



Dr. D. Y. Patil Pratishthan's  
**Dr. D. Y. PATIL COLLEGE OF PHARMACY**

Dr. D. Y. Patil Educational Complex, Sector - 29, Pradhikaran, Akurdi, Pune 411 044.  
Tel. : 020-27656141, Tel. Fax : 020-27656141  
E-mail : info@dyppharmaakurdi.ac.in Web : www.dyppharmaakurdi.ac.in  
Approved by : All India Council for Technical Education, New Delhi  
Pharmacy Council of India, New Delhi. Recognized by : Government of Maharashtra  
Affiliated to Savitribai Phule Pune University, Pune

Dr. Sanjay D. Patil  
President

Padmashree Dr. D. Y. Patil  
Founder

Shri. Satej D. Patil  
Vce-President & Chairman

Dr. N. S. Vyawahare  
Principal

Ref. No. : DYPCOP/  
Date :

**E-copy of letter/s indicating financial assistance to any 10 Teachers**

**1. Ms. Kalyani Chande**

Dr. D. Y. Patil Pratishthan's  
Dr. D. Y. Patil College of Pharmacy,  
Akurdi, Pune -411044

**PROFORMA FOR FINANCIAL ASSISTANCE TO ATTEND SEMINAR/  
CONFERENCE/ WORKSHOP/ FDP/ STTP ETC.**  
(To be submitted to faculty coordinator)  
Name of Applicant: Ms. Kalyani Chande  
Category: Student/ Teaching Staff/ Supporting Staff  
(Please select appropriate option)  
Academic Year: 2021-22

Name of the event	Place	Duration (From---to--)	Expenditure Incurred towards registration charges (Rs.)
APTI Registration	-----	-----	1750

Date: \_\_\_\_\_  
Signature of Applicant  
Ms. Chande Kalyani

Remarks of Faculty Coordinator: I have verified the application and enclosures and hereby  
Recommend / Not recommend to reimburse the amount.  
 Recommend  
Dr. Satej D. Patil S.S. Satej  
Name and signature of Faculty Coordinator

Enclosures:

Approved/ Not approved  
 Approved  
Dr. N. S. Vyawahare  
Principal

(Post approval Details)  
FOR OFFICE USE ONLY

Total Amount Claimed (Rs.)	Total Amount reimbursed (Rs.)	Date of Reimbursement	Mode of Reimbursement
1750/-	1750/-	15/06/2022	Bank Transfer

Note: The filled form shall be attached with related voucher.

Signature of Accountant

2. Ms. Pooja Pawar

Dr. D. Y. Patil Pratishthan's  
Dr. D. Y. Patil College of Pharmacy,  
Akurdi, Pune -411044

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**PROFORMA FOR FINANCIAL ASSISTANCE TO ATTEND SEMINAR/  
CONFERENCE/ WORKSHOP/ FDP/ STTP ETC.**  
(To be submitted to faculty coordinator)

Name of Applicant: Ms. Pooja Pawar  
Category: Student/ Teaching Staff/ Supporting Staff  
(Please select appropriate option)  
Academic Year: 2021-22

Name of the event	Place	Duration (From---to--)	Expenditure Incurred towards registration charges (Rs.)
APTI Registration	-----	-----	1750

Date: \_\_\_\_\_

*Pooja Pawar*  
Signature of Applicant  
(Pooja Pawar)

Remarks of Faculty Coordinator: I have verified the application and enclosures and hereby  
Recommend / Not recommend to reimburse the amount.

*Dr. Sneha S. S. S. S.*  
Name and signature of Faculty Coordinator

Enclosures: \_\_\_\_\_

Approved/ Not approved  
*S.N.S.*  
Dr. N. S. Vyawahare  
Principal


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(Post approval Details)  
FOR OFFICE USE ONLY

Total Amount Claimed (Rs.)	Total Amount reimbursed (Rs.)	Date of Reimbursement	Mode of Reimbursement
1750/-	1750/-	15 June 2022	Bank Transfer

Note: The filled form shall be attached with related voucher.

*S.N.S.*  
Signature of Accountant



3. Ms. Neetu Khatri

Dr. D. Y. Patil Pratishthan's  
Dr. D. Y. Patil College of Pharmacy,  
Akurdi, Pune -411044

PROFORMA FOR FINANCIAL ASSISTANCE TO ATTEND SEMINAR/  
CONFERENCE/ WORKSHOP/ FDP/ STTP ETC.

(To be submitted to faculty coordinator)

Name of Applicant: Ms. Neetu Khatri  
Category: Student/ Teaching Staff/ Supporting Staff  
(Please select appropriate option)  
Academic Year: 2021-22

Name of the event	Place	Duration (From---to--)	Expenditure Incurred towards registration charges (Rs.)
APTI Registration	-----	-----	1750

Date:

Signature of Applicant

Remarks of Faculty Coordinator: I have verified the application and enclosures and hereby  
Recommend / Not recommend to reimburse the amount.

*S. S. Sadeq*  
Name and signature of Faculty Coordinator

Enclosures:

Approved/ Not approved

*[Signature]*  
Dr. N. S. Vyawahare  
Principal

(Post approval Details)  
FOR OFFICE USE ONLY

Total Amount Claimed (Rs.)	Total Amount reimbursed (Rs.)	Date of Reimbursement	Mode of Reimbursement
1750/-	1750/-	15 June 2022	Bank Transfer

Note: The filled form shall be attached with related voucher.

Signature of Accountant



4. Ms. Shubhangi Jadhav

Dr. D. Y. Patil Pratishthan's  
Dr. D. Y. Patil College of Pharmacy,  
Akurdi, Pune -411044

PROFORMA FOR FINANCIAL ASSISTANCE TO ATTEND SEMINAR/  
CONFERENCE/ WORKSHOP/ FDP/ STTP ETC.

(To be submitted to faculty coordinator)

Name of Applicant: Ms. Shubhangi Jadhav

Category: Student/ Teaching Staff/ Supporting Staff

(Please select appropriate option)

Academic Year: 2021-22

Name of the event	Place	Duration (From---to--)	Expenditure Incurred towards registration charges (Rs.)
APTI Registration	-----	-----	1750

Date:

*Shubhangi*  
Signature of Applicant

Remarks of Faculty Coordinator: I have verified the application and enclosures and hereby  
 Recommend /  Not recommend to reimburse the amount.

*Dr. Smruti Sadch S.S. Soder*  
Name and signature of Faculty Coordinator

Enclosures:

Approved/  Not approved

*[Signature]*  
Dr. N. S. Vyawahare  
Principal

(Post approval Details)  
FOR OFFICE USE ONLY

Total Amount Claimed (Rs.)	Total Amount reimbursed (Rs.)	Date of Reimbursement	Mode of Reimbursement
1750/-	1750/-	15 June 2022	Bank Account

Note: The filled form shall be attached with related voucher.



*[Signature]*  
Signature of Accountant

5. Ms. Rasika Deshpande

Dr. D. Y. Patil Pratishthan's  
Dr. D. Y. Patil College of Pharmacy,  
Akurdi, Pune -411044

PROFORMA FOR FINANCIAL ASSISTANCE TO ATTEND SEMINAR/  
CONFERENCE/ WORKSHOP/ FDP/ STTP ETC.

(To be submitted to faculty coordinator)

Name of Applicant: Ms. Rasika Deshpande

Category: Student/ Teaching Staff/ Supporting Staff

(Please select appropriate option)

Academic Year: 2021-22

Name of the event	Place	Duration (From---to--)	Expenditure Incurred towards registration charges (Rs.)
APTI Registration	-----	-----	1750

Date:

*R. Deshpande*  
Signature of Applicant

Remarks of Faculty Coordinator: I have verified the application and enclosures and hereby  
 Recommend /  Not recommend to reimburse the amount.

*Dr. Sneeta Sade S.S. Sode*  
Name and signature of Faculty Coordinator

Enclosures:

Approved/ Not approved

*[Signature]*

Dr. N. S. Vyawahare  
Principal

(Post approval Details)  
FOR OFFICE USE ONLY

Total Amount Claimed (Rs.)	Total Amount reimbursed (Rs.)	Date of Reimbursement	Mode of Reimbursement
<i>17506</i>	<i>17506</i>	<i>15 June 2022</i>	<i>Bank Transfer</i>

Note: The filled form shall be attached with related voucher.

*[Signature]*  
Signature of Accountant



6. Ms. Shraddha Dingare

Dr. D. Y. Patil Pratishthan's  
Dr. D. Y. Patil College of Pharmacy,  
Akurdi, Pune -411044

PROFORMA FOR FINANCIAL ASSISTANCE TO ATTEND SEMINAR/  
CONFERENCE/ WORKSHOP/ FDP/ STTP ETC.

(To be submitted to faculty coordinator)

Name of Applicant: Ms. Shraddha Dingare

Category: Student/ Teaching Staff/ Supporting Staff

(Please select appropriate option)

Academic Year: 2021-22

Name of the event	Place	Duration (From---to--)	Expenditure Incurred towards registration charges (Rs.)
APTI Registration	-----	-----	1750

Date:

*Shraddha*  
Signature of Applicant

Remarks of Faculty Coordinator: I have verified the application and enclosures and hereby  
 Recommend /  Not recommend to reimburse the amount.

*Dr. Smeeta Sarda S.S. Sarda*  
Name and signature of Faculty Coordinator

Enclosures:

Approved/ Not approved

*S.S. Sarda*

Dr. N. S. Vyawahare  
Principal

(Post approval Details)  
FOR OFFICE USE ONLY

Total Amount Claimed (Rs.)	Total Amount reimbursed (Rs.)	Date of Reimbursement	Mode of Reimbursement
1750/-	1750/-	15 JUNE 2022	Bank Transfer

Note: The filled form shall be attached with related voucher.



*B. Sarda*  
Signature of Accountant

7. Mr. Mukesh Mohite

DR. D. Y. PATIL FOUNDATION'S  
 Dr. D. Y. Patil College of Pharmacy,  
 Akurdi, Pune -411044

PROFORMA FOR FINANCIAL ASSISTANCE TO ATTEND SEMINAR/  
 CONFERENCE/ WORKSHOP/ FDP/ STTP ETC.

(To be submitted to faculty coordinator)

Name of Applicant: Mr. Mukesh Mohite

Category: Student/ Teaching Staff/ Supporting Staff

(Please select appropriate option)

Academic Year: 2019-20

Name of the event	Place	Duration (From---to--)	Expenditure Incurred towards registration charges (Rs.)
IPA's National Pharmacy Week Activity	Pune	23/09/2019 to 28/09/2019	4400

Date:

*M. Mohite*  
 Signature of Applicant

Remarks of Faculty Coordinator: I have verified the application and enclosures and hereby  Recommend /  Not recommend to reimburse the amount.

*S.S. Sarda*  
 Dr. Smeeta Sarda  
 Name and signature of Faculty Coordinator

Enclosures:

Approved/  Not approved

*N. S. Vyawahare*  
 Dr. N. S. Vyawahare  
 Principal

(Post approval Details)  
 FOR OFFICE USE ONLY

Total Amount Claimed (Rs.)	Total Amount reimbursed (Rs.)	Date of Reimbursement	Mode of Reimbursement
4400/-	4400/-	04 Feb 2020	Bank

Note: The filled form shall be attached with related voucher.

*[Signature]*  
 Signature of Accountant



8. Dr. Ashish Kulkarni

Dr. D. Y. Patil Pratishthan's  
Dr. D. Y. Patil College of Pharmacy,  
Akurdi, Pune -411044

PROFORMA FOR FINANCIAL ASSISTANCE TO ATTEND SEMINAR/  
CONFERENCE/ WORKSHOP/ FDP/ STTP ETC.

(To be submitted to faculty coordinator)

Name of Applicant: Dr. Ashish Kulkarni

Category: Student/ Teaching Staff/ Supporting Staff

(Please select appropriate option)

Academic Year: 2021-22

Name of the event	Place	Duration (From---to--)	Expenditure Incurred towards registration charges (Rs.)
International congress of society for ethanopharmacology	Pune	27/08/2021 to 29/08/2021	1000

Date:


  
Signature of Applicant

Remarks of Faculty Coordinator: I have verified the application and enclosures and hereby  Recommend / Not recommend to reimburse the amount.

*Dr. Sneeta Sarda S.S. Sarda*  
Name and signature of Faculty Coordinator

Enclosures:

Approved/ Not approved

  
Dr. N. S. Vyawahare  
Principal

(Post approval Details)  
FOR OFFICE USE ONLY

Total Amount Claimed (Rs.)	Total Amount reimbursed (Rs.)	Date of Reimbursement	Mode of Reimbursement
1000/-	1000/-	01 Dec 2021	Bank Transfer

Note: The filled form shall be attached with the original receipt.



  
Signature of Accountant



9. Dr. Vaibhav Vaidya

Dr. D. Y. Patil Pratishthan's  
Dr. D. Y. Patil College of Pharmacy,  
Akurdi, Pune -411044

PROFORMA FOR FINANCIAL ASSISTANCE TO ATTEND SEMINAR/  
CONFERENCE/ WORKSHOP/ FDP/ STTP ETC.

(To be submitted to faculty coordinator)

Name of Applicant: Mr. Vaibhav Vaidya

Category: Student/ Teaching Staff/ Supporting Staff

(Please select appropriate option)

Academic Year: 2019-20

Name of the event	Place	Duration (From--to--)	Expenditure Incurred towards registration charges (Rs.)
IPA sponsored sports event volley ball at modern college of pharmacy, Nigdi	Pune	27/01/2020 to 27/01/2020	400

Date:

*Vaidya*  
Dr. V. R. Vaidya  
Signature of Applicant

Remarks of Faculty Coordinator: I have verified the application and enclosures and hereby  
Recommend / Not recommend to reimburse the amount.

*S.S. Sade*  
Dr. Smeeta Sade  
Name and signature of Faculty Coordinator

Enclosures:

Approved/ Not approved

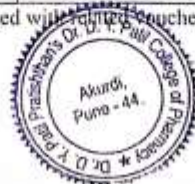
*S. N. S. Vyawahare*

Dr. N. S. Vyawahare  
Principal

(Post approval Details)  
FOR OFFICE USE ONLY

Total Amount Claimed (Rs.)	Total Amount reimbursed (Rs.)	Date of Reimbursement	Mode of Reimbursement
4000	4000	27 Jan 2020	Bank Transfer

Note: The filled form shall be attached with original voucher.



*S. N. S. Vyawahare*  
Signature of Accountant

10. Dr. Smita Sadar

Dr. D. Y. Patil College of Pharmacy,  
Akardi, Pune -411044

**PROFORMA FOR FINANCIAL ASSISTANCE TO ATTEND SEMINAR/  
CONFERENCE/ WORKSHOP/ FDP/ STIP ETC.**

(To be submitted to faculty coordinator)

Name of Applicant: Dr. Smita Sadar  
 Category: Student/ Teaching Staff/ Supporting Staff  
 (Please select appropriate option)  
 Academic Year: 2019-20

Name of the event	Place	Duration (From--to--)	Expenditure Incurred towards registration charges (Rs.)
International conference on emerging trends in delivery of phytoconstituents and ethanopharmacology- validation of traditional medicine	Pune	29/11/2019 to 30/11/2019	750

Date: \_\_\_\_\_

*SS Sadar*  
Signature of Applicant

Remarks of Faculty Coordinator: I have verified the application and enclosures and hereby recommend / Not recommend to reimburse the amount.

Recommend /  Not recommend

Dr. Smita Sadar *SS Sadar*  
Name and signature of Faculty Coordinator


Enclosures:

Approved/ Not approved  
*SS*  
Dr. N. S. Vyawahare  
Principal

(Post approval Details)  
FOR OFFICE USE ONLY

Total Amount Claimed (Rs.)	Total Amount reimbursed (Rs.)	Date of Reimbursement	Mode of Reimbursement
750/-	750/-	05 Dec 2019	Bank transfer

Note: The filled form shall be attached with original Receipt.



*SS*  
Signature of Accountant

11. Ms. Arati Sonawane

Dr. D. Y. Patil Pratishthan's  
Dr. D. Y. Patil College of Pharmacy,  
Akurdi, Pune -411044

PROFORMA FOR FINANCIAL ASSISTANCE TO ATTEND SEMINAR/  
CONFERENCE/ WORKSHOP/ FDP/ STTP ETC.

(To be submitted to faculty coordinator)

Name of Applicant: Ms. Arati Sonawane

Category: Student/ Teaching Staff/ Supporting Staff

(Please select appropriate option)

Academic Year: 2021-22

Name of the event	Place	Duration (From---to--)	Expenditure Incurred towards registration charges (Rs.)
APTI Registration	-----	-----	1750

Date:

Signature of Applicant

(A.R. Sonawane)

Remarks of Faculty Coordinator: I have verified the application and enclosures and hereby  
Recommend / Not recommend to reimburse the amount.

Dr. Smeeta Sada S. S. S. S.  
Name and signature of Faculty Coordinator

Enclosures:

Approved/ Not approved

*(Signature)*

Dr. N. S. Vyawahare  
Principal

(Post approval Details)  
FOR OFFICE USE ONLY

Total Amount Claimed (Rs.)	Total Amount reimbursed (Rs.)	Date of Reimbursement	Mode of Reimbursement
1750/-	1750/-	15/06/2022	Bank Transfer

Note: The filled form shall be attached with related voucher.

Signature of Accountant

