

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 :

6.3.2 Average percentage of teachers provided with financial support to attend conferences/workshops and towards membership fee of professional bodies during the last Five year

Summary

Sr. No.	Year	Financial support provided for	Total no. of teachers provided with financial support
1	2018-19	Conference/ workshop	01
2	2019-20	Conference/ workshop	02
3	2021-22	Conference/ workshop	06
4	2021-22	Membership fee of professional body	12

Academic Year 2018-19

Index

Sr. No.	Year	Name of teacher	Document	
01	2018-19	Ms. Shubhangi Jadhav	Copy of sanction letter	Copy of audited statement

Copy of sanction letter for Financial Assistance

DR. D. Y. PATIL COLLEGE OF PHARMACY
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: 2018-19

Name of the event	Place	Duration (From—to--)	Expenditure Incurred towards registration charges (Rs.)
International conference at NIPER	NIPER, Punjab	15/11/2018 to 17/11/2018	3500

Shubhangi
Signature of Applicant

Date: 12/11/2018

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

Recommend

S.S. Jadhav
Name and signature of Faculty Coordinator

Enclosures: 1) Reg. fees receipt
2) Attendance certificate


Approved / Not approved

S.N.S.
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
3500/-	3500/-	14 Aug 2019	Bank Transfer

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




S.N.S.
Signature of Accountant

Audited Statement

Dr.D.Y.Patil College of Pharmacy (B Pharm) 2015-16					
Punjab National Bank -01411131002440 Book					
1-Apr-2019 to 14-Jan-2023					
Date	Particulars	Vch Type	Vch No.	Debit	Page 1 Credit
1-4-2019	Cr Opening Balance			18,96,294.01	
14-8-2019	Dr Project Seminar & Students Welfare A/c Payment Ch. No. 495560 dated 14.08.19 OBC Pune Shubhangi Jadhav for registration fees for the international conference held in the month of November 15-17,2018 at NIPER 2018 as per attachment RTGS Amt. 3182462/-				3,500.00
4-2-2020	Dr Project Seminar & Students Welfare A/c Payment Ch. No. 495594 dated 04.02.2020 OBC Pune Mr. Mukesh Mohite paid to all participated students for registration fees through event coordinator in of IPA's National Pharmacy Week - 2019 celebration. RTGS Amt. 13400/-				4,400.00
				18,96,294.01	7,900.00
	Dr Closing Balance				18,88,394.01
				18,96,294.01	18,96,294.01
1-4-2021	Cr Opening Balance				18,88,394.01
9-8-2021	Dr Project Seminar & Students Welfare A/c Payment Registration payment for sponsorship to SFEC 2021 International Conference as per attachment (8th International Congress of Society for Ethnopharmacology, India)				50,000.00
				18,88,394.01	50,000.00
	Dr Closing Balance				18,38,394.01
				18,88,394.01	18,88,394.01


ACCOUNTANT

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

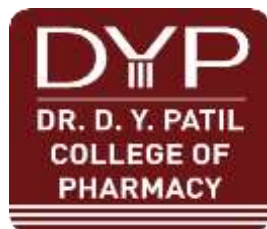

OFFICE SUPERINTENDENT

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


PRINCIPAL

Dr. D. Y. Patil Pratishthan's
Dr. D. Y. Patil College of Pharmacy,
Akurdi, Pune-411 044.

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Dr. D. Y. Patil Pratishthan's

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Dr. N. S. Vyawahare
Principal

Ref. No. : DYPCOP/
Date :

6.3.2 Average percentage of teachers provided with financial support to attend conferences/workshops and towards membership fee of professional bodies during the last Five year.

Academic Year 2019-20 Index

Sr. No.	Name of teacher	Documents	
01	Dr. Smita Sadar	Copy of Sanction letter	Copy of audited statement
02	Ms. Shubhangi Jadhav	Copy of Sanction letter	Copy of audited statement

Copy of sanction letter for Financial Assistance

DR. D. Y. PATIL FARMACIUMS
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. 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


S.S. Sadar
Signature of Applicant

Date: 01/12/2019

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

Dr. Smita Sadar S.S. Sadar
Name and signature of Faculty Coordinator


Enclosures: 1) fees and receipts
2) Attendance sheet

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
750/-	750/-	01 Dec 2019	Bank transfer

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



[Signature]
Signature of Accountant

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**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: 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: 01/12/2019

Shubangi
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 Sudar S.S. Sawale
Name and signature of Faculty Coordinator

Enclosures: 1) Fee Registration receipt
2) Attendance certificate

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
750/-	750/-	05 Dec 2019	Bank transfer

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



[Signature]
Signature of Accountant


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Audited Statement

Dr.D.Y.Patil College of Pharmacy (B Pharm) 2015-16					
Cash Book					
1-Apr-2019 to 14-Jan-2023					
Date	Particulars	Vch Type	Vch No.	Debit	Page 1 Credit
1-4-2019	Cr Opening Balance			35,909.70	
5-12-2019	Dr Project Seminar & Students Welfare A/c Cash paid to Smeeta Sadar for registration fees for International Conference on emerging Trends in Delivery of Phytoconstituents & Ethnopharmacology- validation of traditional medicin - 2 of poona college of pharmacy pune receipt no. 18 amt - 1500 @ 50%	Payment			750.00
	Dr Project Seminar & Students Welfare A/c Cash paid to Shubhangi Jadhav for registration fees for International Conference on emerging Trends in Delivery of Phyls & Ethnopharmacology- validation of traditional medicin - 2 at poona college of pharmacy pune receipt no. 18 amt- 1500 @ 50% col.sh	Payment			750.00
	Dr Closing Balance			35,909.70	1,500.00
				35,909.70	34,409.70
				34,409.70	35,909.70
1-1-2020	Cr Opening Balance				
27-1-2020	Dr Project Seminar & Students Welfare A/c Cash paid to V.R.Vaidya for expenses of registration fees of IPA sponsored sports event volley ball at modern cop,nigdi & chess at ISPM IOP Tathawade Rs. 200/- each (200*2 = 400/-) dated 27.01.2020.	Payment			400.00
	Dr Closing Balance			34,409.70	400.00
				34,409.70	34,009.70
				34,409.70	34,409.70
1-3-2020	Cr Opening Balance				
2-3-2020	Dr Project Seminar & Students Welfare A/c Cash paid to Mr. Devendra Shrode (Abhijit Tagode, Prachi Kulkarni) for poster presentation of metxplase, bhujbal knowledge city nastik on 8th feb 2020(registration fee 200 each) per bill attached dated 08.02.2020.	Payment			400.00
	Dr Closing Balance			34,009.70	400.00
				34,009.70	33,609.70
				34,009.70	34,009.70
1-12-2021	Cr Opening Balance				
1-12-2021	Dr Project Seminar & Students Welfare A/c Cash paid to Dr. Ashish Kulkarni for registration fee for participation and poster presentation at international congress of society for Ethnopharmacology (SPEC - 2021) on 27th to 29th aug. 2021	Payment			1,000.00
	Carried Over			33,609.70	1,000.00
				33,609.70	1,000.00

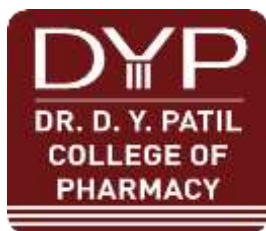

ACCOUNTANT
Dr. D. Y. Patil College of Pharmacy
Akurdi, Pune - 411044


OFFICE SUPERINTENDENT
Dr. D. Y. Patil College of Pharmacy
Akurdi, Pune - 411044


PRINCIPAL
Dr. D. Y. Patil Pratishthan's
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6.3.2 Average percentage of teachers provided with financial support to attend conferences/workshops and towards membership fee of professional bodies during the last Five year.

**Academic Year 2021-2022
Index**

Sr. No.	Name of Teacher	Documents	
01	Dr. A. V. Kulkarni	Copy of Sanction letter	Copy of Audited statement
02	Dr. R. S. Karodi	Copy of Sanction letter	Copy of Audited statement
03	Dr. D. S. Shirode	Copy of Sanction letter	Copy of Audited statement
04	Mr. M. T. Mohite	Copy of Sanction letter	Copy of Audited statement
05	Ms. J. R. Chopade	Copy of Sanction letter	Copy of Audited statement
06	Dr. (Mrs.) S. S. Sadar	Copy of Sanction letter	Copy of Audited statement

Copy of sanction letter for Financial Assistance

1.

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: 30/08/21 Signature of Applicant

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

Dr. Smranta Sada 55/10/21
Name and signature of Faculty Coordinator

Enclosures: 03 Reg fee receipt
03 Attendance certificate

Approved/ Not approved


Signature of Principal

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
3000/-	3000/-	01 Dec 2021	Bank transfer

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



Signature of Accountant

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2.

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. R. S. Karodi

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: 01/09/21

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 Sadan S.S. Poddar
Name and signature of Faculty Coordinator

Enclosures: 1) Log. fees receipt
2) Attendance certificate

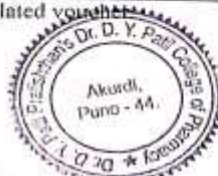
Approved/ Not approved

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/-	09/08/2021	Bank Transfer

Note: The filled form shall be attached with related voucher



Signature of Accountant

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3.

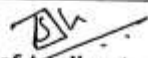
**Dr. D. Y. Patil Pratishthan's
Dr. D. Y. Patil College of Pharmacy,
Akurdi, Pune -411044**

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

Name of Applicant: Dr. D.S. Shirode
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: 30/09/21

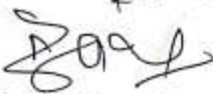

Signature of Applicant

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

Dr. Smranta Sadole S.S. Shinde
Name and signature of Faculty Coordinator

Enclosures: 1) Reg. fees Receipt
2) Attendance certificate


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/-	09/10/2021	bank transfer

Note: The filled form shall be attached with relevant documents.




Signature of Accountant

4.

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. M.T. Mohite

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: 30/08/21

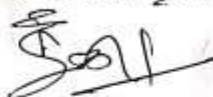

Signature of Applicant

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

Dr. Smeeeta Sudan S.S. Sudan
Name and signature of Faculty Coordinator

Enclosures: 1) Reg / ee receipt
2) Attendance certificate

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
10000	10000	09/09/2021	Bank Transfer

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




Signature of Accountant

[Back to Index](#)

5.

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. J.R. Chopade

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: 30/08/21

J. Chopade
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 Sadan S.S. Sadekar
Name and signature of Faculty Coordinator

Enclosures: 1. Registration fee receipt
2. Attendance Certificate

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
1000/-	1000/-	09/08/2021	Bank transfer

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



P. Chopade
Signature of Accountant

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6.

**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. S. S. Sadar
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: 30/08/2021

Sadar
Signature of Applicant

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

D. Smeeta Sadar S.S.Sadar
Name and signature of Faculty Coordinator

Enclosures: 1) Reg fee receipt
2) Attendance certificate


Approved/ Not approved
 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
10000	10000	09/08/2021	Bank transfer

Note: The filled form shall be attached with the bill/ voucher.





[Signature]
Signature of Accountant

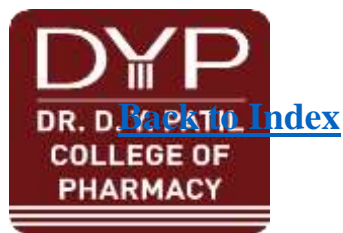
Audited Statement

Dr.D.Y.Patil College of Pharmacy (B Pharm) 2015-16					
Punjab National Bank -01411131002440 Book					
1-Apr-2019 to 14-Jan-2023					
Date	Particulars	Vch Type	Vch No.	Debit	Page 1 Credit
1-4-2019	Cr	Opening Balance		18,96,294.01	3,500.00
14-8-2019	Dr	Project Seminar & Students Welfare A/c Payment Ch. No. 495560 dated 14.08.19 OBC Pune Shubhangi Jadhav for registration fees for the international conference held in the month of November 15-17, 2018 at NIPER 2018 as per attachment RTGS Amt. 3182462/-			
4-2-2020	Dr	Project Seminar & Students Welfare A/c Payment Ch. No. 495594 dated 04.02.2020 OBC Pune Mr. Mukesh Mohite paid to all participated students for registration fees through event coordinator in of IPA's National Pharmacy Week - 2019 celebration. RTGS Amt. 13400/-			4,400.00
				18,96,294.01	7,900.00
	Dr	Closing Balance			18,88,394.01
				18,96,294.01	18,96,294.01
1-4-2021	Cr	Opening Balance		18,88,394.01	
9-8-2021	Dr	Project Seminar & Students Welfare A/c Payment Registration payment for sponsorship to SFEC 2021 International Conference as per attachment (8th International Congress of Society for Ethnopharmacology, India)			50,000.00
				18,88,394.01	50,000.00
	Dr	Closing Balance			18,38,394.01
				18,88,394.01	18,88,394.01


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Founder

Shri. Satej D. Patil
Vce-President & Chairman

Dr. N. S. Vyawahare
Principal

Ref. No. : DYPCOP/
Date :

Membership Fee of Professional Body
Academic Year -2021-22
Index

Sr. No.	Name of Teacher	Documents	
1	Dr. S. V. Pandya	Copy of Sanction letter	Copy of Audited Statement
2	Ms. T. A. Deokule	Copy of Sanction letter	Copy of Audited Statement
3	Ms. N. K. Khatri	Copy of Sanction letter	Copy of Audited Statement
4	Ms. P. S. Pawar	Copy of Sanction letter	Copy of Audited Statement
5	Mr. P. W. Wankhede	Copy of Sanction letter	Copy of Audited Statement
6	Ms. R. Deshpande	Copy of Sanction letter	Copy of Audited Statement
7	Ms. S. W. Jadhav	Copy of Sanction letter	Copy of Audited Statement
8	Mrs. S. H. Dingare	Copy of Sanction letter	Copy of Audited Statement
9	Ms. K. U. Chande	Copy of Sanction letter	Copy of Audited Statement
10	Mrs. P. S. Shankaratti	Copy of Sanction letter	Copy of Audited Statement
11	Ms. A. R. Sonawane	Copy of Sanction letter	Copy of Audited Statement
12	Ms. P. D. Namdas	Copy of Sanction letter	Copy of Audited Statement

Copy of sanction letter for Financial Assistance

1.

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. Sudhir Pandya
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: 12/06/22

Sudhir Pandya
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
Name and signature of Faculty Coordinator

Enclosures: 0 Reg fee receipt
→ Attend costs


Approved/ Not approved

S. 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
1750/-	1750/-	17 June 2022	Bank Transfer

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



S. S. Vyawahare
Signature of Accountant

2.

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. Tejashree Deokule

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: 19/06/22

Tejashree Deokule
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. Sankar
Name and signature of Faculty Coordinator

Enclosures: 1) Reg fees receipt
2) Attendance certificate

Approved/ Not approved

Sankar
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/-	19 June 2022	Bank transfer

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



Pratishthan
Signature of Accountant

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3.

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: 18/06/22

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
Name and signature of Faculty Coordinator

Enclosures: 1 Reg fee receipt

2 Detachment card

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

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4.

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. 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: 14/06/22

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. Smruti Sarda S.S. Sarda
Name and signature of Faculty Coordinator

Enclosures: 1) Reg fees receipt
2) Attendance cert

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
1750/-	1750/-	15 June 2022	Bank Transfer

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



P. Sarda
Signature of Accountant

5.

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. Pawan Wankhede

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: 13/06/22

P. Wankhede
Signature of Applicant
Mr. P. Wankhede

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

D. S. Sankar
Name and signature of Faculty Coordinator

Enclosures: Reg. fees receipt
Apti card cost

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
1750/-	1750/-	15 June 2022	Bank transfer

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



P. Wankhede
Signature of Accountant

6.

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.)
APT1 Registration	-----	-----	1750

Date: 18/06/22

Rasika Deshpande
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. Sneeta Sarda
Name and signature of Faculty Coordinator

Enclosures: 2 Reg fees receipt

3 Attendance card

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
1750/-	1750/-	18 June 2022	Bank Transfer

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

P. Sarda
Signature of Accountant



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7.

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: 14/06/22

Shubhangi
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. Soder
Dr. Smarita Saday
Name and signature of Faculty Coordinator

Enclosures: *Drug fees receipt*
of Attender costs

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
17501	17506	15 June 2022	Bank Transfer

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



[Signature]
Signature of Accountant

8.

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: 14/06/22

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. Smranta Sarda S.S. Sarda
Name and signature of Faculty Coordinator

Enclosures: 1) Reg fees receipt
2) Attendance certificate

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
1750/-	1750/-	15 June 2022	Bank draft

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



P. P. P. P.
Signature of Accountant

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9.

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 Chahande

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: 15/06/22

Chahande
Signature of Applicant
Ms. Chahande Kalyani C.

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

Dr. Sonali Sadekar S.S. Sodekar
Name and signature of Faculty Coordinator

Enclosures: 1) Reg fees receipt
2) Actual cards

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]
Signature of Accountant



10.

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. Pranita Shankaretti


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: 13 June 2022

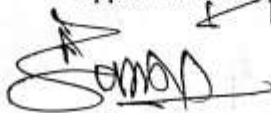

Signature of Applicant

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


Name and signature of Faculty Coordinator

Enclosures: 1) Reg fees receipt
2) Attendance certificate

Approved/ Not approved

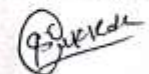


Dr. N. S. Vyawahare
Principal

(Post approval Details)
FOR OFFICE USE ONLY

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

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


Signature of Accountant



11.

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 Sonavane

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: 12/06/22

Signature of Applicant

(A.R. Sonavane)

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. Sada
Name and signature of Faculty Coordinator

Enclosures: 1) Reg fee receipt
2) Attendance certificate

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/-	10 June 2022	Bank Transfer

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

Signature of Accountant



12.

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. Pallavi Nandas

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: 12/06/22

Nandas
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
D. Smeeta Sade
Name and signature of Faculty Coordinator

Enclosures: 1) Reg- fees receipt
2) Attendance cert

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]
Signature of Accountant

Audited Statement

Dr.D.Y.Patil College of Pharmacy (B Pharm) 2015-16
E-Mail : dypcop@gmail.com

Payment Voucher

No : _____ Dated : 15-Jun-2022

Particulars	Amount
Account : Remuneration	42,000.00


Through :
Punjab National Bank -01411131002440

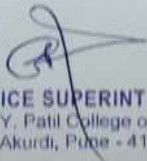
On Account of :
CH. no. 277214 dt. 15.06.2022 PNB Pune
Remuneration 42000 Payment for
faculty membership charges of APTI (Association of Pharmaceutical Teachers of India) as per approval attached Amt. 636692/-


Amount (in words) :
Indian Rupees Forty Two Thousand Only

₹ 42,000.00

Receiver's Signature: _____ Authorised Signatory


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


OFFICE SUPERINTENDENT
 Dr. D. Y. Patil College of Pharmacy
 Akurdi, Pune - 411044



PRINCIPAL
 Dr. D. Y. Patil Pratahthan's
 Dr. D. Y. Patil College of Pharmacy,
 Akurdi, Pune-411 044.

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Dr. D. Y. Patil Pratishthan's
Dr. D. Y. Patil College of Pharmacy,
Akurdi, Pune-411 044.

APTI Membership Faculty List

Sr No	Name of faculty	Faculty share (Rs)	College share (Rs)	Total (Rs)
1	Dr Sudhir Pandya	1750	1750	3500
2	Ms. Tejashree A. Deokule	1750	1750	3500
3	Ms. Neetu Khatri	1750	1750	3500
4	Ms. Pooja Pawar	1750	1750	3500
5	Mr P PWankhade	1750	1750	3500
6	Ms. Rasika Deshpande	1750	1750	3500
7	Ms. Shubangi Jadhav	1750	1750	3500
8	Ms Shraddha Dingare	1750	1750	3500
9	Ms. chandekalyaniuttam	1750	1750	3500
10	Mrs Pranita S Shankaratti	1750	1750	3500
11	Ms AratiPatil	1750	1750	3500
12	Ms PallaviNamdas	1750	1750	3500
Total		21,000/-	21,000/-	42,000/-


 Dr. R. S. Kande
 B. A. B. D.
 Mr. P. P. Wankhade

