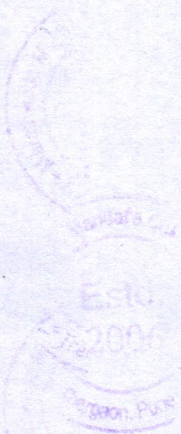


E-Copies of Receipts



MARATHWADA MITRA MANDAL'S COLLEGE OF PHARMACY,

THERGAON, PUNE-411 033 (M.S)

2019 – 2020

MARATHWADA MITRA MANDAL COLLEGE OF PHARMACY
THEARGAON

ANIKET TOURS & TRAVELS
Ledger Account

1-Apr-2019 to 31-Mar-2020

Date	Particulars	Vch Type	Vch No.	Debit	Page 1 Credit
8-7-2019	Dr TRAVELLING & CONVEYANCE EXPENSES EXPENSES DEBITED AGAINST BILL NO 343 DT 08.7.19 CAR HIGHER FOR CHARCHEGATE MUMBAI VISIT REGARDING RGS & TC MUMBAI PRESENTATION REARCH GRANT	Purchase	130		4,500.00
	Cr HDFC BANK 50100106677606 EXPENSES DEBITED AGAINST BILL NO 343 DT 08.7.19 CAR HIGHER FOR CHARCHEGATE MUMBAI VISIT REGARDING RGS & TC MUMBAI PRESENTATION REARCH GRANT CH NO 000179	Payment	151	4,500.00	
10-2-2020	Dr TRAVELLING & CONVEYANCE EXPENSES EXPENSES DEBITED AGAINST BILL NO 343 DT 08.7.19 CAR HIGHER FOR VIST TO AICTE MUMBAI FOR WORKSHOP CH NO 000353	Purchase	404		5,135.00
	Cr HDFC BANK 50100106677606 EXPENSES DEBITED AGAINST BILL NO 343 DT 08.7.19 CAR HIGHER FOR VIST TO AICTE MUMBAI FOR WORKSHOP DR M P RATNAPARKHI & DR P V KADAM VISIT CH NO 000363	Payment	473	5,135.00	
				9,635.00	9,635.00



MARATHWADA MITRA MANDAL'S
COLLEGE OF PHARMACY



Sr. NO. 4/17, Sector No. 34, PCNTDA Off, Kalewadi Phata - Pimpri Road, Thergaon, Pune 411033.
Ph. No. (020) 8446060841, E-mail : mmcopharm@yahoo.co.in Website : www.mmcop.edu.in

GSTN: 27AAATM9698N1ZI

Voucher No. 19

(Handwritten initials)

Date: 08/07/2019

Account Head : Travelling & Conveyance exp.

Sr. No.	Particulars	Bill No./ Date	Amount Paid (Rs.)	
	Payment made against Bill No. 343 dated 08/07/2019 for higher during. Chinchyati, Mumbai visit on 8/7/19 regarding. Research grant project work.	Taxable Value	4500	-00
		CGST		
		SGST		
		Total	4500	-00

Rupees (In word) four thousand five hundred only.

We are enclosing herewith our cash / Cheque No. 000179 dated 08/07/2019
Drawn on bank of india / HDFC Bank Rs. 4500/- against your bill as above.

Details of Supplier

Name : Aniket Tours & Travels

Address : Pune

GSTIN/UIN : _____ Place of Supply : Pune

State : Maharashtra / _____ Sate Code : 027 / _____

(Handwritten signature)
Accountant

Office Superintendent

(Handwritten signature)
Principal

(Handwritten signature in box)
Signature of Received

Aniket Tours & Travels

No. 343

INNOVA, TAVERA, ETIOS (A/C NON A/C) AVAILABLE ON HIRE
 Mob.: 9763805331 / 7385883592 Bharat Narale- 9850752131

Date: 8/7/2019

Sr. No. 180/5 Flat No 56, Laxmi Kamal Vishwa Society, Near Siddhi Row House Fursungi.

Bill To: M.M-College of Pharmacy

Date 8/7/2019

User Name: Dr. A.R. Tekade

Booked By R.A. Salunke

Reporting Address: M.M-College of Pharmacy

Ph. No.

Trip to: Mumbai

Car Make XYO

Driver's Name: Narale

CAR NO.

Close

Kms. Date

Closed Time

Start

* Kms. Date

Start Time

Total

Kms. Date

Total Hours

I Confirm the use as above & agree to pay the Hiring charges

Advance (If any)

Next Day Instructions

LOCAL / OUT STATION

Minimum

Amount

For Extra

Km. Rs.

Per Km

Rs. 4500

For Extra

Hour Rs.

Per Km

Rs.

Service Tax

Rs.

Out Stn Charges / Nigh Halt

Rs.

Toll & Parking

Rs.

Cash Advance

Rs.

Net Total Amount

Rs. 4500



X. Narale
 For Aniket Tours & Travels



MARATHWADA MITRA MANDAL'S
COLLEGE OF PHARMACY



Sr. NO. 4/17, Sector No. 34, PCNTDA Off. Kalewadi Phata - Pimpri Road, Thergaon, Pune 411033.
Ph. No. (020) 8446060841, E-mail : mmcopharm@yahoo.co.in Website : www.mmcop.edu.in

GSTN: 27AAATM9698N1ZI

Voucher No.: 172

Date: 10/12/2020

Account Head: Travelling expenses

Sr. No.	Particulars	Bill No./ Date	Amount Paid (Rs.)	
	Payment made against Bill No. 105 dt. 10/02/2020 Cur. higher for visit to AICTE workshop at Mumbai on 10/02/20.	Taxable Value	5135	00
		CGST		
		SGST		
		Total	5135	00

Rupees (In word) Five thousand one hundred thirty five only

We are enclosing herewith our cash / Cheque No. 000363 dated 1/120

Drawn on bank of india / HDFC Bank Rs. 5135/- against your bill as above.

Details of Supplier

Name : Aniset Tours & Travels

Address : _____

GSTIN/UIN : _____ Place of Supply : Pune

State : Maharashtra / Sate Code : 027 /

Accountant

Office
Superintendent

Principal

Signature of Received

Aniket Tours & Travels

INNOVA, TAVERA, ETOS (A/C NON A/C AVAILABLE ON HIRE)
 Mob.: 9763805331 / 7218328838 / 86981600 75 Bharat Narale - 9850752431

No 105

Date: 10/02/2020

Sr. No. 189/5, Flat No. 56, Laxmi Kamal Vishwa Society, Near Siddhi Row House, Fursungi, Pune- 412308.

Bill To:

Date 10/02/2020

User Name: D.S. P. X. Kadam & M. P. Ramaparkhi

Booked By

Reporting Address: chinchwad.

Ph. No.

Trip to: Pune - Andheri - charchgate - Pune

Car Make: Maruti Dizare.

Liever's Name: Abhiman

CAR NO. MH-42AQ-3186

Close

Kms. Date

Closed Time 9:00 P.M.

Start

Kms. Date

Start Time 5:00 A.M.

Total

Kms. Date

Total Hours

I Confirm the use as above & agree to pay the Hiring charges
 Advance (if any)
 Next Day Instructions

LOCAL / OUT STATION

Minimum			Amount
For Extra	Km	Rs.	Per Km. Rs. 4500
For Extra	Hour	Rs.	Per Km. Rs.
			Service Tax Rs.
			Out Stn Charges / Night Halt Rs.
			Toll & Parking Rs. 635
			Cash Advance Rs.
			Net Total Amount Rs. 5135



Customer's Sign

For Aniket Tours & Travels

MARATHWADA MITRA MANDAL'S COLLEGE OF PHARMACY,

THERGAON, PUNE-411 033 (M.S)

2018 – 2019

MMM COLLEGE OF PHARMACY
 THERGAON, KALEWADI
 PUNE

TRAVELLING & CONCEYANCE
 Ledger Account

31-Jan-2019 to 5-Feb-2019

Date	Particulars	Vch Type	Vch No.	Debit	Page 1 Credit
31-1-2019	Cr Opening Balance			96,394.00	
31-1-2019	Cr Cash <i>paid for travelling 21.01.19 to 31.01.19</i>	Payment	509	240.00	
1-2-2019	Cr HDFC BANK A/C NO 50100106677606 <i>CH NO 000073 CAR HIGHER BILL PAID AS PER BILL NO 395 DT 29.01.19 NASIK VISIT</i>	Payment	518	4,980.00	
5-2-2019	Cr Cash <i>PAID TO DR R H KHIST FOR VISIT TOMMCDE KARVENAGAR</i>	Payment	527	600.00	
				1,02,214.00	
	Dr Closing Balance				1,02,214.00
				1,02,214.00	1,02,214.00

MMM COLLEGE OF PHARMACY
 THERGAON, KALEWADI
 PUNE

SEMINAR & WORKSHOP EXPENSES
 Ledger Account

1-Apr-2018 to 31-Mar-2019

Page 1
 Credit

Date	Particulars	Vch Type	Vch No.	Debit	Credit
15-12-2018	Cr Cash PAID TO PRIN DR M J PATIL SIR FOR TRAVELLING EXPENSES FOR ATTENDING EDUCATION SUMMIT AT NEW DELHI	Payment	450	10,465.00	
28-12-2018	Cr (as per details) TRAVELLING & CONCEYANCE Cash PAID TO S S SALVANKAR FOR ATENDING WORKSHOP MODERN COLLEGE OF PHARMACY FACULTY DEVELOPMENT PROGRAMME	Payment	470	1,000.00	
				308.00 Dr 1,308.00 Cr	
				11,465.00	
	Dr Closing Balance				11,465.00
				11,465.00	11,465.00

MMM COLLEGE OF PHARMACY
 THERGAON, KALEWADI
 PUNE

MEMBERSHIP FEES
 Ledger Account

1-Dec-2018 to 31-Mar-2019

Page 1
 Credit

Date	Particulars	Vch Type	Vch No.	Debit	Credit
1-12-2018	Cr Opening Balance			42,300.00	
1-12-2018	Cr BANK OF INDIA 050721110000008 Payment CH NO 267399 ISSUED FOR PURCHASE OF DD IN FAOUR OF INDIAN SOCIETY FOR TECHNICAL EDUCATION , NEW DELHI MEMENER SHOP FEES		413	3,540.00	
10-12-2018	Cr Cash Payment PAID TO R H KHISTE FOR PROCESSING FEES FOR ISTE REFRSHER PROGRAM PROPOSAL		431	1,536.00	
				47,376.00	
	Dr Closing Balance				47,376.00
				47,376.00	47,376.00

MMM COLLEGE OF PHARMACY
THERGAON, KALEWADI
PUNE

REGISTRATION EXPENSES
Ledger Account

1-Apr-2018 to 31-Mar-2019

Date	Particulars	Vch Type	Vch No.	Debit	Page 1 Credit
27-9-2018	Cr Cash PAID TO P J PATIL FOR CPCSEA REGISTRATION FEES	Payment	313	2,500.00	
5-2-2019	Cr Cash PAID TO DR M J PATIL SIR	Payment	522	1,000.00	
				3,500.00	
	Dr Closing Balance				3,500.00
				3,500.00	3,500.00

Aniket Tours & Travels

INNOVA, TAVERA, ETIOS (A/C NON A/C) AVAILABLE ON HIRE
 Mob.: 9763805331 / 7385888592 Bharat Narale-9850752131

No. 396

Date: 29/01/19

Sr. No. 180/5 Flat No.56. Laxmi Kamal Vastwa Society, Near Siddhi Row House Fursungi.

Bill To	Masatimada Maba Mandal's College of Pharmacy	Date	
User Name	Dr. Manohar J. Patil	Booked By	M. RA. Satulke
Reporting Address	Pune	Ph. No.	
Trip to	Nashik	Car Make	MH12-KN 5929
Driver's Name	Ms. Poojap Shedy	CAR NO.	MH12-KN 5929
Close	498	Kms. Date	Closed Time
Start	0	Kms. Date	Start Time
Total	498 =	Kms. Date	Total Hours

I Confirm the use as above & agree to pay the Hiring charges

Advance (if any)

Next Day Instructions

total - 498 km x Rs. 10/- per km

LOCAL / OUT STATION

Minimum				Amount
For Extra	Km	Rs	Per Km.	Rs. 4980 = 10
For Extra	Hour	Rs.	Per Km.	Rs.
			Service Tax	Rs.
			Out Stn Charges / Nigh Mall	Rs.
			Toll & Parking	Rs.
			Cash Advance	Rs.
			Net Total Amount	Rs. 4980 = 10

CHARGE RECEIVED
 DATE: 01/02/19
 AMOUNT: 4980
 CH No. 00273

FOR Aniket Tours & Travels



। देवे सुगते वि ।

Marathwada Mitra Mandal's College of Pharmacy

S. No. 4/17, Sector No. 34, PCNTDA, Off. Kalewadi Plaza Pimpri Road, Thergaan, Pune - 411 033 (M.S.)
Ph. No. (020) 844606041, E-mail: marpharm@pudhu.edu.in Website: www.mmmcp.edu.in



MMCOP
Bestowing Health & Happiness

GSTN : 27AAATM9698N1ZI

PAYMENT VOUCHER

Date : 15/12/2018

Voucher No : _____

Account Head : _____

Sr. No.	Particulars	Bill	Amount Paid (Rs.)
		No / Date	
	HSN/ SAC: _____	Taxable Value	10465/-
	Cash withdraw for traveling expenses for visit to Education Summit at New Delhi.	CGST	S
		SGST	
		Total	

Rupees (In Word) Ten thousand four hundred sixty five
only

We are enclosing herewith our Cash / Cheque No. 267714 dated 13/12/2018.
Drawn on Bank of India / HDFC Bank Rs.: _____ Against your bill as above.

Details of Supplier

Name : Self
Address : _____
GSTIN/UIN : _____ Place of Supply : Pune
State : Maharashtra / _____ State Code : 0271

Accountant

Office Superintendent

Principal

Signature of receiver

- To Cancel or Modify this booking, visit: <http://support.makemytrip.com>
- You have paid: INR 8,945

BAGGAGE INFORMATION

Type	Sector	Cabin	Check-in
Adult	PNQ-DEL	7 Kgs	15 Kgs
Adult	DEL-PNQ	7 Kgs	15 Kgs

CANCELLATION AND DATE CHANGE CHARGES

All charges below are per Pax and per Segment in INR

PNQ-DEL,DEL-PNQ		Cancellation Charges		PNQ-DEL,DEL-PNQ		Date Change Charges	
Type	Condition	Airline	MakeMytrip	Type	Condition	Airline	MakeMytrip
Adult	0 hrs - 2 hrs	3400	300	Adult	0 hrs - 2 hrs	3400	300
	2 hrs - 1 day	3000	300		2 hrs - 1 day	2500	300
	1 day - 365 days	3000	300		1 day - 365 days	2500	300

24x7 CUSTOMER SUPPORT

MakeMyTrip Support

Tel: (800)028747 (toll free)
01244628747

Airline Support

VISTARA 09289228888

Air tickets - 8945/-

OTA - 420/-

Taxi - 250/-

OTA - 230/-

Redn - 1012/-

OTA - 500/-

Accountant

Marathwada Mitra Mandal's
COLLEGE OF PHARMACY

10465/-

PRINCIPAL
Marathwada Mitra Mandal's
COLLEGE OF PHARMACY



Education Summit

Private Sector's Contribution Towards Excellence in Education

4-5 October 2018; AICTE Headquarters
Nelson Mandela Marg, Vasant Kunj, New Delhi

MANOHAR JANARDHAN PATIL
MARATHWADA MITRA MANDAL

DELEGATE

GST No. 07AAATI2760D1Z0

PAN-AAATI2760D



Indian Society for Technical Education

Shaheed Jeet Singh Marg, Near Katwaria Sarai, New Delhi - 16

LM-126147

Dated: 01/01/19

Rt. No. L - 4071

RECEIVED with thanks from DR. Mahesh J. Patil

Principal, Marathwada Mitra Mandal College
of Pharmacy, Puna-411033

the sum of Rs. ₹ 200/- (LM fee)

(including GST) on account of Life/Institutional Membership fee

For Executive Secretary



MARATHWADA MITRA MANDAL'S
COLLEGE OF PHARMACY



Sr. NO. 4/17, Sector No. 34, PCNTDA Off. Kalewadi Phata - Pimpri Road, Thergaon, Pune 411033.
Ph. No. (020) 8446060841, E-mail : mmcopharm@yahoo.co.in Website : www.mmcop.edu.in

GSTN: 27AAATM9698N1ZI

Voucher No.: 527

(4)

Date : 25/02/2019

Account Head : Travelling exp.

Sr. No.	Particulars	Bill No./ Date	Amount Paid (Rs.)	
	Travelling exp. incurred for visit to MMC (OE, Karmaveeragar. on. 1st & 2nd/02/2019 as per enclosed application.	Taxable Value	600/-	
		CGST		
		SGST		
		Total	600/-	

Rupees (In word) Six hundred only

We are enclosing herewith our cash / Cheque No. cash dated 1 / 1 / 20

Drawn on bank of india / HDFC Bank Rs : _____ against your bill as above.

Details of Supplier

Name : Dr. R.H. Khiste

Address : Pimpri

GSTIN/UIN : _____ Place of Supply : Pune

State : Maharashtra / _____ Sate Code : 0271

Accountant

Office Superintendent

Principal

Signature of Received

Date: 05/02/2019

To,
The Principal,
Marathwada Mitra Mandal's,
College of Pharmacy, Thergaon,
Pune-411033.

Subject: Reimbursement of travelling expenses incurred for
Faculty Development Workshop.

Respected Sir,

I undersigned, Dr. Rahul H. Khiste, Associate Professor and
Dean, Training, Placement, III, EDC, requesting you to sanction
the reimbursement of travelling expenses incurred for Faculty-
Development Workshop organized by Corporate Relations Division and
IMERT at Karvenagar on 1st Feb to 2nd Feb 2019. So please
consider the request. Travelling Expenses details as -

1) MMCP Thergaon to Karvenagar IMERT - 300.00
(To and fro dated on 1st Feb 2019)
2) MMCP Thergaon to Karvenagar IMERT - 300.00
(To and fro dated on 2nd Feb 2019)
By (or with those faculties. 300.00
Total = 600.00

Thanking you.

Yours Sincerely,

RH
(Dr. Rahul H. Khiste)



भारत सरकार
 पर्यावरण, वन एवं जलवायु परिवर्तन मंत्रालय
 पशु कल्याण प्रभाग
 पशुओं पर परीक्षण के नियंत्रण एवं पर्यवेक्षण के प्रयोजनार्थ समिति (सीपीसीएस्आईए)



Government of India
 Ministry of Environment Forest and Climate Change
 Animal Welfare Division
 Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA)

19/09/2018

Registration No:

Name of the establishment	Mamihwada Mitra Mardal's College of Pharmacy
Address of Animal House Facility	Sy No 4/17, Sector No 3, PCNTDA, Off Kalewadi Phata, Pimpri Rd, Kalewadi (Thergaon), Pune - 400033, Maharashtra
Tel No	2027273993
Email	mmeopharm@yahoo.com
Purpose of Registration	Small - Research for Education purpose Large -
Type of Facility	Small Animal
Purpose of fee	Renewal
Total fee	Rs.2500 Only
Fee paid through DD	0
Fee Received through payment gateway	Rs.2500 Only

3वां मंज, वसु स्टाफ, इंदिरा पर्यावरण भवन जोर बाग रोड, नई दिल्ली-110003
 टेलीफोन : 011-24695424 ईमेल : cpcsea-mef@gov.in, वेबसाइट : http://cpcsea.nic.in

5th Floor, Vayu Block, Indira Paryavaran Bhawan, Jor Bagh Road, New Delhi - 110003
 Telefax: 011-24695424, Email: cpcsea-mef@gov.in, Website: http://cpcsea.nic.in





Progressive Education Society's
MODERN COLLEGE OF PHARMACY

Accredited by 'NAAC'

'Best College Award' by Savitribai Phule Pune University



Approved by All India Council for Technical Education, New Delhi, Pharmacy Council of India, New Delhi,
Directorate of Technical Education, Mumbai (MS), Permanently affiliated to
Savitribai Phule Pune University, Pune & Approved under Section 2 (f) & 12 (B) of UGC Act, 1956

Sector No. 21, Yamunanagar, Nigdi, Pune - 411 044. (M.S.) Tel. : 020-27661315 Fax : 020-27661314

E-mail : mcopnigdi44@gmail.com Website : www.mcop.org.in

Prof. Dr. P. D. Chaudhari
M. Pharm., Ph.D.
Principal

Prof. Dr. Gajanan R. Ekd
M.S. M.N.A.M.
Chairman, Business Cell
P.E. Society, Pt

Date

RECEIPT

RECEIPT NO. : SEM- 54

DATE : 01/12/2018

Received with thanks from Dr./Shri./Smt. : Prof. Shailendra S. Salvan

The sum of Rupees : RS. 1000.00 (Rs. One Thousand only)

on account of Registration of Faculty Development Workshop on
Quality for & beyond Accreditation in collaboration with Higher
Education Skill Development & Research Centre Mysuru, Karnataka.

By Cash/Demand Draft No.

dated : 01/12/2018

Drawn on :-


Accountant

From,
Shantendra Salunkar
Asst Professor
M.M. College of Pharmacy
Thergam.

To
Principal
M.M. College of Pharmacy,
Thergam, Kalewadi

Sub: Reimbursement of petrol expense


Respected Sir,

I have visited M.M College of Engineering, Karvenagar on
19th December and 22nd December 2018 for attending the
meeting on ERP development. For this purpose I have
used my own vehicle for travelling. So please reimburse
the petrol expense incurred for travelling on these days

From - College to MMCOE - 22×3.5 } day 1
From MMCOE to College = 22

From college to MMCOE = 22
& MMCOE to college = $\frac{22}{88 \times 3.5} = 308$

Total Expense = 308/- Rs.

Regards

S. S. Salunkar

MARATHWADA MITRA MANDAL'S COLLEGE OF PHARMACY,

THERGAON, PUNE-411 033 (M.S)

2017 – 2018

Marathwada Mitra Mandal College of Pharmacy

THERGAON (KALEWADI)

PIMPRI, PUNE

SEMINAR & WORKSHOP EXPENSES

Ledger Account

1-Apr-2017 to 31-Mar-2018

Date	Particulars	Vch Type	Vch No.	Debit	Page 1 Credit
3-5-2017	Cr BANK OF INDIA 08 <i>CH NO 095319 PAID TO VM EDUIFE PVT LATS AGAINST BILL NO VM/2017/APRIL /001 DT 24.04.17 FACULTY DEVELOPMENT PROGRAM WORKSHOP</i>	Payment	59	20,000.00	
15-12-2017	Cr Cash <i>PAID TO PRIN DR M J PATIL SIR FOR REGISTRATION CHARGES IPC 2017</i>	Payment	393	5,192.00	
6-1-2018	Cr Cash <i>PAID TO PRIN DR M J PATIL SIR FOR TRAVELLING EXPENSES VISIT TO 69TH IPC AT CHITKARA UNIVERSITY CHANDIGARH</i>	Payment	424	10,959.00	
				36,151.00	
Dr	Closing Balance				36,151.00
				36,151.00	36,151.00

Marathwada Mitra Mandal College of Pharmacy
 THERGAON (KALEWADI)
 PIMPRI, PUNE

TRAVELLING & CONCEYANCE
 Ledger Account

1-Oct-2017 to 1-Nov-2017

Date	Particulars	Vch Type	Vch No.	Debit	Page 1 Credit
5-10-2017	Cr Cash PAID FOR PURCHASE OF KHANDE NAVMI POOJA 2017	Payment	278	50.00	
	Cr Cash PAID FOR VISIT TO BOI BOM PPPU PUNE DEURING 11.09.17 TO 04.10.17	Payment	279	700.00	
6-10-2017	Cr Cash PAID TO PRIN DR M J PATIL SIR FOR TRVELLING VISIT TO VERIOUS PLACES AUG 2017 SEPT 2017	Payment	281	4,850.00	
11-10-2017	Cr Cash tata indicom bill paid sept 2017	Payment	293	40.00	
12-10-2017	Cr Cash PAID TO PRIN DR M J PATIL SIR FOR VISIT TO NBA OFFICE NEW DELHI BILLS ENCLOSED	Payment	294	16,796.00	
13-10-2017	Cr Cash PAID TO A V PAWAR VISIT TO VERIOUS PLACES DURING 07/10/17 TO 13/10/17	Payment	299	530.00	
	Cr Cash PAID TO P BARGE VISIT TO BOI PIPRI & OTHER PLACES	Payment	300	290.00	
	Cr Cash PAID TO R A SALUNKHE VISIT TO SPPU DTE SWD DURING 13.09.17 TO 27.09.17	Payment	303	1,916.00	
26-10-2017	Cr Cash Patil to AMOL PAWAR FOR VISIT TO VERIOUS PLACES FOR OFFICE WORK FROM 24.10.17 TO 26.10.17	Payment	315	479.00	
1-11-2017	Cr Cash PAID TO PRIN DR. M J PATIL SIR FOR VISIT TO CHANNAI FOR PRESENTATION ON 30.10.17	Payment	318	18,428.00	
	Cr Cash PAID TO DILIP CHAVAN FOR AVISHKAR 2017 STATIONERY PURCHASE	Payment	320	74.00	
				44,153.00	
Dr	Closing Balance				44,153.00
				44,153.00	44,153.00

Marathwada Mitra Mandal College of Pharmacy
 THERGAON (KALEWADI)
 PIMPRI, PUNE

REGISTRATION EXPENSES
 Ledger Account

1-Apr-2017 to 31-Mar-2018

Page 1
 Credit

Date	Particulars	Vch Type	Vch No.	Debit	Credit
17-7-2017	Cr (as per details)	Payment	182	4,000.00	
	TRAVELLING & CONCEYANCE	1,605.00 Dr			
	Cash	5,605.00 Cr			
	PAID TO DR P L INGALE FOR INDO GLOBAL SUMMIT 2017 REGISTRATION & TRAVELLING CHGS FOR VISIT TO INDUS FOUNDATION PROGRAMME AT MUMBAI				
				4,000.00	
					4,000.00
Dr	Closing Balance			4,000.00	4,000.00

Marathwada Mitra Mandal College of Pharmacy

TERGAON (KALEWADI)

PIMPRI,PUNE

INNOVATION 2017

Ledger Account

1-Apr-2017 to 31-Mar-2018

Page 1

Date	Particulars	Vch Type	Vch No.	Debit	Credit
6-12-2017	Cr Cash PAID FOR INNOVATION 2017 REGISTRATION (DR M J PATIL,MR.P J PATIL,MRS. B A AGARWAL, MRS S D DALVI,MRS K N YADAV, MR S S SALVANKAR	Payment	374	3,000.00	
				3,000.00	
	Dr Closing Balance				3,000.00
				3,000.00	3,000.00



69th INDIAN
PHARMACEUTICAL CONGRESS
2017

Chitkara University, Chandigarh, Patiala NH-64
Punjab-140401 India
9872981142, 8968423848

Created on 14/11/2017

Paid on 14/11/2017

INR 5192.00

Invoice Paid

Bill To

drmanoharpatil
drmanoharpatil@yahoo.com
If you are paying Offline Please use following details for
deposit.
Bank Details
UCO BANK, Chitkara University
Account No. : 22870110048832
IFSC Code : UCBA0002287

Details

Member (APTI/ IPA/ IPGA/
IHPA/AIDCOC)
#8056WJCMOOKZ
Pay by Credit Card/ Net Banking

Description	Amount
Price	INR 5192.00
Total	INR 5192.00

Notes :

Cancellation & Refund Policy : Amount paid towards Registration and accommodations are non-refundable and non-transferable.

TICKET - Confirmed

Booking ID: NE229911090728

THU, 21 DEC '17

PUNE TO DELHI

2h 10m

Jet Airways
9W-366

PNQ
PUNE
11:15 hrs, 21 Dec



DEL
DELHI
13:25 hrs, 21 Dec

PASSENGER NAME

PNR

E-TICKET AMOUNT

SEAT

1. Manohar Patil

WXWDAY

CHEQUE / CASH / D.D
5665295334

2. Anuram Pawar

WXWDAY

DATE: 21/12/2017
AMOUNT

FRI, 22 DEC '17

DELHI TO PUNE

2h 10m

Jet Airways
9W-795

DEL
DELHI
13:50 hrs, 21 Dec
Terminal 3



PNQ
PUNE
16:00 hrs, 21 Dec

PASSENGER NAME

PNR

E-TICKET AMOUNT

SEAT

1. Manohar Patil

PCGEZC

CHEQUE / CASH / D.D
5665295334

2. Anuram Pawar

PCGEZC

DATE: 22/12/2017
AMOUNT

IMPORTANT INFORMATION

- **Check-in Time** : Check-in desks will close 1 hour before departure.
- **Valid ID proof needed** : Carry a valid photo identification proof (Driver License, Aadhar Card, Pan Card or any other Government recognized photo identification)
- **Web Check-in opens 48 hrs. before departure**: JET AIRWAYS - Use Origin City, PNR, last name only



Sinhgad Institutes

Celebrating 25 Years
1993-2017

13812

SINHGAD TECHNICAL EDUCATION SOCIETY'S

SMT. KASHIBAI NAVALE COLLEGE OF PHARMACY

(Approved by AICTE, Pharmacy Council of India & Affiliated to Savitribai Phule Pune University)

S. No. 40/4-A, Near Octroi Post, Kondhwa - Saswad Road, Kondhwa (Bk.), Pune - 411048.
"B. Pharm. Course Accredited by NBA, New Delhi" from 18-09-2013 to 17-09-2016

RECEIPT

Date : 18/11/17

No. :

Received with thanks from Mr. / M/s. Dr. Mahesh Patil.

A Sum of Rs (In words) five hundred Rupees/-

on account of _____

₹ 500

Cash / Cheque / D.D. No.: cash Date : 18/11/17

Bank Name : _____

Signature



Marathwada Mitra Mandal's
COLLEGE OF PHARMACY



Sr. NO. 4/17, Sector No. 34, PCNTDA
Off. Kalewadi Phata - Pimpri Road, Thergaon (Kalewadi), Pune 411033.

Date: 01/11/2017

Voucher No.

318

Account Head: Travelling expenses

Name: Princ. Dr. M. J. Pahl Sir.

Particulars	Amount	
	Rs.	Ps.
Expenses incurred for visit to S.S. & College of Engineering, Kalavakkam.	7063	00
for attending presentation on <u>DIST</u> <u>FIST</u> on 30/10/17 & 31/10/17.	7021	00
	4324	00
	+ 20	00
	<u>18428</u>	<u>00</u>

Received From Principal Marathwada Mitra Mandal's College of Pharmacy

Rupees (In word) Eighteen thousand four hundred ^{twenty} eight

only

As Specified above by Cash / Cheque No. Cash

Dated _____

Accountant

Office
Superintendent

Principal

Signature of Received

SSN COLLEGE OF ENGINEERING, KALAVAKKAM 603110

TA CLAIM FORM

DATE:

NAME	DR. MANOHAR T. PATIL	PROGRAMME NAME	DST FIST MEETING
DESIGNATION	PRINCIPAL	PROGRAMME DATE	30-10-2017 to 01-11-2017
INSTITUTION	MARATHIWADE MITRA MANDAL'S COLLEGE OF PHARMACY, THERIGAN, PUNE 411033 (MS)	PLACE	SSN COLLEGE OF ENGINEERING
ACCOUNT NO	05871011000507		
BANK NAME	BANK OF INDIA		
BANK BRANCH	PIMPRI		
BRANCH CODE			
BANK ADDRESS	PIMPRI PF, PB NO 1101, PUNE-18 (MS)		
IFSC CODE	BKID0000507		

DATE	DEPARTURE	ARRIVAL	KIND OF JOURNEY	TRAVEL RATE	OTHER CHARGES	TOTAL (Rs.)
31-10-17	PUNE	CHENNAI	AIR	0		
2-11-17	CHENNAI	PUNE	AIR	7683		
	* Hotel Accommodation - at Hotel Holiday Inn			7021		
	* Local Travelling Charges			600/-		
GRAND TOTAL (Rs.)				15303		

Claimer's Signature
01.11.2017

Programme Co-ordinator

Principal

<http://www.makemytrip.com/>

<http://www.makemytrip.com/flights/>

<http://www.makemytrip.com/hotels/>

ROUND-TRIP
Pune to Chennai

DEPARTURE
31 OCT 17
TUE

RETURN
02 NOV 17
THU

TRAVELLERS
01

+ Modify

Filter

Fare Calendar(<https://flights.makemytrip.com/makemytrip/fareCal.do?month=9&from=PNQ&to=MAA&adult=1&child=0&infant=0>)

*Air-India
Flights are
not convenient
due to cost*

Pune to Chennai - Tue, 31 Oct '17				Chennai to Pune - Thu, 02 Nov 17			
DURATION	DEPARTURE	ARRIVAL	PRICE	DURATION	DEPARTURE	ARRIVAL	PRICE
	20:50	ARRIVE 15:20	₹ 6,974		07:20	ARRIVE 23:20	₹ 7,394
	23:00	18h 30m			23:00	13h 00m	
Air India AI-666E				Air India AI-951			
	18:54	24:05	₹ 7,439		19:15	20:20	₹ 7,993
	1:51:00	25h 15m			1 Stop	25h 05m	
Air India AI-850				Air India AI-545			
	18:50	15:15	₹ 7,439		08:45	18:10	₹ 9,119
	1 Stop	20h 25m			1 Stop	9h 25m 06:40T	
GB-511 23:00 / 09:50 View Details			₹ 4,273	Air India AI-543		03:30 - 05:15 View Details	
			Book				



। ॐ ॐ ॐ ।

Marathwada Mitra Mandal's

COLLEGE OF PHARMACY



MMCOF
Promoting Health & Progress

Sr. NO. 4/17, Sector No. 34, PCNTDA

Off. Kalewadi Phata - Pimpri Road, Thergaon (Kalewadi), Pune 411033.

Date: 12/10/17

Voucher No.

291

Account Head: Travelling expenses.

Name: Princ. Dr. M.J. Paul Sir.

Particulars	Amount	
	Rs.	Ps.
Travelling expenses incurred for visit to. NBA. office New Delhi. as per enclosed bills.	16,796	00



Received From Principal Marathwada Mitra Mandal's College of Pharmacy

Rupees (in word) Sixteen thousand Seven hundred ninety six only

As Specified above by Cash / Cheque No. Cash Dated _____

Accountant

Office
Superintendent

Principal

Signature of Received

Tax Invoice



Invoice Details

Invoice No: 100000004644782
Invoice Date: 2017-09-01
PAN No: AADCM5146R
GSTIN No: 06AADCM5146R1ZZ
Service Category: Reservation services for air transportation.
SAC Code: 998551

Customer Details
Place of Supply: Haryana

Booked by	Booked ID	Booked Date
MANOHAR PATIL (dmanoharpatil@yahoo.com) (9423239325)	NF22696102626037	Fri Sep 01 18:47:51 IST 2017

Flight Details



PNQ
Pune
Tue Sep 05 05:30:00 IST
2017

DEL
Delhi
Tue Sep 05 07:40:00 IST
2017

Passengers:

01. MANOHAR PATIL

Fare Details

Fare Charges	Passenger
Base Fare:	5575.0
Airline Fuel Charge	900.0
Tax and Other Charges:	
Passenger Service Fee	245.0
Airline GST	330.0
Other Surcharge	125.0
Total Fare	7175.0



Flight Details



DEL
Delhi
Tue Sep 05 21:15:00 IST
2017

PNQ
Pune
Tue Sep 05 23:20:00 IST
2017



Marathwada Mitra Mandal's
COLLEGE OF PHARMACY



Sr. NO. 4/17, Sector No. 34, PCNTDA
Off. Kalewadi Phata - Pimpri Road , Thergaon (Kalewadi), Pune 411033.

Date: 17/07/17

Voucher No.

18

Account Head: Registration exp :- 4000/-
Travelling exp :- 1605/-

Name: Dr. P. K. Jagale

Particulars	Amount	
	Rs.	Ps.
Expenses incurred for visit to Indo global Summit 2017 organized by Indus foundation at Mumbai on 17 July 2017 as per enclosed bills.	5605	00
	5605	00

Received From Principal Marathwada Mitra Mandal's College of Pharmacy

Rupees (In word) Five thousand six hundred five only

As Specified above by Cash / Cheque No. Cash Dated _____

Accountant

Office Superintendent

Principal

Signature of Received

date: 18-7-17.

To,
The Principal,
Marathwada Mitra Mandal's
College of Pharmacy,
Thergaon Pune.

Subject: Details of expenses incurred for
attending the Indo-global Summit 2017

Respected sir,

Following are the details of the
expenses incurred on attending the
Indo-global Summit 2017 at Mumbai on
17th July 2017 organised by Indus Foundation

- along
- ① Registration of Dr. Pramod Ingal - 4000/-
 - ② Toll bills (230+230+35+35) - 530/-
 - ③ The Kalit. Mumbai toll - 713/-
 - ④ Kailash. Prabhat - 162/-
 - ⑤ Photographs. - 200/-

Total → 5055/-

Thanking you.


Accountant
Marathwada Mitra Mandal's
College of Pharmacy
Thergaon (Kalawadi), Pune-411 033


PRINCIPAL
Marathwada Mitra Mandal's
COLLEGE OF PHARMACY
Thergaon (Kalawadi), Pune-411 033

Yours sincerely


Dr. Pramod Ingal



THE INDUS FOUNDATION

508, Babukhan Estate, Basheerbagh, Hyderabad-500001

Ph: 04030730651/52 Email: indus@indus.org

URL: www.indus.org

S.No. 301

RECEIPT

Date 17-7-17

Received from DR. PRANOD INGLE

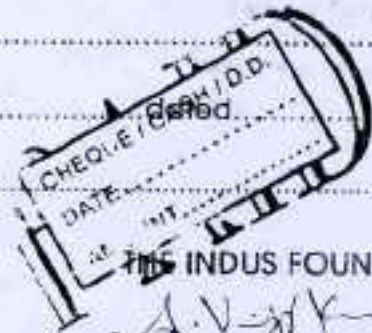
The sum of Rupees FOUR THOUSANDS ONLY

On towards of REGISTRATION

By Cash Cheque / D.D. / No. CASH

Bank

₹ 4000/-



THE INDUS FOUNDATION

[Handwritten Signature]

Authorised Signature



Sinhgad Institutes

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1993 - 2017

SINHGAD TECHNICAL EDUCATION SOCIETY'S

SMT. KASHIBAI NAVALE COLLEGE OF PHARMACY®

(Approved by AICTE, Pharmacy Council of India & Affiliated to Savitribai Phule Pune University)

S. No. 40/4-A, Near Octroi Post, Kondhwa - Saswad Road, Kondhwa (Bk.), Pune - 411048.

"B. Pharm. Course Accredited by NBA, New Delhi" from 18-09-2013 to 17-09-2016

No. : 13810

RECEIPT

Date : 18/11/17

Received with thanks from Mr. / M/s. Kavita Yadav.

A Sum of Rs. (in words) five hundred Rupees/-

on account of Innovation-2017.

Rs. 500/-

Cash / Cheque / D.D. No. : cash Date : 18/11/17.

Bank Name : _____

Signature

2016 – 2017

MMM COLLEGE OF PHARMACY
 THERGAON,(KALEWADI)
 PIMPRI,PUNE

SEMINAR & WORKSHOP EXPENSES
 Ledger Account

1-Apr-2016 to 31-Mar-2017

Date	Particulars	Vch Type	Vch No.	Debit	Page 1 Credit
5-5-2016	Cr (as per details)	Payment	58	3,000.00	
	TRAVELLING & CONVEYANCE EXPENSES	200.00 Dr			
	Cash	3,200.00 Cr			
	PAID FOR DTE WORKSHOP REGISTRATION AT GOCT COE COLLEG ON 26.04.16				
19-10-2016	Cr Cash	Payment	295	2,000.00	
	PAID TO PRIN DR M J PATIL SIR FOR 1ST NATIONAL LEVEL TEACHERS CONFERENCE AT MIT KOTHRUD REGISTRATION CHARGES				
	Cr Cash	Payment	296	2,000.00	
	PAID TO P J PATIL SIR FOR 1ST NATIONAL LEVEL TEACHERS CONFERENCE AT MIT KOTHRUD REGISTRATION CHARGES				
	Cr Cash	Payment	298	1,000.00	
	PAID TO M PR & DR R H KHISTE FOR INNOVATION 2016 REGISTRATION				
3-3-2017	Cr Cash	Payment	576	3,000.00	
	HONORARIUM PAID TO DR A M BAHETI SIR DURING TRAINING SESSION FOR STUDENTS & FACULTY ON 16.02.17				
	Cr Cash	Payment	577	3,000.00	
	HONORARIUM PAID TO DR B S KUCHEKAR SIR DURING TRAINING SESSION FOR STUDENTS & FACULTY ON 16.02.17				
				14,000.00	
Dr	Closing Balance				14,000.00
				14,000.00	14,000.00



Marathwada Mitra Mandal's
COLLEGE OF PHARMACY

Sr. No. 4/17, Sector No. 34, PCNTDA, Off. Kalewadi Phata - Pimpri Road,
Thergaon (Kalewadi), Pune 411 033.



Receipt No. : 556 **MISCELLANEOUS RECEIPT** Date : 27/09/2016

Name of the Student in full Mr./Miss Ratnaparkhi Mukesh P.

Class : _____ Branch : _____

Received with thanks an amount as below by cash/D.D./No. Cash

Dated _____ Drawn _____ Branch _____

Particulars	Amount
Received against Innovation 2016 registration fees	500 + 00
Total	500 + 00

In words Rs. five hundred only.

Signature of Receiver



Marathwada Mitra Mandal's
COLLEGE OF PHARMACY

Sr. No. 4/17, Sector No. 34, PCNTDA, Off. Kalewadi Phata - Pimpri Road,
Thergaon (Kalewadi), Pune 411 033.



Receipt No. : 557 **MISCELLANEOUS RECEIPT** Date : 27/09/2016

Name of the Student in full Mr./Miss Khiste Rahul H

Class : _____ Branch : _____

Received with thanks an amount as below by cash/D.D./No. Cash

Dated _____ Drawn _____ Branch _____

Particulars	Amount
Received against Innovation 2016 registration fees	500 + 00
Total	500 + 00

In words Rs. five hundred only.

Signature of Receiver

Subject: Your order#1474548034996 on <http://www.nationalteacherscongress.com> is successful.
From: orders@ccavenue.com (orders@ccavenue.com)
drmanoharpatil@yahoo.com;
Date: Thursday, 22 September 2016 6:14 PM



B 539 (102)

Dear Dr. Manohar J. Patil,

Thank you for your order from <http://www.nationalteacherscongress.com>

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

Order#	CCAvenue Reference #	Order Date
1474548034996	105108531564	22/09/2016 18:14:36

Billing Details

Customer: Dr. Manohar J. Patil drmanoharpatil@yahoo.com 9423239325	Order Amount: INR	2000.00
Address: Marathwada Mitra Mandals College of Pharmacy, Maharashtra, Thergaon Kalewad Pune 411033, India	Net Payable: INR	2000.00
Customer IP: 106.77.15.15		
Pay Mode: Credit Card - MasterCard		
Bank Ref #: R38160		
Instructions:		

Shipping Details

Contact Person: Dr. Manohar J. Patil | 9423239325
Address: Marathwada Mitra Mandals College of Pharmacy, Maharashtra, Thergaon Kalewad Pune 411033, India

CUSTOMER CARE

<http://nationalteacherscongress.com>
Email: info@nationalteacherscongress.com
Contact Info: 8888815421/22/24/25

Powered by
CC Avenue

1540 - 100100

Subject: Your order#1474549118000 on <http://www.nationalteacherscongress.com> is successful.
From: orders@ccavenue.com (orders@ccavenue.com)
To: praviny2k2001@yahoo.com,
Date: Thursday, 22 September 2016 8:30 PM

Dear Prof, Pravin J. Patil,

Thank you for your order from <http://www.nationalteacherscongress.com>

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

Order#	CCAvenue Reference #	Order Date
1474549118000	105108541253	22/09/2016 18:31:08

Billing Details

Customer: Prof. Pravin J. Patil | praviny2k2001@yahoo.com | 9422036853
Address: Marathwada Mitra Mandals College of Pharmacy, Maharashtra, Thergaon Kalewadi Pune 411033, India

Order Amount: INR 2000.00
Net Payable: INR 2000.00

Customer IP: 49.14.81.203
Pay Mode: Credit Card - MasterCard
Bank Ref #: R39785

Instructions:

Shipping Details

Contact Person: Prof. Pravin J. Patil | 9422036853
Address: Marathwada Mitra Mandals College of Pharmacy, Maharashtra, Thergaon Kalewadi Pune 411033, India

CUSTOMER CARE
<http://nationalteacherscongress.com>
Email : info@nationalteacherscongress.com
Contact Info : 8888815421/22/24/25

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CC Avenue®

2015 - 2016

MARATHWADA MITRAMANDAL COLLEGE OF PHARMACY
 THERGAON(KALEWADI)
 PIMPRI,PUNE

SEMINAR & CONFERENCE EXPENSES
 Ledger Account

1-Apr-2015 to 31-Mar-2016

Page 1
Credit

Date	Particulars	Vch Type	Vch No.	Debit	Credit
3-9-2015	Cr Cash PAID FOR PURCHASE OD DD IN FAVOUR OF APTI NAGPOR REGIDTRASTION VHSRGES	Payment	213	1,000.00	
4-9-2015	Cr Cash PAID TO R H KHISTE REGISTRATION FOR APTICON 2015	Payment	219	1,900.00	
3-10-2015	Cr Cash PAID TO S S SALVANKAR FOR REGISTRATION AT APTICON 2015	Payment	257	2,200.00	
	Cr Cash PAID TO PRIN DR M J APATIL SIR FRO ATTENDING AICTE WORKSHOP ON 05. 10.15	Payment	261	425.00	
	Cr Cash PAID TO PRNC DR M J PATIL SIR FOR REGISTRATION CHGS AT APTICON 2015	Payment	262	1,900.00	
2-11-2015	Cr Cash PAID TO PRINC DR M J PATIL SIR TRAVELLING CHARGES FOR ATTENDING APTICON 2015 AT INDORE	Payment	315	10,300.00	
22-3-2016	Cr Cash PAID TO S D DALVI/AA RANPISE / B A AGARWAR FOR ATTENDING SEMINAR AT ALLANA CLLLEG OF PHARMACY & E M DHARIWAL CILLEG OF PHARMACY	Payment	539	1,700.00	
23-3-2016	Cr Cash PAID TO PRIN.DR M J PATIL SIR REGISTRATION & TA FOR ATTENDING MAHA APTICON 2016 AT NAGPUR	Payment	555	8,975.00	
				28,400.00	
	Dr Closing Balance				28,400.00
				28,400.00	28,400.00

MARATHWADA MITRAMANDAL COLLEGE OF PHARMACY
THERGAON(KALEWADI)
PIMPRI,PUNE

UNIV OF PUNE REASEARCH GRANT EXPENSES
 Ledger Account

1-Apr-2015 to 31-Mar-2018

Date	Particulars	Vch Type	Vch No.	Debit	Credit
7-7-2015	Cr (as per details)	Payment	116	3,000.00	
	TRAVELLING & CONVEYANCE EXPENSES	700.00 Dr			
	Cash	3,700.00 Cr			
	PAID TO P L INGALE FOR INOVATION 2015 REGISTRATION CHARGES,MR P J PATIL,MR P V KADAM,MR M P RATNAPARKHI,MR R H KHISTE,MRS A A RANPISE.				
				3,000.00	
Dr	Closing Balance				3,000.00
				3,000.00	3,000.00

Sampada D. Dalvi

Asst. Professor

Date :- 11.03.16

To,
Principal
Marathwada Mitra Mandal's
College of Pharmacy,
Thergoun, Pune - 33


SUBJECT: " Reimbursement of Registration fee
for seminar on "Strategies for
Empowerment of Women" dated 08.03.16

Respected Sir,

I, the undersigned attended the
Seminar on "Strategies for empowerment
of women Associated with the Healthcare
profession" on 08th March 2016. at Allana
College of Pharmacy, Pune, organised by
APTICON (Women's Forum) 2016.

I request you to kindly reimburse the
registration fee for the seminar.
Kindly do the needful as early as possible
& oblige.

Thanking You.


Yours faithfully,
Sampada Dalvi

Enclosed :- Registration Receipt



M.C.E. Society's

ALLANA COLLEGE OF PHARMACY

2390-B, K. B. Hidayatullah Road, Azam Campus, Camp. Pune - 411 001.

Phone : 26442074

RECEIPT

No. 2217

Date 8/3/16

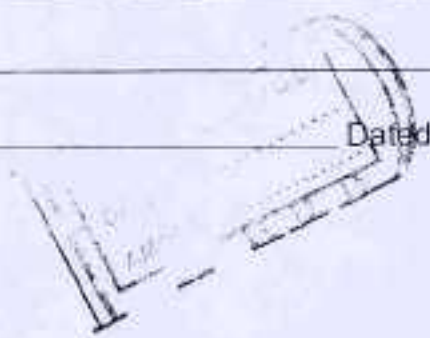
RECEIVED with thanks from Sampada Dakes

The sum or Rupees Five hundred ru

In full / Part Payment for

By Cash / Cheque No. Dated

₹ 500/-



Signature

Date :- 11/03/2016.

To,
The Principal
Marathwada ~~Miraj~~ Mandal College
of pharmacy, Tergaon.
Pune-411 033


Sub :- Reimbursement for Registration fees for
attending Seminar on women empowerment -
organized by Allana College of pharmacy

Respected sir,

I ms. Anuradha A. Ranpise has attended the
above said seminar on 8th March 2016 on topic
'strategies for empowerment of women associated with
the healthcare professions' at allana College of pharm

I request you to kindly reimburse the
registration fee for the same &
kindly do the needful.

Thanking you.

Yours Sincerely

A.A. Ranpise



M.C.E. Society's

ALLANA COLLEGE OF PHARMACY

2380-B, K. B. Hidayatullah Road, Azam Campus, Camp, Pune - 411 001.
Phone : 26442074

RECEIPT

Date 8/3/16

218

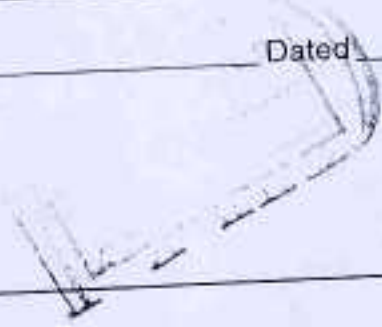
Rs with thanks from Anuradha Rampise

or Rupees Rs 10000/-

for Payment for _____

/ Cheque No. _____ Dated _____

5001



[Signature]
Signature

1/10

The Principal
Marathwada Mitra Mandal's
College of Pharmacy
Thergaon
Date - 11th March 2016

From
Babita Agarwal
Assistant Professor

Subject - Reimbursement for registration fees
incurred for attending seminar on
"Women Empowerment" organised by
Allana College of Pharmacy on 8th March 2016

Respected Sir,

I the undersigned has attended the
above said seminar on the 8th March 2016 the
seminar topic was "Strategies for Empowerment of Women
Associated with the Healthcare Profession" at
Allana College of Pharmacy.

The report for the same has been submitted
to the Faculty and Staff Development Incharge.

I would be obliged if you kindly do the
needful

Thanking You
Yours faithfully,
Babita



M.C.E. Society's
ALLANA COLLEGE OF PHARMACY

2390-B, K. B. Hidayatullah Road, Azam Campus, Camp, Pune - 411 001.
Phone: 26442074

RECEIPT

No. 2216

Date 8/3/16


RECEIVED with thanks from Babita Agawale.

The sum or Rupees Fifty hundred only

In full / Part Payment for

By Cash / Cheque No. _____ Dated _____

₹ 500/-


Signature

To

The Principal,
Marathwada Mitra Mandals
College of Pharmacy
Thergaon, Kalencadi, Pune-33

Date: 24/4/16

From

Balita Agarnal
Assistant Professor.

Subject:- Reimbursement of Rs 200/- paid for registration of
SPPU sponsored seminar at Rasiklal Bhairwal
Institute of Pharmaceutical Education and Research
on the 23rd and 24th February 2016.

Respected Sir,

I the undersigned kindly request you to
reimburse Rs 200/- paid as registration fees for
attending the seminar on the 23rd and 24th Feb 2016.

The certificate and the report for the same
has been submitted to the Faculty and Staff
Development Committee.

Kindly oblige by doing the needful.

Thanking You

Yours sincerely,

Balita

PRINCIPAL
Bansal M. Dhanwal Institute of
Pharmaceutical Education & Research
Chinchwad Station, Pune - 411 019.

No. 2150

Date: 23/2/16

RECEIVED with thanks from Agarwal Babina

the sum of Rupees _____

_____ by cheque / draft / cash, in full / part / advance

payment of our Bill No. _____ Dated _____ / A/c of. _____

₹ 200/-



Signature

This receipt is valid subject to finalisation of cheque

Cyber Receipt !

Date:04/09/2015 2:22 PM

Transaction Details for Mr. Rahul Khiste Pune MS

Payment Id	26445732
NEFT UTR Number	BKIDN15247680369
Internet Banking Payment Status	Success
Internet Banking Ref. No.	NEFTBWY040915142002638
Beneficiary Name	APTICON
Beneficiary Account Number	4622000100056701
Beneficiary Account Type	Savings
Beneficiary Bank Name	PUNJAB NATIONAL BANK
Beneficiary Branch Name	VIJAY NAGAR, INDORE
Beneficiary Address	INDOREINDORE452010
IFSC Code	PUNB0462200
Sender Name	RAHUL HARI KHISTE
Debit Account Number	050710110005747
Payment Amount	1900
Narration	1900


(Mr. Rahul H. Khiste)

ICICI Bank

E-receipt

Transaction Reference Number	830513239
Transaction Type	NEFT Fund Transfer
Date of Transaction	08/09/2015
From ICICI Bank Account	000501548845-SHAILENDRA SHARAD SALVANKAR
To payee	4622009100056701-APTICON
Transaction Amount(Rs.)	INR 2,200.00
Remarks	APTI confrence


Accountant

Marathwada Mitra Mandal's
COLLEGE OF PHARMACY
Thergaon (Kalowadi), Pune-411 033


PRINCIPAL
Marathwada Mitra Mandal's
COLLEGE OF PHARMACY
Thergaon (Kalowadi), Pune-411 033



APTICON-2015

20th Annual National Convention of Association of
Pharmaceutical Teachers of India
October 9-11, 2015, Indore, M.P.
Organized by Pharmacy Association of Madhya Pradesh

Acknowledgement cum Registration Receipt

Dear Dr. Manohar J. Patil

Thanks for Registering for APTICON2015 @ Indore.

Your Registration Details are:

Name:	Dr. Manohar J. Patil
Registration ID:	APTICON-INDORE-Online 0014
Registration Type:	APTI Member
Registration Amount:	INR 1900
Payment Mode:	Online-NEFT
Date of Registration	26/08/2015

APTI MP State Branch and APTI Indore Chapter are eagerly waiting for your presence at the event.

We are working hard to assure best convenience to all delegates.

In case of any queries, please feel free to contact us at registration@apticon2015.com.

Thanks.

Registration Committee,

APTICON2015

Important Note

1. Kindly take print out and bring this Acknowledgement cum Registration receipt during the convention.
2. If APTI member kindly bring the Id Proof.
3. Research Scholars kindly bring the Bonafide Certificate from their Institute.

Subject: E-Ticket
 From: noreply@travelinfomail.com (noreply@travelinfomail.com)
 To: DRMANOHARPATIL@YAHOO.COM
 Date: Wednesday, 19 August 2015 4:08 PM

kena tours & travels

E-Ticket

PNR: 1A - ZRZNF
 Issued Date: wed 19 Aug 2015

F-8,bhagavati
 chambers,Opp-city
 centre,c.g.road,swastik
 cross
 road,navarangpara
 F-8,bhagavati
 chambers,opp-city
 centre,c.g.road,swastik
 cross
 road,navarangpara
 Ahmedabad-380009
 Phone:079-26462187

Passenger Name	Ticket Number
Mr.PATIL MANOHAR	5899389354035

Fri 09 Oct 2015 Jet Airways 9W 2491

Airline Ref: MRIFU2

Status: Confirmed

From: PNQ (Lohegaon, Pune)

Dep: 12:00 PM

To: IDR (Indore, Indore)

Arr: 1:15 PM

Class: Non stop Baggage: Baggage(per Adult) 15 Kg

Aircraft: 73H

Sat 10 Oct 2015 Jet Airways 9W 2821

Airline Ref: MRIFU2

Status: Confirmed

From: IDR (Indore, Indore)

Dep: 7:50 PM

To: PNQ (Lohegaon, Pune)

Arr: 9:30 PM

Class: Non stop Baggage: Baggage(per Adult) 15 Kg

Aircraft: A37

This is an electronic ticket. Please carry a positive identification for check in.

AirFare: Rs. 8,280.00

Fee & Surchage: Rs. 2,020.49

Total AirFare: Rs. 10,300.49

Remarks

Carriage and other services provided by the carrier are subject to conditions of carriage which hereby incorporated by reference. These conditions may be obtained from the issuing-carrier. If the passenger's journey involves an ultimate destination or stop in a country other than country of departure the Warsaw



MAHA-APTICON-2016

Annual Convention of

Association of Pharmaceutical Teachers of India

Maharashtra State

Held on 20/03/2016 at Nagpur

Receipt No.: 034

RECEIPT

Date: 20/3/2016

Received with thanks from Dr/Mr/Ms Manohar D. Patil
the sum of Rs. 700 (in words) Seven hundred

D.D. No./Cheque No./Cash _____ Bank _____

towards Registration Fee/Sponsorship.

Rs. 700/-

Manohar D. Patil
Receiver's Signature



Marathwada Mitra Mandal's COLLEGE OF PHARMACY



Sr. NO. 4/17, Sector No. 34, PCNTDA
Off. Kalewadi Phata - Pimpri Road, Thergaon (Kalewadi), Pune 411033.

Date: 23/03/2016.

Voucher No.

Account Head: Seminar & Conference

Name: Prin. Dr. M. J. Pahl Sir.

Particulars	Amount	
	Rs.	Ps.
Expenses incurred for attending.	8975	00
Mota - ARTICON 2016, Commemoration at Nagpur on 20/03/2016. Registration charges & TA for it. as per enclosed bills :- B 8553/-	S	
& Taxi charges :- <u>422/-</u>		
	8975	00

Received From Principal Marathwada Mitra Mandal's College of Pharmacy

Rupees (In word) Eight thousand nine hundred seventy five only

As Specified above by Cash / Cheque No. Cash Dated _____

Accountant

Office Superintendent

Principal

Signature of Received

Print

<<Back

Your Ticket Details

www.EaseMyTrip.com

Building No. 223, Patparganj Industrial Area
New Delhi - 110092, (India)
care@easemytrip.com
011-43030303 (100-Lines) ,011-43131313 (100-Lines)

Booked On: 11 March 2016



Airline PNR:6E-C4JR9V#

Passenger Name(s)

1. Patil / Manohar Mr (ADT)

Ticket No(s)

C4JR9V

OutBound Flight

Flight Number: IndiGo 6E - 134
Departs: Pune on Saturday 19/03/16 at 10:20 Hrs
Arrives: Nagpur on Saturday 19/03/16 at 11:40 Hrs

InBound Flight

Flight Number: IndiGo 6E - 135
Departs: Nagpur on Monday 21/03/16 at 12:40 Hrs
Arrives: Pune on Monday 21/03/16 at 13:55 Hrs

Fare Details

Total Fare : **INR 6923**
Basic Fare : INR 6018 x 1 Adult
Tax & Charges : INR 905
Service T. : INR 0

Please note:

Terms and conditions of IndiGoAir :

All Guests, including children and infants, must present valid identification at check-in.
Check-in begins 2 hours prior to the flight for seat assignment and closes 60 minutes prior to the scheduled departure.
Carriage and other services provided by the carrier are subject to conditions of carriage, which are hereby incorporated by reference.
These conditions may be obtained from the issuing carrier.
IndiGo allows its Guests to check-in up to 15 kg of luggage per paying passenger. Baggage in excess of 15 kg is subject to a fee to be paid at the airport at check-in.
Cancellation Charges shall be as per airline rules.
For any queries please contact IndiGo at 18001803838/9910383838 for all MTNL/BSNL phones.
Please check the figures / timings as they may change time to time without any notice to the passenger.
For Delhi Number Travel Sectors / Customer Needs to recheck the departure and arrival terminals again with the airlines prior 24 hours of flight scheduled timings.

UNIVERSITY OF PUNE

EXAM.

LOCAL CONVEYANCE ALLOWANCE BILL

[For Examiners, Paper-Setters, Moderators]

Attendance/Payment Register Page No. C.B.F. Vr. No.

T. A. Check Register Page No. Cash/Cheque No.

Budget Head : Date :

Code No.

- Note :
- (1) All entries in this form should be filled in before claiming payment.
 - (2) The Paper-setter/Examiner should get this bill countersigned by the Deputy Registrar, Examinations and also by the Chairman.
 - (3) No Claim for the payment of travelling and halting allowance will be entertained after the lapse of six months from the date on which it was due.
 - (4) The bill should be Stamped and Pre-receipted in advance.

Name of the person : INGALE PRAMOD LILADHAK
(In block letters beginning with Surname)

Name of the College : Marathwada Mitra Mandali's college of Pharmacy,

*Local conveyance allowance bill as Paper-setter/Examiner Moderator at
INNOVATION 2015 at Sinhgad college of Pharma
held at in March/October 200 Yadgaon Pune
(subject) 29/06/2015 (centre)

	Amount	
	Rs.	P.
*1) For attending a CAP work at Examination held in April/October/November 200 from to at		
*2) For attending the Practical/Oral/Sessional Examination work from <u>29/6/2015</u> to <u>29/6/2015</u> at <u>Sinhgad college of Pharmacy,</u>	<u>350</u>	<u>00</u>

My registered address is as follows (Please quote name of the college if he is an employee of the college) :



Total Rs.

Address at which the amount is to be sent :

Marathwada Mitra Mandali
College of Pharmacy (Kalelodi)
Yadgaon, Pune

Signature :

Date : 30.6.2015

*Certified that the Paper-setter/Examiner preferring this claim was present at the meeting/s CAP work as stated above.

*It is further certified that the moderation work is now over.

The number of candidates registered for the above examination is

Chairman/Sr. Examiner ARC

CAP Director/Dy. Registrar Marathwada Mitra Mandali's COLLEGE OF PHARMACY Yadgaon (Kalelodi), Pune-411 033

[Signature]
PRINCIPAL

Marathwada Mitra Mandali's
COLLEGE OF PHARMACY

Received payment

To be stamped & receipted in advance.

Passed for payment for Rs. 350/- P.

(Rupees Three hundred fifty only)

Date :

Revenue Stamp of

COMBINED CHAIRMAN OF A/C N 01, 02, 10, 21 & 22 (With ECR)

UNIVERSITY OF PUNE

EXAM.

LOCAL CONVEYANCE ALLOWANCE BILL

[Examiners, Paper-Setters, Moderators]

Endorsement/Payment Register Page No. C.B.F. Vr. No.

A. Check Register Page No. Cash/Cheque No.

Budget Head : Date :

Sl. No.

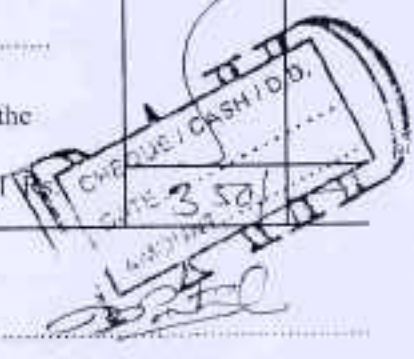
- Note :
- (1) All entries in this form should be filled in before claiming payment.
 - (2) The Paper-setter/Examiner should get this bill countersigned by the Deputy Registrar, Examinations and also by the Chairman.
 - (3) No Claim for the payment of travelling and halting allowance will be entertained after the lapse of six months from the date on which it was due.
 - (4) The bill should be Stamped and Pre-receipted in advance.

Name of the person : PATIL PRAVIN JANARDHAN
(In block letters beginning with Surname)

Name of the College : Marathwada Mitra Mandal's College of Pharmacy
Pune

*Local conveyance allowance bill as Paper-setter/Examiner/Moderator at Innovation 2015
at Sinhgad College of Pharmacy Vadgaon, Pune
held at in March/October 200.....
(subject) (centre)

* (1) For attending a CAP work at Examination held in April/October/November 200 from to at (date) (date) (place)	Amount	
	Rs.	P.
<u>Innovation 2015</u> <u>29/06/15</u> to at <u>Vadgaon</u> (date) (date) (place) <u>Pune</u>	<u>350/-</u>	
* (2) For attending the Practical/Oral/Sessional Examination work from to at (date) (date) (place)		
My registered address is as follows (Please quote name of the college if he is an employee of the college):		
Total		<u>350/-</u>



Address at which the amount is to be sent :
M. M. College of Pharmacy
Pune

Signature :

Date : 30.06.15

*Certified that the Paper-setter/Examiner preferring this claim was present at the meeting/s CAP work as stated above.

*It is further certified that the moderation work is now over.
The number of candidates registered for the above examination is

[Signature]
PRINCIPAL

[Signature]
Chairman/Sr. Examiner ARC

Marathwada Mitra Mandal's
COLLEGE OF PHARMACY
Vadgaon (Kalewadi), Pune-411 033
CAP Director/Dy. Registrar (Exam.)

Received payment
To be stamped & receipted in advance.

Passed for payment for Rs. 350/- P.
(Rupees Three hundred fifty only)
Date :

Revenue Stamp of

Sinhgad Technical Education Society's

SINHGAD COLLEGE OF PHARMACY

44/1, Vadgaon (Bk.), Sinhgad Road, Pune 411 041

RECEIPT

INNOVATION 2015

No.: 092

Date: 29.06.2015

Received with thanks from: Mr./Ms. Prasad Vijay Kadam

Amount of Rs. (in words) 500/- (Five hundred only.)

In Cash DD No. _____

Bank name _____

Branch _____

against the Registration fee for Innovation 2015.

Rs. 500/-

Cashier

Authorised Sign.

Sinhgad Technical Education Society's

SINHGAD COLLEGE OF PHARMACY

44/1, Vadgaon (Bk.), Sinhgad Road, Pune 411 041

RECEIPT

INNOVATION 2015

No.: 093

Date: 29.06.2015

Received with thanks from: Mr./Ms. Ranpise Anuradha Anand

Amount of Rs. (in words) 500/- (Five hundred only.)

In Cash DD No. _____

Bank name _____

Branch _____

against the Registration fee for Innovation 2015.

Rs. 500/-

Cashier

Authorised Sign.

Sinhgad Technical Education Society's

SINHGAD COLLEGE OF PHARMACY

44/1, Vadgaon (Bk.), Sinhgad Road, Pune 411 041

RECEIPT

INNOVATION 2015

No.: 074

Date: 29.06.2015

Sinhgad Technical Education Society's

SINHGAD COLLEGE OF PHARMACY

44/1, Vadgaon (Bk.), Sinhgad Road, Pune 411 041

RECEIPT

INNOVATION 2015

No.: 091

Date: 29.06.2015

Received with thanks from: Mr./Ms. Rahul Khiste

Amount of Rs. (in words) 500/- (Five hundred only.)

In Cash DD No. _____

Bank name _____

Branch _____

against the Registration fee for Innovation 2015.

Rs. 500/-

Cashier

Authorised Sign.

Sinhgad Technical Education Society's SINHGAD COLLEGE OF PHARMACY 44/1, Vadgaon (Bk.), Sinhgad Road, Pune 411 041		RECEIPT INNOVATION 2015	No. : 095 Date : 29.06.2015
Received with thanks from: Mr./Ms. <u>Pravin</u>			
a sum of Rs. (in words) 500/- (Five hundred only)			
in Cash/ DD No. _____ Bank name _____ Branch _____			
against the Registration fee for Innovation 2015.			
Rs. 500 / -		 Cashier	 Authorised Sign.

Sinhgad Technical Education Society's SINHGAD COLLEGE OF PHARMACY 44/1, Vadgaon (Bk.), Sinhgad Road, Pune 411 041		RECEIPT INNOVATION 2015	No. : 075 Date : 29.06.2015
Received with thanks from: Mr./Ms. <u>Mr. Pramod Ingale</u>			
a sum of Rs. (in words) 500/- (Five hundred only)			
in Cash/ DD No. _____ Bank name _____ Branch _____			
against the Registration fee for Innovation 2015.			
Rs. 500 / -		 Cashier	 Authorised Sign.