E Copy of Letters indicating financial assistance to teacher

Sr. Num	Name of the Faculty	Year	Date	Amount	Page No.
1	Dr. Mallikarjun Ballur	2021	2021.04.17	10000/-	02 -03
2	Dr. Shilpa A Pratinidhi	2021	2020.10.31	1000/-	04-17
3	Dr. Vaishali Korde	2021	2020.10.31	1000/-	04-17
4	Dr. Sushma Sharma	2021	2020.10.31	1000/-	04-17
5	Dr. Swati Raje	2020	2020.10.31	33000/-	18-20
6	Anjum Sayyed	2020	2020.05.30	5000/-	21-22
7	Dr. Darpan Maheshgauri	2020	2020.02.11	9490/-	23-28
8	Dr. Suchitra Nagare	2020	2020.02.11	69500/-	29-35
9	Dr. Darpan Maheshgauri	2020	2020.02.11	23428/-	36-46
10	Dr. Sandesh Gavade	2020	2020.02.11	23428/-	36-46
11	Dr. Dhanaji Jadhav	2020	2020.02.11	23428/-	36-46
12	Dr. Tushar Khachane	2020	2020.02.11	23428/-	36-46
13	Dr. Vaishali Korde	2020	2020.02.11	23428/-	36-46
14	Dr. Ashish Ubale	2020	2020.02.11	23428/-	36-46
15	Dr. Vivek Nirmale	2020	2020.02.11	23428/-	36-46
16	Dr. Swati Belasare	2020	2020.02.10	12750/-	47-57
17	Dr Vivek Nirmale	2020	2020.02.10	12750/-	47-57
18	Dr. Kshama Dhobale	2019	2019.12.16	21002/-	58-65
19	Dr. Deepa Nair	2019	2019.06.25	5790/-	66
20	Dr. Swati Belasare	2019	2019.06.25	5790/	66
21	Dr. Sadana chate	2019	2019.06.25	5790/	66
22	Dr. Aneesh Bhatt	2019	2019.06.25	5790/	66
23	Dr. Rajendra Gupta	2019	2019.03.27	5000/-	67-68
24	Ravindra Vedpathak	2019	2019.03.05	3000/-	69-70
25	Nishigandha Sadmate	2019	2019.03.05	3000/-	71-72
26	Dr. Shilpa Pratinidhi	2018	2018.11.06	1000/-	73-74
27	Dr. Rajendra Gupta	2018	2018.07.26	5000/-	75-76
28	Ravindra Vedpathak	2018	2018.01.23	3500/-	77-78
29	Dr. Shilpa Pratinidhi	2018	2018.01.23	5000/-	79-80
30	Dr. Shilpa Pratinidhi	2017	2017.04.10	1500/-	81-82
31	Dr. Rajendra Gupta	2017	2017.04.03	5000/-	83-84
32	Dr. Ratna Majumdar	2017	2017.03.17	16000/-	85-89
33	Dr. Aparna Shinde	2017	2017.03.17	2500/-	90-91
34	Dr. Swati Raje	2017	2017.03.17	1600/-	91-92
35	Dr. Dhanaji S Jadhav	2017	2017.02.27	1500/-	93-99
36	Dr. Sneha Joshi	2017	2017.02.27	1500/-	93-99
37	Dr. Sushma Sharma	2016	2016.12.16	1500/-	100-104
38	Dr Vaishali Korde	2016	2016.12.16	1500/-	100-104
39	Dr. Deepa Nair	2016	2016.12.16	1500/-	100-104
40	Dr. Shashvat Banergee	2016	2016.12.11	9071/-	105-113
41	Dr. Darpan Maheshgauri	2016	2016.10.26	3000/-	114-118
42	Dr. Sushma Sharma	2016	2016.10.26	3000/-	114-119
43	Dr. Swati Raje	2016	2016.09.02	1500/-	120-126
44	Dr. Seema Bandhu	2016	2016.09.02	1500/-	127-132

1. Teachers who received financial support from institution to attend conference /workshop-YES

MAEER'S MIMER MEDICAL COLLEGE
TALEGAON DABHADE 410507

Name of the Faculty	Conference/Workshop attended	Financial support in form of registration /TA/DA etc.
1)Dr. Mallikarjun Ballur	Transformation Through NAAC Accreditation Process-National Workshop for Higher Educational Institutions **Conducted by Institute for Academic Excellence, Hyderabad on21 /06/2021 & 22 /06/2021 (Online)**	Registration

ACCOUNTS OFFICER
Maharashtra Institute of
Medical Education and Research
Talegaon Dabhade, Pune 410 507

PRINCIPAL
MIMER MEDICAL COLLEGE
TALEGAON DABHADE
PUNE -410507

A1C

PRINCIPAL MIMER <principal@mitmimer.c

order#ORD2564017 on https://www.iae.education is successful.

sage

ers@ccavenue.com <orders@ccavenue.com>
: principal@mitmimer.com

17 April 2021 at

MAER'S MIMER MEDICAL COLLEGE TALEGAON DABHADE 410507

IAE

Dear Maharashtra Institute of Medical Education and Research Tale,

Thank you for your order from https://www.iae.education

For your convenience, we have included a copy of your order below. The charge will appear on your credit card / Account Statement as 'ccavenue.com/charge'

Order#	CCAvenue Reference #	Order Date
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Billing Details

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Address: Yashwant Nagar Rd, Yashwant Nagar, Talegaon Dabhade, Maharashtra ,Maharashtra ,Pune 410507. India

Customer IP: 45.124.140.14

Pay Mode: Debit Card - RuPay

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Instructions:

Order Amount:	INR	10000.00
Net Payable:	INR	10000.00

CUSTOMER CARE
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Email : admin@kabconsultants.com
Contact Info : 040-27654225

NAAC workshop 24, 25 May, 24
registration fee

17/4/2024

ACCOUNTS OFFICER
Maharashtra Institute of
Medical Education and Research
Talegaon Dabhade, Pune 410 507

PRINCIPAL
MIMER M... COLLEGE
TAL... ABHADE
...507

Mimer Medical College 2020-2021
Talegaon Dabhade
State Name : Maharashtra, Code : 27
E-Mail : accounts_mimer@mitmimer.com

BOI-C/A Voucher

No. : **BOI / 00551** Dated : 31-Oct-2020

Particulars	Amount
Party name :	
Seminar Expenses	**3,000.00**

Through :
Bank of India C/A 062121110000001

On Account of :
CHQ.NO. 074756/ 074757 & 074760 DATE 31/10/2020 BEING PARTICIPATION IN ONLINE TRAINING COURSE ON "GENDER-BASED VIOLENCE AND HUMAN RIGHTS FOR PROMOTING WOMEN HEALTH" FROM 23 TO 27 NOVEMBER 2020 AT NIHFW, NEW DELHI. COURSE FEE PAID BY NEFT.

Bank Transaction Details:

Cheque	074756	31-Oct-2020	**1,000.00**
Cheque	074757	31-Oct-2020	**1,000.00**
Cheque	074760	31-Oct-2020	**1,000.00**

Amount (in words) :
Rupee Three Thousand Only

₹ 3,000.00

By NEFT
31-10-2020

Receiver's Signature	Usha Dhende / Kiran Kulkarni	Mrs. Rohini Tikhe
	Prepared / Checked by	Accounts Officer

Mr. D.S.Desai	Dr.D.S.Jadhav / Dr.R.P.Gupta	Dr. Suchitra Nagare	Dr. Suresh Ghaisas
Asstt. Registrar	Vice Principal / Principal	Executive Director	Medical Director

BANK OF INDIA

BRANCH

Date: 31 OCT 2020

STAR INSTA REMIT APPLICATION FORM

(To be filled in by the applicant in Block Letters)

MAEER'S
M I M E R, Medical College
Talegaon (Dabhade) Pune

Details of Applicant (Remitter):

(1) Title of Account:

(2) Account No. ~~A/C No. 062121110000001~~ Type of Account* Savings/ Current/ Cash Credit / Over Draft

Details of Beneficiary :

(1) Beneficairy's Name	Director, NIHFW		
(2) A/c.No.	10932290787		
(3) Bank	SBI	(4) Branch	NIHFW
(5) Branch Address			
(6) IFSC Code	SBIN0010439	(7) Type of A/C	*Savings/Current/ Cash Credit / Overdraft

(Amount to be remitted : Rs. ₹ 1000/-

(Rupees Only.

Remit the amount as per aboce details by debiting my/our account for the amount of remittance plus your charges

My Mobile no. 9552798201

Authorised Signatory

UTR No. BKIDN20305970528

Authorised Signatory

MAEER'S MIMER MEDICAL COLLEGE ★ TALEGAON DABHADE 410507

FOR BANK'S USE ONLY

Debited Applicat's A/c.

Date of Transfer

MBB Transaction No.

SFMS UTR No.

बैंक ऑफ इंडिया TALEGAON DABHADE BR दाभाडे शाखा

Authorised Signatory

Authorised Signatory

BANK OF INDIA

BRANCH

Date: 31 OCT 2020

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(To be filled in by the applicant in Block Letters)

MAEER'S

Details of Applicant (Remitter): M I M E R. Medical College

(1) Title of Account: Talegaon (Dabhade) Pune

(2) Account No. A/C No. 062121110000001 Type of Account* Savings/ Current/ Cash Credit / Over Draft

Details of Beneficiary :

(1) Beneficairy's Name	Director NIHFW		
(2) A/c.No.	10932790787		
(3) Bank	SBI	(4) Branch	NIHFW
(5) Branch Address			
(6) IFSC Code	SBIN0010439	(7) Type of A/C	*Savings/Current/ Cash Credit / Overdraft

(Amount to be remitted : Rs. ₹ 1000/-

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Remit the amount as per aboce details by debiting my/our account for the amount of remittance plus your charges

My Mobile no. 9552798201

UTR No. BKIDN 203059744 14

Authorised Signatory

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*Strike of which is not applicable

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(5) Branch Address			
(6) IFSC Code	SBIN0010439	(7) Type of A/C	*Savings/Current/ Cash Credit / Overdraft

(Amount to be remitted : Rs. ₹ 1000/- Only.

(Rupees _____

Remit the amount as per aboce details by debiting my/our account for the amount of remittance plus your charges

My Mobile no. 9552798201

UTR No. BKIDN20305984545

MAEER'S MIMER MEDICAL COLLEGE TALEGAON DABHADE 410507

Authorised Signatory

Authorised Signatory

FOR BANK'S USE ONLY

Debited Applicat's A/c.

Date of Transfer

MBB Transaction No.

SFMS UTR No.

Authorised Signatory

Authorised Signatory

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PRINCIPAL MIMER <principal@mitmimer.com>

Training Course on "Gender-Based Violence and Human Rights for Promoting Women Health " from 23 - 27 November, 2020 at NIHFW, New Delhi

Biochemistry Department <biochemistry@mitmimer.com>
To: PRINCIPAL MIMER <principal@mitmimer.com>

6 October 2020 at 15:40

Respected sir,
Dr. S. A. Pratinidhi is interested for training course.

Thanking you,

Dr. S. A. Pratinidhi
Prof. & Head
Dept. of Biochemistry
[Quoted text hidden]
--
Department of Biochemistry
MIMER Medical College
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+91 2114 308503

Email
biochemistry@mitmimer.com

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Training Course on "Gender-Based Violence and Human Rights for Promoting Women Health " from 23 - 27 November, 2020 at NIHFW, New Delhi

OBST & GYNAE DEPARTMENT <gynaec@mitmimer.com> 7 October 2020 at 13:06
To: PRINCIPAL MIMER <principal@mitmimer.com>
Cc: Dr Vaishali Nayak <drvaishalinayak@gmail.com>, sushma sharma <sushmas07@gmail.com>

Respected Sir,

Sending herewith faculty names for online training course on "Gender-Based Violence and Human Rights for Promoting Women Health "from 23rd to 27th November 2020 at NIHFM, New Delhi.

1) Dr. Vaishali Korde
2) Dr. Sushma Sharma

Thanking you

Regards

Dr. Vaishali Korde
Professor & HOD
Dept. of Obst. & Gyn.

On Mon, Oct 5, 2020 at 6:31 PM PRINCIPAL MIMER <principal@mitmimer.com> wrote:
[Quoted text hidden]

PRINCIPAL MIMER <principal@mitmimer.com>

Training Course on "Gender-Based Violence and Human Rights for Promoting Women Health " from 23 - 27 November, 2020 at NIHFW, New Delhi

1 message

5 October 2020 at 07:41

Dr. M. Mahapatro <meerambika@nihfw.org>
To: contact@pmtpims.org, principal.rdc@pmtpims.org, deantnmcmumbai@gmail.com, dean.bjmc@hotmail.com, websitecontact@kem.edu, dean@tnmcnair.com, principal@mitmimer.com, info@mitmimer.com, drmmprabhakar@gmail.com, drpdmmc@rediffmail.com, sgrdimsar.asr@gmail.com, mimsr@mimsr.edu.in, rcsmlib@yahoo.in, info@gmclatur.org, dean@gmcakola.in, acadgmca@hotmail.com, dean@sknmcgh.org, rbangal@sknmcgh.org, terna_medical@yahoo.co.in, tmc@ternatrust.org, director@aiimsjodhpur.edu.in, info@aiimsrishikesh.edu.in, coladm.afmc@nic.in, seemagarg@aiimsnagpur.edu.in, drshuchitamundle@aiimsnagpur.edu.in, phatakms@aiimsnagpur.edu.in, tarnekaram@aiimsnagpur.edu.in, acy@bsf.nic.in, director@aiimsraipur.edu.in, director@aiimbhubaneswar.edu.in, director@aiimsbhopal.edu.in, ms@aiimsbhopal.edu.in, director@aiimspatna.org, dean@aiimspatna.org, nitin_sardesai@yahoo.com, surgeonshahaji@yahoo.co.in, bvumedicalpune@gmail.com

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Dear Madam/sir,

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It is important to provide the contact details of the participants (Telephone & E-mail) at the above given emails for confirmation of nomination by the NIHFW.

For clarifications in future please contact Dr. Meerambika Mahapatro 011-26165959, 26164441, 26107773 Extn- 234,; 9968277292 email: meerambika@nihfw.org

Course Coordinating Team

Coordinator:	Prof. Meerambika Mahapatro
Co-coordinator:	Prof. Neera Dhar
	Prof. Nanthini Subaiha
	Dr. A. M. Elizabeth
Course- Associate:	Dr. Manisha

Online Training

Participants will be intimated with programme schedule and google meet link through e-mail on receipt of confirmation for participation from NIHFW

About the Institute

The National Institute of Health and Family Welfare is a premier autonomous Institute, funded by the Ministry of Health and Family Welfare, Government of India. It has kept pace with the new thinking and substantially contributed to the health manpower development in the country.

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Last Date for Receiving Nominations-
10th November, 2020

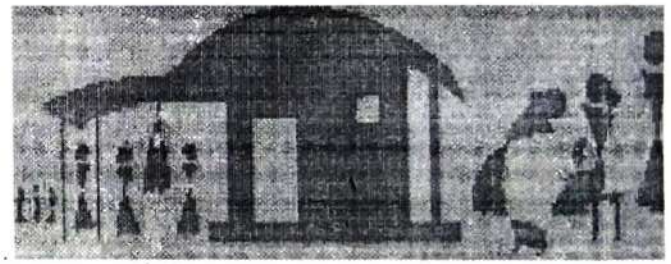
Further Correspondence to be addressed to:

Prof. Meerambika Mahapatro
meerambika@nihfw.org
meerambika.mahapatro@gmail.com
Phones: 2616 5959/2616 6441/2618
8485/2610 7773, Ext. 234,
Mob. 9968277292
Fax: 91-11-2610 1623

Training Course on Gender-Based Violence and Human Rights for Promoting Women Health

23rd – 27th November 2020

ONLINE TRAINING



आरोग्यम् सुखसम्पदा

Department of Social Sciences
National Institute of Health and Family Welf
Munirka, New Delhi-110067

PRINCIPAL MIMER <principal@mitmimer.com>

Training Course on "Gender-Based Violence and Human Rights for Promoting Women Health " from 23 - 27 November, 2020 at NIHFW, New Delhi

Biochemistry Department <biochemistry@mitmimer.com> 6 October 2020 at 15:40
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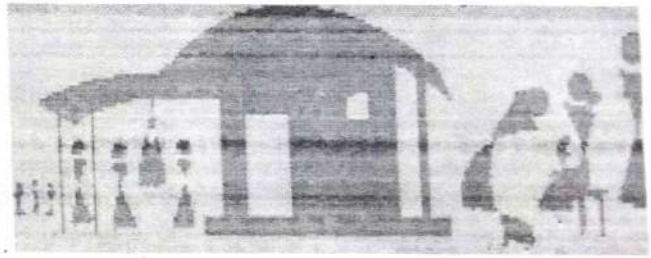
Training Course on Gender-Based Violence and Human Rights for Promoting Women Health

23rd – 27th November 2020

ONLINE TRAINING



आरोग्यम् सुखसम्पदा

Department of Social Sciences
National Institute of Health and Family Welf
Munirka, New Delhi-110067

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Sending herewith faculty names for online training course on "Gender-Based Violence and Human Rights for Promoting Women Health "from 23rd to 27th November 2020 at NIHFM, New Delhi.

1) Dr. Vaishali Korde
2) Dr. Sushma Sharma
Thanking you

Regards

Dr. Vaishali Korde
Professor & HOD
Dept. of Obst. & Gyn.

On Mon, Oct 5, 2020 at 6:31 PM PRINCIPAL MIMER <principal@mitmimer.com> wrote:
[Quoted text hidden]

Mimer Medical College 2019-20
Talegaon Dabhade
State Name : Maharashtra, Code : 27
E-Mail: accounts_mimer@mitmimer.com

Research/ Bk.Pymt. Voucher

No. : **Res/3**

Dated : **20-Jun-2020**

Particulars	Amount
Party name :	
Conference Expenses	**33,000.00**
Through :	
BOI Research Society S/A/c 062110110004232	
On Account of :	
CHQ.NO. 073283 BEING PRESENTATION IN INTERNATIONAL CONFERENCE AND THE REGISTRATION EXPENSES REIMBURSED TO DR. SWATI RAJE. [DOHAD 2019 AT MELBOURNE, AUSTRALIA]	
Amount (in words) :	
Rupee Thirty Three Thousand Only	**₹ 33,000.00**

Mrs Swati S. Raje **Receiver's Signature**	**Usha Dhende & Kiran Kulkarni** **Prepared & Checked by**	**Mrs. Rohini Tikhe** **Accounts Officer**
Mr. N.G.Tandale OR ~~Mr. D.S. Desai~~ **Asstt. Registrar**	**Dr. R.P. Gupta** **Principal**	**Dr. Suresh Ghaisas** **DEAN**

From
Dr. S.M. Belsare
Secretary Research Committee
MIMER Medical College,Talegaon Dabhade.

Date: 10/01/2020

To,
The Executive Director (P&D)
MIMER Medical College,
Talegaon Dabhade.

Subject: Sanction of reimbursement for presentation in international conference

Respected Madam,

Following application is received by the Research Committee for sanction. Applicant has presented a poster in an international conference and the registration amount is claimed for reimbursement.

Reimbursement for International conference is given by Management. So forwarding the application for your kind perusal. The application is scrutinized by the Research Committee members & is found to be acceptable.

Sr. No	Department	Principal Investigator	Name of Conference	Venue	Type of Conference	Type of presentation	Amount Proposed
1	Community Medicine	Dr. Swati Raje Asst. Professor	DOHAD 2019	Melbourne, Australia	International	Poster presentation	Rs. 33,000/-

Thanking you,

Yours faithfully,
10/01/2020
Dr. S. M. Belsare
Secretary Research Committee

Sanctioned/ Not ~~Sanctioned~~ sanctioned amount (If sanctioned)

Executive Director (P&D)

To,
Accounts officer,
Please issue a cheque of Rs 33,000/- in favour of Research society account
02/06/20
Treasurer
Research Society
MIMER Medical College

Reimbursement Form for Presentation of Research Paper

Date : 3 / 1 /2020

Name: Dr Swati S Raje

Department: Community Medicine.

Designation: Asst. Professor (Lecturer - Statistician)

Mobile no: 9881309456

Title of Research work presented: "Screening Tool For Early Prediction of Risk of Low Birth Weight in Rural Indian Women"

Oral presentation (Paper)/ Poster/ Any other: Poster Presentation

Name of conference: DOHAD 2019 (Developmental Origins of Human AND Diseases)

International/National/State: International

Venue: Melbourne, Australia

Date: 21 / 10 /2019 to 23 / 10 /2019

Expenses for Registration:
AUD 550/- @ Rs 60/- = Rs 33,000/-

Signature
Head of the Department

Professor & Head
Dept. of Community Medicine
MIMER Medical College
Talegaon Dabhade

Enclosures:-
1) Original receipts
2) Certificate of attendance of conference
3) Certificate of presentation oral/poster

Sanctioned amount:- To be sanctioned by management.
Verified & forwarded with recommendation for necessary action

Dt. 08/01/2020
Secretary
Research Committee
MIMER Medical College

Chairman
Research Committee
MIMER Medical College

Mimer Medical College 2019-20
Talegaon Dabhade
State Name : Maharashtra, Code : 27
E-Mail : accounts_mimer@mitmimer.com

Research/ Bk.Pymt. Voucher

No. : **Res/2** Dated : **30-May-2020**

Particulars	Amount
Party name :	
Faculty Development	**5,000.00**
Through :	
BD Research Society SAc: 057101000422	
On Account of :	
CHQ NO. 073282 BEING ORAL PRESENTATION IN 9TH ANNUAL INTERNATIONAL cONFERENCE OF iNDIA aCADEMY OF bIOMEDICAL sCIENCES. AT kOLHAPUR MAHARASHTRA. FROM 27/2 TO 29/2/2020. PAID TO DR. ANJUM SAYYED.	
Amount (in words) :	
Rupee Five Thousand Only	**₹ 5,000.00**

	Usha Dhende & Kiran Kulkarni	**Mrs. Rohini Tikhe**
Anjum 02/06/2020		
Receiver's Signature	**Prepared & Checked by**	**Accounts Officer**
Mr. N.G.Tandale OR Mr. D.S. Desai	**Dr. R.P. Gupta**	**Dr. Suresh Ghaisas**
Asstt. Registrar	**Principal**	**DEAN**

CamScanner 05-30-2020 12.52.23.jpg

Reimbursement Form for Presentation of Research Paper

Date : 4/3/2020

Name: Anjum Sayyed

Department: Biochemistry

Designation: Tutor

Mobile no: 9823965661

Title of Research work presented: Serum Trace elements (Copper & Zinc) in preeclampsia: cause or effect

Oral presentation (Paper)/ Poster/ Any other: Oral

Name of conference: 9th Annual International conference of Indian Academy of Biomedical Sciences

International/National/State: IABSCON-2020 (International conference)

Venue: Sayaji Hotel, Kolhapur, Maharashtra

Date: 27/2/2020 to 29/2/2020

Expenses for Registration: 3000/—

Signature 4/3/2020

Head of the Department
Dr. S. A. PRATINIDHI
PROFESSOR & HEAD
DEPT. OF BIOCHEMISTRY
MIMER MEDICAL COLLEGE
TALEGAON-DABHADE

Enclosures:-
1) Original receipts
2) Certificate of attendance of conference
3) Certificate of presentation oral/poster

Sanctioned amount:-

30/5/2020
Secretary
Research Committee
MIMER Medical College

Chairman
Research Committee
MIMER Medical College

(Lumpsum - 5000/-)
International (within India)

https://mail.google.com/mail/u/0/#inbox/FMfcgxwHNgWxXZHtlrMrHMNBSRznGwhR?projector=1&messagePartId=0.1

Mimer Medical College 2019-20
Talegaon Dabhade
State Name : Maharashtra, Code : 27
E-Mail : accounts_mimer@mitmimer.com

BOI-C/A Voucher

No. : **BOI / 00599** Dated : **18-Oct-2019**

Particulars	Amount
Account :	
Balaji Survase - Driver	**6,000.00**
Anil Rajwade - Driver	**3,000.00**
Seminar Expenses	**9,490.00**
Travelling Expenses	**4,073.00**
Hardware & Plumbing Expenses	**4,947.00**

Through :
Bank of India C/A 062121110000001

On Account of :
CHQ.NO. 062441 BEING ADVANCE PAID FOR VEHICLE DIESEL, SEMINAR EXPENSES REIMBURSEDTO DR. DARPAN, TRAVELLING EXP. PAID TO MR. SAWANT VISIT TO SOLAPUR & MUMBAI & CONSTRUCTION HARDWARE MATERIAL EXPENSES REIMBURSED.

Amount (in words) :
Rupee Twenty Seven Thousand Five Hundred Ten Only

₹ 27,510.00

Receiver's Signature:

DEAN
Authorised Signatory

Prepared by

Checked by
Account Officer

Approved by
Assistant Registrar
MIMER Medical College
Talegaon Dabhade

PRINCIPAL
Maharashtra Institute of
Medical Education and Research
Talegaon Dabhade,Pune 410 507

11/10/19

To,

The Principal
MIMER Medical College
Talegaon (D).

Sub: Reimbursement [CISP]

Respected Sir,

I, undersigned Dr. Darpan Maheshgauri, was selected by the institute ~~on~~ to attend the CISP program at KEM Hosp. / Seth. G.S. Med. Colleg, Mumbai - from 3/4/19 to 5/4/19.

It is my request that the registration fees (Rs. 2500) and the hostel rent [Rs. 1000] be reimbursed.

Thanking you.

OR
Sue
11/10/19.

(Dr. Darpan Maheshgauri)

MIMER, Talegaon Dabhade	
INWARD	
Executive Director	
Principal	11/10/19
Medical Supdt./Hospital	
Co-Ordinator	11.10.19
Asst. Registrar	
Purchase Section	
Account Section	
Student Section (UG)	
Student Section (PG)	
Dealing Clerk	Reshma
Inward No. 4427 Date 11/10/19	

April 2019 — CISP

Put up to ED
for remarks pls.

11.10.19

SETH G. S. MEDICAL COLLEGE & K.E.M. HOSPITAL

DIAMOND JUBILEE SOCIETY TRUST

(REGISTRATION NO. : - E- 13339 BOMBAY)

Registered Office : 1st Floor, Seth G. S. Medical College & K. E. M. Hospital,
Acharya Donde Marg, Parel, Mumbai - 400 012.

No. 24810

RECEIPT

Date : 5.4.19

From Dr. Darpan Maheshgauri the generous

donations/Fees of Rs. 2500/- (Rupees Two Thousand five hundred only/-)
towards furthering patient care, medical education and medical research is hereby most gratefully acknowledged.

About your donation / Fees :- Med cell Alc

Cash ✓

Cheque :- Bank
Ch. No.
Date
Amount

For **Diamond Jubilee Society Trust**

About the Society :-
Charitable Trust

I.T. Exemption No. :- [redacted]

for

For Secretary/ Treasurer / Trustee

N.B. : No receipt is valid unless signed by an authorised officer of the Trust. If payment is made by cheque, Draft, this receipt will be valid only realization of such Cheque, & Draft.

Seth G. S. Medical College Boys' Hostel

ACHARYA DONDE MARG, PAREL, MUMBAI - 400 012.

No. 12777 Date: 5/4/2019

Received with thanks from

Miss DR- Darpan maheshgauri

the sum of Rupees six Hundred only

as Mess Charges/Estt/Ent/Dep.

Guest Charges for the Month (Guest charge)

Rs. 600/-

For **Boys Hostel**

Medical College
Mumbai - 400 012.

No. 0003054

..... COLLEGE. Date 20

Received from Shri/Smt. .....

the sum of Rs. .....

	Rs.	P.
Admission Fees		
Term Fees		
(1) College		
(2) University		
Post Graduate Fees		
Hospital Practice		
Practical Physiology		
Microscope Charges		
Law Charges		
Hostel Rent	400	
Fees for instructions in Leprosy		
Fees for Clinical Instructions and fees for Sanitary and Vaccine Instructions		
Dissection Charges		
Registration Fees		
Fines		
Breakage Charges		
Minor Receipts		
Sales Tax		
General Sales Tax		
Deposit for		
Breakage		
Bones		
Hostel Furniture		
Total ..	400	

For Payer

..... *College* *Head Clerk.*

Mimer Medical College 2019-20
Talegaon Dabhade
State Name : Maharashtra, Code : 27
E-Mail : accounts_mimer@mitmimer.com

BOI-C/A Voucher

No. : **BOI / 00662** Dated : **14-Nov-2019**

Particulars	Amount
Account :	
Seminar Expenses	**16,933.00**
	₹ 16,933.00

Through :
Bank of India C/A 062121110000001

On Account of :
CHQ.NO. 062579 BEING TRAVELLING EXPENSES PAID BY RTGS. DR. SUCHITRA NAGARE EXE- DIRECTOR FOR PARTICIPATION IN 27TH HEALTHCARE EXECUTIVE MANAGEMENT DEVELOPMENT PROGRAM (HxMPD) FROM 1ST MARCH TO 7TH MARCH 2010 HELD IN GOA.

Amount (in words) :
Rupee Sixteen Thousand Nine Hundred Thirty Three Only

BANK OF INDIA 0621 TALEGAON DABHADE BRANCH

DEAN
Authorised Signatory

Receiver's Signature:

Prepared by

Checked by
Account Officer

Verified by
Assistant Registrar
MIMER Medical College
Talegaon Dabhade

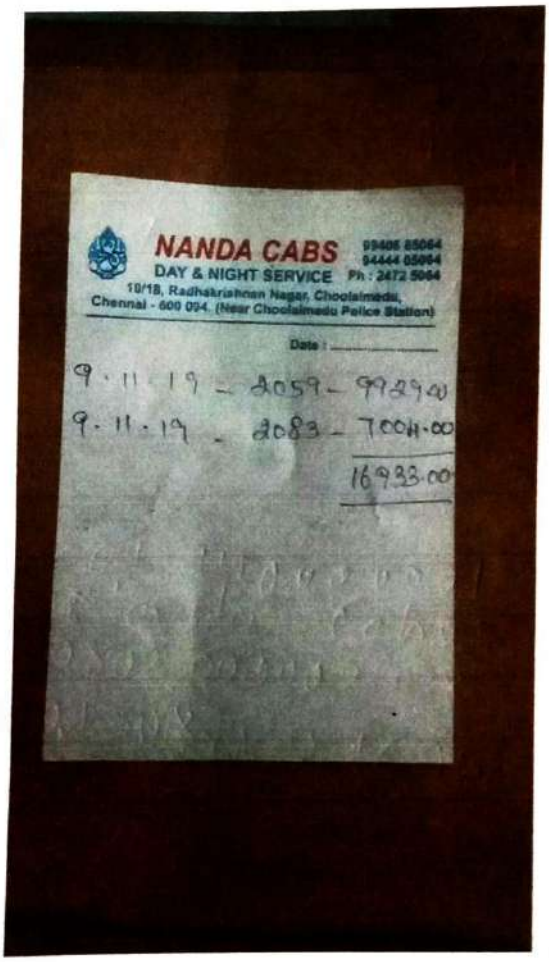
UTR No. BKIDN193183078 65

PRINCIPAL
Maharashtra Institute of
Medical Education and Research
Talegaon Dabhade, Pune 410 50

Rs = 16933/-

Suchitra .

yesterday at 5:54 PM



NANDA CABS
DAY & NIGHT SERVICE
10/1B, Radhakrishnan Nagar, Choolaimedu,
Chennai - 600 094. (Near Choolaimedu Police Station)
99405 85064
94444 85064
Ph : 2472 5064

Date :

9.11.19 - 2059 - 9929.00
9.11.19 - 2083 - 7004.00
16933.00

CONFIRMATION ORDER

NANDA CABS

DAY & NIGHT SERVICE

New No.10, Old No.18, Radhakrishnan Nagar,
Choolaimedu, Chennai - 600 094. (Near Choolaimedu Police Station)

Nanda : 99406 85064
94444 05064
☎ 2472 5064

2059

Vehicle TN 10 9288 ETIOS Date 9.11.19

Engaged by 11/11/19

To Report to D R. Raja Mohamed

Closing Time	2.45 AM	Total Hrs	Rs	P
Starting Time	6.00 AM	Extra Hours		
Running Hours	3 Hr.	Extra Kms		
Closing Kms	18239	Out of Station		
Starting Kms	17732 km	Driver's Batta		
Total Kms	507	Night Halt / Parking Charges		
		For NANDA CABS	Total	
Party's Signature	Driver's Signature		Advance	—
	P. Nagarajan. 11/11/19		Nett Amount	

KILOMETERS & TIME WILL BE CALCULATED FROM SHED TO SHED

Mimer Medical College 2019-20
Talegaon Dabhade
State Name : Maharashtra, Code : 27
E-Mail : accounts_mimer@mitmimer.com

Purchase Voucher

No. : **MIMER / 19-20/001689** Dated : **20-Feb-2020**

Party's Name : **Prasanna Purple Mobility Solutions P Ltd**
State Name : **Maharashtra, Code : 27**
Place of Supply : **Maharashtra**

Particulars		Amount
Travelling Expenses	*10,330.00*	**10,587.00**
Travelling Expenses	*400.00*	
Input CGST @9%	*36.00*	
Input SGST @ 9%	*36.00*	
TDS-Contractual Services @ 2%	*(-)215.00*	

Bill Details:

New Ref 2001849 10,587.00 *Cr*

On Account of :

BEING SPICEJET AIRWAYS TRAVEL TICKET CHARGES OF DR.SUCHITRA NAGARE TOWARDS HER OFFICIAL TRIP TO GOA.. MIMER INWARD NO 1295 DATED 21.02.2020

Amount (in words) :

Rupee Ten Thousand Five Hundred Eighty Seven Only

for Prasanna Purple Mobility Solutions P Ltd

ACCOUNTS OFFICER
Maharashtra Institute of
Medical Education and Research
Talegaon Dabhade, Pune 410 507

Authorised Signatory

Principal
MIMER Medical College
Talegaon Dabhade - 410 507.

8/12, SAIPRASAD, NISARG HOTEL LANE
OFF KARVE ROAD, ERANDWANE PUNE-04
CIN - U60220PN2007PTC130960
Tel : 91 20 66429000/200
GSTIN : 27AAACO9763H1Z2 ST:MH

Prasanna HOLIDAYS...

TAX INVOICE

Original for Recipient

To MIMER MEDICAL COLLEGE [CMINER]
C/O MIT COLLEGE
TALEGAON
PUNE
GSTIN : 27AAAAM1206F1Z6

Invoice No : 2001849

Invoice Dt : 20/02/2020

Place of Supply : Maharashtra

SPICEJET LTD.

Passengers Name	CL	FR	Ticket No.	From To ST Flt No/Date	Basic	Taxes	Total
MRS SUCHITRA NAGAR Y	A	33	ZICW3E	GOI PNQ OK SG 517 08/03/2020	8,082	2,248	10,330

Add service charge : 400

Add 9% CGST (36.00) + 9% SGST (36.00) on Taxable Value 400 : 72

SAC 998551

MAEER'S
MIMER MEDICAL COLLEGE
Inward No.: 1295(1)
Date 21/2/2020

Rupees Ten Thousand Eight Hundred Two Only

Total : 10,802

Terms Of Payment
1. CASH : Payment is to be made directly to the office.
2. CHEQUE : Cheques should be drawn in favour of Company's Name
3. RECEIPTS : Official Receipt duly signed will be considered valid.

For PRASANNA PURPLE MOBILITY SOLUTIONS P LTD

Auth. Signatory

E.&O.E. Subject To PUNE 411 004 Jurisdiction Only

Mimer Medical College 2019-20
Talegaon Dabhade
State Name : Maharashtra, Code : 27
E-Mail : accounts_mimer@mitmimer.com

Purchase Voucher

No. : **MIMER / 19-20/001690** Dated : **20-Feb-2020**

Party's Name	:	**Prasanna Purple Mobility Solutions P Ltd**
State Name	:	**Maharashtra, Code : 27**
Place of Supply	:	**Maharashtra**

Particulars		Amount
Travelling Expenses	*15,280.00*	**15,438.00**
Travelling Expenses	*400.00*	
Input CGST @9%	*36.00*	
Input SGST @ 9%	*36.00*	
TDS-Contractual Services @ 2%	*(-)314.00*	

Bill Details:

New Ref 2001847 15,438.00 *Cr*

On Account of :

BEING SPICEJET AIRWAYS TRAVEL TICKET CHARGES OF DR.SUCHITRA NAGARE TOWARDS HER OFFICIAL TRIP TO GOA.. MIMER INWARD NO 1295 DATED 21.02.2020

Amount (in words) :

Rupee Fifteen Thousand Four Hundred Thirty Eight Only

for Prasanna Purple Mobility Solutions P Ltd

ACCOUNTS OFFICER
Maharashtra Institute of
Medical Education and Research
Talegaon Dabhade. Pune 410 507

Authorised Signatory

Principal
MIMER Medical College
Talegaon Dabhade - 410 507.

8/12, SAIPRASAD, NISARG HOTEL LANE
OFF KARVE ROAD, ERANDWANE PUNE-04
CIN - U60220PN2007PTC130960
Tel : 91 20 66429000/200
GSTIN : 27AAAC09763H1Z2 ST:MH

Prasanna HOLIDAYS...

T A X I N V O I C E

Original for Recipient
Invoice No : 2001847

To MIMER MEDICAL COLLEGE [CMINER]
C/O MIT COLLEGE
TALEGAON
PUNE
GSTIN : 27AAAAM1206F1Z6

Invoice Dt : 20/02/2020

Place of Supply : Maharashtra

SPICEJET LTD.

Passengers Name	CL	FR	Ticket No.	From To ST Flt No/Date	Basic	Taxes	Total
MRS SUCHITRA NAGAR Y	A	33	C66WVY	PNQ GOI OK SG 516 01/03/2020	12,700	2,580	15,280

Add service charge : 400

Add 9% CGST (36.00) + 9% SGST (36.00) on Taxable Value 400 : 72

SAC 998551

MAEER'S
MIMER MEDICAL COLLEGE
Inward No.: 1295(2)
Date.: 21/2/2020

Rupees Fifteen Thousand Seven Hundred Fifty Two Only

Total : 15,752

Terms Of Payment
1. CASH : Payment is to be made directly to the office.
2. CHEQUE : Cheques should be drawn in favour of Company's Name
3. RECEIPTS : Official Receipt duly signed will be considered valid.

For PRASANNA PURPLE MOBILITY SOLUTIONS P LTD

Prasanna Purple Mobility Solutions Pune Ltd

E.&O.E. Subject To PUNE 411 004 Jurisdiction Only

Auth. Signatory

8/18, SAIPRASAD, NISARG HOTEL LANE
OFF KARVE ROAD, ERANDWANE PUNE-04
CIN - U60220PN2007PTC130960
Tel : 91 20 66429000/200
GSTIN : 27AAACO9763H1Z2 ST:MH

Prasanna HOLIDAYS...

TAX INVOICE

Original for Recipient

To MIMER MEDICAL COLLEGE [CMINER]
C/O MIT COLLEGE
TALEGAON
PUNE
GSTIN : 27AAAAM1206F1Z6

Invoice No : 2001308

Invoice Dt : 07/11/2019

Place of Supply : Maharashtra

SPICEJET LTD.

Passengers Name	CL	FR	Ticket No.	From To ST Flt No/Date	Basic	Taxes	Total
DHANAJI JADHAV+5	Y	A	33 O8SBGC	PNQ MAA OK SG 423 08/11/2019	31,488	6,354	37,842
DARPAN MAHESHGAURI	Y	A		MAA PNQ OK SG 530 09/11/2019	11,700	1,018	12,718
SEAT BKG*6	Y	A		PNQ MAA OK SG 423 08/11/2019	4,794		4,794

Add service charge : 2,800

Add 9% CGST (252.00) + 9% SGST (252.00) on Taxable Value 2800 : 504

SAC 998551

Rupees Fifty Eight Thousand Six Hundred Fifty Eight Only

Total : 58,658

Terms Of Payment
1. CASH : Payment is to be made directly to the office.
2. CHEQUE : Cheques should be drawn in favour of Company's Name
3. RECEIPTS : Official Receipt duly signed will be considered valid.

For PRASANNA PURPLE MOBILITY SOLUTIONS P LTD

Prasanna Purple Mobility Solutions Pvt Ltd Pune

Authorised Signatory

E.&O.E. Subject To PUNE 411 004 Jurisdiction Only

Miss Rohini
M-Speak
Sue
12/11/19.

Sue
13/11/19.

MIMER, Talegaon Dabhade	
INWARD	
Executive Director	
Principal	
Medical Supdt./Hospital	
Co-Ordinator	
Asst. Registrar	
Purchase Section	
Account Section	
Student Section (UG)	
Student Section (PG)	
Dealing Clerk	Reshma
Inward No. 4807 (1+2) Date 11/11/19	

Attendies of International bioethics conference @ SRM chennai verified.

Put up to ED for approval pls.

11-11-19

to & fro journey of following Drs.:-

1. Dr. Suchitra Nagare
2. Dr. D.S. Jadhav
3. Dr. Tushar Bhoshans
4. Dr. Santosh Gawade
5. Dr. Vaishali Borade
6. Dr. Darpan Maheshgauri
7. Dr. Ganesh Pendewar
8. Dr. Vivek Nirmale
9. Dr. Ashish Ubhale.

8/12, SAIPRASAD, NISARG HOTEL LANE
OFF KARVE ROAD, ERANDWANE PUNE-04
CIN - U60220PN2007PTC130960
Tel : 91 20 66429000/200
GSTIN : 27AAACO9763H1Z2 ST:MH

Prasanna HOLIDAYS...

TAX INVOICE

Original for Recipient
Invoice No : 2001310

Invoice Dt : 07/11/2019

To MIMER MEDICAL COLLEGE [CMINER]
C/O MIT COLLEGE
TALEGAON
PUNE
GSTIN : 27AAAAM1206F1Z6

Place of Supply : Maharashtra

INDIGO AIRWAYS.

Passengers Name	CL	FR	Ticket No.	From To ST Flt No/Date	Basic	Taxes	Total
DHANAJI JADHAV+6	Y	A	66 KEWTMF	MAA PNQ OK 6E 401 11/11/2019	45,843	8,036	53,879
SEAT BKG*7	Y	A		MAA PNQ OK 6E 401 11/11/2019	3,600		3,600

Add service charge : 2,800
Add 9% CGST (252.00) + 9% SGST (252.00) on Taxable Value 2800 : 504

SAC 998551

Rupees Sixty Thousand Seven Hundred Eighty Three Only

Total : 60,783

Terms Of Payment
1. CASH : Payment is to be made directly to the office.
2. CHEQUE : Cheques should be drawn in favour of Company's Name
3. RECEIPTS : Official Receipt duly signed will be considered valid.

For PRASANNA PURPLE MOBILITY SOLUTIONS P LTD

Prasanna Purple Mobility Solutions Pvt. Ltd. Pune

Auth. Signatory

E.&O.E. Subject To PUNE 411 004 Jurisdiction Only

Rs-6549/- per person + Taxes

Upgradation Charges for 7 persons

Rs. 3600/-

MAEER'S MIMER MEDICAL COLLEGE
AND BSTR HOSPITAL
PASS FOR PAYMENT

DATE:- 26/11/19

CHECKED:- PASSED:-

8/12, SAIPRASAD, NISARG HOTEL LANE
OFF KARVE ROAD, ERANDWANE PUNE-04
CIN - U60220PN2007PTC130960
Tel : 91 20 66429000/200
GSTIN : 27AAACO9763H1Z2 ST:MH

Prasanna HOLIDAYS...

TAX INVOICE

Original for Recipient
Invoice No : 2001308

Invoice Dt : 07/11/2019

Place of Supply : Maharashtra

To MIMER MEDICAL COLLEGE [CMINER]
C/O MIT COLLEGE
TALEGAON
PUNE
GSTIN : 27AAAAM1206F1Z6

SPICEJET LTD.

Passengers Name	CL	FR	Ticket No.	From To ST Flt No/Date	Basic	Taxes	Total
DHANAJI JADHAV+5	Y	A	33 O8SBGC	PNQ MAA OK SG 423 08/11/2019	31,488	6,354	37,842
DARPAN MAHESHGAURI	Y	A		MAA PNQ OK SG 530 09/11/2019	11,700	1,018	12,718
SEAT BKG*6	Y	A		PNQ MAA OK SG 423 08/11/2019	4,794		4,794

Add service charge : 2,800

Add 9% CGST (252.00) + 9% SGST (252.00) on Taxable Value 2800 : 504

SAC 998551

Rupees Fifty Eight Thousand Six Hundred Fifty Eight Only

Total : 58,658

Terms Of Payment
1. CASH : Payment is to be made directly to the office.
2. CHEQUE : Cheques should be drawn in favour of Company's Name
3. RECEIPTS : Official Receipt duly signed will be considered valid.

For PRASANNA PURPLE MOBILITY SOLUTIONS P LTD

Prasanna Purple Mobility Solutions Pvt. Ltd. Pune

Auth. Signatory

E.&O.E. Subject To PUNE 411 004 Jurisdiction Only

Rs.5248/- per person + Taxes

Upgradation charges - Rs.799/- Per person

MAEER'S MIMER MEDICAL COLLEGE
AND BSTR HOSPITAL
PASS FOR PAYMENT

DATE:- 26/11/19

CHECKED:- PASSED:-

8/12, SAIPRASAD, NISARG HOTEL LANE
OFF KARVE ROAD, ERANDWANE PUNE-04
CIN - U60220PN2007PTC130960
Tel : 91 20 66429000/200
GSTIN : 27AAACO9763H1Z2 ST:MH

Prasanna HOLIDAYS...

TAX INVOICE

Original for Recipient

To MIMER MEDICAL COLLEGE [CMINER]
C/O MIT COLLEGE
TALEGAON
PUNE
GSTIN : 27AAAAM1206F1Z6

Invoice No : 2001312

Invoice Dt : 07/11/2019

Place of Supply : Maharashtra

SPICEJET LTD.

Passengers Name	CL	FR	Ticket No.	From To ST Flt No/Date	Basic	Taxes	Total
TUSHAR KHANCHANE+2	Y	A	33 ZH64HX	PNQ MAA OK SG 423 09/11/2019	34,044	5,301	39,345
VRUSHALI KORDENAYA	Y	A		MAA PNQ OK SG 530 10/11/2019	4,400	799	5,199

Add service charge : 1,600

Add 9% CGST (144.00) + 9% SGST (144.00) on Taxable Value 1600 : 288

SAC 998551

Rupees Forty Six Thousand Four Hundred Thirty Two Only

Total : 46,432

Terms Of Payment

1. CASH : Payment is to be made directly to the office.
2. CHEQUE : Cheques should be drawn in favour of Company's Name
3. RECEIPTS : Official Receipt duly signed will be considered valid.

For PRASANNA PURPLE MOBILITY SOLUTIONS P LTD

Auth. Signatory

E.&O.E. Subject To PUNE 411 004 Jurisdiction Only

Rs. 11348/- per person. + Taxes

Mimer Medical College 2019-20
Talegaon Dabhade
State Name : Maharashtra, Code : 27
E-Mail : accounts_mimer@mitmimer.com

Purchase Voucher

No. : **MIMER / 19-20/001091** Dated : **16-Nov-2019**

Party's Name : **Prasanna Purple Mobility Solutions P Ltd**
8/12, Saiprasad
Nisarg Lane,
Off Karve Road, Erandwane, Pune
State Name : **Maharashtra, Code : 27**
Place of Supply : **Maharashtra**

Particulars		Amount
Travelling Expenses	*44,544.00*	**45,509.00**
Travelling Expenses	*1,600.00*	
Input CGST @9%	*144.00*	
Input SGST @ 9%	*144.00*	
TDS-Contractual Services @ 2%	*(-)923.00*	

Bill Details:

New Ref 2001312 45,509.00 *Cr*

On Account of :

BEING SPICEJET AIRWAYS TRAVEL TICKET CHARGES FOR ATTENDING INTERNATIONAL BIOETHICS CONFERENCE HELD IN SRM CHENNAI.

Amount (in words) :

Rupee Forty Five Thousand Five Hundred Nine Only

for Prasanna Purple Mobility Solutions P Ltd

Authorised Signatory

ACCOUNTS OFFICER
Maharashtra Institute of
Medical Education and Research
Talegaon Dabhade. Pune 410 507

Principal
MIMER Medical College
Talegaon Dabhade-410 507.

Mimer Medical College 2019-20
Talegaon Dabhade
State Name : Maharashtra, Code : 27
E-Mail : accounts_mimer@mitmimer.com

Purchase Voucher

No. : **MIMER / 19-20/001090** Dated : **16-Nov-2019**

Party's Name : **Prasanna Purple Mobility Solutions P Ltd**
8/12, Saiprasad
Nisarg Lane,
Off Karve Road, Erandwane, Pune
State Name : **Maharashtra, Code : 27**
Place of Supply : **Maharashtra**

Particulars		Amount
Travelling Expenses	*57,479.00*	**59,577.00**
Travelling Expenses	*2,800.00*	
Input CGST @9%	*252.00*	
Input SGST @ 9%	*252.00*	
TDS-Contractual Services @ 2%	*(-)1,206.00*	

Bill Details:

New Ref 2001310 59,577.00 *Cr*

On Account of :

BEING SPICEJET AIRWAYS TRAVEL TICKET CHARGES FOR ATTENDING INTERNATIONAL BIOETHICS CONFERENCE HELD IN SRM CHENNAI.

Amount (in words) :

Rupee Fifty Nine Thousand Five Hundred Seventy Seven Only

for Prasanna Purple Mobility Solutions P Ltd

Authorised Signatory

Mimer Medical College 2019-20
Talegaon Dabhade
State Name : Maharashtra, Code : 27
E-Mail : accounts_mimer@mitmimer.com

Purchase Voucher

No. : **MIMER / 19-20/001089** Dated : **16-Nov-2019**

Party's Name : **Prasanna Purple Mobility Solutions P Ltd**
8/12, Saiprasad
Nisarg Lane,
Off Karve Road, Erandwane, Pune
State Name : **Maharashtra, Code : 27**
Place of Supply : **Maharashtra**

Particulars		Amount
Travelling Expenses	*55,354.00*	**57,495.00**
Travelling Expenses	*2,800.00*	
Input CGST @9%	*252.00*	
Input SGST @ 9%	*252.00*	
TDS-Contractual Services @ 2%	*(-)1,163.00*	

Bill Details:

New Ref 2001308 57,495.00 *Cr*

On Account of :

BEING SPICEJET AIRWAYS TRAVEL TICKET CHARGES FOR ATTENDING INTERNATIONAL BIOETHICS CONFERENCE HELD IN SRM CHENNAI.

Amount (in words) :

Rupee Fifty Seven Thousand Four Hundred Ninety Five Only

for Prasanna Purple Mobility Solutions P Ltd

Authorised Signatory

Mimer Medical College 2019-20
Talegaon Dabhade
State Name : Maharashtra, Code : 27
E-Mail : accounts_mimer@mitmimer.com

BOI-C/A Voucher

No. : **BOI / 00887** Dated : **10-Feb-2020**

Particulars	Amount
Account :	
Conveyance Expenses	4,854.00
Office Expenses	5,854.00
Study Tours & Visits	4,296.00
Petrol & Diesel - MH 12 DS 3010	2,700.00
Balaji Survase - Driver	6,000.00
Anil Rajwade - Driver	3,000.00
	₹.26,704.00

Through :
Bank of India C/A 062121110000001

On Account of :
CHQ.NO. 066020 BEING CONVEYANCE, LUNCH CHARGES REIBURSED TO EXE-DIRECTOR'S DRIVER MR. INJEGAOKAR. TRAVELLING BILL REIMBURSSED FOR SOFT EMBALMING WORKSHOP AT SRI RAMCHANDRA MEDICAL COLLEGE, CHENNAI AND ADVANE PAID FOR VEHICLE DIESEL.

Amount (in words) :
Rupee Twenty Six Thousand Seven Hundred Four Only

DEAN
Authorised Signatory

Receiver's Signature:

Prepared by

Checked by
Account Officer

Verified by
Assistant Registrar
MIMER Medical College
Talegaon Dabhade

PRINCIPAL
Maharashtra Institute of
Medical Education and Research
Talegaon Dabhade, Pune 410 507

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Date: 03-02-2020

To,
The Principal,
M.I.M.E.R. Medical College,
Talegaon Dabhade, Pune 410507.

Through Proper Channel

Subject: Application for reimbursement of bills of **soft embalming workshop** at **SRI RAMCHNADRA MEDICAL COLLEGE, Chennai.**

Respected Sir,

From our college two faculties from department of Anatomy, named Dr. Swati Belsare, Professor and Head and Dr. Vivek Nirmale, Associate Professor had attended the workshop of Soft embalming techniques in Sri Ramchandra medical college, Chennai on 24 January 2020.

I request to sanction the following bills for the same. The list of all the bills is attached with the application

Kindly do the needful.

Thanking you in anticipation.

Sr. No.	Type	Amount	Remarks
1.	Workshop fees and Accommodation charges	3000/-	Bill attached
2.	Ola Cab	941/-	Bill attached
3.	Dinner	355/-	Bill attached
	Grand Total	4296/-	

Yours faithfully

3.2.2020

Dr. Vivek Kishanrao Nirmale,
Associate Professor,
Anatomy Department

03/02/2020
Prof. & Head
Dept. of Anatomy
MIMER Medical College
Talegaon Dabhade

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Scanned by CamScanner

Gmail

Vivek Nirmale <vivnir1101@gmail.com>

Your Friday ride to Meenambakkam

1 message

Ola <noreply@olacabs.com>
To: vivnir1101@gmail.com

Fri, Jan 24, 2020 at 8:55 PM

24 Jan, 2020

OLA

□283

CRN4644137405

Thanks for travelling with us, Vivek Nirmale

Ride Details

Pradeep Raj A NA

16.1 km 51 min

Bill Details

Base Fare	□50
Distance Fare	
First 15 km	□120
Last 1.1 km	□15.4
Ride Time Fare for 51 min	□51
Fare Increase[1]	□26.62
Ride Fare	□263.02
Taxes	□19.99
Total Bill (rounded off)	**□283**

Click here to get a copy of your invoice. Invoice available till 23/02/2020
Have queries? Visit support for this ride.

Total fare may change with change in drop location

Verified Vivek 3.2.2020

Scanned by CamScanner

Gmail

Vivek Nirmale <vivnir1101@gmail.com>

Your Friday ride to Triplicane

Ola <noreply@olacabs.com>
To: vivnir1101@gmail.com

Fri, Jan 24, 2020 at 5:12 P

OLA

24 Jan, 2020

□343

CRN4643073025

Thanks for travelling with us, Vivek Nirmale

Ride Details

Jayavel NA

Mini - White Bolt

Bill Details

Your Trip	□342.72
Total Bill (rounded off) **Includes □24.21 Taxes**	**□343**

Click here to get a copy of your invoice. Invoice available till 23/02/2020
Have queries? Visit support for this ride.

We've fulfilled our promise to take you to destination for pre-agreed Total Fare. Modifying the drop/route can change this fare.

Verified.
Vivek
3.2.2020

Scanned by CamScanner

Gmail

Vivek Nirmale <vivnir1101@gmail.com>

Your Friday ride to Porur

1 message

Ola <noreply@olacabs.com>
To: vivnir1101@gmail.com

Fri, Jan 24, 2020 at 9:10 AM

OLA

24 Jan, 2020

□315

CRN4641867015

Thanks for travelling with us, Vivek Nirmale

Ride Details

Rajaganesh K

Prime Sedan - White Dzire Tour

Bill Details

Your Trip	□255.05
Transport hub charge*	□60
Total Bill (rounded off)	**□315**
Includes □28.05 Taxes	

Click here to get a copy of your invoice. Invoice available till 23/02/2020
Have queries? Visit support for this ride.

We've fulfilled our promise to take you to destination for pre-agreed Total Fare. Modifying the drop/route can change this fare.

*Paid directly to the authorities by Ola. It enables us to make more rides available to you in special zones like airports.

Verified
Vivek
3.2.2020

Scanned by CamScanner

ICICI Bank

HOTEL SARAVANA BHAVAN
CHENNAI GRACE RESIDENCY
CHENNAI TMN

DATE : 24/01/2020 TIME : 19:30:55
MID : 4700000508444175 TID : 62992952
BATCH NO : 000130 INVOICE NO : 000903

SALE

CARD : xxxx xxxx xxxx 1140 CHIP
CARD TYPE : MASTERCARD EXP DATE : **/**
APPR CODE : 772784 RRN : 000000001239
TC Certificate: 71CE795E179E24E
Application Identifier: A0000000041010
Application Name: MCI_DBT

AMT ₹ 355.00

PIN VERIFIED OK
SIGNATURE NOT REQUIRED
VIVEK K NIRMALE /
I AGREE TO PAY AS PER CARD ISSUER AGREEMENT

*** CUSTOMER COPY ***
IWL version 3.1.2

First Data.

Verified
Vivek
24.1.2020

HOTEL SARAVANA BHAVAN
B : NO,13 MUTHUPANDIAN AVENUE
SANTHOME CHENNAI-04
GSTIN : 33AABFH3049M1ZF

SUPPLY INVOICE
VAL ANDAVAR HALL

NON AC BILL

Bill:4.59341 Dt:24:01:20

BCK:152254 SWD NO: 4 Tbl: 34 Pax: 3

Ref Id :4.72317

#.	ITEM NAME(GST)	RATE	QTY	AMT Rs
1	ONION UTHAPPAM	100.00	1.00	100.00
2	IDIYAPPAM KURUMA (3)	76.19	1.00	76.19
3	MASALA DOSAI	85.71	1.00	85.71
4	SPL PURE FILTER COFFEE	36.10	2.00	76.20
	SUB TOTAL		5.00	338.10

GST (%)	SGST (Rs.)	CGST (Rs.)	IGST (Rs.)	
5.00	8.455	8.455		16.91

GRAND TOTAL 355.00

(ROUNDED OFF IC 50 PAISE)
Thank U And Visit Again Ph: 044 - 40005577
Web : www.saravanabhavan.com
For Mail: feedback@saravanabhavan.com

Scanned by CamScanner

From:

Dr T Vijaya Sagar
Professor & Head
Dept of Anatomy
SRMC & RI
Chennai -600116

24 Jan 2020

CERTIFICATE OF ATTENDANCE
SOFT EMBALMING WORKSHOP

It is hereby certified that DR SWATI MILIND BELSARE, Professor & Head, Dept of Anatomy, MIMER Medical College, Talegaon Dabhade, Pune 410507 attended the soft embalming workshop conducted at SRMC & RI on 24 Jan 2020 from 09.00 AM to 4.00 PM

(Dr T Vijaya Sagar)

PROFESSOR AND HEAD
DEPT. OF ANATOMY
Sri Ramachandra Medical College
& Research Institute
Porur, Chennai-600 116.

Scanned by CamScanner

From:

Dr T Vijaya Sagar
Professor & Head
Dept of Anatomy
SRMC & RI
Chennai -600116

24 Jan 2020

CERTIFICATE OF ATTENDANCE
SOFT EMBALMING WORKSHOP

It is hereby certified that DR VIVEK KISHAN RAO NIRMALE, Associate Professor , Dept of Anatomy, MIMER Medical College, Talegaon Dabhade, Pune 410507 attended the soft embalming workshop conducted at SRMC & RI on 24 Jan 2020 from 09.00 AM to 4.00 PM

(Dr T Vijaya Sagar)
PROFESSOR AND HEAD
DEPT. OF ANATOMY
Sri Ramachandra Medical College
& Research Institute
Porur, Chennai-600 116.

Verified
Nivek
3.2.2020

Scanned by CamScanner

PRASANNA PURPLE MOBILITY SOLUTIONS PVT LTD
SaiPrasad , 8/12 , Historian Joshi Margoff Karve Road , Pune ,
E-Mail : ashwin@prasannapurple.com Tel :8605016867

Flight e-Ticket

Booking Reference Number: 0401993103606

Pune to Chennai

Pune→ Chennai 2020-01-24

IndiGo
6E - 159

Pune
2020-01-24,05:45
Lohegaon
Airport.

01:45

Chennai
2020-01-24,07:30
Chennai
Airport, T-1

Non Stop
Airline PNR - **SIQM8J**
Travel Class - **J**
Class - **Economy**
Fare Type - **Normal Fare**
Economy | Refundable
Tour code -

Passenger Details

NAME	TYPE	TICKET NO.	PNR NO.	FF NO.	TRAVELLER PHONE	INSURANCE NO	MEALS	BAGGAGE	SEAT
Mrs Swati Belsare	Adult		SIQM8J	-		NA	15 kgs(Free)	NA	
Mr Vivek Nirmale	Adult		SIQM8J	-		NA	15 kgs(Free)	NA	

Fare Details

PASSENGER TYPE	NO.OF PASSENGERS	BASIC FARE	TAXES AND FEES	TOTAL PRICE
Adult	2	3500	1250	4750.0

BOOKING FEE	20
CGST	2
SGST	2

Chennai to Pune

Chennai→ Pune 2020-01-24

Scanned by CamScanner

IndiGo
6E - 561

Chennai
2020-01-24,22:30
Chennai
Airport, T-1

01:50

Pune
2020-01-25,00:20
Lohegaon
Airport,

Non Stop

Airline PNR - **PEYTPY**
Travel Class - **O**
Class - **Economy**
Fare Type - **Normal Fare**
Economy | Refundable
Tour code -

Passenger Details

NAME	TYPE	TICKET NO.	PNR NO.	FF NO.	TRAVELLER PHONE	INSURANCE NO	MEALS	BAGGAGE	SEAT
Mrs Swati Belsare	Adult		PEYTPY	-		NA	15 kgs(Free)	NA	
Mr Vivek Nirmale	Adult		PEYTPY	-		NA	15 kgs(Free)	NA	

Fare Details

PASSENGER TYPE	NO.OF PASSENGERS	BASIC FARE	TAXES AND FEES	TOTAL PRICE
Adult	2	4829	1000	5829.0

BOOKING FEE	20
CGST	2
SGST	2

Payment Details

You Paid **Rs. 21205**

Important Notes

- Please carry a printout of your e-ticket or mobile ticket along with a photo identity proof such as driving license, voter ID or passport etc issued b passengers, it is mandatory to carry the Date of Birth certificate. **Note:** Passengers who are not Indian nationals need to carry their passport along
- All times indicated are in 24 hours format. Check-in begins 2 hours prior for domestic flights and closes 45 minutes prior to the scheduled depart begins 3 hours prior to the departure and closes 2 hours before departure.
- In the event of any cancellation/rescheduling, the respective airline charges will be applicable which may vary by for Arline to Airline.
- Airlines reserve the rights to make amendments in flight schedule. Hence, we would not be responsible for any Flight delay/Cancellation from ai 24 hrs before to reconfirm your flight schedule giving reference of Airline PNR Number.
- In case of cancellations or amendment to be done for domestic flights departing in less than 4 hours and for international flights departing in less respective airlines directly and inform us to process the applicable refund. We would not be liable for any losses if the request is received less th
- Please refer to the Passenger charter for any additional information.

Scanned by CamScanner

Mimer Medical College 2019-20
Talegaon Dabhade
State Name : Maharashtra, Code : 27
E-Mail : accounts_mimer@mitmimer.com

DBT-Nano Voucher

No. : **DBT/12** Dated : **16-Dec-2019**

Particulars	Amount
Account :	
Conference Expenses	**21,002.00**
	ch 07

Through :
DBT Nano Biotechnology 06211021000034

On Account of :
CHQ.NO. 113366 BEING EXPENSES REIMBURSED FOR THE NANOBIOTECK- 2019, 4TH ANNUAL CONFERENCE OF INDIAN SOCIETY OF NANO MEDICINE, 21ST TO 23RD NOV. 2019 AT NEW DELHI. REGISTRATION FEE, POSTER PRINTING & AIR FARE CHARGES.

Amount (in words) :
Rupee Twenty One Thousand Two Only

₹ 21,002.00

Receiver's Signature:

DEAN
Authorised Signatory

Prepared by

Checked by
Account Officer

Verified by
Assistant Registrar
MIMER Medical College
Talegaon Dabhade

PRINCIPAL
Maharashtra Institute of
Medical [illegible] Research
Talegaon Dabhade, Pune 410 507

6th December 2019

To,

The Principal,
MIMER Medical College,
Talegaon Dabhade
410507

Subject: Request for Reimbursement of Expenditure from **DBT Nano-biotechnology** account.

Dear Sir,

I am writing this letter to request the reimbursement of expenditure for the **NANOBIOTECK-2019, 4th Annual Conference of Indian Society of Nano medicine, 21st – 23rd November 2019** held at Aerocity, New Delhi. The poster was presented by Mrs. Kshama Dhobale, Project Assistant, under the DBT Nano-biotechnology grant in Central Research Laboratory. This event is organized by DBT and BIRAC. This should be billed to the **DBT Nano-biotechnology** account. Invoices of Rs. 21,002/- are attached along with this letter for your perusal. Kindly permit the reimbursement of the same.

Thank you.

Yours Truly,

Dr. Shashwat Banerjee
Head, Central Research Laboratory,
MIMER Medical College
Talegaon-Dabhade, Dist. Pune-

verified.
Put up to ED
for approval plz.
09.12.19

List of Enclosures:

(1) Registration Fee - Rs. 3,500/-
(2) Poster Printing – Rs. 1,062/-
(3) Air Fare – Rs. 9,052/-
(4) Accommodation Charges – Rs. 7,388.64/-

Dr. Shashwat Banerjee
Head, Central Research Laboratory
MIMER Medical College

9/12/19.

NANOBIOTECK - 2019

4th Annual Conference of ISNM

21st - 23rd November 2019
AEROCITY, NEW DELHI
Organized in partnership with Department of Biotechnology, GoI

CERTIFICATE OF PARTICIPATION

Kshama D. Dhobale

This is to certify that ~~Dr./Mr./~~Ms./~~Mrs~~.....participated in **NANOBIOTECK - 2019, 4th Annual Conference of Indian Society of Nanomedicine, 21st - 23rd November 2019** held at Aerocity, New Delhi as a **Delegate**.

NANOBIOTECK - 2019 was held in parallel with Global BioIndia Summit - 2019, an event organised by DBT and BIRAC.

Prof. K N Ganesh
President, Indian Society of Nanomedicine

Prof. A K Dinda
General Secretary, Indian Society of Nanomedicine

Gmail info

Compose

Inbox 103
Starred
Snoozed
Drafts 29
More

Kshama +

No recent chats
Start a new one

NANOBIOTECK-2019 Registration confirmation Int

WordPress <admin@isnmindia.org>
to me

Hi,

You have submitted following details for NANOBIOTECK-2019 Registration from ISNM

Name: Kshama D. Dhobale
Affiliation: Project Assistant, Central Research Laboratory
Email: dhobalekshama@mitmimer.com
Phone: 8369532205
Address: Talegaon Dabhade
Category: Faculty/Student - Non ISNM Member

For any further query kindly write to info@nanobioteck2019.com.

This is a system-generated mail. Kindly do not reply back to it.

Kind regards

Webmaster

NANOBIOTECK – 2019

4th Annual Conference of Indian Society of Nanomedicine

E-Receipt

Thank you for registering at NANOBIOTECK – 2019.

Time & Location
November 20, 2019 at 09:00 AM (IST) – November 23, 2019 at 03:00 PM (IST)
Aerocity, New Delhi

Registration Type & Price
Early Bird –Non-ISNM Member, Rs. 3,500.00

Delegate Name	Delegate Number	Transaction Details
Kshama D. Dhobale	PhD-005	19110658316352, 07.11.2019

E-receipt must be presented at the registration desk to receive conference badge and materials.

Digital Copy – Signature not required.

K.D. Dhobale

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

Mblem Digital 33/9,Chinar Heights Hsg. Society, Next to Oriental Bank of Commerce , Opp Lijjat Papad, Prabhat Rd Erandawane, Pune Ph No- 020-25434376 GSTIN/UIN: 27AAKFM8642E1Z2 State Name : Maharashtra, Code : 27 E-Mail : mblemdigital@gmail.com	Invoice No. **5193**	Dated **20-Nov-2019**
	Delivery Note	Mode/Terms of Payment
	Supplier's Ref. **5193**	Other Reference(s)
	Buyer's Order No.	Dated
Buyer **MIMER Medical College** Talegaon Dabhade,Pune GSTIN/UIN : 27AAAAM1206F1Z6 State Name : Maharashtra, Code : 27	Despatch Document No.	Delivery Note Date
	Despatched through	Destination
	Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	**Ecosolvent Printing** *Eco PVC* *3'x4'x1=12Sqft*	39199010	12.00 SQ.FT	75.00	SQ.FT	**900.00**
	Sales CGST-9%			*9*	%	**81.00**
	Sales SGST -9%			*9*	%	**81.00**
	Total		12.00 SQ.FT			**₹ 1,062.00**

E. & O.E

Amount Chargeable (in words)

INR One Thousand Sixty Two Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
39199010	900.00	9%	81.00	9%	81.00	162.00
Total	**900.00**		**81.00**		**81.00**	**162.00**

Tax Amount (in words) : **INR One Hundred Sixty Two Only**

Company's VAT TIN : **27840024997V w.e.f.1.4.2006**
Company's CST No. : **27840024997C w.e.f.1.4.2006**
Company's PAN : **AAKFM8642E**

Declaration

I/we hereby certify that my/our registration cerificate under Maharashtra Value Added Tax Act,2002 is in force on the date on which the sale of the goods specified in this Tax invoice is made by me/us and that the transaction of sale covered by this Tax invoice has been effected by me/us and it shall be accounted for in the turnover of sales while feelings of return and the due Tax,if any, payble,on the sales has been paid of shall be paid.

Company's LBT No. : **PMC-LBT-073-0030686**

for Mblem Digital

Authorised Signatory

SUBJECT TO PUNE JURISDICTION

This is a Computer Generated Invoice

TAX Invoice

International Inn
GSTIN No : 07AAAFI7629D1ZJ, Pan No-AAAFI7629D
A-78 National Highway No -08 Near IGI/ Airport Mahipal pur,, New Delhi, Delhi, 110037, India
Phone: 011-26784665-66;E-mail : infoinn@stargroupofhotels.inURL: http://www.stargroupofhotels.in/

Folio No. / ResNo	: 13655 / 9888	**Date of Invoice**	: 24/11/2019 02:14:37 PM
Guest Name	: Mr. Kshama Dhobale	**G.R. Card No**	: 6500
Bill To	: Mr. Kshama Dhobale	**Room No**	: Compact Room - 411
Address	: .	**No of Person**	: 2 (A) / 0 (C)
State	:	**Rate Type**	: European Plan
GSTIN No	:	**No of Nights**	: 3
Source	: go-mmt	**Date of Arrival**	: 21/11/2019 09:59:09 AM
Source Of Supply	: New Delhi	**Date of Departure**	: 24/11/2019 02:14:37 PM
Invoice No	: 7609		

Sr No	Particular	HSN/SAC	Qty	Rate	Total	Discount	Taxable	SGST	CGST	IGST	CESS
1	Room Charges	996311	3	2,199.00	6,597.00	0.00	6,597.00	395.82 6.00 %	395.82 6.00 %	0.00 0.00 %	0.00
				Total	**6,597.00**	**0.00**	**6,597.00**	**395.82**	**395.82**	**0.00**	**0.00**

Total Payabale Amount

Seven thousand, three hundred and eighty-eight point six four

Total Charges (Rs) :	6,597.00
Total Discount(Rs) :	0.00
Total SGST (Rs) :	395.82
Total CGST (Rs) :	395.82
Total IGST (Rs) :	0.00
Total Other Tax (Rs) :	0.00
Total Balance Transfer (Rs) :	0.00
Total (Rs) :	7,388.64
Flat Discount (Rs) :	0.00
Adjustment (Rs) :	0.00
Total Payable (Rs) :	7,388.64
Total Payment(Rs) :	0.00
Balance (Rs) :	7,388.64

Remark :

This Folio is in	: Rs
Reception (C/I)	: Abishek
Cashier (C/O)	: Abishek
Date	: 24/11/2019 02:14:37 PM
Page	: Page 1 of 1

Folio NOTICE
Folio NOTICE

(Guest Signature)

EaseMyTrip.com

Booking Confirmed

Booking Date: Thu , 07 Nov 2019 | **Booking Time:** 23:38

Hi ,

Your flight ticket for Pune-Delhi-Pune is confirm. Your ticket is attached along with the email.

Your Booking ID is EMT65956760 . Please use it for any further communication with us.

Vistara UK-900	**Pune** 05:55 **Thu-21Nov2019**	2h 10m	**Delhi** 08:05 **Thu-21Nov2019** Terminal3
Air Asia I5 - 731	**Delhi** 15:50 **Sun-24Nov2019**	01h 55m	**Pune** 17:45 **Sun-24Nov2019**

Passengers - 2 Adults

Passenger	Airline	Status	Sector	AirLine PNR	Ticket Number	Seat No
Mr. Naval Dinesh Aher	UK	Confirm	PNQ-DEL	OGLNPW	2289444439141/1/1	
Mr. Naval Dinesh Aher	I5	Confirm	DEL-PNQ	SZKIKZ	SZKIKZ/1/2	
Mrs. Kshama Naval Aher	I5	Confirm	DEL-PNQ	SZKIKZ	SZKIKZ/2/2	
Mrs. Kshama Naval Aher	UK	Confirm	PNQ-DEL	OGLNPW	2289444439142/2/1	

Flight Inclusion

Passenger	Sector	Airline	Flight Insurance Status	Free Cancellation Insurance Status	Meal Type
Mr Naval Dinesh Aher	PNQ-DEL	UK	Not Confirmed	Not Confirmed	Not Confirmed
Mr Naval Dinesh Aher	DEL-PNQ	I5	Not Confirmed	Not Confirmed	Not Confirmed
Mrs Kshama Naval Aher	DEL-PNQ	I5	Not Confirmed	Not Confirmed	Not Confirmed
Mrs Kshama Naval Aher	PNQ-DEL	UK	Not Confirmed	Not Confirmed	Not Confirmed

Baggage Info

Airline	Sector	Baggage	
		Check in	Cabin
UK	PNQ-DEL	1PC	7 KG
I5	DEL-PNQ	15KG	7 KG

Fare Details

	Amount (INR)
Total Basic Fare :	Rs. 14806.00
Other Charges :	Rs. 3288.00
Discount :	Rs. (-) 0.00
Insurance Fee :	Rs. 0.00
Meal Amount :	Rs. 0.00
Bagg. Amount :	Rs. 0.00
Seat. Amount :	Rs. 0.00
Reschedule Charges :	Rs. 0.00
Cancellation Ins Charges :	Rs. 0.00
ReliefFund :	Rs. 10.00
Total	**Rs. 18104.00**

Cancellation Charges

EaseMyTrip Fee: Rs. 250 per pax per sector

Airline Fee:

Airline	Cancellation Time	Charges
Vistara	Non-Refundable of departure	Non-Refundable
I5	Before 6 hours -72 hours of departure	3500 (per pax per sector)
I5	Before 72 hours -8760 hours of departure	3000 (per pax per sector)

Terms & Conditions

- All passengers, including children and infants, have to present their valid ID proof at the time of check-in.

6.3.1

2019-20 MIMER Medical College
Talegaon Dabhade
State Name : Maharashtra, Code : 27
E-Mail : accounts_mimer@mitmimer.com

BOI-C/A Voucher

No. : **BOI / 00190** Dated : **25-Jun-2019**

Particulars	Amount
Party name :	
Workshop Expenses	**23,170.00**
Through :	
Bank of India C/A 062121110000001	
On Account of :	
CHQ NO 057246 DT 25/06/2019.BEING REGISTRATION CHARGES PAID FOR CURRICULUM IMPLEMENTATION SUPPORT PROGRAMME ORGANIZE BY SETH G.S MEDICAL COLLEGE & KEM HOSPITAL (13 TO 15 MARCH 2019).(DR.BELSARE-RS 4900,DR.NAIR-RS. 10870,DR. BHAT-RS. 2500,DR.CHATE-4900)	
Amount (in words) :	
Rupee Twenty Three Thousand One Hundred Seventy Only	
	₹ 23,170.00

	Usha Dhende Kiran Kulkarni	
		Mrs. Rohini Tikhe
Receiver's Signature	Prepared Checked by	Accounts Officer

D.S.Desai	Dr.D.S.Jadhav	Dr.R.P.Gupta	Dr. Suchitra Nagare	Dr. Suresh Ghaisas
Asstt. Registrar	Vice Principal	Principal	Executive Director	Medical Director

ACCOUNTS OFFICER
Maharashtra Institute of
Medical Education and Research
Talegaon Dabhade. Pune 410 507

Principal
MIMER Medical College
Talegaon Dabhade-410 507.

Mimer Medical College 2018-19
Talegaon Dabhade
State Name : Maharashtra, Code : 27
E-Mail : accounts_mimer@mitmimer.com

Research/ Bk.Pymt. Voucher

No. : **Res/19** Dated : **27-Mar-2019**

Particulars	Amount
Account :	
Faculty Development	**5,000.00**
Through :	
BOI Research Society S/A/c 062110110004232	
On Account of :	
CHQ.NO. 073276 BEING PAPER ORAL PRESENTATION. DATED 14 TO 17/2/2019	
Amount (in words) :	
Rupee Five Thousand Only	**₹ 5,000.00**

Receiver's Signature:

DEAN
Authorised Signatory

Prepared by

Checked by
Account Officer

Verified by
Assistant Registrar
MIMER Medical College
Talegaon Dabhade

Reimbursement Form for Presentation of Research Paper

Date : 26/03/2019

Name: Dr Rajendra Prasad Gupta

Department: Ophthalmology

Designation: Professor

Mobile no: 9860877202

Title of Research work presented: Visual outcome in Posterior Capsular rent while undergoing Cataract Surgery

Oral presentation (Paper)/ Poster/ Any other: Paper oral Presentation

Name of conference: 77th Annual Conf of All India Ophthalmological Society

International/National/State: NATIONAL

Venue: Brilliant Convention centre, INDORE (MADHYA PARDESH)

Date: 14/02/2019 to 17/02/2019

Expenses for Registration:

Signature
Head of the Department

Enclosures:-
1) Original receipts
2) Certificate of attendance of conference
3) Certificate of presentation oral/poster

Sanctioned amount:- 5000/-

26/3/2019
Secretary
Research Committee
MIMER Medical College

Chairman
Research Committee
MIMER Medical College

Mimer Medical College 2018-19
Talegaon Dabhade
State Name : Maharashtra, Code : 27
E-Mail : accounts_mimer@mitmimer.com

Research/ Bk.Pymt. Voucher

No. : **Res/18** Dated : **5-Mar-2019**

Particulars	Amount
Account :	
Faculty Development	**3,000.00**
	₹ 3,000.00

Through :
BOI Research Society S/A/c 062110110004232
On Account of :
CHQ.NO. 073274 BEING ORAL PRESENTATION CHARGES PAID. RAVINDRA VEDPATHAK
Amount (in words) :
Rupee Three Thousand Only

Receiver's Signature:

DEAN
Authorised Signatory

Prepared by

Checked by
Account Officer

Verified by
Assistant Registrar
MIMER Medical College
Talegaon Dabhade

Reimbursement Form for Presentation of Research Paper

Date : 28 / 02 / 2019

Name: Ravindra Dedgpathak.

Department: Anatomy

Designation: Tutor

Mobile no: 9004363873 / 7588807548

Title of Research work presented: "Morphometric study of incus by Computerised tomography."

Oral presentation (Paper)/ Poster/ Any other: Oral paper

Name of conference: "Medinspire-2019"

International/National/State: International

Venue: D.Y. Patil, University, Nerul Navi mumbai

Date: 14 / 02 / 2019 to 17/02/2019

Expenses for Registration:
3000/- only

01/3/2019
Signature
Head of the Department

Prof & Head.
Dept. of Anatomy
MIMER Medical College
Talegaon Dabhade

Enclosures:-
1) Original receipts
2) Certificate of attendance of conference
3) Certificate of presentation oral/poster

Sanctioned amount:- 3000/-

02/3/2019
Secretary
Research Committee
MIMER Medical College

Chairman
Research Committee
MIMER Medical College

Mimer Medical College 2018-19
Talegaon Dabhade
State Name : Maharashtra, Code : 27
E-Mail : accounts_mimer@mitmimer.com

Research/ Bk.Pymt. Voucher

No. : **Res/17** Dated : **5-Mar-2019**

Particulars	Amount
Account :	
Faculty Development	**3,000.00**
Through :	
BOI Research Society S/A/c 062110110004232	
On Account of :	
CHQ.NO. 073275 BEING ORAL PRESENTATION CHARGES PAID. NISHIGANDHA SADAMATE.	
Amount (in words) :	
Rupee Three Thousand Only	**₹ 3,000.00**

Receiver's Signature:

DEAN
Authorised Signatory

Prepared by

Checked by
Account Officer

Verified by
Assistant Registrar
MIMER Medical College
Talegaon Dabhade

Reimbursement Form for Presentation of Research Paper

Date : 28/02/2019

Name: Nishigandha Sadamate

Department: Anatomy.

Designation: Tutor

Mobile no: 7387885462 / 9673612251

Title of Research work presented: "Perception of different teaching & learning media by the first year MBBS std. in a Medical College."

Oral presentation (Paper)/ Poster/ Any other: "Oral presentation"

Name of conference: "Medinspire-2019"

International/National/State: International

Venue: D.Y. Patil University, Nerul, Navi Mumbai

Date: 14/02/2019 to 17/02/2019

Expenses for Registration:
3000/- only

01/3/2019
Signature
Head of the Department

Enclosures:-
1) Original receipts
2) Certificate of attendance of conference
3) Certificate of presentation oral/poster

Sanctioned amount:- 3000/-

07/3/2019
Secretary
Research Committee
MIMER Medical College

Chairman
Research Committee
MIMER Medical College

Mimer Medical College 2018-19
Talegaon Dabhade
State Name : Maharashtra, Code : 27
E-Mail : accounts_mimer@mitmimer.com

Research/ Bk.Pymt. Voucher

No. : **Res/12** 14 Dated : **6-Nov-2018**

Through : **BOI Research Society S/A/c 062110110004232**

Particulars	Amount
Account :	
Faculty Development	**1,000.00**
	₹ 1,000.00

On Account of :
CHQ NO 073269 BEING REGISTRATION CHARGES FOR PRESENTATION OF RESEARCH PAPER .DR.S.A.PRATINIDHI.(BIO DEPT)

Bank Transaction Details:

DR.S.A.PRATINIDHI
Cheque 073269 6-Nov-2018 **1,000.00**

Amount (in words) :
Rupee One Thousand Only

30/11/2018
Receiver's Signature:

DEAN
Authorised Signatory

Prepared by

Checked by
Account Officer

Verified by
Assistant Registrar
MIMER Medical College
Talegaon Dabhade

Reimbursement Form for Presentation of Research Paper

Date:- 11 Oct 18.

Name:- Dr. SA. Pratinidhi

Department Biochemistry

Designation: Prof and Head

Mobile no: 9822879665.

Title of Research work presented: Heavy metal levels in commonly used cosmetic products in india.

Oral presentation (Paper)/ Poster/ Any other:

Name of conference: LEAD CON 2018

International/National/State:

Venue:- Siliguri, West Bengal

Date:- 4/5 Oct 2018

Expenses for Registration: Rs 1000/- NEFT

Pratinidhi

Signature of Head of the Department

Dr. S. A. PRATINIDHI
PROFESSOR & HEAD
DEPT. OF BIOCHEMISTRY
MIMER MEDICAL COLLEGE
TALEGAON-DABHADE

Enclosures:-
1) Original receipts
2) Certificate of attendance of conference
3) Certificate of presentation oral/poster

Sanctioned amount:-1000/-

Secretary
Research Committee
MIMER Medical College

Chairman
Research Committee
MIMER Medical College

Dr. R P GUPTA
PRINCIPAL
MIMER Medical College
Talegaon Dabhade,
Pune - 410507.

Maharashtra Academy of Engineering & Education Research's

Maharashtra Institute of Medical Education & Research And Dr. Bhausaheb Sardesai Talegaon Rural Hospital

Talegaon General Hospital, Campus, Talegaon (Dabhade)

Res/8

Voucher No.	
Date:	26 JUL 2018
C.F.No.	
L.F. No. :	

BANK PAYMENT

College / ~~Hospital~~

Research Soci.A/c	Faculty Development	5,000.00
5,000.00		

Rupees (in words) : Five Thousand Only.

On account of : Being Registration charges for presentation of research paper.

By Cash / Cheque : 073257

Receiver's Name : Dr. Rajendra Prasad Gupta

Address : Principal

Prepared By | Checked By | Accounts Officer

Dy.Registrar/A.O./Asst.Registrar | Medical Director | Receiver's Signature

Reimbursement Form for Presentation of Research Paper

Date : 24/ 4 /2018

Name: Dr Rajendra Prasad Gupta

Department: Ophthalmology

Designation: Professor

Mobile no: 9860877202.

Title of Research work presented: Paper: Evaluation of etiological factors for Meibomian gland dysfunction in rural population.

(ii) Poster - Ocular surface Squamous neoplasia - A Case report

Oral presentation (Paper)/ Poster/ Any other: one paper & one poster.

Name of conference: All India Ophthalmic Conference 2018, Coimbatore

International/National/State: National

Venue: Codissia Trade Fair Complex, Coimbatore

Date: 22/02/2018 to 25/02/2018.

Expenses for Registration:

(a) Regis fee & Hotel fees - Rs 7150
(b) Air fare - Rs 4034
(c) Train fare - Rs 910
Total Rs 12094

Signature
Head of the Department
Dr. Prajakta Sambarey
Regn.No46200
Prof. & HOD
Department of Ophthalmology
MIMER Medical College,
Talegaon (D) Pune.

Enclosures:-
1) Original receipts
2) Certificate of attendance of conference
3) Certificate of presentation oral/poster

Sanctioned amount:- 5000/-

11/05/18
Secretary
Research Committee
MIMER Medical College

Chairman
Research Committee
MIMER Medical College

Maharashtra Academy of Engineering & Education Research's

Maharashtra Institute of Medical Education & Research And Dr. Bhausaheb Sardesai Talegaon Rural Hospital

Talegaon General Hospital, Campus, Talegaon (Dabhade)

Voucher No.	
Date:	
C.F.No. :	23 JAN 2018
L.F. No. :	

BANK PAYMENT

College / ~~Hospital~~

Res

3,500.00	Registration Fees	3,500.00

Rupees (in words) : Three Thousand Five Hundred Only.

On account of : Being registration fees paid for National Conference of Anatomical Society of India.

By ~~Cash~~ / Cheque : 073254

Receiver's Name : Ravindra Vedpathak

Address : Anatomy

Prepared By **Checked By** **Accounts Officer**

Vedpathak 19/01/18

Dy.Registrar/A.O./Asstt.Registrar **Medical Director** **Receiver's Signature**

Reimbursement Form for Presentation of Research Paper

Date : 13/12/2017

Name: Ravindra D. Vedpathak

Department: Anatomy.

Designation: Tutor

Mobile no: 9004363873 / 7588807548

Title of Research work presented: Morphometric study of STAPES by Computerised Tomography.

Oral presentation (Paper)/ Poster/ Any other: Oral presentation

Name of conference: 65th National Conference of Anatomical Society of India

International/National/State: National.

Venue: Pt. Jawaharlal Nehru Memorial Medical College, Raipur, Chattisgad

Date: / / 30th Nov. to 3rd Dec. 2017

Expenses for Registration: 3500/-
Three Thousand five Hundread Rs. only.

Signature
Head of the Department

Prof. & Head.
Dept of Anatomy
MIMER Medical College
Talegaon Dabhade - 410 507

Enclosures:-
1) Original receipts
2) Certificate of attendance of conference
3) Certificate of presentation oral/poster

Sanctioned amount:- Rs 3,500/-

Co-Chairman
Research Committee
MIMER Medical College

Director
Administration
MIMER Medical College

Maharashtra Academy of Engineering & Education Research's

Maharashtra Institute of Medical Education & Research And Dr. Bhausaheb Sardesai Talegaon Rural Hospital

Talegaon General Hospital, Campus, Talegaon (Dabhade)

Voucher No.	
Date:	23 JAN 2018
C.F.No. :	
L.F. No. :	

BANK PAYMENT

College / ~~Hospital~~

Res

5,000.00	Registration Fees	5,000.00

Rupees (in words) : Five Thousand Only.

On account of : Being registration fees paid for National Conference AMBICON 2017,Mysore

By ~~Cash~~ / Cheque : 007050
Receiver's Name : A.Pratinidhi
Address : BioChemistry

SP

Prepared By

Checked By

Accounts Officer

Pratinidhi 23/1/2018

Receiver's Signature

Dy.Registrar/A.O./Asstt.Registrar

Medical Director

Reimbursement Form for Presentation of Research Paper

Date:- 21 NOV 17

Name:- Dr S A Pratinidhi

Department Biochemistry

Designation: Prof and Head

Mobile no: 9822879665

Title of Research work presented: circulating maternal and fetal cortisol levels after non assisted vaginal delivery and elective cesarean section.

Oral presentation (Paper)/ Poster/ Any other: Paper.

Name of conference: National Conference AMBICON 2017, Mysuru.

International/National/State:

Venue:- Mysuru

Date:- 17 To 19 NOV 2017

Expenses for Registration: Rs 6500/-

Pratinidhi

Signature of Head
of the Department

Dr. S. A. PRATINIDHI
PROFESSOR & HEAD
DEPT. OF BIOCHEMISTRY
MIMER MEDICAL COLLEGE
TALEGAON-DABHADE

Enclosures:-
1) Original receipts
2) Certificate of attendance of conference
3) Certificate of presentation oral/poster

Sanctioned amount:- Rs. 5,000/-

Secretary
Research Committee
MIMER Medical College

Chairman
Research Committee
MIMER Medical College

Maharashtra Academy of Engineering & Education Research's

Maharashtra Institute of Medical Education & Research And Dr. Bhausaheb Sardesai Talegaon Rural Hospital

Talegaon General Hospital, Campus, Talegaon (Dabhade)

Research

Voucher No.	
Date:	10 APR 2017
C.F.No. :	
L.F. No. :	

(E)

BANK PAYMENT

College / ~~Hospital~~

Registration Fee	1,500.00

Research Society | 1,500.00 | faculty Developement

Rupees (in words) : One Thousand Five Hundred Only.

On account of : Being Registration fee paid. Dated 22 & 23 Oct. 2016.

By Cash / Cheque : 007027
Receiver's Name : S.A. Pratinidhi
Address : Bio. Dept.

Prepared By **Checked By** **Accounts Officer**

10/4/17

Receiver's Signature

Dy.Registrar/A.O./Asstt.Registrar **Medical Director**

International/National/State: _____

Reimbursement Form for Presentation of Research Paper

Date : 20/3/17

Name: Dr. S.A Pratinidhi

Department: Biochemistry

Designation: Prof and Head

Mobile no: 9822879665

Title of Research work presented: Lead Level in Cosmetics.

Oral presentation (Paper)/ Poster/ Any other: ✓

Name of conference: 2nd International Leadcon

International/National/State: ✓

Venue: KARAD – KIMS.

Date: ~~20/3/17~~ 22 & 23 Oct. 2016

Expenses for Registration: 1570/-

Signature
Head of the Department

Enclosures:-
1) Original receipts
2) Certificate of attendance of conference
3) Certificate of presentation oral/poster

Sanctioned amount:- 1500/-

Co-Chairman
Research Committee
MIMER Medical College

21/03/17
Director
Administration
MIMER Medical College

Maharashtra Academy of Engineering & Education Research's

Maharashtra Institute of Medical Education & Research And Dr. Bhausaheb Sardesai Talegaon Rural Hospital

Talegaon General Hospital, Campus, Talegaon (Dabhade)

Voucher No.	
Date:	3-4-17
C.F.No. :	
L.F. No. :	

BANK PAYMENT

College / ~~Hospital~~

Research Society 5,000.00

Faculty Development 5,000.00

Rupees (in words) : Five Thousand Only.

On account of : Being Reimbursement Form for Presentation of Research Paper. Ophthal. Dept. dated 14/3/2017

By Cash / Cheque 007028

Receiver's Name : Dr. Rajendra Prasad Gupta

Address : Principal

Prepared By **Checked By** **Accounts Officer**

Dy.Registrar/A.O./Asst.Registrar **Medical Director** **Receiver's Signature**

Reimbursement Form for Presentation of Research Paper

Date : 14/03/2017

Name: Dr. RAJENDRA PRASAD GUPTA

Department: OPHTHALMOLOGY.

Designation: PROFESSOR.

Mobile no: 9860877202.

Title of Research work presented: Evaluating Optical Coherence Tomography and Fundus Fluorescein Angiography in Macular disorders.

Oral presentation (Paper)/ Poster/ Any other: Paper.

Name of conference: 75th Platinum All India opthalmological Society conference

International/National/State: National (16-19 Feb 2017)

Venue: JAIPUR (Rajasthan).

Date: 14/03/2017

Expenses for Registration: Rs 6350/-.

Signature
Head of the Department

Dr. Prajakta Sambarey
M.B.B.S. M.S. (Ophthal)
Regn. No. 49200
Professor & Head
Department of Ophthalmology

Enclosures:-
1) Original receipts
2) Certificate of attendance of conference
3) Certificate of presentation oral/poster

Sanctioned amount:- Rs. 5,000/-

Co-Chairman
Research Committee
MIMER Medical College

Director
Administration
MIMER Medical College

Mimer Medical College 2016-17
Talegaon Dabhade
E-Mail : accounts_mimer@mitmimer.com

BOI-C/A Voucher

No. : **BOI/Mar 13/62** Dated : **17-Mar-2017**

Through : **Bank of India C/A 062121110000001**

Particulars	Amount
Account :	
Seminar Expenses	**16,000.00**

On Account of :
Ch.no.: 017383 paid for Ratna Majumdar for attending "Bio Medical Waste Management" programme held at Hyderabad from 10th April to 12th April 2017

Bank Transaction Details:

Seminar Expenses			
Cheque	017383	17-Mar-2017	16,000.00

Amount (in words) :
Rupee Sixteen Thousand Only **₹ 16,000.00**

Receiver's Signature: Authorised Signatory

Prepared by Checked by Verified by

Scanned by CamScanner

Maharashtra Academy of Engineering & Education Research's

Maharashtra Institute of Medical Education & Research And Dr. Bhausaheb Sardesai Talegaon Rural Hospital

Talegaon General Hospital, Campus, Talegaon (Dabhade)

Voucher No.	62
Date:	17 MAR 2017
C.F.No. :	
L.F. No. :	

BANK PAYMENT

College / ~~Hospital~~

Yourself	Seminar Expenses	16,000.00
	16,000.00	

Rupees (in words) : Sixteen Thousand Only.

On account of : Being seminar programme attending on 10th to 12th April 2017. " Bio Medical Waste Management "

By Cash / Cheque : 017384

Receiver's Name : Bank of India

Address : T.D.

Prepared By | Checked By | Accounts Officer

Dy.Registrar/A.O./Asstt.Registrar | Medical Director | Receiver's Signature

(An ISO 9001 : 2008 Certified, AICTE & CEA Recognized Institution)

Centre for Promotion of Professional Excellence.

Scanned by CamScanner

Engineering Staff College of India

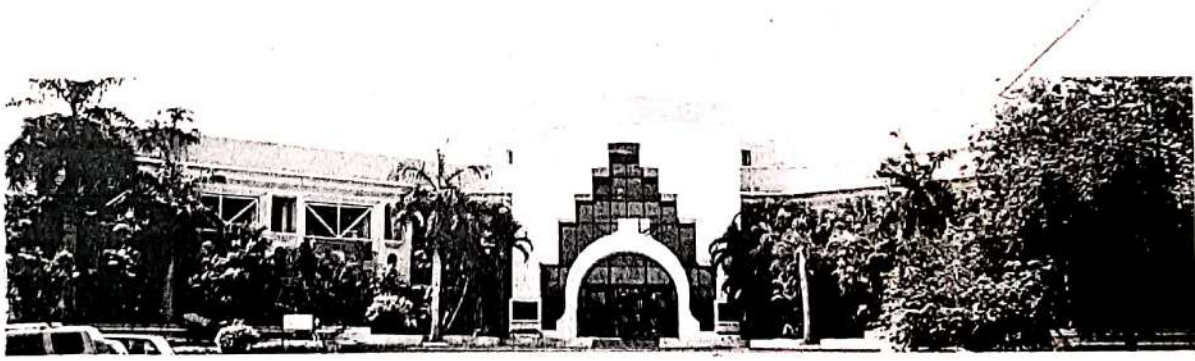
Autonomous Organ of The Institution of Engineers (India)
Old Bombay Road, Gachi Bowli, Hyderabad - 500032, Telangana, India.

Environment Management Division

Continuing Professional Development Programme on

Bio Medical Waste Management - Handling and Safe Disposal Options with New Rules 2016

10 - 12 April, 2017



(An ISO 9001 : 2008 Certified, AICTE & CEA Recognized Institution)

Centre for Promotion of Professional Excellence.

Scanned by CamScanner

From :
Dr. Ratna Majumdar,
Professor Dept Com.Med
M.I.M.E.R Medical College
Talegaon Dhabade, PUNE.

To
The Executive Director,
Dr V.S.Ghaisas,
M.I.M.E.R Medical College
Talegaon Dhabade, PUNE.

Dated 23.02.2017

Respected Sir,

Ref : Nomination for attending programme on " Bio Medical Waste Management "

The Engineering Staff College of India (ESCI) is organising Professional Development Programme on " **Bio Medical Waste Management – Handling and Safe Disposal Options with New Rules 2016 " from 10th - 12th April 2017** at ESCI Campus, Gachi Bowli, Hyderabad.
The objectives of this 3 – day programme is to provide information on scientific approach to the Bio Medical Waste Management by addressing the latest methods involved in safe handling of waste and proposed legal & statutory requirements.
The course fee for this 3 – day training programme is Rs 16000/- (Rupees Sixteen Thousand only) and @ 15% extra per participant, totaling to Rs 18400/- (Rupees Eighteen Thousand Four Hundred), which includes accommodation.

I would request you to nominate me to attend the programme. To secure the nomination the College is to send a demand draft in advance to Engineering Staff College of India (ESCI) , Hyderabad.

Thanking you,

Yours sincerely,

(Dr. Ratna Majumdar)

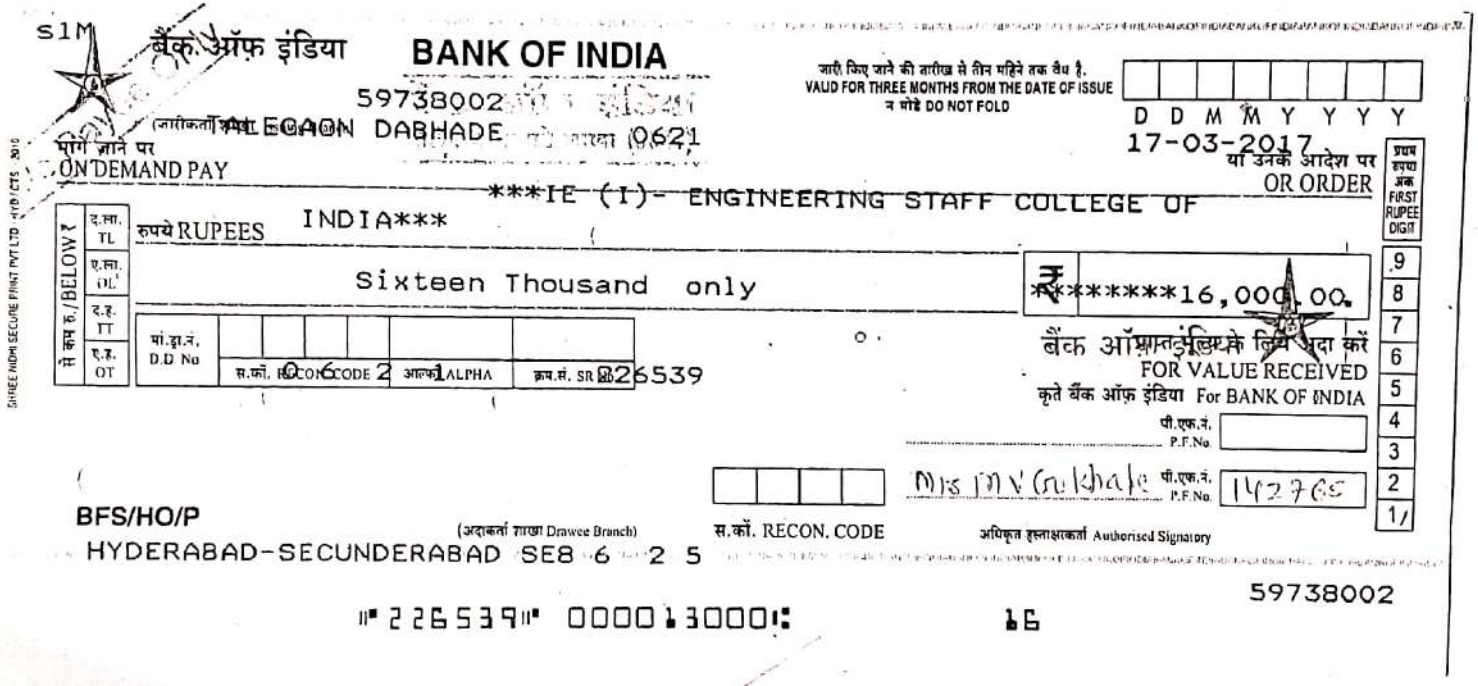
Dr. Majumdar
P.S speak
8/3/17

50% expenses of training will be borne by Institute.
8/3/17

Complete Registration 16000/- to be borne by Institute.

MAEER'S
MIMER MEDICAL COLLEGE
Inward No. :....1107.....
Date :.....2/3/17.....

Scanned by CamScanner



S1M

बैंक ऑफ़ इंडिया **BANK OF INDIA**

59738002

(जारीकर्ता शाखा) MR. EGAON DABHADE 0621

जारी किए जाने की तारीख से तीन महिने तक वैध है.
VALID FOR THREE MONTHS FROM THE DATE OF ISSUE
न मोड़ें DO NOT FOLD

D D M M Y Y Y Y
17-03-2017

माँगे जाने पर
ON DEMAND PAY

या उनके आदेश पर
OR ORDER

IE (I)- ENGINEERING STAFF COLLEGE OF INDIA

रुपये RUPEES Sixteen Thousand only

₹ *******16,000.00

प्रथम रुपए अंक FIRST RUPEE DIGIT: 9 8 7 6 5 4 3 2 1/

से कम रु./BELOW ₹	द.ला. TL	ए.ला. DL	द.ह. TT	ए.ह. OT

पां.ड्रा.नं. D.D No

स.कों. RECON CODE 2 आल्फा ALPHA क्रम.सं. SR 226539

बैंक ऑफ़ इंडिया के लिए अदा करें
FOR VALUE RECEIVED
कृते बैंक ऑफ़ इंडिया For BANK OF INDIA

पी.एफ.नं. P.F.No.

Mrs MV Gulkhale पी.एफ.नं. P.F.No. 142765

BFS/HO/P

(अदाकर्ता शाखा Drawee Branch) HYDERABAD-SECUNDERABAD SE8 6 2 5

स.कों. RECON. CODE

अधिकृत हस्ताक्षरकर्ता Authorised Signatory

59738002

"226539" 000013000: 16

Scanned by CamScanner

Maharashtra Academy of Engineering & Education Research's

Maharashtra Institute of Medical Education & Research And Dr. Bhausaheb Sardesai Talegaon Rural Hospital

Talegaon General Hospital, Campus, Talegaon (Dabhade)

Voucher No.	
Date:	17 MAR 2017
C.F.No. :	
L.F. No. :	

BANK PAYMENT

College / ~~Hospital~~

Research A/c

Registration fee	2,500.00

2,500.00

Rupees (in words) : Two Thousand Five Hundred Only.

On account of : Being Registration fee paid.

By Cash / Cheque : 000075
Receiver's Name : Dr. Aparna Shinde
Address : Micro. Dept.

Prepared By | Checked By | Accounts Officer | Receiver's Signature

Dy.Registrar/A.O./Asstt.Registrar | Medical Director

Reimbursement Form for Presentation of Research Paper

Date:- 07/12/2016

Name:- Dr. Aparna Balasaheb shinde

Department Microbiology

Designation: PG student

Mobile no: 9850192802

Title of Research work presented: Study of nonfermenter in various ~~clinical~~ clinical specimen and their antimicrobial susceptibility pattern in Rural Teaching Hospital

Oral presentation (Paper)/ Poster/ Any other: poster

Name of conference: 40th Annual Conference of Indian Association of medical microbiologist

International/National/State: National

Venue:- post Graduate institute of medical Education & Research, Chadigarh

Date:- 25th - 27th NOV 2016

Expenses for Registration: Rs. 4500/—

Signature of Head of the Department
28/12

PROF.AND HEAD
DEPTT.OF MICROBILOGY
MIMER MEDICAL COLLEGE
TALEGAON DABHADE

Enclosures:-
1) Original receipts
2) Certificate of attendance of conference
3) Certificate of presentation oral/poster

Sanctioned amount:- Rs. 2,500/—

Yatindhi
Secretary 29.12.16.
Research Committee
MIMER Medical College

05/03/17
(Dir Admin)

29/12/2016
Chairman
Research Committee
MIMER Medical College

Shinde.

Maharashtra Academy of Engineering & Education Research's

Maharashtra Institute of Medical Education & Research And Dr. Bhausaheb Sardesai Talegaon Rural Hospital

Talegaon General Hospital, Campus, Talegaon (Dabhade)

Voucher No.	
Date:	17 MAR 2017
C.F.No. :	
L.F. No. :	

17 MAR 2017

BANK PAYMENT

College / ~~Hospital~~

Research A/c

Registration fee	1,600.00

1,600.00

Rupees (in words) : One Thousand Six Hundred Only.

On account of : Being Registration fee paid.

By Cash / Cheque : 000072
Receiver's Name : Dr. Swati Raje
Address : PSM Dept.

~~Prepared~~ By

Checked By

Accounts Officer

Dy.Registrar/A.O./Asstt.Registrar

Medical Director

Mrs Swati S Raje

Receiver's Signature

Reimbursement Form for Presentation of Research Paper

Date:- 18/11/16

Name:- Dr Sweta Raje

Department Community Medicine.

Designation: Asst. Professor

Mobile no: 9881309456

Title of Research work presented: Maternal Environment and risk of LBW among mothers from pastoral community of Maharashtra

Oral presentation (Paper)/ Poster/ ~~Any other~~:

Name of conference: 48th National Conference of Nutrition Soc. of India

International/National/State: National

Venue:- St. John's Research Institute, Banglore.

Date:- 4th - 5th Nov-2016.

Expenses for Registration: Rs 1600/-

Signature of Head
of the Department

Dr. Bandana Patnaik
Regn.No3602
Professor & Head
Dept of Community Medicine
MIMER Medical College,
Talegaon (D) Pune.

Enclosures:-
1) Original receipts
2) Certificate of attendance of conference
3) Certificate of presentation oral/poster

Sanctioned amount:- Rs. 1600/-

Secretary 27-12-16
Research Committee
MIMER Medical College

08/03/17
CDir Admin

27/12/2016
Chairman
Research Committee
MIMER Medical College

Mimer Medical College 2016-17
Talegaon Dabhade
E-Mail : accounts_mimer@mitmimer.com

BOI-C/A Voucher

No. : **BOI/Mar 13/64**

Dated : **27-Feb-2017**

Through : **Bank of India C/A 062121110000001**

Particulars	Amount
Account :	
Seminar Expenses	**3,000.00**

On Account of :
Being Ch.No.016271 paid thru.RTGS to Registrar,MUHS, Nashik towards participant fee for MCI basic course workshop in MET from 27/2/17 to 2/3/17 for Dr.D.S.Jadhav & Dr.Sneha R.Joshi.

Bank Transaction Details:

Registrar,MUHS,Nashik			
Cheque	016271	27-Feb-2017	3,000.00

Amount (in words) :
Rupee Three Thousand Only **₹ 3,000.00**

Receiver's Signature:

Authorised Signatory

Prepared by

Checked by

Verified by

Maharashtra Academy of Engineering & Education Research's

Maharashtra Institute of Medical Educational & Research
Dr. Bhausaheb Sardesai Talegaon Rural Hospital

Talegaon General Hospital, Campus, Talegaon (Dabhade)

Voucher No.	64
Date:	7 FEB 2017
C.F.No. :	
L.F. No. :	

BANK PAYMENT

College / ~~Hospital~~

Yourself	3,000.00	Seminar	3,000.00

Rupees (in words) : Three Thousand Only.

On account of : Being Participation MCI revised basic course workshop by one day ATCOM sensitization programme from 27th Feb. to 2nd March 2017.

By Cash / Cheque : 016271

Receiver's Name : Bank of India

Address : Talegaon Dabhade

Prepared By | Checked By | Accounts Officer

Dy.Registrar/A.O./Asstt.Registrar | Medical Director | Receiver's Signature

UTR No. - BKIDN 17058711357

RTGS.

PRINCIPAL MIMER <principal@mitmimer.com>

Fw: MCI Revised basic workshop details

1 message

Sandhya Kulkarni <sandhyak69@yahoo.co.in> Thu, Feb 23, 2017 at 2:00 AM
Reply-To: Sandhya Kulkarni <sandhyak69@yahoo.co.in>
To: PRINCIPAL MIMER <principal@mitmimer.com>

---- Forwarded Message ----
From: "Institute of Met and Teachers' training, MUHS" <met@muhs.ac.in>
To: principal@mitmeamer.com; sandhyak69@yahoo.co.in
Sent: Thursday, 23 February 2017 2:21 PM
Subject: FW: MCI Revised basic workshop details

----- Original Message -----
From: Institute of Met and Teachers' training, MUHS [mailto:met@muhs.ac.in]
To: drrksharmaz@gmail.com
Sent: Thu, 23 Feb 2017 13:08:43 +0530
Subject: FW: MCI Revised basic workshop details

----- Original Message -----
From: Institute of Met and Teachers' training, MUHS [mailto:met@muhs.ac.in]
To: bageshrigogate@hotmail.com,sachin30wankhede@yahoo.co.in,smul kal@hotmail.com,ulhasmanvi@yahoo.com,pbodkha@yahoo.com,dr santoshgursale@gmail.com,dr.vaisahlikadam26@gmail.com,morp heus11177@yahoo.com,drmanjunath2000@yahoo.com,ddey1976@ gmail.com,drdebasis13@hotmail.com,vksashindran@gmail.com,drv jwatve@yahoo.com,drmeenashrivastava21@gmail.com,ushashekdar@ gmail.com,drsudhiranatomy@yahoo.com,dgagare@yahoo.co.in,v.srk-om@rediffmail.com,jayantmdeshmukh@rediffmail.com,dsjad hav@mitmimer.com,snehajoshi53@gmail.com,sangeeta7723@ rediffmail.com,admanejyo@yahoo.co.in,mnp15087732@gmail. com,satish.naware@gmail.com,dr.dhumalegb@gmail.com,vrss65@ yahoo.co.in,meenalmohgaonkar@yahoo.in,cnetare@gmail.com,drgopal@rediffmail.com
Cc: payalkbansal@gmail.com
Sent: Thu, 23 Feb 2017 10:41:52 +0530
Subject: MCI Revised basic workshop details

MAEER'S
MIMER MEDICAL COLLEGE
Inward No. :- 989
Date :- 23/02/17

Respected Sir / Madam,

We comfirm the your partcipation MCI revised basic course workshop followed by One day ATCOM sensitization programme from 27th Feb to 2nd March 2017
Details are following :–

1. Fee of Rs. 1,500/- per participant:
For fee deposition please note the following financial provision of RTGS/NEFT by MUHS, Nashik :

Name :Registrar, Maharashtra University of Health Sciences, Nashik
(Gen.Fund A/C)
Bank A/c No. : SB No. 00641450000649
Name of Bank : HDFC Bank.
& Branch : Thatte Nagar, Nashik
IFSC Code : HDFC 0000064
MICR No. : 422240002

Please send the scanned copy of receipt on muhs.met@gmail.com and get original receipt along with you.

2. Accommodation for outstation delegates will be arranged at CIRT, Central Institute of Road Transport, Guesthouse, Pune - Nashik road, near Nashik Fata ,Pune for which payment should be done by participants. Please inform us by email if any delegates need accommodation as soon as possible with schedule of arrival
CIRT charges : 500/- single occupancy 800/- double occupancy

3. Timing for all 4 days are from 9.00am to 5.30 pm.
Attendance is compulsory for all sessions .

Regards,
Dr.Manjiri Kulkarni
9833196633

30 Date: 23/02/2017

To
Accounts Section
MIMER Medical College
Talegaon Dabhade

Please RTGS /NEFT of Rs. 3000/- for MCL Revised Basic Course Workshop in MET from 27th Feb to 2nd March 2017 for 2 Faculty members :-

① Dr D. S. Jadhav
② Dr Sneha R. Joshi.

This is Participant fee by MUHS, Nashik

Please do the needful at the earliest.

Thanking you

Principal,

Principal
MIMER Medical College
Talegaon Dabhade-410 507.

Date: 27 FEB 2017

To,
The Manager,
Bank of India
Talegaon Dabhade Branch

Sub: - RTGS/NEFT Payment To **. Registrar, Maharashtra University of Health Sciences, Nashik.**
Ref: - Our SB C/D, C/C A/C No.**062121110000001**

We here by request to remit an amount of Rs. 3,000.00 to **Registrar, Maharashtra University of Health Sciences, Nashik.** through RTGS / NEFT mode of payments.

The Details of the Supplier is as under:

1. Name of the Beneficiary : **Registrar, Maharashtra University of Health Sciences, Nashik..**
2. Name & Branch of the Beneficiary Bank :**. HDFC Bank, Thatte Nagar, Nashik.**
3. Bank A/C type (SB/CD/CC etc.) ____**Cash Credit.**
4. Bank A/C Number : **. 00641450000649**
5. IFS Code **: HDFC0000064**
6. Amount of remittance: Rs 3,000.00
   Please arrange to effect the above said Remittance by debiting the equal amount to out above said account and inform as the UTR No. generated for transaction.

Bank UTR No. : BKIDN17058711357
Thanking you,

Yours Faithfully

Contact No. :
Tel. No. :
Mob. No. : **9552798201** .

Authorised Signatory

Maharashtra Academy of Engineering & Education Research's

Maharashtra Institute of Medical Educational & Research
Dr. Bhausaheb Sardesai Talegaon Rural Hospital

Talegaon General Hospital, Campus, Talegaon (Dabhade)

Voucher No. 46
Date:
C.F.No. : 16 DEC 2016
L.F. No. :

BANK PAYMENT

College / ~~Hospital~~

Workshop 4,500.00

Yourself 4,500.00

Rupees (in words) : Four Thousand Five Hundred Only.

On account of : Being D.D. for MCI revised basic course workshop in MET. ch. 16348 issued for DD. Tech problem ch. cancelled by BOI hence issue new ch. no. 016354/20-12-16

Cash / Cheque : 016348 / 016354

Receiver's Name : Bank of India

Address : Talegaon Dabhade

Prepared By

Dy.Registrar/A.O./Asstt.Registrar

Checked By

Medical Director

Accounts Officer

Receiver's Signature

29 Date: 16/12/2016

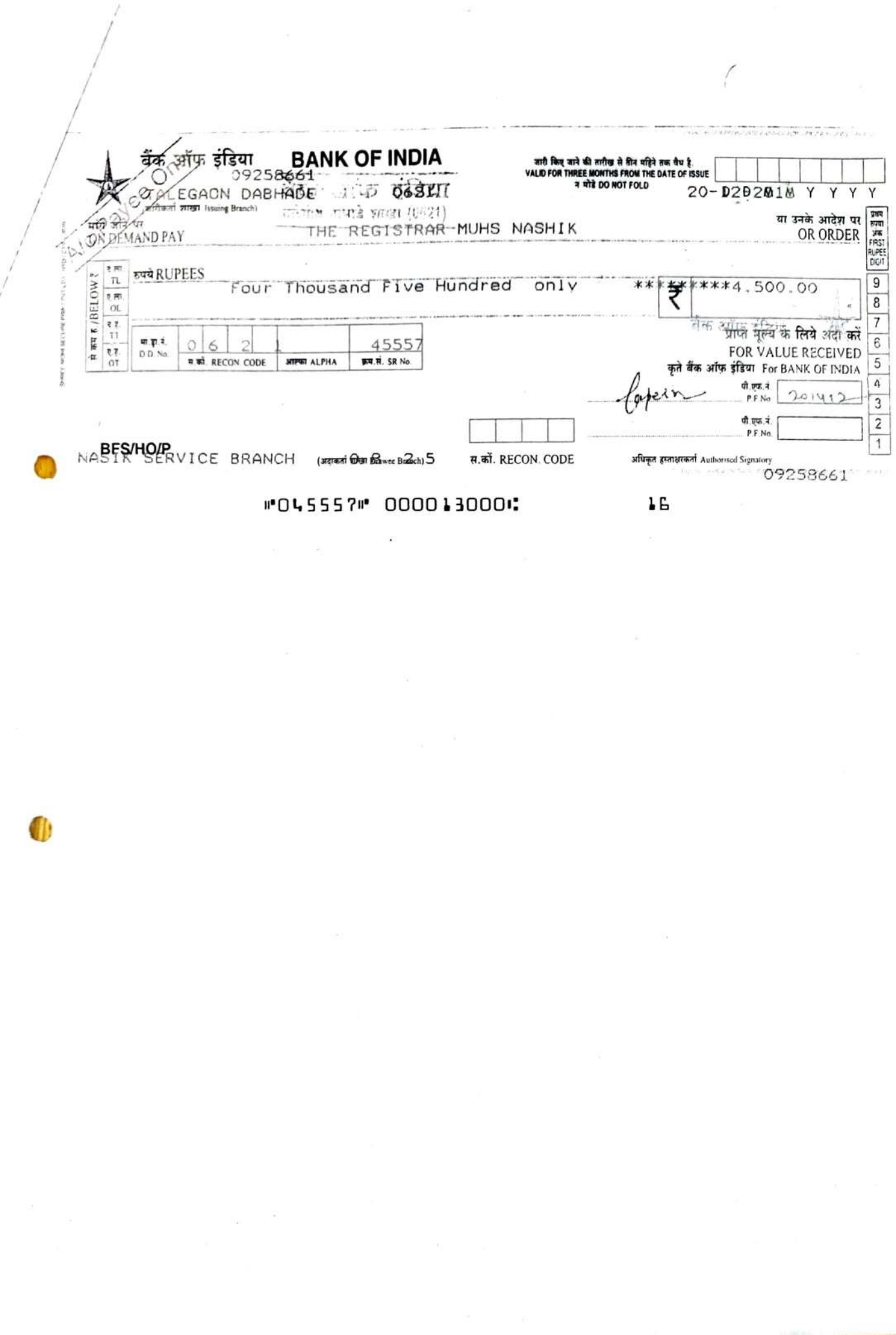
To
Accounts Section
MIMER Medical College
Talegaon Dabhade

Please issue a demand draft of Rs. 4,500/- (Rs. Four Thousand Five Hundred only) in favour of "The Registrar, MUHS, Nashik", payable at Nashik for MCE organised basic course workshop in MET followed by 1 day ATCOM sensitization prog from 20th to 23rd Dec. 2016.

Name of the participants are —
① Dr. Sushma Sharma ② Dr vaishali Karde
③ Dr Deepa Naik. Fee for the workshop is Rs. 1500/- per person. 3 faculties = 4500/-

Please issue D.D of Rs. 4500/- of Nationalized Bank only at the earliest.

Dr. R. P. Gupta
Principal
MIMER Medical College
Talegaon Dabhade - 410 507



बैंक ऑफ़ इंडिया **BANK OF INDIA**

09258661

CALEGAON DABHADE 0631

जारीकर्ता शाखा Issuing Branch

जारी किए जाने की तारीख से तीन महिने तक वैध है
VALID FOR THREE MONTHS FROM THE DATE OF ISSUE
न मोड़ें DO NOT FOLD

20-02-2018 Y Y Y Y

माँगने पर
ON DEMAND PAY

THE REGISTRAR MUHS NASHIK

या उनके आदेश पर
OR ORDER

प्रथम रुपया अंक FIRST RUPEE DIGIT

9 8 7 6 5 4 3 2 1

रुपये RUPEES

Four Thousand Five Hundred only

₹ ********4,500.00

रु. पै. TL
रु. पै. OL
रु. पै. TT
रु. पै. OT
से कम रु./BELOW ₹

जा. ड्रा. नं. D.D. No. 0621 45557

ब.को. RECON CODE | आल्फा ALPHA | क्र.सं. SR No.

प्राप्ति मूल्य के लिये अदा करें
FOR VALUE RECEIVED
कृते बैंक ऑफ़ इंडिया For BANK OF INDIA

पी.एफ.नं. P.F.No 201412

पी.एफ.नं. P.F.No

BFS/HO/P

NASIK SERVICE BRANCH (अदाकर्ता शाखा Drawee Branch) 5 स.कों. RECON. CODE

अधिकृत हस्ताक्षरकर्ता Authorised Signatory

09258661

⑈045557⑈ 000013000⑆ 16

MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
(Medical College)
DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL
Accredited by NAAC with 'A' Grade
P.O. Talegaon General Hospital, Talegaon Dabhade, Pune 410507, Maharashtra, India.
■ Tel.:- 02114 - 308300, 8087099040 / 41 / 42 / 43 ■ Fax :- 02114 - 223916.
■ Website :- www.mitmimer.com ■ Email :- info@mitmimer.com.

Ref : No. MIMER/ MET/ 2060 /2016

Date : 17/12/2016

To,
Dr. Payal K. Bansal
Prof. & HOD, IMETTT
Regional Head,
MUHS Pune Regional Centre,
Pune

Sub: Nomination of participants for MCI Revised Basic Course Workshop in Medical Education Technologies followed by One day ATCOM sensitization program scheduled from 20th to 23rd December 2016.

Ref: 1) Your Email dated 16th Nov. 2016 & letter No.MUHS/IMETTT,Pune/2020/2016 dated 16/11/2016
2) Your Email dated 19th Nov. 2016 & letter No.MUHS/IMETTT,Pune/2039/2016 dated 19/11/2016

Madam,

With reference to above mentioned subject, information of faculty members who are attending MCI Revised Basic Course Workshop in Medical Education Technologies followed by One day ATCOM sensitization program scheduled from 20th December 2016 to 23rd December 2016, already sent to you vide our letter No.MIMER/MET/1932/2016 dated 25.11.2016. The details of faculty again sending in prescribed format for your perusal.

Sr. No.	Name	Designation	Contact No.	Email ID	Committee Designation
1	Dr. Sushma Sharma	Professor	9822445537	sushmas07@gmail.com	MET Faculty
2	Dr. Vaishali Korde	Professor	9372478118	drvaishalinayak@gmail.com	MET Faculty
3	Dr. Deepa Nair	Asso. Professor	9326026733	drdeepasnair@rediffmail.com	MET Faculty

Demand Draft No. dated .12.2016 of Rs. 4,500/- as a fee for 3 faculty members for above said workshop is being sent in hands of above faculty & scanned copy of D.D. is sent with this letter.

This is for your information & necessary action please.

Thanking you,

Yours faithfully

Dr. Rajendra Prasad Gupta
Principal

Principal
MIMER Medical College

Encl: As above

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK.

MUHS

RECEIPT

Receipt No.: 26430 Date : 21/12/2016

Received with thanks from : MIMER Medical College, Talegaon (D) Pune, 20 to 22 Dec: 2016

On Account of Revised Basic course Workshop.

Sr. No.	Particulars (Account Head)	Amount (in Rs.)
1.	Dr. Sushma Sharma	4,500/-
2.	Dr. Deepa Nair	
3.	Dr. Vaishali Korde	
4.		
5.		
6.		
7.		
8.		
9.		
	Total Rs.	4,500

In Words Rs. Four thousand Five hundred only/-

No.	D.D.No.	Date	Bank Name	Amount (in Rs.)
①	045557	20/12/16	Bank of India	4,500/-

Note : 1) Receipt is subject to realisation of the cheque amount.
2) Refund claim will not be entertained unless original receipt is produced.

For H.O.D.
21/12/16

Mimer Medical College 2016-17
Talegaon Dabhade
E-Mail : accounts_mimer@mitmimer.com

BOI-C/A Voucher

No. : **BOI/Mar 13/50** Dated : **19-Dec-2016**

Through : **Bank of India C/A 062121110000001**

Particulars	Amount
Account :	
Research & Devlopment Exp	**9,071.00**

On Account of :
BEING CH.NO.16309 PAID TO DR.SHASHWAT BANERJEE & DR.JAYANT KHAMNDARE TOWARDS FLIGHT FARE FOR SUBMITTING PRESENTATION PROPOSAL ON DBT NANOBIOTECHNOLOGY AT BANGLORE.

Bank Transaction Details:

JAYANT KHANDARE			
Cheque	16309	19-Dec-2016	**9,071.00**

Amount (in words) :
Rupee Nine Thousand Seventy One Only

₹ 9,071.00

Receiver's Signature: Authorised Signatory

Prepared by Checked by Verified by

Maharashtra Academy of Engineering & Education Research's

Maharashtra Institute of Medical Educational & Research
Dr. Bhausaheb Sardesai Talegaon Rural Hospital

Talegaon General Hospital, Campus, Talegaon (Dabhade)

Voucher No.	50
Date:	
C.F.No. :	19 DEC 2016
L.F. No. :	.

BANK PAYMENT

College / ~~Hospital~~

	Travelling Expenses	9,071.00
9,071.00		

Rupees (in words) : Nine Thousand Seventy One Only.

On account of : Being Bengaluru (JNCASR) Trip to make Presentation for the Proposal submitted to DST Nanobiotechnology. Dated 30th Sept. 2016.

By Cash / Cheque : 016309

Receiver's Name : Jayant Khandare

Address :

Prepared By

Checked By

Accounts Officer

Dy.Registrar/A.O./Asstt.Registrar

Medical Director

Receiver's Signature

Detail Of Expense Incurred During Bengaluru (JNCASR) Trip to Make Presentation for the Proposal Submitted to DST

		Amount in Rs.
1	Flight (Pune-Bangalore-Pune)	8397
2	Bus fare (JNCASR, Bengaluru to Airport)	380
3	Taxi (Pune Airport-Baner)	294
	Total	**9071/-**

Note:
Kindly issue the cheque in favor of '**Jayant Khandare**'.

Boarding pass of Dr. Jayant Khandare is not available. E-receipt has been submitted. Dr. Jayant Khandare travelled with me on the same flight to Bengaluru for making presentation for the proposal submitted to DST.

A. Bi—

MAEER'S MIMER MEDICAL COLLEGE AND BSTR HOSPITAL
PASS FOR PAYMENT
07/12/16
DATE:
CHECKED:
PASSED:

boarding pass seen (Shashwat Banerjee)
attached.
Verified.

PRINCIPAL MIMER <principal@mitmimer.com>

Proposal submitted to DBT Nanobiotechnology

1 message

Shashwat Banerjee <shashwatbanerjee@mitmimer.com> Wed, Oct 5, 2016 at 2:27 AM
To: PRINCIPAL MIMER <principal@mitmimer.com>

To,

The Principal

MIMER Medical College

Talegaon Dabhade

India.

Dear Madam,

Greetings!

I hope you are doing well.

I am glad to inform you that on 30th Sep, 2016, I submitted the proposal (with your duly signed declaration certificate) titled 'Self-propelled magnetically controlled nanorockets for transportation and pH triggered drug delivery' to DBT Nanobiotechnology. The budget for this proposal is of Rs. 49 lakhs.

Also, the proposal submitted to DST Nanomission is now in final stage of consideration and we have been called for presentation to the Nano Science Advisory Group on 20th Oct, 2016 at Jawaharlal Nehru Centre for Advanced Scientific Research, Bengaluru.

Permitted to travel for presentation
Bills to be submitted for reimbursement after returning
10/10/16

Have a good day.

AN
10/10/16
Dr. Tavraj

Sincerely yours,

Dr. Shashwat Banerjee

MIMER Medical College

MAHE'S
MIMER MEDICAL COLLEGE
Inward No.
Date 6/10/16

Date: 06th Oct. 2016

To,
The Principal
MIMER Medical College
Talegaon Dabhade
India.

Dear Madam,

Greetings!

I am writing to request approval for the reimbursement of my travel expenses from Pune to Bengaluru and back. As mentioned in my earlier (dated: 05/10/2016), I and my co-PI, Dr. Khandare has been invited to make a presentation for our proposal (submitted to DST) before the Nano Science Advisory Group on 20th Oct, 2016 at Jawaharlal Nehru Centre for Advanced Scientific Research, Bengaluru.

Thank you for all your support.

Best Regards,

Dr. Shashwat Banerjee
Head, central Research Lab
MIMER medical College
Tel: 7040350879/9892425599
Email: shashwatbanerjee@mitmimer.com

No bills attached! How to reimburse travel?
10/10/16

10/10/16
- Dr. Nagarkar
for remarks

MAEER'S
MIMER MEDICAL COLLEGE
Inward No. :- 4714
Date :- 7/10/16

WITH DUE RESPECT,

* THIS IS A REQUEST FOR PERMISSION/APPROVAL FOR TRAVEL ALL EXPENSES

Invoice

- NF28535 |
AADCM5146RST006

make my trip

Booked by	Booking ID	Booking Date
Jayant Khandare khandarejayant@gmail.com	NF2292085355472	Thu 13 October 16 05:56 PM

Flight Details

Air India

PNQ
Pune
Wed, 19 Oct 16, 15:25 hrs

→

BLR
Bangalore
Wed, 19 Oct 16, 18:25 hrs

Passengers

01 . Jayant Khandare

Fare Details

Fare/Charges	Passenger 01
Base Fare	3250
Tax and Other Charges:	
Passenger Service Fee	239
Airline Service Tax	182
Other Surcharge	14
Total Fare	3,685

Flight Details

IndiGo
Indigo
6E - 716

BLR
Bangalore
Thu, 20 Oct 16, 20:25 hrs

→

PNQ
Pune
Thu, 20 Oct 16, 21:45 hrs

Passengers

01 . Jayant Khandare

Fare Details

Fare/Charges	Passenger 01
Base Fare	2900
Airline Fuel Charge	200
Tax and Other Charges:	
Passenger Service Fee	150
User Development Fee	352
Airline Service Tax	174
Other Surcharge	12
Meal Charge	300
Total Fare	4,088

Total Fare (All Passenger) : ₹7773

Insurance Amount: ₹249

Convenience Fee: ₹375

Total - 8397

DCT 'Research Grant' - Nanomission' Travel to Bangalore on 20th Oct 16,

Jayant

DTD

Gmail

Shashwat Banerjee <shashwatbanerjee@gmail.com>

Fwd: Your Wednesday afternoon trip with Uber

1 message

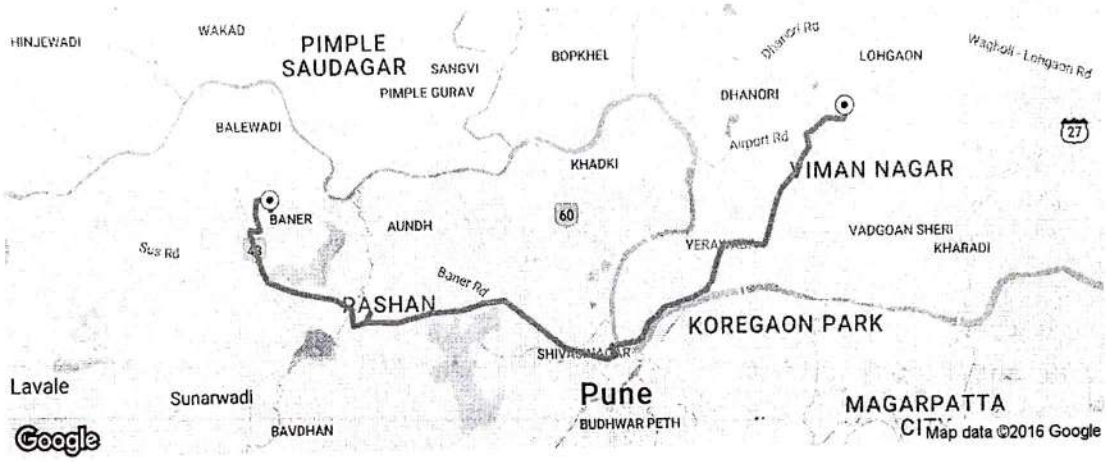
Jayant Khandare <khandarejayant@googlemail.com>
To: Shashwat Banerjee <shashwatbanerjee@gmail.com>

Wed, Oct 19, 2016 at 6:19 PM

Sent from my iPhone

Begin forwarded message:

From: Uber Receipts <uber.india@uber.com>
Date: 19 October 2016 at 2:20:19 PM IST
To: khandarejayant@googlemail.com
Subject: Your Wednesday afternoon trip with Uber



UBER

₹ 294.66

Thanks for choosing Uber, Jayant

October 19, 2016 | uberGO

- 01:30pm | 1/2, Swati Park, Veerbhadra Nagar, Baner, Pune, Maharashtra 411045, India

- 02:19pm | 2, New Airport Rd, Mhada Colony, Sanjay Park, Pune, Maharashtra 411006, India

You rode with Sopan

23.05	00:48:53	uberGO
kilometers	Trip time	Vehicle

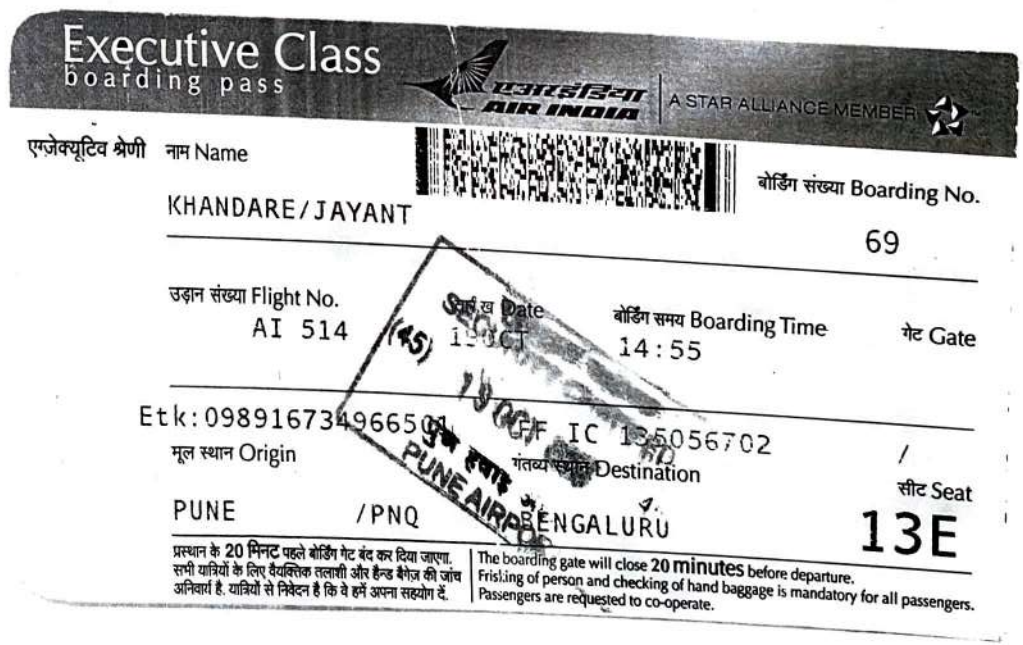
Rate Your Driver ☆ ☆ ☆ ☆ ☆

Fares are inclusive of service tax and all other taxes applicable. Please download the tax invoice from the trip detail page for a full tax breakdown.

Your Fare

Base Fare	35
Distance	138.31
Time	48.88
Distance Surcharge (?)	72.47
Subtotal	₹ 294.66

CHARGED
Cash ₹ 294.66



Executive Class
boarding pass

एयर इंडिया AIR INDIA | A STAR ALLIANCE MEMBER

एग्जेक्यूटिव श्रेणी

नाम Name
KHANDARE/JAYANT

बोर्डिंग संख्या Boarding No.
69

उड़ान संख्या Flight No.
AI 514

तारीख Date
(45) 13OCT

बोर्डिंग समय Boarding Time
14:55

गेट Gate

Etk:0989167349665 01 F IC 13 5056702

मूल स्थान Origin
PUNE /PNQ

गंतव्य स्थान Destination
BENGALURU

सीट Seat
13E

PUNE AIRPORT

प्रस्थान के 20 मिनट पहले बोर्डिंग गेट बंद कर दिया जाएगा. सभी यात्रियों के लिए वैयक्तिक तलाशी और हैन्ड बैगेज की जांच अनिवार्य है. यात्रियों से निवेदन है कि वे हमें अपना सहयोग दें.

The boarding gate will close 20 minutes before departure. Frisking of person and checking of hand baggage is mandatory for all passengers. Passengers are requested to co-operate.

Mimer Medical College 2016-17
Talegaon Dabhade
E-Mail : accounts_mimer@mitmimer.com

BOI-C/A Voucher

No. : **BOI/Mar 13/79**

Dated : **26-Oct-2016**

Through : **Bank of India C/A 062121110000001**

Particulars	Amount
Account :	
Workshop Expenses	**3,000.00**

On Account of :
chq.no. 011489 Being Registration fee for the workshop as on 29th Oct. 2016. paid to Dr. Darpan Maheshgauri

Bank Transaction Details:

Dr. Darpan Cheque	011489	26-Oct-2016	3,000.00

Amount (in words) :
Rupee Three Thousand Only **₹ 3,000.00**

Receiver's Signature:

Authorised Signatory

Prepared by

Checked by

Verified by

Scanned by CamScanner

Maharashtra Academy of Engineering & Education Research's

Maharashtra Institute of Medical Educational & Research
Dr. Bhausaheb Sardesai Talegaon Rural Hospital

Talegaon General Hospital, Campus, Talegaon (Dabhade)

Voucher No. 79
Date:
C.F.No. 26 OCT 2016
L.F. No. : -

BANK PAYMENT

College / ~~Hospital~~

Workshop Expenses	6,000.00
(Less) 50% Approval	3,000.00

Rupees (in words) : Three Thousand Only.

On account of : Being Registration fee for the workshop as on 29th Oct. 2016.

By Cash / Cheque : 011489
Receiver's Name : Dr. Darpan Maheshgauri
Address : Ortho. Dept.

Prepared By

Checked By

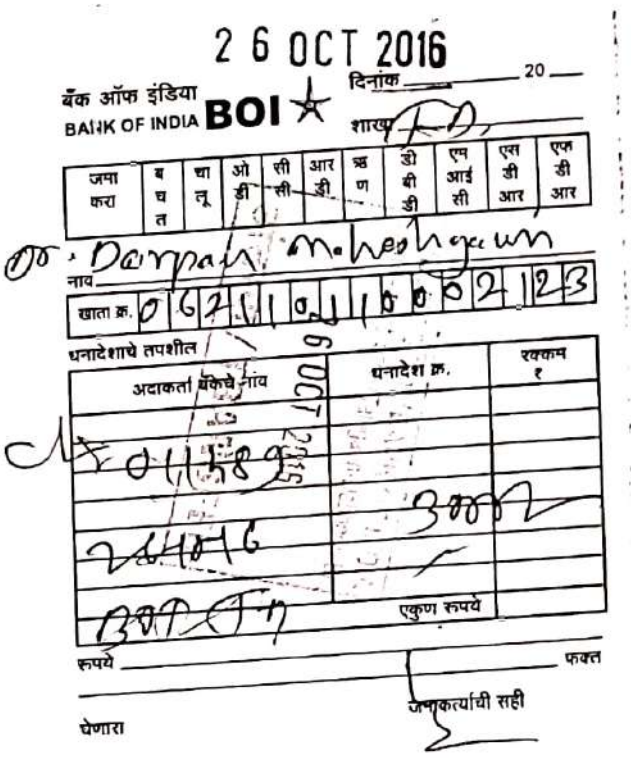
Accounts Officer

Dy.Registrar/A.O./Asstt.Registrar

Medical Director

Receiver's Signature

Scanned by CamScanner



26 OCT 2016

बँक ऑफ इंडिया BANK OF INDIA BOI ★ दिनांक _____ 20__

शाखा FD

जमा करा	ब च त	चा लू	ओ डी	सी सी	आर डी	ऋ ण	डी बी डी	एप आई सी	एस डी आर	एफ डी आर

नाव Dr. Darpan Maheshgaun

खाता क्र. 0621010000212 3

धनादेशाचे तपशील

अदाकर्ता बँकेचे नाव	धनादेश क्र.	रक्कम ₹
	एकुण रुपये	

रुपये _____ फक्त

जमाकर्त्याची सही

घेणारा

Scanned by CamScanner

Dr.Darpan Mahshgauri
Associate Professor
Orthopedics
Date: 6th October 2016

To,

The Principal,

MIMER Medical College, Talegaon (D)

Subject : Reimbursement of the workshop registration fees

Respected Madam,

I am a member of the Ethics committee of the college. It is mandatory for the members of the committee to attend workshop of Good Clinical Practices and Medical Regulations.

I had registered and attended the above workshops that were conducted at IISER, Pashan between 27th to 29th October 2016. The total registration fees for the workshop was Rs.6000.

It is my request that the registration fees be reimbursed to me.

Thanking you.

Yours Sincerely

Dr.Darpan Maheshgauri

50% con- approved
3000/-
sue
12/10/16

10/10/16
Dr. Nayana madam
for remarks pl.

MAEER'S
MIMER MEDICAL COLLEGE
Inward No. :- 4693
Date :- 6/10/16

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...hird Party Funds Transfer

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Congratulations, your **RTGS/NEFT** transaction is completed successfully!
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To Other Bank (NEFT)

STEP 1 ENTER DETAILS — STEP 2 CONFIRM TRANSACTION — STEP 3 ACKNOWLEDGEMENT

Reference Number	N264160188824077
From Account	00521140025356
Beneficiary Name	Entrepreneurship Development Center
Beneficiary IFSC Code	UTIB0000338
Beneficiary Account Number / Credit Card Number	338010100042936
Bank Name	AXIS BANK
Transfer Amount	2,000.00
Transfer Description	For Dr. Darpan
Mode of Communication	EML
Communication detail	tarang.m.m@gmail.com

Make Another Transfer

Note:

- The actual time taken to credit the account depends on the time taken by the Payee's Bank to process the payment.
- The money will reach the Payee's bank within the time stipulated by the Reserve Bank of India.
- HDFC Bank is not responsible for any charges / commission of any kind levied/charged by the Beneficiary Bank.
- For details on safe NetBanking practices please click here

Scanned by CamScanner

Mimer Medical College 2016-17
Talegaon Dabhade
E-Mail : accounts_mimer@mitmimer.com

BOI-C/A Voucher

No. : **BOI/Mar 13/80** Dated : **26-Oct-2016**

Through : **Bank of India C/A 062121110000001**

Particulars	Amount
Account :	
Workshop Expenses	**3,000.00**

On Account of :
chq.no. 011488 Being Registration fee for the workshop as on 29th Oct. 2016 Dr. Sushma Sharma

Bank Transaction Details:

Dr. Sushma Sharma			
Cheque	011488	26-Oct-2016	**3,000.00**

Amount (in words) :
Rupee Three Thousand Only

₹ 3,000.00

Receiver's Signature: Authorised Signatory

Prepared by Checked by Verified by

Maharashtra Academy of Engineering & Education Research's

Maharashtra Institute of Medical Educational & Research
Dr. Bhausaheb Sardesai Talegaon Rural Hospital

Talegaon General Hospital, Campus Talegaon (Dabhade)

Voucher No. 80
Date: 26 OCT 2016
C.F.No. :
L.F. No. :

BANK PAYMENT

College / ~~Hospital~~

Workshop Expenses		6,000.00
(Less) 50% Approval		
	3,000.00	

Rupees (in words) : Three Thousand Only.

On account of : Being Registration fee for the workshop as on 2 Oct. 2016.

By Cash / Cheque : 011488
Receiver's Name : Dr. Sushma Sharma
Address : OBGY Dept.

Prepared By | Checked By | Accountant | Dy.Registrar/A.O./Asstt.Registrar | Medical Director | Receiver's Signature

26 OCT 2016

बँक ऑफ इंडिया
BANK OF INDIA **BOI** ★

दिनांक _____ 20__

शाखा _____

जमा करा	बचत	चालू	ओडी	सीसी	आरडी	ऋण	डीबीडी	एमआईसी	एसडीआर	एफडीआर

नाव Sushma Sharma

खाता क्र. 0 6 2 1 1 0 1 1 0 0 0 9 9 4

धनादेशाचे तपशील

अदाकर्ता बँकेचे नाव	धनादेश क्र.	रक्कम ₹
BOI	017488	3000/-
	एकुण रूपये	

रूपये _____ फक्त

घेणारा

जमाकर्त्याची सही

Dr.Sushma Sharma
Professor & Head
Dept. of OBGY
Date: 6th October 2016

To,

The Principal,

MIMER Medical College, Talegaon (D)

Subject : Reimbursement of the workshop registration fees

Respected Madam,

I am a member of the Ethics committee of the college. It is mandatory for the members of the committee to attend workshop of Good Clinical Practices and Medical Regulations.

I had registered and attended the above workshops that were conducted at IISER, Pashan between 27th to 29th October 2016. The total registration fees for the workshop was Rs.6000.

It is my request that the registration fees be reimbursed to me.

Thanking you.

Yours Sincerely

Dr.Sushma Sharma
Professor & HOD
Dept of Obst & Gyn
M.I.M.E.R. Medical College,
Talegaon (D) Pune

50% approved
3000/-
Sue
12/6/16

10/10/16
Dr. Nagane madam per
remarks pl.

MAEER'S
MIMER MEDICAL COLLEGE
Inward No. :- 4695
Date :- 6.10.16

ird Party Funds Transfer

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Congratulations, your RTGS/NEFT transaction is completed successfully!
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To Other Bank (NEFT)

STEP 1 ENTER DETAILS — STEP 2 CONFIRM TRANSACTION — STEP 3 ACKNOWLEDGEMENT

Reference Number	N264160188823627
From Account	00521140025356
Beneficiary Name	Entrepreneurship Development Center
Beneficiary IFSC Code	UTIB0000338
Beneficiary Account Number / Credit Card Number	338010100042936
Bank Name	AXIS BANK
Transfer Amount	2,000.00
Transfer Description	For Dr.Darpan
Mode of Communication	EML
Communication detail	tarang.m.m@gmail.com

Make Another Transfer

Note:

- The actual time taken to credit the account depends on the time taken by the Payee's Bank to process the payment.
- The money will reach the Payee's bank within the time stipulated by the Reserve Bank of India.
- HDFC Bank is not responsible for any charges / commission of any kind levied/charged by the Beneficiary Bank.
- For details on safe NetBanking practices please click here

hird Party Funds Transfer

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To Other Bank (NEFT)

STEP 1 ENTER DETAILS — STEP 2 CONFIRM TRANSACTION — STEP 3 ACKNOWLEDGEMENT

Reference Number	N264160188824077
From Account	00521140025356
Beneficiary Name	Entrepreneurship Development Center
Beneficiary IFSC Code	UTIB0000338
Beneficiary Account Number / Credit Card Number	338010100042936
Bank Name	AXIS BANK
Transfer Amount	2,000.00
Transfer Description	For Dr. Darpan
Mode of Communication	EML
Communication detail	tarang.m.m@gmail.com

Make Another Transfer

Note:

- The actual time taken to credit the account depends on the time taken by the Payee's Bank to process the payment.
- The money will reach the Payee's bank within the time stipulated by the Reserve Bank of India.
- HDFC Bank is not responsible for any charges / commission of any kind levied/charged by the Beneficiary Bank.
- For details on safe NetBanking practices please click here

Third Party Funds Transfer

Print This Page

Congratulations, your RTGS/NEFT transaction is completed successfully!
You've won yourself a **Special Offer.**

Avail now *T&C apply

To Other Bank (NEFT)

STEP 1 ENTER DETAILS — STEP 2 CONFIRM TRANSACTION — STEP 3 ACKNOWLEDGEMENT

Reference Number	N266160189478928
From Account	00521140025356
Beneficiary Name	Entrepreneurship Development Center
Beneficiary IFSC Code	UTIB0000338
Beneficiary Account Number / Credit Card Number	338010100042936
Bank Name	AXIS BANK
Transfer Amount	4,000.00
Transfer Description	For Dr. Darpan
Mode of Communication	EML
Communication detail	tarang.m.m@gmail.com

Make Another Transfer

Note:

- The actual time taken to credit the account depends on the time taken by the Payee's Bank to process the payment.
- The money will reach the Payee's bank within the time stipulated by the Reserve Bank of India.
- HDFC Bank is not responsible for any charges / commission of any kind levied/charged by the Beneficiary Bank.
- For details on safe NetBanking practices please click here

Workshop on Clinical Research and Medical Regulations
27 – 29 September, 2016

Date	Topic	Venue
Day 1	Awareness Program on Good Clinical Practice (GCP)	
Day 2	Current Regulatory Requirements for the Members of Institutional Ethics Committee	
Day 3	Current Regulations on Medical Devices and *in vitro* Diagnostics (IVD) Kits	

ABOUT THE ORGANISER:

- **Clinical Development Services Agency (CDSA)**, an extramural unit of THSTI, an autonomous organisation of Department of Biotechnology, Ministry of Science & Technology, Govt of India.
- **The Indian Institute of Science Education and Research (IISER) Pune** is a premier institute dedicated to research and teaching in the basic sciences. It was established in 2006 by the Ministry of Human Resource Development. In 2012 it was declared as an Institute of National Importance by an Act of Parliament.
- **Prashanti Cancer Care Mission** is a DSIR/SIRO certified non-profit NGO and public charitable trust in Pune active in the domain of cancer [illegible] training and research alongwith providing affordable cancer management to the community.
- **Venture Center** is India's largest science business incubator. It specialises in incubating technology startups offering products and services which exploit scientific expertise in the areas of materials, chemicals and biological sciences & engineering.

REGISTRATION

Applicants will be considered on a first come first serve basis of the pre-defined application form available on the website as follows:

Applications will be considered on the first come first serve basis

Registration Fees (per person per day)	
Category 1 - Students with valid ID card only	Rs. 1000
Category 2 - Academic Institutions, NGOs, Non-profit Organizations, MSMEs, CDSA Alliances, Government Agencies	Rs. 2000
Category 3 - Pharmaceutical and Biomedical sectors, Large Companies	Rs. 3000

Useful Links

http://goo.gl/forms/tm3SfafeQfJhek63

http://www.cdsaindia.in/training-clinical-research

Continuing Medical Education (CME) credit points will be given to Doctors from Maharashtra

Contact Information

Dr. Santosh Dixit

Email sgdixit@gmail.com
Website : http://www.prashanticancercare.org
Mobile :

Dr. Sucheta Kurundkar/Ms. Neha Mishra

Email : training.cdsa@thsti.res.in
Website: www.cdsaindia.in/training-clinical-research
Telephone:

Dr. Mugdha Lele / Lipika Biswas

Email : [illegible]@venturecenter.co.in
Website : www.venturecenter.co.in
Telephone :

Mimer Medical College 2016-17
Talegaon Dabhade
E-Mail : accounts_mimer@mitmimer.com

BOI-C/A Voucher

No. : **BOI/Mar 13/1** Dated : **2-Sep-2016**

Through : **Bank of India C/A 062121110000001**

Particulars	Amount
Account :	
Workshop Expenses	**3,000.00**

On Account of :
Ch.no.: 006121 being MCI revised basic course workshop in MET programme participation from 6th to 9th Sep 2016 for Dr. Seema Bandhu & Dr. Swati Raje

Bank Transaction Details:

Workshop Exp			
Cheque	006121	2-Sep-2016	**3,000.00**

Amount (in words) :
Rupee Three Thousand Only

₹ 3,000.00

Receiver's Signature: Authorised Signatory

Prepared by Checked by Verified by

MAHARASHTRA UNIVERSITY OF HEALTH

Maharashtra Academy of Engineering & Education Research's

Maharashtra Institute of Medical Educational & Research
Dr. Bhausaheb Sardesai Talegaon Rural Hospital

Talegaon General Hospital, Campus, Talegaon (Dabhade)

Voucher No. 01
Date:
C.F.No.: 12 SEP 2016
L.F. No. :

BANK PAYMENT

College / ~~Hospital~~

	Seminar	3,000.00
Yourself	3,000.00	

Rupees (in words) : Three Thousand Only.

On account of : Being MCI Revised basic course workshop in MET programme participation as on 6th to 9th Sept.2016 [2 person x 1500= 3000.00]

By Cash / Cheque : 006121
Receiver's Name : Bank of India
Address : Talegaon Dabhade

Prepared By

Checked By

Accounts Officer

Dy.Registrar/A.O./Asstt.Registrar

Medical Director

Receiver's Signature

MAHARASHTRA UNIVERSITY OF

TMD-E 1 CFP 201

2T

Date: 01/09/2016

unts Section
MER Medical College
legaon Dabhade

Please issue a Demand draft of
3,000/- (Rs. Three Thousand only) in
ur of "The Registrar, MUHS, Nashik,"
yable at Nashik for MCI Revised Basic
se Workshop in MET followed by 1 day
CM Sensitization Prog. from 6th to 9th Sept.
16. Name of the Participants are —
Dr. Seema Bandhu ② Dr. Swati Raje
ee for the workshop is Rs.1500/- Per person.
1500 × 2 faculty = 3000/-
Please issue the D.D. of Rs. 3000/- of Nationalised
Bank only.

01/09/16
Dr. A. N. Santakke
Principal

PRINCIPAL
MIMER MEDICAL COLLEGE
TALEGAON DABHADE
PUNE- 410507

TD- 12 SEP 20

NK OF INDIA ..... Branch

ase Issue / nd : ick)	DD	PO	MT	TT
	✓			

ON Nashik

Please effect Star Insta (RTGS) / EFT on:

Place :

Bank :

Branch: The Registrar

In Favour of Mr./Ms./Dr./Messrs

MUHS Nashik

Amount of Draft/PayOrder/MT/TT/RTGS/EFT

	Rs. 3000	P
Exchange	Rs.	P
Postage	Rs. ~	P
Telegrams	Rs.	P
Total Amount : Rs.		P

Details of Cheques or Cash Deposited

Branch	Cheque No.
BOI T.D-	004121

Receipt By : 946

MAHARASHTRA UNIVERSITY OF HEALTH

बैंक ऑफ़ इंडिया **BANK OF INDIA**

04853738

जारी किए जाने की तारीख से तीन महिने तक वैध है.
VALID FOR THREE MONTHS FROM THE DATE OF ISSUE
न मोड़ें DO NOT FOLD

03 D D - M M Y Y Y Y

PALEGAON DABHADE JT 0621

निर्गमन शाखा (0621)

मांगे जाने पर
ON DEMAND PAY

****THE REGISTRAR MUHS NASHIK****

या उनके आदेश पर
OR ORDER

रुपये RUPEES Three Thousand only

₹ ********3,000.00

प्रथम रुपया अंक FIRST RUPEE DIGIT: 9 8 7 6 5 4 3 2 1

मां.ड्रा.नं. D.D. No.	0 6	2	1	45611
	स.कों. RECON. CODE		आल्फा ALPHA	क्रम.सं. SR No.

प्राप्त मूल्य के लिये अदा करें
FOR VALUE RECEIVED
कृते बैंक ऑफ़ इंडिया For BANK OF INDIA

पी.एफ.नं. P.F.No

Mrs M Gokhale पी.एफ.नं. P.F.No 142765

BFS/HO/P

NASIK SERVICE BRANCH (अदाकर्ता शाखा Drawee Branch) 0 8 2 5 स.कों. RECON. CODE

अधिकृत हस्ताक्षरकर्ता Authorised Signatory

04853738

⑈045611⑈ 000013000⑆

16

M

BELOW ₹ द.ला. TL ए.ला. OL द.ट. T ए.ट. OT

SHRI REGISTRAR MUHS NASHIK

DO NOT OVERWRITE

बैंक ऑफ़ इंडिया

कृपया जारी/प्रमाणी करें (सिर्फ़ बैंक के लिए)

हीकी | धोबी | एमटी

शाखा

कृपया निम्नांकित स्टार इंडिया (आरई/एमएम) / इंडियाटी

स्थान :

बैंक : शाखा :

श्री / सुश्री / मैं. / मे. / के पास से

इंडिया/ये आईटी/एमटी/टीटी/आरटी/एमएम/इंडियाटी की राशि

रु.

विनिमय रु.

डाक व्यय रु.

टेलीग्राम रु.

कुल राशि रु.

जमा किए गए बैंक या नकदी का ब्यौरा

बैंक शाखा

बैंक नं.

हस्ताक्षर :

2012 0:2 1

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK.

MUHS

RECEIPT

Receipt No.: 21358

Date : 7/9/2016

Received with thanks from : MIMER Medical College Talegaon Dabhade 6 to 8 Sept. 2016

On Account of MCI Revised Basic Course Workshop

Sr. No.	Particulars (Account Head)	Amount (in Rs.)
1.	Dr. Seema D. Bandhu	3,000/-
2.	Dr. Swati S. Raje	
3.		
4.		
5.		
6.		
7.		
8.		
9.	Total Rs.	3,000/-

In Words Rs. Three thousand Rupees only /-

Sr. No.	D.D.No.	Date	Bank Name	Amount (in Rs.)
1	045611	3/9/2016	Bank of India	3000/-

Note : 1) Receipt is subject to realisation of the cheque amount.
2) Refund claim will not be entertained unless original receipt is produced.

For H.O.D.