



K.M. Yashodabai Dagadu Saraf Charitable Trust's
College of Pharmacy
NUL No. 6, Sakegaon, Tal. Bhusawal Dist. Jalgaon-425201
Ph (0)-025821255125, Mobile-9326461498
(Approved by A.I.C.T.E. New Delhi, Recognized by Govt. of
Maharashtra &
Affiliated to KBC North Maharashtra University Jalgaon)
Web:- www.bpharmacysakegaon.org E-mail: copsakegaon@rediffmail.com

Mr. P. D. Saraf
President

Mr. S. P. Ingole
Jt. Secretary

Dr. P. R. Patil
Principal




Principal
College Of Pharmacy
Sakegaon Bhusawal, Dist-Jalgaon



**Kai. Yashodabai Dagadu Saraf Charitable Trust's
College of Pharmacy**
N.H. No. 6, Sakegaon, Tal Bhusawal Dist. Jalgaon-425201
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Mr. P. D. Sarkat
President

Mr. S. P. Ingate
Jt. Secretary

Dr. P.R.Patil
Principal



[Signature]
Principal
College Of Pharmacy
Sakegaon Bhusawal, Dist-Jalgaon



K.M. Yashodabai Dagadu Saraf Charitable Trust's
College of Pharmacy
Nil. No. 6, Sakegaon, Tal. Bhusawal Dist. Jalgaon-475201
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[Signature]
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Sakegaon Bhusawal, Dist-Jalgaon



**Kai. Yashodabai Dagadu Saraf Charitable Trust's
College of Pharmacy**

NEI. No. 6, Sakegaon, Tal. Bhusawal Dist. Jalgaon 425201
Ph (0)-025874255125, Mobile 9326461498

(Approved by A.L.C.T.E. New Delhi, Recognized by Govt. of
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KAI, YASHODABAI DAGADU SARAF CHARITABLE TRUST'S COLLEGE OF PHARMACY



ISO 9001 : 2015 Certified Institute

(Approved by PGI, New-Delhi, Govt. of Maharashtra & Affiliated to KBC North Maharashtra University, Jalgaon)

N.H. No.6, Sakegaon - Bhusawal, Dist. Jalgaon-425201 (Maharashtra) India

☎ Office/Fax : (02582) 255125, Mobile No. : 9326461498

E mail : copsakegaon@rediffmail.com

Visit us at : www.bpharmacysakegaon.org

Mr. P. D. Saraf
President

Mr. S. P. Ingale
Joint-Secretary

Prof. (Dr.) P. R. Patil
M. Pharm, Ph. D.
Principal

Ref. No. : COPHS /

Date :




Principal
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Sakegaon Bhusawal, Dist-Jalgaon



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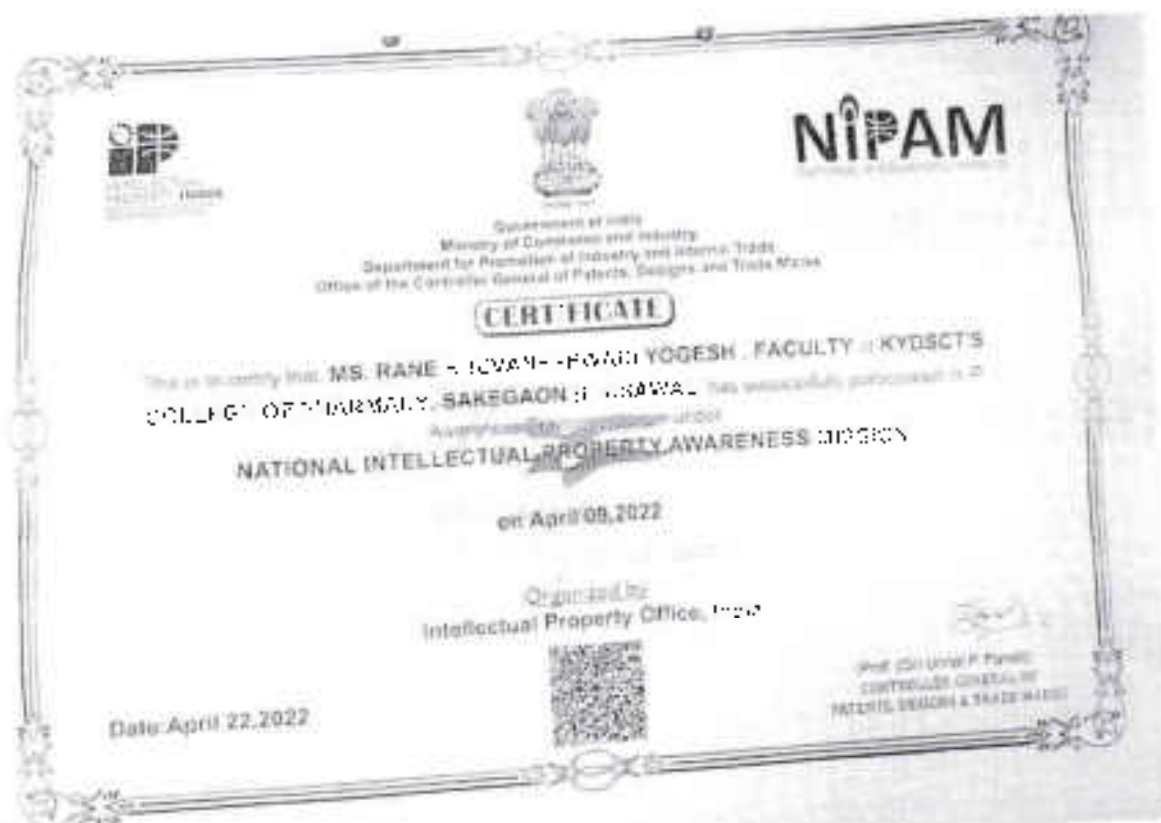
Mr. P. D. Saraf
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Mr. S. P. Ingale
Joint-Secretary

Prof. (Dr.) P. R. Patil
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LEAVE APPLICATION

To,

Date : 11/4/2018

The Principal,

- Name B. T. Rane
- Designation : Assist. Prof. Dept. Pharmacy
- Nature of leave CI/ ML / DL / OD
- Leave requested for two days.
- From 12/4/18 To 13/4/18
- Reason for leave To attend workshop.
- Workload Adjusted by

Sr. No.	Name of Staff	Date	Period		Sign.
			From	To	

Bert

Signature of Applicant

Leave utilized : CL _____ ML _____

Leave balanced : CL _____ ML _____

Leaves Granted / Not Granted

[Signature]
Principal

Abbreviation used

CL - Casual leave

ML - Medical Leave (applicable to Permanent employees only)

ML - Duty leave for which remuneration will be paid by college

OD - On duty leave (applicable for seminar, workshop work)

College Of Pharmacy

Sakegaon Bhusawal, Dist-Jalgaon

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LEAVE APPLICATION

To,

Date: 16/9/21

The Principal,

- Name B. Y. Rane.
Designation: Assist. Prof. Dept. pharmacy
- Nature of leave CI/ ML DL/ OD
- Leave requested for two days.
From 17/9/21 To 18/9/21
- Reason for leave To attend conference.
- Workload Adjusted by

Sr. No.	Name of Staff	Date	Period		Sign.
			From	To	

Bery
Signature of Applicant

Leave utilized : CL _____ ML _____

Leave balanced : CL _____ ML _____

Leaves Granted / Not Granted

Abbreviation used

CL - Casual leave

ML - Medical Leave (applicable to Permanent employees only)

ML - Duty leave for which remuneration will be paid by college

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[Signature]
Principal
College Of Pharmacy
Sakegaon Bhusawal, Dist-Jalgaon

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LEAVE APPLICATION

To,

Date: 27/03/2023

The Principal,

1. Name V.S. More

Designation : Assistant professor Dept. Pharmaceutics

2. Nature of leave CL/ML/DL/OD

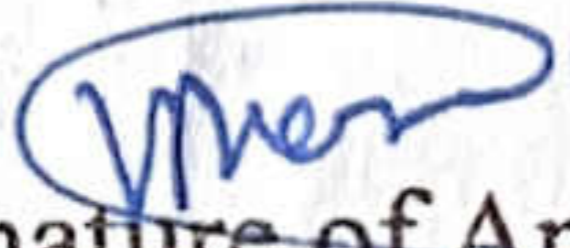
3. Leave requested for 01 days.

From 01 To _____

4. Reason for leave To attend conference

5. Workload Adjusted by _____

Sr. No.	Name of Staff	Date	Period		Sign.
			From	To	
1					


Signature of Applicant

Leave utilized : CL _____ ML _____

Leave balanced : CL _____ ML _____

Leaves Granted / Not Granted


Abbreviation used

CL - Casual leave

ML - Medical Leave (applicable to Permanent employees only)

DL - Duty leave for which remuneration will be paid by college

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Principal
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LEAVE APPLICATION

To,

Date : 27/3/23

The Principal,

1. Name Akash S. Ingale

Designation : Assist. prof. Dept. pharmacy

2. Nature of leave CI/ ML DL/ OD


3. Leave requested for one days.

From 28/3/2023 To 28/3/2023

4. Reason for leave To attend conference.

5. Workload Adjusted by


Sr. No.	Name of Staff	Date	Period		Sign.
			From	To	


Signature of Applicant

Leave utilized : CL _____ ML _____

Leave balanced : CL _____ ML _____

Leaves Granted / Not Granted


Principal

Principal

College Of Pharmacy

Sakegaon Bhusawal, Dist-Jalgaon

Abbreviation used

CL - Casual leave

ML - Medical Leave (applicable to Permanent employees only)

DL - Duty leave for which remuneration will be paid by college

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LEAVE APPLICATION

To,

Date : 24/03/2023

The Principal,

1. Name Rahul Singh - U. Khairnar

Designation : Assistant Professor Dept. Assistant

2. Nature of leave CI/ ML / DL / OD

3. Leave requested for 01 days.

From 01 To _____

4. Reason for leave TO attend conference

5. Workload Adjusted by _____

Sr. No.	Name of Staff	Date	Period		Sign.
			From	To	
<u>1</u>	<u>Amrit J. Jadhav</u>	<u>25/3/2023</u>			<u>Amrit</u>

[Signature]
Signature of Applicant

Leave utilized : CL _____ ML _____

Leave balanced : CL _____ ML _____

Leaves Granted / Not Granted

Abbreviation used

CL - Casual leave

ML - Medical Leave (applicable to Permanent employees only)

ML - Duty leave for which remuneration will be paid by college

OD - On duty leave (applicable for seminar, workshop work)

[Signature]
Principal
Principal

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LEAVE APPLICATION

To,

Date : 27/03/2023

The Principal,

- Name Rohit Singh - U. Chairan
Designation : Assistant prof. Dept. chemistry
- Nature of leave CL/ML/DL/OD
- Leave requested for 01 days.
From 28/03/2023 To 28/03/2023
- Reason for leave to attend conference
- Workload Adjusted by

Sr. No.	Name of Staff	Date	Period		Sign.
			From	To	
1)	Rajesh G. Jadhav	28/03/23			


Signature of Applicant

Leave utilized : CL _____ ML _____

Leave balanced : CL _____ ML _____

Leaves Granted / Not Granted


Abbreviation used

CL - Casual leave

ML - Medical Leave (applicable to Permanent employees only)

DL - Duty leave for which remuneration will be paid by college

OD - On duty leave (applicable for seminar, workshop work)


Principal

Principal

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LEAVE APPLICATION

To,

Date : 24/03/2013

The Principal,

- Name S. I. Ahire
Designation : Assistant prof. Dept. Pharmaceutics
- Nature of leave CL/ML/DL/OD
- Leave requested for 09 days.
From 09 To _____
- Reason for leave To attend Conference
- Workload Adjusted by _____

Sr. No.	Name of Staff	Date	Period		Sign.
			From	To	
1)					

S. I. Ahire
Signature of Applicant

Leave utilized : CL → ML →

Leave balanced : CL → ML →

Leaves Granted / Not Granted

[Signature]
Principal
Principal

Abbreviation used

CL - Casual leave

ML - Medical Leave (applicable to Permanent employees only)

DL - Duty leave for which remuneration will be paid by college

OD - On duty leave (applicable for seminar, workshop work)

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VOUCHER

Account Head

Date : 11 / 4 / 2018

Payee's Name & Address B. Y Rane

Bhusawal, Jalgaon.

Particular	Rate	Amount	
		Rs.	Ps.
To Attended Workshop at Nasik	-	500	
	Total -	500	

Received Principal Rs.....

(Inward Rs. five Hundred.)

Payee's Signature B. Y Rane
11/04/18

Advance (if any).....

Net amount Payble..... 500/-

Sanctioned

PRINCIPAL

[Signature]
Principal
College Of Pharmacy
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COLLEGE OF PHARMACY

Sakegaon-Bhusawal, Dist. Jalgaon

VOUCHER

Account Head

Date 28/11/2019


Payee's Name & Address Mrs. B. V. Rane

Bhusawal, Jalgaon

Particular	Rate	Amount	
		Rs.	Ps.
Amount pay for Attending conference at pune		700	
	Total -	700	

Received Principal Rs.....

(Inward Rs.....)

Payee's Signature 

Advance (if any).....

Net amount Payble 700/-

Sanctioned



Principal

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K. Y. D. S. C. T. College of Pharmacy, Sakegaon-Bhusawal, Dist. Jalgaon



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COLLEGE OF PHARMACY

Sakegaon-Bhusawal, Dist. Jalgaon

VOUCHER

Account Head

Date : 16 / 9 / 2021

Payee's Name & Address .. Mrs. B. Y. Rane

Bhusawal, Jalgaon

Particular	Rate	Amount	
		Rs.	Ps.
To Attend conference at Amaravati (for two days)		800	
	Total -	800	

Received Principal Rs.....

(Inward Rs.....)

Payee's Signature B. Y. Rane, 16/09/21

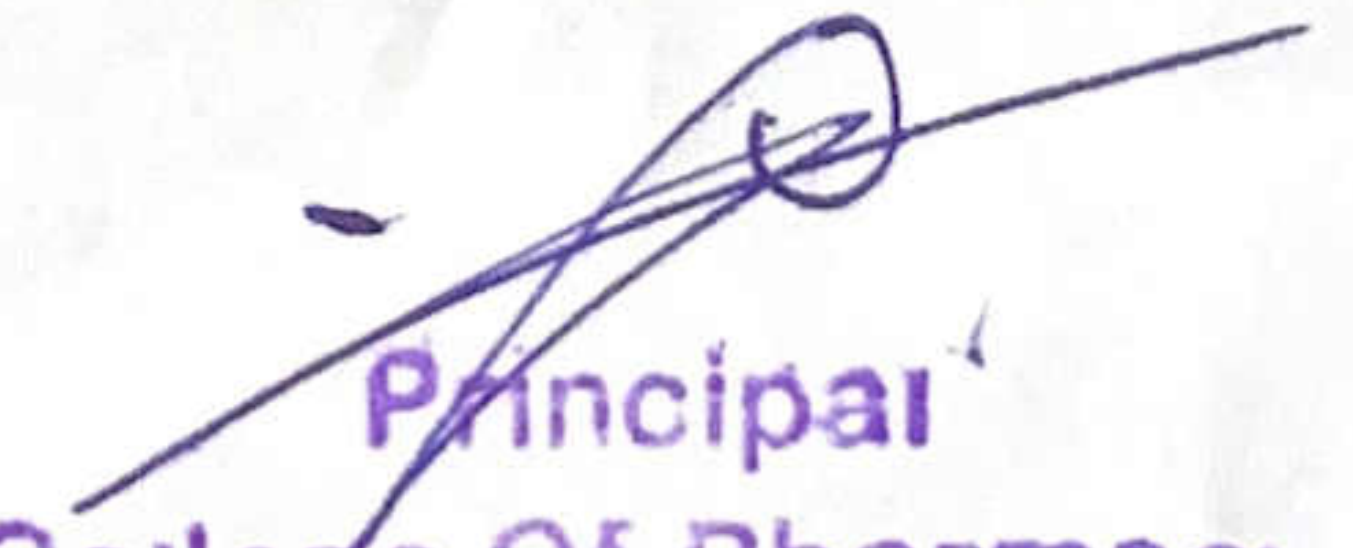
Advance (if any).....

Sanctioned

Net amount Payable..... 800/-

PRINCIPAL

K. Y. D. S. C. T. College of Pharmacy, Sakegaon-Bhusawal, Dist. Jalgaon


Principal
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Sakegaon-Bhusawal, Dist. Jalgaon

VOUCHER

Account Head

Date: 27/3/2023

Payee's Name & Address Mr. V. S. More.

Bhusawal, Jalgaon

Particular	Rate	Amount	
		Rs.	Ps.
To Attend conference at Nagaon, Dhule.		400	
	Total -	400	

Received Principal Rs.....

(Inward Rs.....)

Payee's Signature *[Signature]*

Advance (if any).....

Net amount Payble 400/-

Sanctioned

[Signature]
Principal

PRINCIPAL College Of Pharmacy

K. Y. D. S. C. T. College of Pharmacy, Sakegaon-Bhusawal, Dist. Jalgaon Dist. Jalgaon



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COLLEGE OF PHARMACY

Sakegaon-Bhusawal, Dist. Jalgaon

VOUCHER

Account Head

Date 27/3/2021


Payee's Name & Address .. Mr. Akash S. Ingale ..

..... Bhusawal, Jalgaon

Particular	Rate	Amount	
		Rs.	Ps.
To Attend conference at Nagaon, Dhule		400	
	Total -	400	

Received Principal Rs.....

(Inward Rs.....)

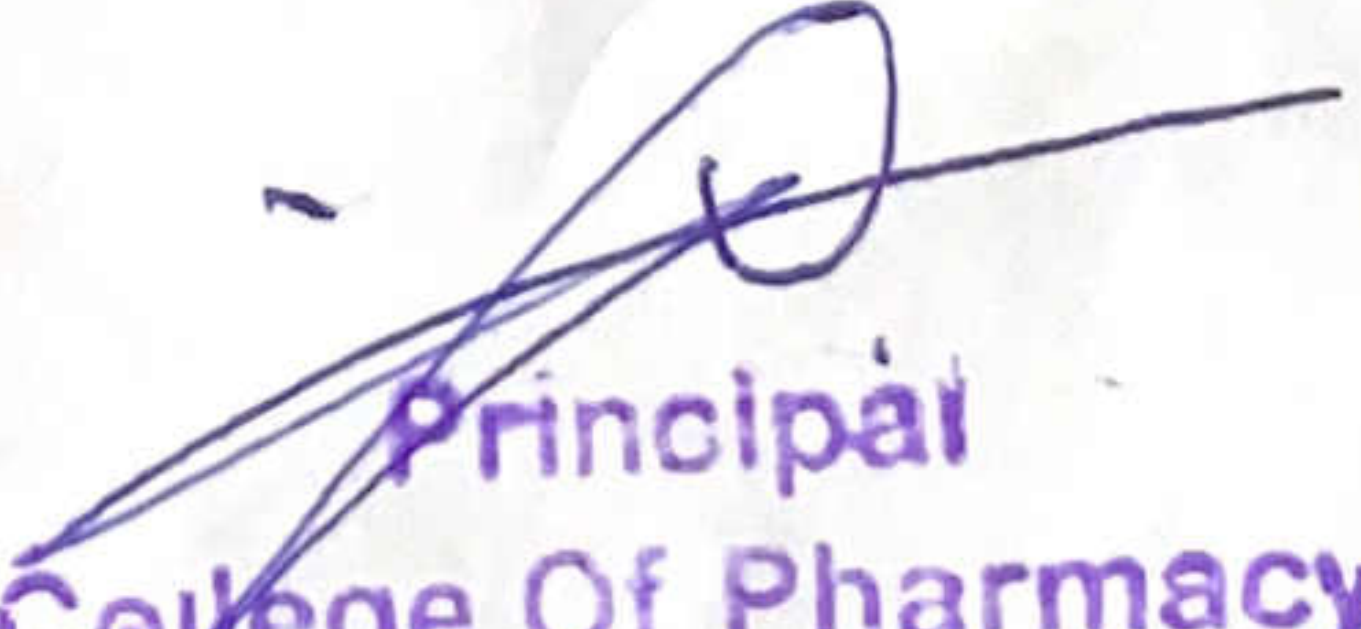
Payee's Signature 

Advance (if any).....

Sanctioned

Net amount Payble..... 400/-

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College Of Pharmacy

K. Y. D. S. C. T. College of Pharmacy, Sakegaon-Bhusawal, Dist. Jalgaon

Sakegaon Bhusawal, Dist. Jalgaon



Kal. Yashodabai Dagdu Saraf Charitable Trust

COLLEGE OF PHARMACY

Sakegaon-Bhusawal, Dist. Jalgaon

VOUCHER

Account Head

Date: 24/3/2023

Payee's Name & Address Mr. Rahulsing, U.

Khairnar, Jalgaon

Particular	Rate	Amount	
		Rs.	Ps.
To Attend conference at shirpur, Dhule		500	
	Total -	500	

Received Principal Rs.

(Inward Rs.)

Payee's Signature *Rahulsing*

Advance (if any)

Net amount Payble..... 500/-

Sanctioned

[Signature]
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College Of Pharmacy

PRINCIPAL Sakegaon Bhusawal, Dist-Jalgaon

K. Y. D. S. C. T. College of Pharmacy, Sakegaon-Bhusawal, Dist. Jalgaon



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Sakegaon-Bhusawal, Dist. Jalgaon

VOUCHER

Account Head

Date : 27/3/2021

Payee's Name & Address

Mr. Rahul Singh U. Khairnar

Jalgaon.

Particular	Rate	Amount	
		Rs.	Ps.
To attend conference at Nagaon, Dhule		400	
	Total -	400	

Received Principal Rs.....

(Inward Rs.....)

Payee's Signature

Rukhmani

Advance (if any).....

Sanctioned

Net amount Payble..... 400/-

PRINCIPAL

[Signature]
Principal,
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Sakegaon Bhusawal, Dist-Jalgaon

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COLLEGE OF PHARMACY

Sakegaon-Bhusawal, Dist. Jalgaon

VOUCHER

Account Head

Date: 24/3/2023

Payee's Name & Address Mr. Sujeetkumar I Ahire

..... Bhusawal, Jalgaon

Particular	Rate	Amount	
		Rs.	Ps.
To Attend conference at shirpur, Dhule		500	
	Total -	500	

Received Principal Rs.....

(Inward Rs.....)

Payee's Signature

Sujeet

Advance (if any).....

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Net amount Payble..... 500/-

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