

**E-copy/copies of letter(s) indicating financial assistance to teachers, attested by Principal.**







। येथे बहुतांचे शिंत ।

# MARATHWADA MITRA MANDAL'S COLLEGE OF PHARMACY

(D. Pharm., B. Pharm., M. Pharm., Ph.D.)

Approved by AICTE & PCI, New Delhi

Recognized by Govt. of Maharashtra, DTE (MS)

Permanently Affiliated to Savitribai Phule Pune University, Pune  
& Maharashtra State Board of Technical Education, Mumbai

Recognized Under Section 2 (f) and 12 (B) of the UGC Act, 1956



**MMCOP**  
Bestowing Health & Happiness

**Shri. Shivajirao D. Ganage**  
President

**Prin. Bhausaheb G. Jadhav**  
Exec. President

**Shri. Kishor H. Mungale**  
Secretary

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 08/07/2019

To,

Dr. Mukesh P. Ratnaparkhi  
Associate Professor  
MMCOP, Pune

Subject: Grant of financial assistance.

Reference: your application dated July 6, 2019.

Sir/Madam,

With the reference and subject cited above, the undersigned has granted the financial assistance required for attending the, All India Council for Technical Education organized Workshop on changes in Process Hand Book at Mumbai dated 08/07/2019.

You are also hereby informed to take advance from the account department or reimburse the actual expenses incurred against the same.

You are requested to settle the account within 2 days after the event.



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

Copy to:

1. Account department

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S. No. 4/17, Sector No. 34, PCNTDA, Off Kalewadi Phata Pimpri Road, Thergaon, Pune – 411 033 (MS)  
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**Shri. Shivajirao D. Ganage**  
President

**Prin. Bhausaheb G. Jadhav**  
Exec. President

**Shri. Kishor H. Mungale**  
Secretary

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 08/07/2019

To,

Dr. Prasad V. Kadam  
Associate Professor  
MMCOP, Pune

Subject: Grant of financial assistance.

Reference: your application dated July 6, 2019.

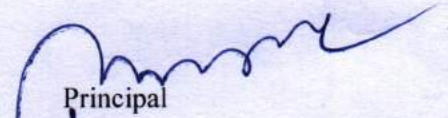
Sir/Madam,

With the reference and subject cited above, the undersigned has granted the financial assistance required for attending the, All India Council for Technical Education organized Workshop on changes in Process Hand Book at Mumbai dated 08/07/2019.

You are also hereby informed to take advance from the account department or reimburse the actual expenses incurred against the same.

You are requested to settle the account within 2 days after the event.



  
Principal

**PRINCIPAL**

**Marathwada Mitra Mandal's  
COLLEGE OF PHARMACY**  
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President

Prin. Bhausahab G. Jadhav  
Exec. President

Shri. Kishor H. Mungale  
Secretary

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 08/02/2020

To,

Dr. Avinash R. Tekade  
HOD  
Department of Pharmaceutics

Subject: Grant of financial assistance.

Reference: your application dated February 7, 2020.

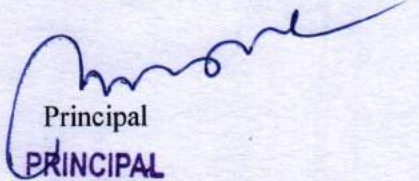
Sir/Madam,

With the reference and subject cited above, the undersigned has granted the financial assistance required for visiting the, Rajiv Gandhi Science & Technology Commission for presentation at Mumbai, dated February 9, 2020.

You are also hereby informed to take advance from the account department or reimburse the actual expenses incurred against the same.

You are requested to settle the account within 2 days after the event.



  
Principal  
PRINCIPAL

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

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President

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Exec. President

Shri. Kishor H. Mungale  
Secretary

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 08/02/2020

To,

Dr. Dr. Smita Gandra  
Assistant Professor,  
Department of Pharmaceutics

Subject: Grant of financial assistance.

Reference: your application dated February 7, 2020.

Sir/Madam,

With the reference and subject cited above, the undersigned has granted the financial assistance required for visiting the, Rajiv Gandhi Science & Technology Commission for presentation at Mumbai, dated February 9, 2020.

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**Prin. Bhausahab G. Jadhav**  
Exec. President

**Shri. Kishor H. Mungale**  
Secretary

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 06/02/2019

To,

Dr. Rahul Khiste

HOD

Department of Pharmaceutical Chemistry

Subject: Grant of financial assistance.

Reference: your application dated 05/02/2019

Sir/Madam,

With the reference and subject cited above, the undersigned has granted the financial assistance required for attending the, FDP on Self-Discovery to Goal Setting & the Art of Facilitation\_GDPT organised by Marathwada Mitra Mandal's College of Engineering, Pune dated 1&2/02/2019

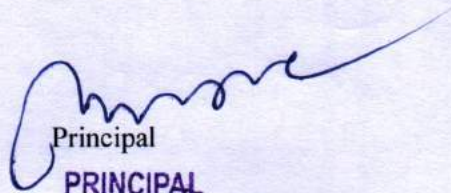
You are also hereby informed to take advance from the account department or reimburse the actual expenses incurred against the same.

You are requested to settle the account within 2 days after the event.

Copy to:

1. Account department



  
Principal

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

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President

**Prin. Bhausahab G. Jadhav**  
Exec. President

**Shri. Kishor H. Mungale**  
Secretary

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 06/02/2019

To,

Mr. Ganesh S. Mhaske  
Assistant Professor  
Department of Pharmaceutical Chemistry

Subject: Grant of financial assistance.

Reference: your application dated 05/02/2019

Sir/Madam,

With the reference and subject cited above, the undersigned has granted the financial assistance required for attending the, FDP on Self-Discovery to Goal Setting & the Art of Facilitation\_GDPT organised by Marathwada Mitra Mandal's College of Engineering, Pune dated 1&2/02/2019

You are also hereby informed to take advance from the account department or reimburse the actual expenses incurred against the same.

You are requested to settle the account within 2 days after the event.



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

Copy to:  
I. Account department

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Marathwada Mitra Mandal's College of Pharmacy  
Thergaon, Pune - 411 033

**For Approval**

Date: 15/01/2019

To,  
Hon. Exec. President / Secretary,  
Marathwada Mitra Mandal,  
202/A, Deccan Gymkhana,  
Pune - 411004.

Marathwada Mitra Mandal, Pune-4
Inward No. 2029
Date 1/2/2019
S.P.

**Subject: - Financial Approval for the Following expenses.**

Respected Sir,

I the undersigned would like to request you to kindly approve the expenses required for the following

- |   |            |
|---|------------|
| 1. PCI Syllabus Orientation Workshop at Nashik (29/01/2019)<br>(Registration, Traveling etc.) | Rs. 6210/- |
| 2. A3 Color Print - Record Plan (5 set)   | Rs. 2000/- |
| 3. RO Water Plant - AMC Charges   | Rs. 4189/- |
| 4. Guest Lectures 2 Nos. scheduled on 09/02/2019  | Rs. 6000/- |

I am to request you to kindly approve the above said expenses and oblige.

Thanking you,

Yours faithfully,

*Dr. Manohar J. Patil*  
Principal

✓ | Approved

*1/2/2019*



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





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President

**Prin. Bhausaheb G. Jadhav**  
Exec. President

**Shri. Kishor H. Mungale**  
Secretary

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 18/09/2018

To,

Dr. Pravin J. Patil  
HOD  
Department of Pharmacology

Subject: Grant of financial assistance.

Reference: your application dated 17/09/2018

Sir/Madam,

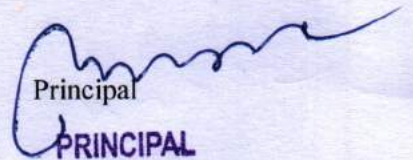
With the reference and subject cited above, the undersigned has granted the financial assistance required for registration to Committee for the Purpose of Control and Supervision of Experiments on Animals

You are also hereby informed to take advance from the account department or reimburse the actual expenses incurred against the same.

You are requested to settle the account within 2 days after the event.

Copy to:  
1. Account department



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

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Marathwada Mitra Mandal's College of Pharmacy  
Thergaon, Pune - 411 033

For Approval

Date: 01/09/2017

To,  
Hon. Exec. President / Secretary,  
Marathwada Mitra Mandal,  
202/A, Deccan Gymkhana,  
Pune - 411004.

Subject: - Financial Approval for the Following expenses.

Respected Sir,

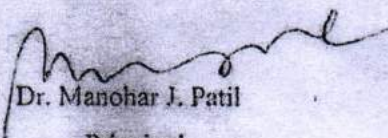
I the undersigned would like to request you to kindly approve the expenses required for the following

1. IAE Committee Meeting (08/09/2017)	Rs. 7000/-
2. Visit to NBA Office, New Delhi (T.A.)	Rs. 17000/-
3. Computer Maintenance (SMPS)	Rs. 3000/-
4. Display Boards (Campus Layout, Instructions for Students, Play Ground etc.)	Rs. 70000/-
5. Pre-Clinical Studies Project	
Animal Feed (Normal & Low Iron Content)	Rs.8000/-
Animals (Rat - 30 Nos.)	Rs. 9000/-
Pathologist Charges	Rs. 25000/-

I am to request you to kindly approve the above said expenses and oblige.


Thanking you,

Yours faithfully

  
Dr. Manohar J. Patil  
Principal

X/ Approved



  
18/9/17

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



For Approval

Date: 26/10/2017

To,  
Hon. Exec. President / Secretary  
Marathwada Mitra Mandal,  
202/A, Deccan Gymkhana,  
Pune - 411004.

**Subject: - Financial Approval for the Following expenses.**

Respected Sir,

I the undersigned would like to request you to kindly approve the expenses required for the following.

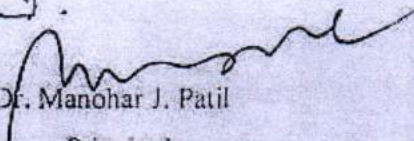
- |  |            |     |
|--|------------|-----|
| 1. AVISHKAR 2017<br>(Zonal Level Competition on behalf of SPPU)<br>The amount will be reimbursed by SPPU | Rs.25000/- | } X |
| 2. 69 <sup>th</sup> IPC Souvenir Advertisement (Half Page 8.5 x 5)                                       | Rs.25000/- |     |
| 3. 69 <sup>th</sup> IPC Registration Fee   | Rs.5192/-  |     |
| 4. FIST - DST Presentation at Chennai (01.11.2017)<br>(Traveling, Accomodation, Local Traveling & Other) | Rs.20000/- |     |

I am to request you to kindly approve the above said expenses and oblige.

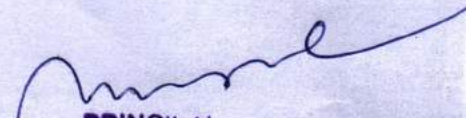
Thanking you,

Yours faithfully

X | Ext. as above are approved.

  
Dr. Manohar J. Patil  
Principal



  
PRINCIPAL  
Marathwada Mitra Mandal  
COLLEGE OF PHARMAC  
Thergaon (Kalewadi), Pune-411 033



**For Approval**

Date: 14/12/2017

To,  
Hon. Exec. President / Secretary,  
Marathwada Mitra Mandal,  
202/A, Deccan Gymkhana,  
Pune - 411004.

**Subject: - Financial Approval for the Following expenses.**

Respected Sir,

I the undersigned would like to request you to kindly approve the expenses required for the following

- |  |            |
|--|------------|
| 1. 69 <sup>th</sup> IPC at Chitkara University, Chandigarh<br>(Traveling, Accomodation, Local Traveling & Other) | Rs.15000/- |
| 2. Repaire and Maintenance - Electrical  | Rs. 5000/- |
| 3. Books and Journals Binding (approximate 75 Nos.)  | Rs. 5000/- |
| 4. Cartridge Refiling (04 Nos.) and repairing  | Rs. 3280/- |

I am to request you to kindly approve the above said expenses and oblige.

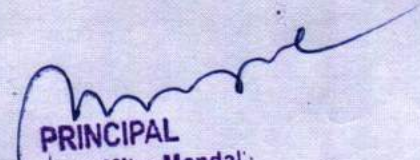
Thanking you,

Yours faithfully

  
14/12/17

Dr. Manohar J. Patil  
Principal



  
**PRINCIPAL**  
Marathwada Mitra Mandal  
COLLEGE OF PHARMACY  
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President

**Prin. Bhausaheb G. Jadhav**  
Exec. President

**Shri. Kishor H. Mungale**  
Secretary

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 29/11/2018

To,

Mr. Shailendra S. Salvankar  
Assistant Professor,  
Department of Pharmaceutics

Subject: Grant of financial assistance.

Reference: your application dated 27/11/2018.

Sir/Madam,

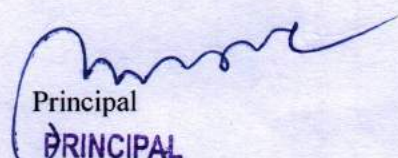
With the reference and subject cited above, the undersigned has granted the financial assistance required for attending FDP on "Quality for and beyond Accreditation" organised by Modern College of Pharmacy, Pune, on 01/12/2018 also for visiting the M. M. College of Engineering, Karvenagar, Pune for attending the meeting on ERP development.

You are also hereby informed to take advance from the account department or reimburse the actual expenses incurred against the same.

You are requested to settle the account within 2 days after the event.

Copy to:  
1. Account department



  
Principal  
**PRINCIPAL**  
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Exec. President

**Shri. Kishor H. Mungale**  
Secretary

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 19/07/2017

To,  
Dr. Pramod L. Ingale  
HOD  
Department of Pharmaceutical Chemistry

Subject: Grant of financial assistance.

Reference: your application dated 18/07/2017

Sir,

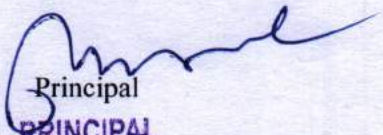
With the reference and subject cited above, the undersigned has granted the financial assistance required for attending the Indo-Gobal Summit 2017 at Mumbai dated 17/07/2017.

You are also hereby informed to take advance from the account department or reimburse the actual expenses incurred against the same.

You are requested to settle the account within 2 days after the event.

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1. Account department



  
Principal  
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Bestowing Health & Happiness

**Shri. Shivajirao D. Ganage**  
President

**Prin. Bhausaheb G. Jadhav**  
Exec. President

**Shri. Kishor H. Mungale**  
Secretary

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 17/11/2017

To,  
Mr. Pravin J. Patil  
HOD  
Department of Pharmacology

Subject: Grant of financial assistance.

Reference: your application dated 16/11/2017

Sir/Madam,

With the reference and subject cited above, the undersigned has granted the financial assistance required for attending Regional Research Conference for Teachers "Innovation – 2017" dated 18/11/2017 organized by STES's Kashibai Navale College of Pharmacy, Pune. Mrs. Babita A. Agarwal, Mrs. Sampada D. Dalvi, Mrs. Kavita N. Yadav, Mr. Shailendra S. Salvankar attended the conference.

All are also hereby informed to take advance from the account department or reimburse the actual expenses incurred against the same.

You are requested to settle the account within 2 days after the event.



**PRINCIPAL**  
Marathwada Mitra Mandal's  
COLLEGE OF PHARMACY  
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1. Account department

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# MARATHWADA MITRA MANDAL'S COLLEGE OF PHARMACY

(B. Pharm., M. Pharm., Ph.D.)

Approved by All India Council for Technical Education,  
Pharmacy Council of India, New Delhi

Recognized by Govt. of Maharashtra, Directorate of Technical Education (MS)  
Permanently Affiliated to Savitribai Phule Pune University, Pune



**MMCOP**  
Bestowing Health & Happiness

**Shri. Shivajirao D. Ganage**  
President

**Prin. Bhausahab G. Jadhav**  
Exec. President

**Shri. Kishor H. Mungale**  
Secretary

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 26/09/2016

To,

Mr. Mukesh P. Ratnaparkhi  
Assistant Professor  
Department of Pharmaceutics

Subject: Grant of financial assistance.

Reference: your application dated 24/09/2016.

Sir/Madam,

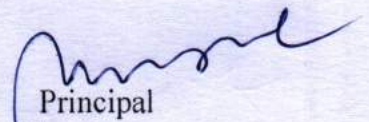
With the reference and subject cited above, the undersigned has granted the financial assistance required for attending the, Regional Research Conference for Teachers "Innovation 2016" organized by BCUD & Marathwada Mitra Mandal's College of Pharmacy, Pune, dated 27/09/2016.

You are also hereby informed to take advance from the account department or reimburse the actual expenses incurred against the same.

You are requested to settle the account within 2 days after the event.

Copy to:  
1. Account department



  
Principal

**PRINCIPAL**

**Marathwada Mitra Mandal's  
COLLEGE OF PHARMACY**  
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President

**Prin. Bhausahab G. Jadhav**  
Exec. President

**Shri. Kishor H. Mungale**  
Secretary

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 26/09/2016

To,

Dr. Rahul Khiste  
Assistant Professor,  
Department of Pharmaceutical Chemistry

Subject: Grant of financial assistance.

Reference: your application dated 24/09/2016.

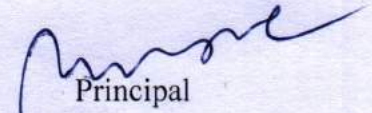
Sir/Madam,

With the reference and subject cited above, the undersigned has granted the financial assistance required for attending the, Regional Research Conference for Teachers "Innovation 2016" organized by BCUD & Marathwada Mitra Mandal's College of Pharmacy, Pune, dated 27/09/2016.

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Principal

**PRINCIPAL**  
Marathwada Mitra Mandal's  
COLLEGE OF PHARMACY  
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Exec. President

**Shri. Kishor H. Mungale**  
Secretary

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 21/09/2016

To,

Mr. Pravin J. Patil  
HOD,  
Department of Pharmacology

Subject: Grant of financial assistance.

Reference: your application dated 20/09/2016.

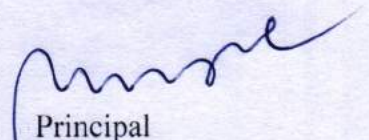
Sir/Madam,

With the reference and subject cited above, the undersigned has granted the financial assistance required for attending the, 1<sup>st</sup> National Teacher's Congress on Inspiring Teachers Strengthening Generations at MAEERS MIT, Kothrud, Pune, dated 23-25/09/2016.

You are also hereby informed to take advance from the account department or reimburse the actual expenses incurred against the same.

You are requested to settle the account within 2 days after the event.



  
Principal

**PRINCIPAL**  
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**Hon. Late Shri. Shankarraoji Chavan**

Founder President (1967-2004)

**Shri. Shivajirao D. Ganage**

Exe. President

**Hon. Late Shri. Vilasraoji Deshmukh**

President (2004-2012)

**Prin. Bhausaheb G. Jadhav**

Secretary

**Dr. Manohar J. Patil**

Principal

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 12/03/2016

To,  
Mrs. Sampada D. Dalvi  
Assistant Professor  
MMCOP, Pune

Subject: Grant of financial assistance.

Reference: your application dated July 11/03/2016

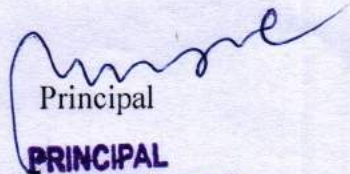
Sir/Madam,

With the reference and subject cited above, the undersigned has granted the financial assistance required for attending the, seminar on “Strategies for Empowerment of Women associated with the Healthcare Profession” at Allana College of Pharmacy, Pune, dated 08/03/2016.

You are also hereby informed to take advance from the account department or reimburse the actual expenses incurred against the same.

You are requested to settle the account within 2 days after the event.



  
Principal

**PRINCIPAL**  
Marathwada Mitra Mandal's  
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Exe. President

**Hon. Late Shri. Vilasraoji Deshmukh**

President (2004-2012)

**Prin. Bhausaheb G. Jadhav**

Secretary

**Dr. Manohar J. Patil**

Principal

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 12/03/2016

To,  
Mrs. Anuradha A. Ranpise  
Assistant Professor  
MMCOP, Pune

Subject: Grant of financial assistance.

Reference: your application dated July 11/03/2016

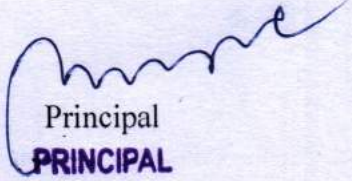
Sir/Madam,

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Principal  
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**Shri. Shivajirao D. Ganage**

Exe. President

**Hon. Late Shri. Vilasraoji Deshmukh**

President (2004-2012)

**Prin. Bhausahab G. Jadhav**

Secretary

**Dr. Manohar J. Patil**

Principal

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 12/03/2016

To,  
Mrs. Babita A. Agarwal  
Assistant Professor  
MMCOP, Pune

Subject: Grant of financial assistance.

Reference: your application dated July 11/03/2016

Sir/Madam,

With the reference and subject cited above, the undersigned has granted the financial assistance required for attending the, seminar on “Strategies for Empowerment of Women associated with the Healthcare Profession” at Allana College of Pharmacy, Pune, dated 08/03/2016.

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Principal

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**Shri. Shivajirao D. Ganage**

Exe. President

**Hon. Late Shri. Vilasraoji Deshmukh**

President (2004-2012)

**Prin. Bhausahab G. Jadhav**

Secretary

**Dr. Manohar J. Patil**

Principal

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 25/02/2016

To,  
Mrs. Babita A. Agarwal  
Assistant Professor  
MMCOP, Pune

Subject: Grant of financial assistance.

Reference: your application dated July 24/02/2016

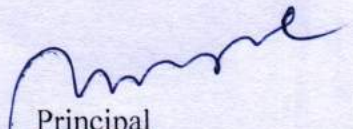
Sir/Madam,

With the reference and subject cited above, the undersigned has granted the financial assistance required for attending the, seminar on State level seminar on "Expanding the horizons of pharma education, effective measures to be taken thereof" by Rasiklal M. Dhariwal Institute of Pharmaceutical education & Research, Pune, dated 23-24/02/2016.

You are also hereby informed to take advance from the account department or reimburse the actual expenses incurred against the same.

You are requested to settle the account within 2 days after the event.



  
Principal  
**PRINCIPAL**  
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Exe. President

**Hon. Late Shri. Vilasraoji Deshmukh**

President (2004-2012)

**Prin. Bhausahab G. Jadhav**

Secretary

**Dr. Manohar J. Patil**

Principal

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 03/10/2015

To,  
Dr. Rahul H. Khiste  
HOD  
Department of Pharmaceutical Chemistry

Subject: Grant of financial assistance.

Reference: your application dated 01/10/2015

Sir/Madam,

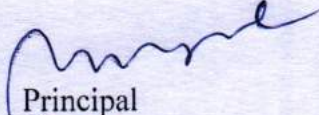
With the reference and subject cited above, the undersigned has granted the financial assistance required for attending the, 20<sup>th</sup> Annual National Convention APTICON – 2015, organized by Pharmacy Institutions of Madhya Pradesh & APTI, dated 9-11/10/2015.

You are also hereby informed to take advance from the account department or reimburse the actual expenses incurred against the same.

You are requested to settle the account within 2 days after the event.

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Principal  
PRINCIPAL  
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Founder President (1967-2004)

**Shri. Shivajirao D. Ganage**

Exe. President

**Hon. Late Shri. Vilasraoji Deshmukh**

President (2004-2012)

**Prin. Bhausaheb G. Jadhav**

Secretary

**Dr. Manohar J. Patil**

Principal

**B. Pharm. - Accredited by National Board of Accreditation (NBA)**

Date: 03/10/2015

To,  
Mr. Shialendra S. salvankar  
Assistant Professor  
Department of Pharmaceutics

Subject: Grant of financial assistance.

Reference: your application dated 01/10/2015

Sir/Madam,

With the reference and subject cited above, the undersigned has granted the financial assistance required for attending the, 20<sup>th</sup> Annual National Convention APTICON – 2015, organized by Pharmacy Institutions of Madhya Pradesh & APTI, dated 9-11/10/2015.

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Principal  
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Exe. President

**Hon. Late Shri. Vilasraoji Deshmukh**

President (2004-2012)

**Prin. Bhausaheb G. Jadhav**

Secretary

**Dr. Manohar J. Patil**

Principal

**B. Pharm. – Accredited by National Board of Accreditation (NBA)**

Date: 29/06/2015

To,  
Mr. Pramod L. Ingale  
HOD  
Department of Pharmaceutical Chemistry

Subject: Grant of financial assistance.

Reference: your application dated 27/06/2015

Sir/Madam,

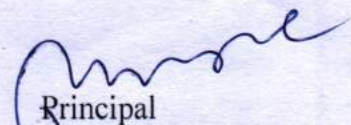
With the reference and subject cited above, the undersigned has granted the financial assistance required for attending the, Regional Research Conference "INNOVATION – 2015" at Sinhgad College of Pharmacy, Vadgaon, dated 29-30/06/2015. Mr. Pramod L. Ingale, Mr. Pravin J. Patil, Mr. Rahul H. Khiste, Mr. Prasad V. Kadam, Mr. Mukesh P Ratnaparkhi has attended the Conference.

All are also hereby informed to take advance from the account department or reimburse the actual expenses incurred against the same.

You are requested to settle the account within 2 days after the event.

Copy to:  
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Principal  
**PRINCIPAL**  
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