



Shreeshakti Shaikshanik Sanstha's

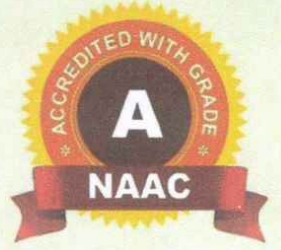
## DIVINE COLLEGE OF PHARMACY

Nampur Road, Satana, Tal. Baglan, Dist. Nashik-423301 (M.S.)

Phone: (02555) 226009

E-mail: [divinecop15@gmail.com](mailto:divinecop15@gmail.com)

Web: [www.divinepharmacy.in](http://www.divinepharmacy.in)



Approved by PCI - New Delhi (531), Govt. of Maharashtra & DTE - Mumbai (5443).

Affiliated to Savitribai Phule Pune University - Pune (CPHN020560) & MSBTE - Mumbai (1952). AISHE: C-55802.

### *Key Indicator: 6.3.1*

*The institution has effective welfare measures for teaching and non-teaching staff*





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### Key Indicator 6.3.1

The institution has effective welfare measures for teaching and non-teaching staff

Sr. No	Welfare measures
1	Provident Fund (PF)
2	Group Insurance : Accidental and Hospitalization
3	Medical Facilities & MOU with hospitals
4	Leave : Medical Leave, Maternity Leave, Marriage Leave
5	FSSAI approved Campus Canteen providing healthy food
6	Sports and Games activities for physical maintenance
7	Staff/ employees gets fees concession for their child
8	Updating skills of nonteaching and administrative staff
9	Laboratory facility are provided to the faculty to carry out Ph.D./ research work



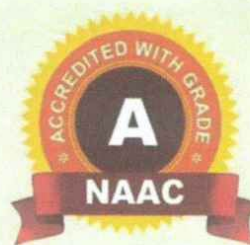
  
**PRINCIPAL**  
**DIVINE COLLEGE OF PHARMACY**  
Nampur Road, Satana, Dist. Nashik 423301



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**Key Indicator 6.3.1**

**Teaching & Non-teaching staff having PF facility**

Supporting Documents (PF):

EMPLOYEE'S PROVIDENT FUND ELECTRONIC CHALLAN CUM RETURN (ECR)			
Name of Establishment	DIVINE COLLEGE OF PHARMACY		
Establishment Id	KDNSK1574078000	LIN	1973217866
Wage Month	MAR-2024	Return Month	APR-2024
Contribution Rate (%)	12	ECR Type	ECR
Salary Disbursement Date	15-APR-2024	Uploaded Date Time	15-APR-2024 14:49
Exemption Status	Unexempted	TRRN Number	
Remarks	OK	ECR Id	104359162
Total Members	45		
<b>Contribution and Remittance Details (In Rupees) :</b>			
Total EPF Contribution Remitted	74,700	Total EPS Contribution Remitted	51,871
Total EPF-EPS Contribution Remitted	22,829	Total Refund Advance	0
<b>PMRPY Upfront Benefit Details (In Rupees) :</b>			
Total PMRPY Upfront EPF Amount	0	Total PMRPY Upfront EPS Amount	0
PMRPY benefit remarks	NA		
<b>ABRY Upfront Benefit Details (In Rupees) :</b>			
Total ABRY benefit Amount	Employee EPF Share	Employer EPS Share	Employer EPF Share
	0	0	0
ABRY benefit remarks			

Member Details :-																
Sl. No.	UAN	Name as per		Wages				Contribution Remitted				Refunds	PMRPY / ABRY Benefit			Posting Location of the member
		ECR	UAN Repository	Gross	EPF	EPS	EDLI	EE	EPS	ER	NCP Days		Pension Share	ER PF Share	EE Share	
1	10195160066	ADITI MANISH KONDANE	ADITI MANISH KONDANE	63,116	15,000	15,000	15,000	1,800	1,250	592	0	0	-	-	-	N.A.
2	101003646305	AKASH AHMAD ADAM SHAH	AKASH AHMAD ADAM SHAH	66,940	15,000	15,000	15,000	1,800	1,250	592	0	0	-	-	-	N.A.
3	102260114375	ANURAG SANJAY MAHALAN	ANURAG SANJAY MAHALAN	15,000	15,000	15,000	15,000	1,800	1,250	592	0	0	-	-	-	N.A.
4	101623016915	ANURAG PRATISHA SAGAR	ANURAG PRATISHA SAGAR	20,000	15,000	15,000	15,000	1,800	1,250	592	0	0	-	-	-	N.A.
5	101273043500	CHANDRACHAND HAR DINKAR PATIL	CHANDRACHAND HAR DINKAR PATIL	52,940	15,000	15,000	15,000	1,800	1,250	592	0	0	-	-	-	N.A.
6	101925719601	CHHAYA KRISHN SOMAVANE	CHHAYA KRISHN SOMAVANE	7,000	7,000	7,000	7,000	840	593	227	0	0	-	-	-	N.A.
7	101322378614	DARSHAN HERAMAN PATIL	DARSHAN HERAMAN PATIL	11,000	11,000	11,000	11,000	1,320	916	404	0	0	-	-	-	N.A.
8	101113049356	DEEPAK DEVIDAS SOMAVANE	DEEPAK DEVIDAS SOMAVANE	1,51,352	15,000	15,000	15,000	1,800	1,250	592	0	0	-	-	-	N.A.
9	101754839364	DEEPAK MACHHENDRA PATIL	DEEPAK MACHHENDRA PATIL	1,51,352	15,000	15,000	15,000	1,800	1,250	592	0	0	-	-	-	N.A.
10	101472148952	DEEPAK MOHANRAJ KALE	DEEPAK MOHANRAJ KALE	15,000	15,000	15,000	15,000	1,800	1,250	592	0	0	-	-	-	N.A.
11	101925701948	DEEPAK PRAKASH SOMAVANE	DEEPAK PRAKASH SOMAVANE	63,116	15,000	15,000	15,000	1,800	1,250	592	0	0	-	-	-	N.A.
12	102021009632	DEEPAK SATCHI JADHAV	DEEPAK SATCHI JADHAV	8,000	8,000	8,000	8,000	960	666	254	0	0	-	-	-	N.A.
13	102021516750	DEEPAK MADHUKAR SANGAR	DEEPAK MADHUKAR SANGAR	8,000	8,000	8,000	8,000	960	666	254	0	0	-	-	-	N.A.
14	10190923966	DEEPAK BHALGACHEE SOMAVANE	DEEPAK BHALGACHEE SOMAVANE	20,000	15,000	15,000	15,000	1,800	1,250	592	0	0	-	-	-	N.A.
15	101224709666	DEEPAK BHALGACHEE SOMAVANE	DEEPAK BHALGACHEE SOMAVANE	66,996	15,000	15,000	15,000	1,800	1,250	592	0	0	-	-	-	N.A.
16	101224819122	DEEPAK GAURAV DEVIDAS MORE	DEEPAK GAURAV DEVIDAS MORE	24,500	15,000	15,000	15,000	1,800	1,250	592	0	0	-	-	-	N.A.
17	101517665291	DEEPAK GUNDEK RAJASHREE GURBESH	DEEPAK GUNDEK RAJASHREE GURBESH	15,000	15,000	15,000	15,000	1,800	1,250	592	0	0	-	-	-	N.A.

KDNSK:1574078000 / MAR-2024 / 15-APR-2024 14:49



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Sl. No.	UAN	Name as per		Wages				Contribution Remitted				Refunds	PMRPY / ABRY Benefit			Posting Location of the member
		ECR	UAN Repository	Gross	EPF	EPS	EDLI	EE	EPS	ER	NCP Days		Pension Share	ER PF Share	EE Share	
18	101719554389	JUBERDHARA DALIMSHAHA FAKIR	JUBERDHARA DALIMSHAHA FAKIR	63,116	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
19	101490757532	KAJAL VIJAY RANGARE	KAJAL VIJAY RANGARE	64,952	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
20	101164314101	KESHAV VALMIK AHMAD	KESHAV VALMIK AHMAD	30,000	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
21	101765511654	KRANJU NARAYAN NADSHIKAR	KRANJU NARAYAN NADSHIKAR	13,500	13,500	13,500	13,500	1,620	1,125	495	0	0	-	-	-	N.A.
22	101327207259	KRISHNARAO RAJENDRA SURANA	KRISHNARAO RAJENDRA SURANA	66,940	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
23	101225536673	KUNJAN KALAS GADKALE	KUNJAN KALAS GADKALE	38,000	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
24	101890502252	MADHURI DALPAT DAVANGE	MADHURI DALPAT DAVANGE	63,116	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
25	101981600683	MAYUR PRABHAKAR SURYAWANGHI	MAYUR PRABHAKAR SURYAWANGHI	7,000	7,000	7,000	7,000	840	583	257	0	0	-	-	-	N.A.
26	101765514636	MAYURI PARULAL POL	MAYURI PARULAL POL	63,116	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
27	100236922346	MURESH AHIMAN AHIRE	MURESH AHIMAN AHIRE	22,000	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
28	101525679999	PRESARNA SHARAD PAWAR	PRESARNA SHARAD PAWAR	22,000	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
29	101635612313	PULIA DWARNIL DEORE	PULIA DWARNIL DEORE	11,500	11,500	11,500	11,500	1,380	958	422	0	0	-	-	-	N.A.
30	101113049413	RARUL CHANDRAKANT AHIRE	RARUL CHANDRAKANT AHIRE	14,000	14,000	14,000	14,000	1,680	1,166	514	0	0	-	-	-	N.A.
31	101164314091	RAVINDRA VISHNU AHIRE	RAVINDRA VISHNU AHIRE	16,500	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
32	102021511816	ROHINI NANAJ SONAWANE	ROHINI NANAJ SONAWANE	9,000	9,000	9,000	9,000	1,080	750	330	0	0	-	-	-	N.A.
33	101463917576	ROHIT KADU PAGAR	ROHIT KADU PAGAR	15,500	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
34	101400980336	SANJAY MAGAN SARWAIYYA	SANJAY MAGAN SARWAIYYA	16,500	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
35	100708597776	SHIVRAJ POPAT JADHAV	SHIVRAJ POPAT JADHAV	70,892	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
36	101670629856	SHUBHAM DAGADU MAHAJAN	SHUBHAM DAGADU MAHAJAN	13,500	13,500	13,500	13,500	1,620	1,125	495	0	0	-	-	-	N.A.

Sl. No.	UAN	Name as per		Wages				Contribution Remitted				Refunds	PMRPY / ABRY Benefit			Posting Location of the member
		ECR	UAN Repository	Gross	EPF	EPS	EDLI	EE	EPS	ER	NCP Days		Pension Share	ER PF Share	EE Share	
37	101948245207	SONAWANE INDRAKUMAR KEVAL	SONAWANE INDRAKUMAR KEVAL	25,000	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
38	101987697857	SUGHRANT MOTHABHAU AHIRE	SUGHRANT MOTHABHAU AHIRE	30,000	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
39	101224709878	VAGANT LASHANU GAVALI	VAGANT LASHANU GAVALI	36,000	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
40	102002290798	VIJAY VITHOBA SHEWALE	VIJAY VITHOBA SHEWALE	63,116	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
41	100412822548	VIJAYRAJ NARENDRA SONAWANE	VIJAYRAJ NARENDRA SONAWANE	66,940	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
42	101273043679	VILAS LOTAN SUTAR	VILAS LOTAN SUTAR	44,000	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
43	101164314070	VINDO SANTOSH BANPATIL	VINDO SANTOSH BANPATIL	10,000	10,000	10,000	10,000	1,200	833	367	0	0	-	-	-	N.A.
44	101453624340	YASHWANT CHANTARAM CHAUDHARI	YASHWANT CHANTARAM CHAUDHARI	63,116	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
45	100419696596	YOGESH PRALHAD SHARMA	YOGESH PRALHAD SHARMA	60,000	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.



  
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Staff Group Insurance

**Raja Allianz General Insurance Company Ltd.**  
 Raja Allianz House, Airport Road, Yerwade, Pune - 411006  
 GROUP PERSONAL ACCIDENT POLICY SCHEDULE  
 UIN: IRDANL-HLY/BAGIP-PV.V151/13-14

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc. : SAJAJ ALLIANZ GENERAL INSURANCE CO LTD, 3RD Floor, Sunangal Business Court, Plot No.39, Yedekar Main, Near Shreebha Petrol Pump, Beside 3M Car Mall, NASHIK-422005 Phone No : 0253-2200510 / 0253-2200543

Policy No. OG-25-2003-9902-00000025  
 Product GROUP PERSONAL ACCIDENT  
 Period of Insurance From 00:01:00 22-JUL-24 To 23-JUL-25 Policy Issued On 24-JUL-24  
 Co-insurance Details Own Share: 100%

Insured Name SHREESHAKTI SHAIKSHANIK SANSTHAS DIVINE COLLEGE OF PHARMACY B. PHARMACY  
 Insured Address NAMPUR ROAD, SATANA, PO Area --, NASHIK, MAHARASHTRA - 423301  
 Bank Details : No Details No Details  
 GSTIN / UIN 27AAKT06401P1ZJ Place of Supply/State: 27 - Maharashtra Code/Name  
 Company GST No : 27AADC0573001ZK Invoice No : 429460005/1  
 Company PAN : AADC057300

Description	Sum Insured (Rs)
Total 50 Member Covered	1,00,00,000.00
Highest Sum Insured	200000
Additional** Loading @	0 %
Additional Discount@	0 %
Base Premium	16,110.00
Special Discount	0
Net Premium	16,110.00
Terrorism** Surcharge	0.0
Stamp Duty	
State GST (9%)	1,451.00
Central GST (9%)	1,451.00
Final Premium	19,020.00

\*\* All Premium figures are in Rupee.

On specific request and subject to terms and conditions, record of information exchange will be made available.

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year.

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Scope of Cover As per the policy wording attached.

Risk Covered Group Personal Accident Risk Class:II Basic Accidental Death (Sum Insured limited to 100 times of monthly salary or Rs. 2 Lacs whichever is Less).

Special Perils Accidental Hospitalization - Accidental Hospitalization: Sum Insured up to 1 lac. Accidental Hospitalization is an indemnity cover. Claims related to accidental hospitalization are considered through the claim as not payable under the GPA cover (i.e. not triggered in GPA) unless medical extension cover 24 hrs hospitalization is warranted for these claims arising due to accident only.

Special Exclusions As per policy terms and conditions.

Subject to Clauses Additional Cover: Cremation charges is covered up to 5000/- Carriage of Dead body is covered up to 5000/- Repatriation of Remains is covered up to 5000/- Family Transportation is covered up to 5000/- Children's Education bonus in case of Death or Permanent Total disability of proposer - Onetime payment of Rs.5,000/- each towards the cost of education of up to 2 of your dependent children who were under the age of 18 on the date you met with Accidental Bodily Injury.


Warranties Upon mutual agreement between the Insurer and the Group manager the claim settlement can be done by the insurer either in favour of the Group Manager or the Insured Member / Nominee / Legal Heir. However, whenever it has been agreed to settle the claim in favour of the Group Manager, the Insurer must seek an undertaking from the Group Manager that confirms that the final claim settlement will be done to the Insured Member / Nominee / Legal Heir within 15 days of claim settlement to the Group Manager as per policy file. The employer may utilize the insurance amount as part of the overall service benefit and pass on the balance, if any to the Insured Member / Nominee / Legal Heir. SI should conformments with salary Age Restriction upto 70 years.

Special Conditions Beneficiary will be Employee Previous Policy Number OG-24-2003-9902-00000009

Comments As per policy terms and conditions.

Bank EM Employee Code : Y



  
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<table border="1"> <tr> <td>Agency Code BAG10007276</td> <td>Channel Name : MAENP</td> </tr> <tr> <td colspan="2">Agency Name : RAJENDRAPAGAR</td> </tr> <tr> <td colspan="2">Contact No : 9423481803,9423481803</td> </tr> <tr> <td colspan="2">Email - rapagar@gmail.com</td> </tr> </table>		Agency Code BAG10007276	Channel Name : MAENP	Agency Name : RAJENDRAPAGAR		Contact No : 9423481803,9423481803		Email - rapagar@gmail.com	
Agency Code BAG10007276	Channel Name : MAENP								
Agency Name : RAJENDRAPAGAR									
Contact No : 9423481803,9423481803									
Email - rapagar@gmail.com									
<p>Premium Collection Details [Receipt No/Collection No/Amount] 2003-0001149 / 413158524 / Rs. 19,000.00</p> <p>*** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque</p> <p>*** This policy is subject to the standard policy wordings, warranties and conditions applicable for this product in addition to any specific warranty or condition attached</p> <p>For &amp; On Behalf of Bajaj Allianz General Insurance Company Ltd.</p> <p>Principal Location : Bajaj Allianz House, Airport Road, Yerwade, Pune - 411006 Ph:98029886   Services Accounting Code : 997133 - Accident and health insurance services. No reverse charge is payable on these services.</p> <p>In case of any claim, please contact our 24 Hour Call centre at 1800-102-8888 (Toll Free) / 91-420-3030555 (chargeable, add area code before this number in case of mobile call) or email us at 'Bagichelp@bajajallianz.co.in'.</p> <p>413158524/19007276/-</p> <p>Prefix your area code if you are calling from a Mobile Device</p> <p>A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India (IRDA) vide Reg No.112, Corporate Identification Number U99101PN3000PL0018003.</p> <p>Generated by suresh govindhane</p>									



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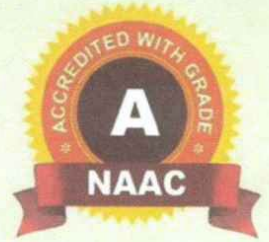
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MOU with Shree Sai Hospital – Satana:

**MEMORANDUM  
OF  
UNDERSTANDING  
(MoU)**

BETWEEN

Shreeshakti Shaikshanik Sanstha's  
**Divine Collage of Pharmacy, Satana**  
Nampur Road Satana, Maharashtra-423301

&

**Shree Sai Hospital, Satana**  
Taharabad Road, Satana, Maharashtra- 423301



**Shri Sai Hospital**  
Taharabad Road, Satana, Nashik  
Ph.No: 02555223396



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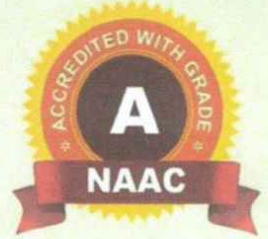
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**MEMORANDUM OF UNDERSTANDING**

This Memorandum of Understanding (hereinafter called as the 'MoU') is entered into on this the 15<sup>th</sup> of, February, Two Thousand Nineteen (15-02-2019),

**BETWEEN**

Divine collage of pharmacy, Nampur road, Satana, Maharashtra-423301 represented herein by its principal **Dr. Rajendra N. Bhadane** (hereinafter referred as '**First Party**'), the institution which expression, unless excluded by or repugnant to the subject or context shall include its successors – in-office, administrators and assigns).

**AND**

**Shree Sai Hospital, Satana, Maharashtra- 423301** and represented herein by its Head, **Mr. Atul K. Jadhav, (MD)** (hereinafter referred to as "**Second Party**"), company which expression, unless excluded by or repugnant to the subject or context shall include its successors – in-office, administrators and assigns). (First Party and Second Party are hereinafter jointly referred to as 'Parties' and individually as 'Party')

**WHEREAS:**

- A) First Party is a Higher Educational Institution named:
  - 0) **Shrishakti Shaikshanik Sanstha's  
Divine collage of pharmacy, Satana**
- B) First Party & Second Party believe that collaboration and co-operation between themselves will promote more effective use of each of their resources, and provide each of them with enhanced opportunities.
- C) The Parties intent to cooperate and focus their efforts on cooperation within area of Skill Based Training, Education and Research.
- D) Both Parties, being legal entities in themselves desire to sign this MOU for



  
**Shri Sai Hospital**  
Taharbad Road, Satana (Nashik)  
Ph.No: (02555) 223366



**PRINCIPAL**  
**DIVINE COLLEGE OF PHARMACY**  
**Nampur Road, Satana, Dist. Nashik 423301**



Shreeshakti Shaikshanik Sanstha's

## DIVINE COLLEGE OF PHARMACY

Nampur Road, Satana, Tal. Baglan, Dist. Nashik-423301 (M.S.)

Phone: (02555) 226009

E-mail: [divinecop15@gmail.com](mailto:divinecop15@gmail.com)

Web: [www.divinepharmacy.in](http://www.divinepharmacy.in)



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advancing their mutual interest;

- E) **Shree Sai Hospital, Satana** the Second Party is engaged in Diagnosis, Treatment, Hospitality, Patient Education and awareness, Research and Development in the fields of patient care and medicine
- F) **Hospital Satana**, the Second Party is promoted by **Mr. Atul K. Jadhav**, Satana.
- G) Give related information, its branches, and dimensional information about the industry concerned with which the MoU is sworn.

NOW THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES SET FORTH IN THIS MOU, THE PARTIES HERETO AGREE AS FOLLOWS:

### CLAUSE 1: CO-OPERATION

- 1.1 Both Parties are united by common interests and objectives, and they shall establish channels of communication and co-operation that will promote and advance their respective operations within the Institution and its related wings. The Parties shall keep each other informed of potential opportunities and shall share all information that may be relevant to secure additional opportunities for one another.
- 1.2 First Party and Second Party co-operation will facilitate effective utilization of the intellectual capabilities of the faculty of First Party providing significant inputs to them in developing suitable teaching / training systems, keeping in mind the needs of the industry, the Second Party.
- 1.3 The general terms of co-operation shall be governed by this MOU. The Parties shall cooperate with each other and shall, as promptly as is reasonably practical, enter into all relevant agreements, deeds and documents (the 'Definitive Documents') as may be required to give effect to the actions contemplated in terms of this MOU. The term of Definitive Documents shall be mutually decided between the Parties. Along with the Definitive Documents, this MOU shall represent the entire understanding as to the subject matter hereof and shall



  
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Ph. No: 02555 223366



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Nampur Road, Satana, Dist. Nashik 423301





Shreeshakti Shaikshanik Sanstha's

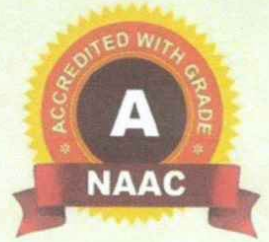
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supersede any prior understanding between the Parties on the subject matter hereof.

## CLAUSE 2: SCOPE OF THE MoU

- 2.1 The budding graduates from the institutions could play a key role in technological up-gradation, innovation and competitiveness of for patient care. Both parties believe that close co-operation between the two would be of major benefit to the student community to enhance their skills and knowledge.
- 2.2 **Hospital Training & Visits:** Hospital and Institution interaction will give an insight into the latest developments / requirements of the industries; the Second Party to permit the Faculty and Students of the First Party to visit its hospital and also involve in hospital Training Programs for the First Party. The Second Party will provide its hospital Sites for the hands-on training of the learners enrolled with the First Party.
- 2.3 **Skill Development Programs:** Second Party to train the students of First Party on the emerging technologies like ECG, Stethoscope in order to bridge the skill gap and make them patient ready.
- 2.4 **Guest Lectures:** Second Party to extend the necessary support to deliver guest lecturers to the students of the First Party on the technology trends and in house requirements.
- 2.5 Both Parties to obtain all internal approvals, consents, permissions, and licenses of whatsoever nature required for offering the programs on the terms specified herein
- 2.6 There is no financial commitment on the part of the Divine Collage of Pharmacy, Satana, and the First Party to take up any program mentioned in the MoU. If there is any financial consideration, it will be dealt separately.

## CLAUSE 3: INTELLECTUAL PROPERTY

- 3.1 Nothing contained in this MOU shall, by express grant, implication, Estoppel or otherwise, create in either Party any right, title, interest, or license in or to the



  
**Shri Sai Hospital**  
Taharbad Road, Satana (Nashik)  
Ph.No: 025551223366

  
**PRINCIPAL**  
**DIVINE COLLEGE OF PHARMACY**  
Nampur Road, Satana, Dist. Nashik 423301



Shreeshakti Shaikshanik Sanstha's

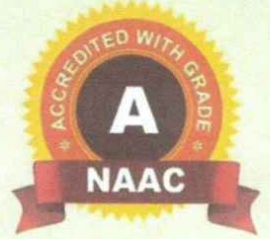
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intellectual property (including but not limited to know-how, inventions, patents, copy rights and designs) of the other Party.


#### CLAUSE 4: VALIDITY

- 4.1 This Agreement will be valid until it is expressly terminated by either Party on mutually agreed terms, during which period Shree Sai Hospital, Satana the Second Party, as the case may be, will take effective steps for implementation of this MOU. Any act on the part of Training Partner or Shree Sai Hospital, Satana the Second Party after termination of this Agreement by way of communication, correspondence etc., shall not be construed as an extension of this MOU
- 4.2 Both Parties may terminate this MOU upon 30 calendar days' notice in writing. In the event of Termination, both parties have to discharge their obligations

#### CLAUSE 5: RELATIONSHIP BETWEEN THE PARTIES

- 5.1 It is expressly agreed that First Party and Second Party are acting under this MOU as independent contractors, and the relationship established under this MOU shall not be construed as a partnership. Neither Party is authorized to use the other Party's name in any way, to make any representations or create any obligation or liability, expressed or implied, on behalf of the other Party, without the prior written consent of the other Party. Neither Party shall have, nor represent itself as having, any authority under the terms of this MOU to make agreements of any kind in the name of or binding upon the other Party, to pledge the other Party's credit, or to extend credit on behalf of the other Party.

  
**PRINCIPAL**  
 Divine College of Pharmacy  
 Nampur Road, Satana, Dist. Nashik-423 301

  
**Dr. Atul K. Jadhav**  
 B.A.M.S. (Pune)  
 Second Party  
 Reg. No. 1-38058-A-1

Any divergence or difference derived from the interpretation or application of the MoU shall be resolved by arbitration between the parties as per the Arbitration Act, 1996. The place of the arbitration shall be at District Head Quarters of the First Party. This undertaking is to be construed in accordance with Indian Law with exclusive jurisdiction in the Courts of Satana.



  
**Shri Sai Hospital**  
 Taherabad Road, Satana (Nashik)  
 Ph.No: 025551223766

**PRINCIPAL**  
 DIVINE COLLEGE OF PHARMACY  
 Nampur Road, Satana, Dist. Nashik: 423301





Shreeshakti Shaikshanik Sanstha's

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### AGREED:

Divine Collage of Pharmacy, Satana

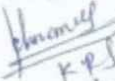
Shree Sai Hospital, Satana

  
**PRINCIPAL**  
Divine Collage of Pharmacy  
Authorized Signatory  
Nampur Road, Satana, Dist. Nashik-423 301


  
**Dr. Atul K. Jadhav**  
B.A.M.S.(Pune)  
Authorized Signatory  
2013-19

Divine Collage of Pharmacy, Satana	Shree Sai Hospital, Satana
Address: Nampur Road, Satana, Maharashtra, India- 423301	Address: Taharabad Road, Satana, Maharashtra, India- 423301
Contact Details- 02555 226 009	Contact Details - Mob - 7798180970
E-mails- <a href="mailto:divinecop15@gmail.com">divinecop15@gmail.com</a>	E-mails- <a href="mailto:ajadhav185@gmail.com">ajadhav185@gmail.com</a>
Web - <a href="http://divinepharmacy.in">divinepharmacy.in</a>	Web -

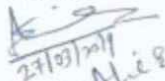
Witness1:

  
K.P. Senanayake  
27/03/19


Witness2:

  
H.S. Khare  
27-3-19

Witness3:

  
E.D. Ahire  
27/03/2019

Witness4:

  
2013/19




**Shri Sai Hospital**

Taharabad Road, Satana, (Nashik)

Ph.No:02555223366



  
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**List of staff benefited with leaves :**

Sr.	A/Y	Type of leave	Name of Staff
1	2017-18	Maternity Leave	Mrs. Bhadane Rupali R.
2	2018-19	-	Dr. Somavanshi D.B.
3	2019-20	-	-
4	2020-21	Medical leave	Mrs. Shah Heena
5	2021-22	-	-
6	2022-23	Medical Leave	Dr. Patil C.D.
7	2022-23	Maternity Leave	Mrs Pansare Kajal V.



  
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## Leave application by Mrs. Bhadane Rupali R. to The Principal

Mrs Bhadane Rupali R.  
Asst. Prof.  
Pharmaceutical  
Chemistry Department,  
Divine cop, Satana

To,  
The Principal,  
Divine college of Pharmacy,  
Satana

Subject: Maternity Leave

Respected sir,

I am writing to inform you that I am expecting a child in the coming months. My physician estimates that the baby will be born around month 15 March 2019. Because of this expected arrival, I would like to formally request maternity leave beginning month January 2019. I expect to return to work on month June 2019 assuming that I am fully recovered from the delivery and ready to assume a full time work schedule.

Thank you for taking the time to consider my request. I look forward to your response.

Sincerely,  
Rupali R.

Forwarded  
to Hon. secretary  
for further decision  
in this matter.  
(Total CL left = 061)  
Total ML left = 04  
20/11/19/2018  
RUPALI

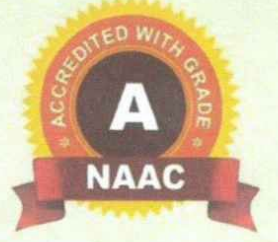


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**Leave Sanction letter: Mrs. Bhadane Rupali R**

**श्रीशक्ती**  
शैक्षणिक संस्था

श्रीशक्ती शै. (अंश १८६) शै. नं. १००११/१००१/१००१, नाशिक, दि. ३ मार्च, २००१ व मुंबई अंश १९६० शै. नं. एच-२२११ (एशिया), दि. १७/१०/२००१ अन्वये सौंपले

सदरमालय : मंगुरुम, एच-२२, शेती-२/२/५, सातनाची धोब, चवन्नगला, नवीन नाशिक, नाशिक - ८  
फोन: (०२५५) २२६२२२२, २२६२२२३, फॅक्स: (०२५५) २२६२२२२  
E-mail : shreshaktias.nashik@rediffmail.com | Web : www.shreshakti.org.in

जा.क्र.: एसएसएस/२०४/२०१८-१९ दिनांक : २६/१२/२०१८

प्रति,  
प्राचार्य,  
डिव्हाईन कॉलेज ऑफ फार्मसी,  
सटाणा, ता.बागलाण,  
जि.नाशिक.

Inward No. DCP/2018-19  
Date: 02/09/2018

विषय :- प्रसुतीकालीन रजा मंजूर करणेबाबत...

संदर्भ :- महाविद्यालयाकडील दि. १९/१२/२०१८ रोजीचे पत्र.

उपरोक्त विषयांस अनुसरून कळविण्यांत येते की, वरील संदर्भीय पत्रान्वये आपण आपल्या महाविद्यालयातील फार्मास्युटीकल केमिस्ट्री या विषयाच्या सहाय्यक प्राध्यापिका सौ.रुपाली राजेंद्र भदाने यांचा दिनांक ०१/०१/२०१९ ते ३१/०६/२०१९ या कालावधीचा प्रसुतीकालीन रजेचा अर्ज मंजूरीसाठी इकडेस पाठविला आहे.

तरी सौ.रुपाली राजेंद्र भदाने यांची पत्रातील नमूद कालावधीतील प्रसुतीकालीन रजा संस्था स्तरावर मंजूर करण्यांत येत आहे, याची नोंद घ्यावी.

सचिव  
श्रीशक्ती शैक्षणिक संस्था  
ता. जि. नाशिक





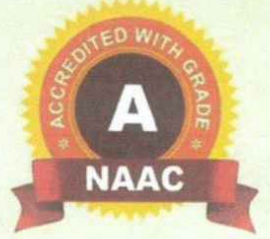
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Application by Mrs. Khairnar Suvarna

**Maternity Leave Application**

Mrs. Khairnar Suvarna S.  
Lecturer  
Pharmacology Department  
Divine College of Pharmacy, Satana.

To,  
The principal,  
Divine college of pharmacy,  
Satana, Nashik.

**Subject: Maternity Leave Application.**

Respected Sir,

I am please to inform you that I am expecting a child in the coming months. My physician estimated that the baby will be born around month 15 Oct 2021.

Because of this expected arrival .I would like to formally request maternity leave beginning month 07 Aug 2021.I expect to return to work on month Feb 2022 assuming that I am fully recovered from delivery and ready to assume a full time work schedule.

While I am on leave during ongoing pandemic, I am able to take lectures via online mode for few months. I have completed all assigned tasks before due. If you will kindly grant me accordingly.

Thank you for taking the time to consider my request. I look forward to your response.

Sincerely,  
  
Mrs. Khairnar Suvarna S.

TO  
Hon. Bhau  
For Permission  
Put Pose  
  
07/07/21



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Application by Mrs. Kajal Pansare

LEAVE APPLICATION

Date: 11/02/2023

To  
R/S. Principal,  
Divine College of Pharmacy,  
Satana, Nashik.

**Subject:** About Maternity Leave

Respected Sir,

I, Kajal V. Pansare working as Assistant Professor at Department of Pharmacology to our Divine College of Pharmacy, Satana.

I have been pregnant since the last 8 months and now seeking maternity leave as suggested by the doctor. I am writing to inform you of my intention to take the upcoming maternity leave. I plan to start my maternity leave on 17<sup>th</sup> Feb 2023 and return to the office by 15<sup>th</sup> July 2023.

I request you to please approve my maternity leave for the period mentioned above. I look forward to your positive reply.

Thank you...

Forwarded to  
Central Office

Yours Sincerely,

Prof. Kajal V. Pansare

Assistant Professor

(Department of Pharmacology)



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Leave application of Mrs. Heena Shah for marriage :

Request Letter

Date: 4/11/2022


To,  
The Director/Secretary/Principal,  
Shreeshakti Shaikshanik Sanstha's,  
Divine College of Pharmacy,  
Divine Campus, Nampur Road, Satana.


**Subject:** Request letter for leave of absence (gap leave) marriage reason.

Respected Sir,

With all due respect I would like to inform you that my marriage will be planned on 25<sup>th</sup> Dec 2022, for that, as this time is really important for me and this is an imperative instance of my life, due to family reason I need gap leave (Leave of absence) for 6 months from 14 Nov to 20 May 2023, The reason for gap is nothing else than that of my marriage and also family circumstances, I request you to permit me to take this leave with given duration. I will rejoin my duty from 20<sup>th</sup> May 2023. I would be very obliged if you could kindly grant me leave and looking forward to a positive response.

Thank you!

Yours faithfully,  
  
(Miss. Hina Salim Shah Fakir)  
Assistant Professor  
Department (Pharmaceutics)

*Resp. Sir,  
Can be allowed  
for max 2 months*  




  
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Nampur Road, Satana, Dist. Nashik 423301



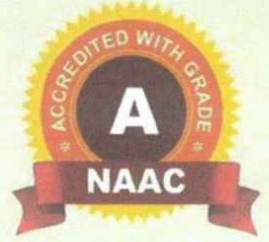
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Medical Leave application by Prof. Patil C.D.:

Date: 06/09/2022

To,  
Principal  
Divine College of Pharmacy,  
Nampur road, Satana  
Dist. Nashik

Subject: Application for sanctions of Medical leave.  
(Reason: Trimalleolar Fracture)

Respected sir,

With reference to above cited subject I undersigned Mr. Chandrashekhar D. Patil, working as Head of Diploma & Assistant Professor in our Divine College of Pharmacy since 2018 to till date. I had Accident in last month dated 3/8/2022 with severe Trimalleolar fracture (ankle fracture), so I could not possible to walk properly.

I hope you will understand my state of constraining, so kindly allow me Medical leave.

I have attached a copy of Medical certificate & another necessary documents.

So kindly consider my request & acknowledge the same.

Thanking You,

*Allowed.*  
Yours Faithfully

Mr Chandrashekhar Dinkar Patil  
(HOD & Assistant Professor)

To, Resp. Sir,  
Kindly consider  
as a special leave  
for sep 2022  
07/09/2022



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Shreeshakti Shaikshanik Sanstha's

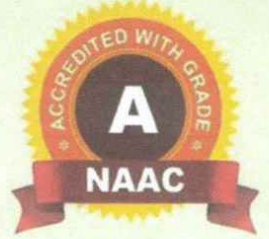
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Phone: (02555) 226009

E-mail: divinecop15@gmail.com

Web: www.divinepharmacy.in



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## Medical leave application by Prof. Shah Heena :

Application Letter

Date: 14/10/2020

To: The Principal Sir,  
Deop. Satana

Subject: Application for sick leave  
(Bell's palsy facial paralysis)

Respected sir,

I am writing this application to inform you my illness. I am suffering from minor Bell's palsy attack facial paralysis on my face of left side from 14/10/2020. The doctor advised me to take complete rest for some days for recovery of muscle with medicinal treatment and also suggested me proper massage on face, but still I am feeling pain on affected side, ear and neck and sensation paralyzed side.

For that I need a break from work to recover properly. I will try my best to check my account occasionally for important mail and also message on whatsapp important group of our college and also continue doing work related with exam and also taking regular lecture of given subject from home.

Looking forward to your prompt response on this matter, I hope you understand the circumstances under which I am applying for this leave. Let me know for any clarification with in this regards.

Thanking you!

Yours faithfully  
Heena Shah  
14/10/2020



Principal  
Divine College of Pharmacy  
Nampur Road, Satana, Dist. Nashik-423301



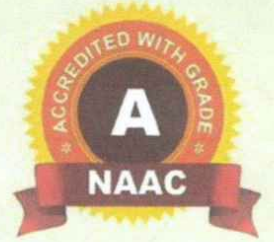
Shreeshakti Shaikshanik Sanstha's  
**DIVINE COLLEGE OF PHARMACY**

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College Canteen :



*[Signature]*  
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DIVINE COLLEGE OF PHARMACY  
Nampur Road, Satana, Dist. Nashik 423301



Shreeshakti Shaikshani Sanstha's

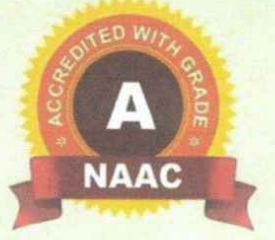
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## FSSAI Certificate:

 <p>महाराष्ट्र शासन Government of Maharashtra</p>														
<p>Food And Drug Administration, Maharashtra State नॉदणी प्रमाणपत्र / REGISTRATION CERTIFICATE [ नियमवली २.१.१(५) ] / [See Regulation 2.1.1 (5) ] अन्न सुरक्षा व मानदे अधिनियम २००६ Food Safety and Standards Act, 2006</p>														
<p>नॉदणी क्रमांक / Registration No. <b>21520130000119</b></p>														
<p>1. अन्न व्यवसायाचा चालकाचे नाव व पता Name &amp; Address of Food Business Operator. -</p>	<p>VIJAY HARISHCHANDRA PAGAR / SHRI MAHALAXMI BHOJNALAY / TAHARABAD ROAD ANAND FLOOR MILE, SATANA TAL SATANA DIST NASHIK Pincode 423301, Satana, Nashik Rural 1 (Maharashtra), - 423301</p>	<p>Validity Annexure Annexure FOOD SAFETY GUIDELINES</p> 												
<p>2. अन्न आस्थापनेचा पता (तागू असल्यास) Address of Food Business ( If Applicable )</p>	<p>TAHARABAD ROAD ANAND FLOOR MILE, SATANA TAL SATANA DIST NASHIK Pincode 423301, Satana, Nashik Rural 1 (Maharashtra), - 423301</p>													
<p>3. व्यवसायाचा प्रकार / Kind of Business</p>	<p>Food vending establishment Home based canteens/dabba wallas</p>													
<p>4. पूर्वीचा महाराष्ट्र अन्न भेसक प्रतिबंधक परवाना क्रमांक (असल्यास) Previous M.P.F.A. Licence No. ( If Applicable )</p>	<p>No</p>													
<p>5. सदरचे नॉदणी प्रमाण पत्र हे अन्न सुरक्षा व मानदे अधिनियम २००६, नियम २०११ व नियमनच्या अधिन राहून मंजूर करण्यात येत असून त्यातील तरतुदीचे पालन करणे नॉदणीकृत अन्न व्यवसायिक यांना आहे. / The Registration certificate is granted under and is subject to the provisions of Food Safety Standards Act 2006, Rule and Regulation 2011 which must be complied with by the Registered Food Business Operator.</p>														
<p>6. अन्न सुरक्षा व मानदे (अन्न व्यवसायाची नॉदणी व परवाने) नियमन २०११ चे परिशिष्ट - ४ चे भाग - १ मध्ये दर्शविलेल्या सर्व सूचनांचे पालन करणे बंधनकारक आहे. / Food Business operator shall follow/ practice all requirements mentioned in Part-I of Schedule -4 of Food Safety &amp; Standards (Licensing &amp; Registration of Food Business) Regulation 2011.</p>														
<p>हे फक्त नॉदणीपत्र असून परवाना नाही. नॉदणीकृत संस्थेस किंवा व्यक्तीस झालेल्या बांधकामासंबंधी किंवा जागेसंबंधी कोणताही मालकी हक्क अथवा ; कोणतेही हक्क प्राप्त होत नाही किंवा या नॉदणीद्वारे व्यक्तीस / संस्थेस कुठलीही मालकी प्राप्त होत नाही, याची नोंद घ्यावी. / This is merely a registration certificate and not a License. It does not bestow any property right or any other rights as regards ownership of structure or land etc. or confer any right of ownership.</p>														
<p>नॉदणी धारक/ संस्था / व्यक्ती ही कायद्याने प्रस्तावित केलेले कोणतेही न्यायालय जसे कि /जिल्हा सत्र न्यायालय /उच्च न्यायालय / सर्वोच्च न्यायालय वेळीवेळी दिलेल्या आदेशांचे पालन करणे बंधनकारक आहे. / Registered firm/ Person will be governed and abide by all orders issued as and when by any court constiuted by law in India Specifically Session court / High Court/ Supreme Court etc.</p>														
<p><b>मान्यकरण / Validation</b></p> <table border="0"> <tr> <td>नॉदणी / नूतनीकरण कालावधी / Registration/Renewal Date :</td> <td>11/06/2020</td> </tr> <tr> <td>वैधता विधीग्रह्यता / Period of Validity :</td> <td>5 Year(s)</td> </tr> <tr> <td>पर्यंत वैधता / Valid Upto :</td> <td>10/06/2025</td> </tr> <tr> <td>अदा केलेले नॉदणी शुल्क / Registration Fee Paid :</td> <td>Rs. 500</td> </tr> <tr> <td>स्थळ / Place :</td> <td></td> </tr> <tr> <td>दिनांक / Date :</td> <td>11/06/2020</td> </tr> </table>			नॉदणी / नूतनीकरण कालावधी / Registration/Renewal Date :	11/06/2020	वैधता विधीग्रह्यता / Period of Validity :	5 Year(s)	पर्यंत वैधता / Valid Upto :	10/06/2025	अदा केलेले नॉदणी शुल्क / Registration Fee Paid :	Rs. 500	स्थळ / Place :		दिनांक / Date :	11/06/2020
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स्थळ / Place :														
दिनांक / Date :	11/06/2020													
<p>नॉदणी प्राधिकारी यांचे शिक्का व स्वाक्षरी / Stamp and Signature of Registration Authority</p>														
<p><b>Disclaimer : 1 - This Registration Certificate is only to commence or carry on the food businesses and not for any other purpose.</b></p>														



  
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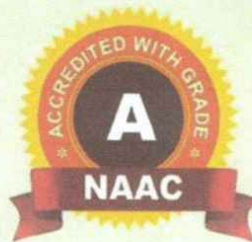
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Sports facility provided:



  
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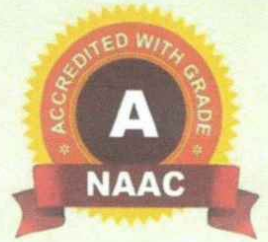
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**Staff Appraisal Report:**

Shreeshakti Shaikshanik Sanstha's  
**DIVINE COLLEGE OF PHARMACY**  
 Address: Nampur Road, Satana, Dist-Nashik-423301

---

**SELF-APPRAISALREPORT OF TEACHERS**  
 YEAR OF PERFORMANCE APPRAISAL: 20 - 20

PART "A"

1. General Information

a. Name	
b. Qualification	
c. Name of Department	
d. Designation	
e. Mobile number	
f. Email address	
g. Date of birth	
i. Date of Appointment in this institution	
j. Date of Appointment Present Post	

2. Teaching

a. Academic activities and details

Class	Subject code	Subject	Theory	Practical	Prescribed Lecture/ Practical	Conducted Lecture/ Practical
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		



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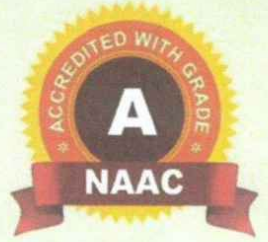
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**Format for Staff Appraisal Report:**

Total Leave taken form 01/06/2021 to 30/06/2022

Casual leave	___ days	Medical Leave	___ days
Duty Leave	___ days	Leave Without Pay	___ days
C-off Leave	___ days	Other (Specify)	___ days
If other, Specify here = -NA-			

**b. Action taken on role and responsibilities as per portfolio.**

Role and Responsibilities	Designation	Work Done	Remark

**c. Involvement in the college students related Co-curricular and Extra-Curricular Activities.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**d. Examination and evaluation duties assigned by the college / university or attending the examination paper evaluation.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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 Nampur Road, Satana, Dist. Nashik-423301



Shreeshakti Shaikshanik Sanstha's

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## Format for Staff Appraisal Report:

e. Student related co-curricular, extension and field based activities such as student clubs, career counselling, study visits, student seminars and other events. Cultural, sports, NCC, NSS and community services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. Organization/ Participation in any seminars / Conference /workshop, other college /university activities.

No	Title	Sponsored by	Place and Date

g. Conducting minor or major research project

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

h. Number of books / research papers published/ presented at seminars /Conferences, etc. in 2021-22:

	International	National	State/ Local	Impact factor
Peer reviewed journals				
Non-reviewed journals				
E-journals				
Conference proceedings				
Books with ISBN				
Books without ISBN				
Chapters in books with ISBN				



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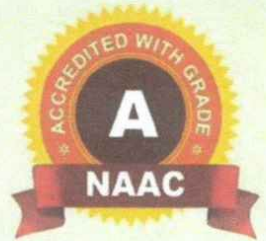
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## Format for Staff Appraisal Report:

i. Awards/Fellowship

a. International

\_\_\_\_\_

b. National

\_\_\_\_\_

j. Patents taken, if any, during the year; give a brief description:

\_\_\_\_\_

k. Any Other

\_\_\_\_\_

I hereby declare that the information given above is true to the best of my knowledge and belief.

(Name and Signature of the Teacher with date)



*[Signature]*  
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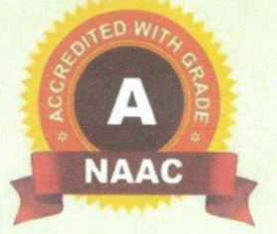
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### Staff benefited with fees concession

दि. 22/08/2023

प्रति,  
मा. प्राचार्य सो.,  
डिवाइन कॉलेज ऑफ फार्मसी,  
नामपुर रोड, सटाणा,  
ता. बागलाण, जि. नाशिक.

विषय :- पाल्यांच्या प्रवेश शुल्कात सवलत मिळणेबाबत...

वरील विषयान्वये आपल्या श्रीशक्ती शैक्षणिक संस्था संचलित डिवाइन इंग्लिश मेडिकल स्कूल, सटाणा येथे आमच्या पाल्यांचे विविध वर्गांचे प्रवेश घेतलेले असून आमच्या पाल्यांच्या प्रवेश शुल्कात सवलत मिळावी हि नम्र विनंती.

कळावे,  
धन्यवाद...

अर्जदार पालकांची नावे:-

श्री. शिवराज पोपट जाधव *[Signature]*  
श्री. विजयराज नरेंद्र सोनवणे *[Signature]*  
श्री. गणेश भास्करराव सोनवणे *[Signature]*  
श्री. केशव वाल्मिक आव्हाड *[Signature]*  
श्री. गौरव देविदास मोरे *[Signature]*  
श्री. राहुल चंद्रकांत आहिरे *[Signature]*

Forwarded to  
central office

- Kindly consider the  
application

- NAAC - Criteria-06  
Faculty empowerment strategy  
fees concession for staff children

20+5%  
only for tuition  
fees  
15/09



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**List of Faculty Member provided Laboratory Facilities to carry out research work / Ph.D. and Supporting documents**

Sr	Name of Faculty	A/Y of Registration from	Lab facility provided for	University
1	Mr. Sonawane G. B.	2020-21	Ph.D. Work	Suresh Gyan Vihar University Rajasthan
2	Mr. Surana K. R.	2020-21	Ph.D. Work	SPPU Pune
3	Mr. Jadhav S.P.	2020-21	Ph.D. Work	Suresh Gyan Vihar University Rajasthan
4	Mr. Sonawane V. N.	2021-22	Ph.D. work	Shri JJT University, Rajasthan
5	Ms Pansare Kajal	2022-23	Ph.D. Work	SPPU Pune
6	Mr. Sharma Y.P.	2022 -23	Ph.D. Work	Shri JJT University, Rajasthan
7	Miss Pol Mayuri P.	2022-23	Ph.D. Work	Shri JJT University, Rajasthan



  
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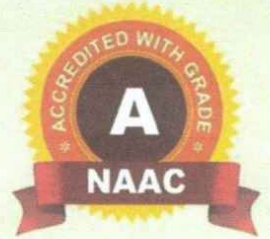
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**Ph.D. Registration letter : Mr. Surana K R.:**

**Savitribai Phule Pune University**  
(Formerly University of Pune)



Telephone Nos. : 25621205  
25621210  
25621211

Ganeshkhind, Pune - 411 007.  
Email : [pgadmis@pun.unipune.ac.in](mailto:pgadmis@pun.unipune.ac.in)

Ref. No./PGS/Ph.D./ 1759

Date: 13 OCT 2020

To,  
The Principal,  
Mahatma Gandhi Vidya Mandir  
College of Pharmacy, Panchawati,  
Nashik - 422 003.

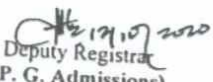
Sir/Madam,

The Ph. D. Cases forwarded by the Centre were placed before Meeting held on 25/09/2020 in the subject **Pharmaceutical Chemistry (Science and Technology)** The decision/s of the Authority is as follows.

Sr. No.	Name of the Candidate & Name of the Guide	Remarks
1.	Mr. Khemchand R. Surana  Guide- Dr. Sunil Mahajan	Topic Approved & Admitted w. e. f. 15/02/2020  "Design, Synthesis and Characterization of Coumarin Based Molecules and their Invitro and In vivo Evaluation."

Please comply with the directions of the Research & Recognition Committee and communicate to this office at the earliest.

Thanking You,

Yours faithfully,  
  
Deputy Registrar  
( P. G. Admissions)

*Handwritten notes:*  
22/10/20  
Office  
Signature: S. Daviskal  
23/10/20



  
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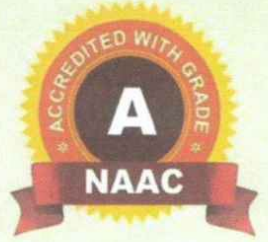
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**Ph.D. Registration letter : Mr. Jadhav S. P. :**



**Ph.D Registration letter**

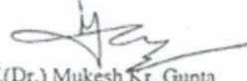
No. RS/SGVU/DeRes/Pharmacy/128/2020-2021

Date 18.08.2020

From:  
Asso. Dean (Research)  
Suresh Gyan Vihar University  
Jaipur

Dear Sir/Madam,

With reference to your endorsement on the application of **Mr. Jadhav Shivraj Popat** for registration in faculty of **Pharmacy** as a Research Scholar to supplicate for the Ph.D. degree of the university. I am to inform you that research scholar has been permitted by the Honorable President on behalf of the Board of Management of Suresh Gyan Vihar University Jaipur to carry out research on the topic titled-**"Formulation and Evaluation of Antischizophrenic drug loaded Nanosuspensions"** under the supervision of **Dr.Himmat Singh**. The date of commencement of research work will be the date on which the candidate commences work but it should not be earlier than the date of approval of synopsis by the DRC held on **Date: 28/7/2020**

  
Prof.(Dr.) Mukesh Kr. Gupta  
Asso. Dean (Research)  
Suresh Gyan Vihar University  
Jaipur

Dr. MUKESH KUMAR GUPTA  
ASSOCIATE DEAN (RESEARCH)  
SGVU, JAIPUR.

Copy

- (1) Mr Jadhav Shivraj Popat (Candidate)
- (2) Dr.Himmat Singh(Supervisor)
- (3) Dr . S.K. singh(DRC Convener)



  
**PRINCIPAL**  
DIVINE COLLEGE OF PHARMACY  
Nampur Road, Satana, Dist. Nashik 423301



Shreeshakti Shaikshanik Sanstha's  
**DIVINE COLLEGE OF PHARMACY**

Nampur Road, Satana, Tal. Baglan, Dist. Nashik-423301 (M.S.)

Phone: (02555) 226009


E-mail: divinecop15@gmail.com

Web: www.divinepharmacy.in



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Ph.D. Registration letter : Mr. Sonawane V. N.:



**SHRI JAGDISHPRASAD JHABARMAL TIBREWALA  
UNIVERSITY**

Conducted by Dr. Navajitendra Singh, Director,  
Department of Ph.D. Research, J.J.T.U. Nashik, Maharashtra

UGC & PCI Approved



**Provisional Registration Letter**

Ref. No.: JJTU/R&D/PRL/10097

Date: 06/09/2021


Ms. / Mrs. / Mr. Sonawane Vijayraj Narendra,  
 Aai Bunglow Shiveri Colony Nampur Road Satana Distt Nashik Maharashtra-

Dear Scholar,

It is for your information that, after declaration of entrance test result of August 2021 Batch you have been provisionally registered as a Ph.D. Scholar from 29, August 2021 in Subject of Pharmacy and your Provisional Registration Number is 29821018. You will submit your synopsis within 1 year from the date of your registration. You are required to attend course work classes in the University campus as per schedule.

Note: -

- Failing above requirements your provisional registration shall be cancelled.
- If already submitted/deposited above mentioned requisite, then please ignore it.



Registrar

<p><b>Main Office :</b>                  Vidya Nagari, Jhunjhunu-Churu Road, Chudela,                  Dist. Jhunjhunu- 333001, Rajasthan                  Tel.: 8104883413, 9116198933                  E-mail: phd@jtu.ac.in Website : www.jtu.ac.in</p>	<p><b>Mumbai Office :</b>                  C/o Shri Rajasthani Seva Sangh, J.B Nagar, Andheri (E),                  Mumbai-400059. (MAH)                  Tel.: 9323973505/9819695239                  E-mail: jtu@jtu.ac.in                  Website : www.jtu.ac.in</p>
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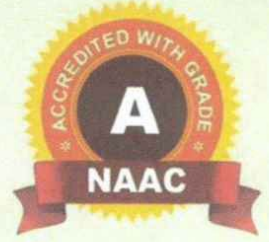
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Affiliated to Savitribai Phule Pune University - Pune (CPHN020560) & MSBTE - Mumbai (1952). AISHE: C-55802.

**Ph.D. Registration letter : Ms Kajal Pansare. .:**

**Savitribai Phule Pune University  
(Formerly University of Pune)**



Tel. Nos: (020) 2562 1227/1212/1205  
Fax no. : 020 25699232

Ganeshkhind, Pune - 07  
Email : pgadmis@pun.unipune.ac.in


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Ref. No.: PGS/1808 Date : 15/10/2022

To,  
The Principal / Director / Head  
K.B.H.S.S.Trust K.B.H.S.S.Trusts Instit.Of  
Pharmacy Addr: Bhaygaon Road Malegaon  
Camp Ta: Malegaon Dist: Nashik  
[CPIN018110]


Sir/Madam

The Ph.D. cases forwarded by your Institute/Centre were placed before the Research & Recognition Committee in Pharmacology (Science and Technology) held on 19/07/2022. The decision/s of Research & Recognition Committee are as follows :

Sr.No.	Name of the candidate & Name of the Guide	Remarks
1.	Kajal Pansare Guide : Dr. Bairagi Vinod Ashokdas 	Topic Approved and Admitted w.e.f. 18/04/2022 as follows :- Protective effect of some natural products in animal models of nephropathy.

Please comply with the directions of Research & Recognition Committee and University Communicate to this office at the earliest.

Thanking You,

Yours faithfully,  
  
Assistant Registrar  
(P.G.Admissions)

Copy to :

- Mr./Ms. Kajal Pansare  
K.B.H.S.S.Trust K.B.H.S.S.Trusts Instit.of Pharmacy Addr: Bhaygaon Road Malegaon Camp Ta: Malegaon Dist: Nashik
- Dr. Bairagi Vinod Ashokdas  
K.B.H.S.S.Trust K.B.H.S.S.Trusts Instit.of Pharmacy Addr: Bhaygaon Road Malegaon Camp Ta: Malegaon Dist: Nashik



  
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