW DOCUMENT
Amenities Attach Video Clip	VIEW VIDEO
Format For Affidavit A	VIEW DOCUMENT
Format For Affidavit B	VIEW DOCUMENT
PCI Approval Letter	VIEW DOCUMENT
NOC Letter	VIEW DOCUMENT

PREVIEW

TRANSACTION DETAILS

TRANSACTION ID	TRANSACTION DATE	AMOUNT
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AICTE/PCI ID *

I hereby declare that the information given in this application is true and correct to the best of my knowledge. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences.

Please fill out this field.

BACK

Final Submit