



Shaneshwar Shikshan Prasarak Mandal's
V P COLLEGE OF PHARMACY, MADKHOL

Tal:- Sawantwadi, Dist:- Sindhudurg, 416510

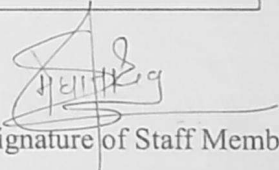
Date: 22/6/22

Financial Support Request Letter

1. Name of the Staff Member : Ms. Megha S. Jadhav
2. Designation : Visiting Faculty
3. Department : Pharmaceutics
4. Conference/ Workshop/ FDP / Publication/ Membership fee Details : National conference on Experimental techniques in preclinical drug discovery & hands on training.
5. Financial Support Particulars (Rs) :

Sr. No.	List of particulars	Amount (in Rs.)
i	Registration charges	1500
ii	Travelling Allowances	3500
iii	Membership fee	-
iv	Other if any	-
	Total	5000

Date : 22/6/22


Signature of Staff Member

FOR OFFICE USE ONLY

1. Recommendations of the Principal :

Recommended / Not Recommended

Comment (if any) : _____

Date: 23/06/2024

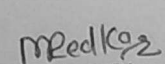

Signature of the Principal

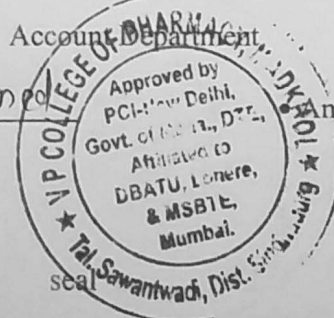
• Sanctioned/ Not Sanctioned : _____

Sanctioned

Amount Sanctioned : _____

5000/-


Accountant Signature:





Shaneshwar Shikshan Prasarak Mandal's
V P COLLEGE OF PHARMACY, MADKHOL

Tal:- Sawantwadi, Dist:- Sindhudurg, 416510

Date: 28/6/22

Financial Support Request Letter

1. Name of the Staff Member : Sanhet Naik
2. Designation : Assistant Professor
3. Department : Department of pharmaceutical chemistry
4. Conference/ Workshop/ FDP / Publication/ Membership fee Details : State level seminar on insights on analytical method validation

5. Financial Support Particulars (Rs) :

Sr. No.	List of particulars	Amount (in Rs.)
i	Registration charges	1000
ii	Travelling Allowances	4000
iii	Membership fee	-
iv	Other if any	-
	Total	5000

Date: 28/6/22

Sanhet Naik
Signature of Staff Member

FOR OFFICE USE ONLY

1. Recommendations of the Principal :

Recommended / Not Recommended

Comment (if any):

Date: 29/06/2022

V. D. Khair
Signature of the Principal

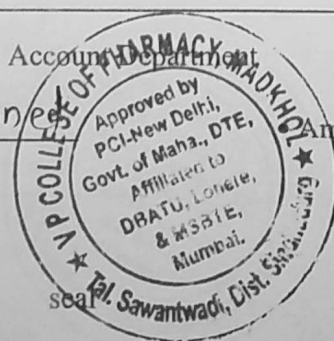
• Sanctioned/ Not Sanctioned :

Sanctioned

Amount Sanctioned :

5000/-

M. Reddy
Accountant Signature:





Shaneshwar Shikshan Prasarak Mandal's
V P COLLEGE OF PHARMACY, MADKHOL

Tal:- Sawantwadi, Dist:- Sindhudurg, 416510

Date: 12/7/22

Financial Support Request Letter

1. Name of the Staff Member : Siddhi Shetkar
2. Designation : Assistant Professor
3. Department : Department of Pharmacology
4. Conference/ Workshop/ FDP / Publication/ Membership fee Details : Workshop on
'Advanced Scientific writing Skills'

5. Financial Support Particulars (Rs) :

Sr. No.	List of particulars	Amount (in Rs.)
i	Registration charges	1500
ii	Travelling Allowances	4000
iii	Membership fee	-
iv	Other if any	-
	Total	5500

Date : 12/7/22

Shetkar
Signature of Staff Member

FOR OFFICE USE ONLY

1. Recommendations of the Principal :

Recommended / Not Recommended

Comment (if any) : _____

Date: 13/07/2022

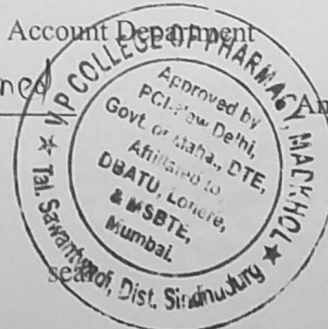
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Signature of the Principal

• Sanctioned/ Not Sanctioned : _____

Sanctioned

Amount Sanctioned : 5500/-

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Accountant Signature:





Shaneshwar Shikshan Prasarak Mandal's
V P COLLEGE OF PHARMACY, MADKHOLA
Tal:- Sawantwadi, Dist:- Sindhudurg, 416510

Date: 12/7/22

Financial Support Request Letter

1. Name of the Staff Member : Pradnya Jadhav
2. Designation : Assistant Professor
3. Department : Pharmaceutics
4. Conference/ Workshop/ FDP / Publication/ Membership fee Details : Workshop on advanced scientific writing skills

5. Financial Support Particulars (Rs) :

Sr. No.	List of particulars	Amount (in Rs.)
i	Registration charges	1500
ii	Travelling Allowances	4000
iii	Membership fee	-
iv	Other if any	-
	Total	5500

Date : 12/7/22

Pradnya Jadhav
Signature of Staff Member

FOR OFFICE USE ONLY

1. Recommendations of the Principal :

Recommended / Not Recommended

Comment (if any):

Date: 13/07/2022

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Signature of the Principal

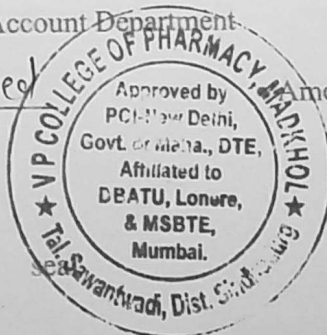
Account Department

• Sanctioned/ Not Sanctioned :

Sanctioned

Amount Sanctioned : 5500/-

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Accountant Signature:





Shaneshwar Shikshan Prasarak Mandal's
V P COLLEGE OF PHARMACY, MADKHOL

Tal:- Sawantwadi, Dist:- Sindhudurg, 416510

Date: 12/7/22

Financial Support Request Letter

1. Name of the Staff Member : Roshan Ahire
2. Designation : visiting faculty
3. Department : Pharmaceutics
4. Conference/ Workshop/ FDP / Publication/ Membership fee Details : State level seminar
Pharma outlook, opportunities & skill development

5. Financial Support Particulars (Rs) :

Sr. No.	List of particulars	Amount (in Rs.)
i	Registration charges	1200
ii	Travelling Allowances	5300
iii	Membership fee	-
iv	Other if any	-
	Total	6500

Date : 12/7/22

Phans
Signature of Staff Member

FOR OFFICE USE ONLY

1. Recommendations of the Principal :

Recommended / Not Recommended

Comment (if any):

Date: 19/07/2022

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Signature of the Principal

Account Department

• Sanctioned/ Not Sanctioned : sanctioned

• Amount Sanctioned : 6500/-

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Accountant Signature:

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Shaneshwar Shikshan Prasarak Mandal's
V P COLLEGE OF PHARMACY, MADKHOL
Tal:- Sawantwadi, Dist:- Sindhudurg, 416510

Date: 20/12/22

Financial Support Request Letter

1. Name of the Staff Member : Aishwarya Mainkar
2. Designation : Assistant Professor
3. Department : Pharmaceutics
4. Conference/ Workshop/ FDP / Publication/ Membership fee Details : One day
Workshop on good laboratory practices

5. Financial Support Particulars (Rs) :

Sr. No.	List of particulars	Amount (in Rs.)
i	Registration charges	1 0 0 0
ii	Travelling Allowances	5 0 0 0
iii	Membership fee	-
iv	Other if any	-
	Total	6 0 0 0

Date: 20/12/22

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Signature of Staff Member

FOR OFFICE USE ONLY

1. Recommendations of the Principal :

Recommended / Not Recommended 1

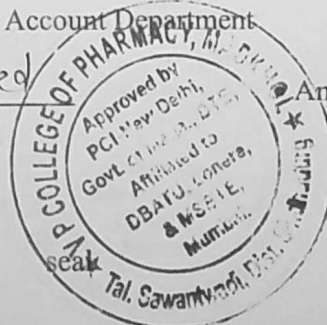
Comment (if any) : _____

Date: 20/12/2022

J. Dhingra
Signature of the Principal

Account Department
• Sanctioned/ Not Sanctioned : Sanctioned Amount Sanctioned : 6000/-

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Accountant Signature:





Shaneshwar Shikshan Prasarak Mandal's
V P COLLEGE OF PHARMACY, MADKHOL
Tal:- Sawantwadi, Dist:- Sindhudurg, 416510

Date: 2/01/23

Financial Support Request Letter

1. Name of the Staff Member : Tanvi Painginkar
2. Designation : Assistant Professor
3. Department : Pharmaceutical Chemistry
4. Conference/ Workshop/ FDP / Publication/ Membership fee Details : National Conference on development of clinical formulations.

5. Financial Support Particulars (Rs) :

Sr. No.	List of particulars	Amount (in Rs.)
i	Registration charges	1000
ii	Travelling Allowances	4000
iii	Membership fee	-
iv	Other if any	-
	Total	5000

Date: 2/01/23

P. Jayant
Signature of Staff Member

FOR OFFICE USE ONLY

1. Recommendations of the Principal :

Recommended / Not Recommended

Comment (if any):

Date: 06/01/2023

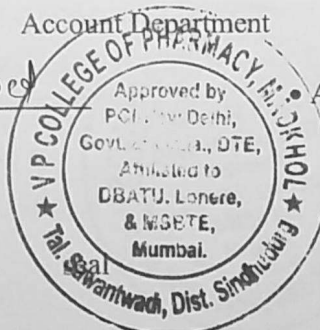
V. D. Dhe
Signature of the Principal

• Sanctioned/ Not Sanctioned : Sanctioned

• Amount Sanctioned : 5000/-

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Accountant Signature:

Account Department





Shaneshwar Shikshan Prasarak Mandal's
V P COLLEGE OF PHARMACY, MADKHOL
Tal:- Sawantwadi, Dist:- Sindhudurg, 416510

Date: 13/1/23

Financial Support Request Letter

1. Name of the Staff Member : Ms. Varsha Gayanan Rane
2. Designation : Visiting faculty
3. Department : Pharmaceutics
4. Conference/ Workshop/ FDP / Publication/ Membership fee Details : Workshop on Intellectual Property rights and patent process
5. Financial Support Particulars (Rs) :

Sr. No.	List of particulars	Amount (in Rs.)
i	Registration charges	1000
ii	Travelling Allowances	4000
iii	Membership fee	-
iv	Other if any	-
	Total	5000

Date : 13/1/23

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Signature of Staff Member

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1. Recommendations of the Principal :

Recommended / Not Recommended

Comment (if any):

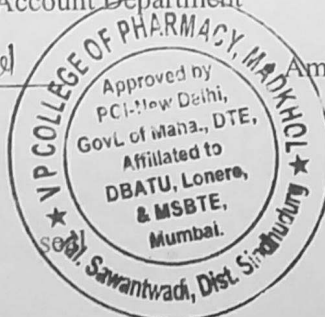
Date: 16/01/2023

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Signature of the Principal

Account Department
• Sanctioned/ Not Sanctioned : Sanctioned

Amount Sanctioned : 5000/-

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Accountant Signature:





Shaneshwar Shikshan Prasarak Mandal's
V P COLLEGE OF PHARMACY, MADKHOL

Tal:- Sawantwadi, Dist:- Sindhudurg, 416510

Date: 28/01/23

Financial Support Request Letter

1. Name of the Staff Member : Rushikesh Sorate
2. Designation : Assistant Professor
3. Department : Department of Pharmaceutics.
4. Conference/ Workshop/ FDP / Publication/ Membership fee Details : National Conference
on stem cell transplants in cancer treatment.

5. Financial Support Particulars (Rs) :

Sr. No.	List of particulars	Amount (in Rs.)
i	Registration charges	1200
ii	Travelling Allowances	5000
iii	Membership fee	-
iv	Other if any	-
	Total	6200

Date : 28/01/23

R. Sorate
Signature of Staff Member

FOR OFFICE USE ONLY

1. Recommendations of the Principal : Recommended / Not Recommended
Comment (if any) : _____

Date: 30/01/2023

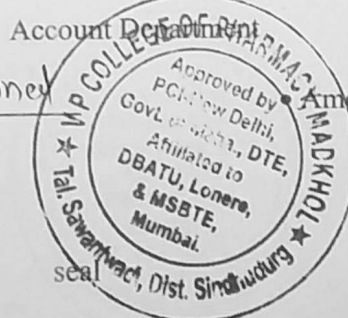
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• Sanctioned/ Not Sanctioned : _____

Sanctioned

Amount Sanctioned : 6200/-

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Accountant Signature:





Shaneshwar Shikshan Prasarak Mandal's
V P COLLEGE OF PHARMACY, MADKHOL
Tal:- Sawantwadi, Dist:- Sindhudurg, 416510

Date: 30/1/23

Financial Support Request Letter

1. Name of the Staff Member : Shubhaclla Khade
2. Designation : Assistant Professor
3. Department : Department of Pharmacology
4. Conference/ Workshop/ FDP / Publication/ Membership fee Details : Seminar on basics of drug design and molecular modeling

5. Financial Support Particulars (Rs) :

Sr. No.	List of particulars	Amount (in Rs.)
i	Registration charges	1000
ii	Travelling Allowances	4000
iii	Membership fee	
iv	Other if any	
	Total	5000

Date : 30/1/23

Shubhaclla Khade
Signature of Staff Member

FOR OFFICE USE ONLY

1. Recommendations of the Principal :

Recommended / Not Recommended

Comment (if any):

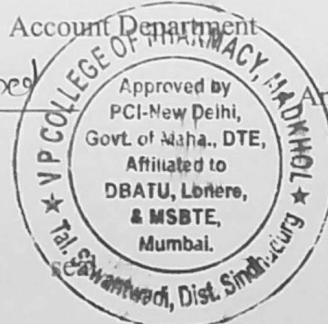
Date: 30/01/2023

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Signature of the Principal

• Sanctioned/ Not Sanctioned : Sanctioned

Amount Sanctioned : 5000/-

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Accountant Signature:





Shaneshwar Shikshan Prasarak Mandal's
V P COLLEGE OF PHARMACY, MADKHOL

Tal:- Sawantwadi, Dist:- Sindhudurg, 416510

Date: 30/01/23

Financial Support Request Letter

1. Name of the Staff Member : MANALI A. VAIDYA
2. Designation : ASSISTANT PROFESSOR
3. Department : DEPARTMENT OF PHARMACOGNOSY
4. Conference/ Workshop/ FDP / Publication/ Membership fee Details : Seminar on reference management in manuscript.

5. Financial Support Particulars (Rs) :

Sr. No.	List of particulars	Amount (in Rs.)
i	Registration charges	1100
ii	Travelling Allowances	4000
iii	Membership fee	-
iv	Other if any	-
	Total	5100

Vaidya

Date : 30/1/23

Signature of Staff Member

FOR OFFICE USE ONLY

1. Recommendations of the Principal :

Recommended / Not Recommended

Comment (if any):

Date: 30/01/2023

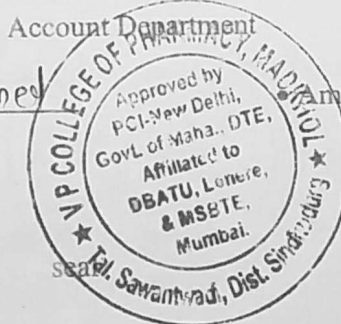
V. Vaidya

Signature of the Principal

• Sanctioned/ Not Sanctioned : Sanctioned

Amount Sanctioned : 5100/-

Redkay
Accountant Signature:





Shaneshwar Shikshan Prasarak Mandal's
V P COLLEGE OF PHARMACY, MADKHOL

Tal:- Sawantwadi, Dist:- Sindhudurg, 416510

Date: 12/2/23

Financial Support Request Letter

1. Name of the Staff Member : Vedika Shet Navvekar
2. Designation : Assistant Professor
3. Department : Department of Pharmaceutics
4. Conference/ Workshop/ FDP / Publication/ Membership fee Details : National Conference
on Traditional, Natural and Holistic Healing
approaches for healthcare and wellness
5. Financial Support Particulars (Rs) :

Sr. No.	List of particulars	Amount (in Rs.)
i	Registration charges	2000
ii	Travelling Allowances	4000
iii	Membership fee	-
iv	Other if any	-
	Total	6000

Date : 12/2/23


Signature of Staff Member

FOR OFFICE USE ONLY

1. Recommendations of the Principal :

Recommended / Not Recommended

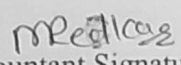
Comment (if any) : _____

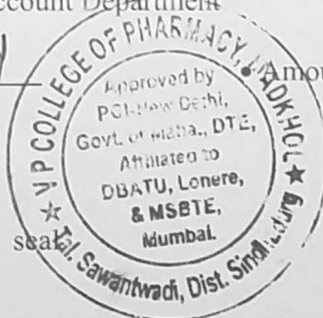
Date: 13/02/2023


Signature of the Principal

Account Department

• Sanctioned/ Not Sanctioned : Sanctioned Amount Sanctioned : 6000/-


Accountant Signature:





Shaneshwar Shikshan Prasarak Mandal's
V P COLLEGE OF PHARMACY, MADKHOL
Tal:- Sawantwadi, Dist:- Sindhudurg, 416510

Date: 12/2/23

Financial Support Request Letter

1. Name of the Staff Member : Deepthi Phadke
2. Designation : Assistant Professor
3. Department : Department of Pharmacognosy
4. Conference/ Workshop/ FDP / Publication/ Membership fee Details : National Conference
on Traditional, Natural and Holistic healing approaches
for healthcare and wellness
5. Financial Support Particulars (Rs) :

Sr. No.	List of particulars	Amount (in Rs.)
i	Registration charges	2000
ii	Travelling Allowances	4000
iii	Membership fee	-
iv	Other if any	-
	Total	6000

Date : 12/2/23


Signature of Staff Member

FOR OFFICE USE ONLY

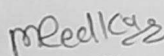
1. Recommendations of the Principal : Recommended / Not Recommended
Comment (if any) : _____

Date: 13/02/2023

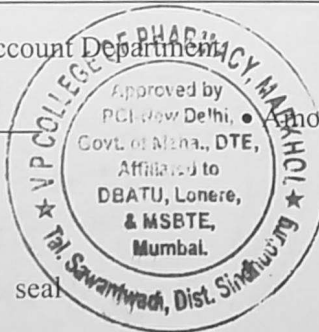

Signature of the Principal

• Sanctioned/ Not Sanctioned : Sanctioned

• Amount Sanctioned : 6000/-


Accountant Signature:

Account Department





Shaneshwar Shikshan Prasarak Mandal's
V P COLLEGE OF PHARMACY, MADKHOL

Tal:- Sawantwadi, Dist:- Sindhudurg, 416510

Date: 18/3/23

Financial Support Request Letter

1. Name of the Staff Member : Tanvi Kothawale
2. Designation : Assistant Professor
3. Department : Pharmaceutics
4. Conference/ Workshop/ FDP / Publication/ Membership fee Details : International conference on opportunities in pharmacy & research

5. Financial Support Particulars (Rs) :

Sr. No.	List of particulars	Amount (in Rs.)
i	Registration charges	1200
ii	Travelling Allowances	4000
iii	Membership fee	-
iv	Other if any	-
	Total	5200

Date : 18/3/23


Signature of Staff Member

FOR OFFICE USE ONLY

1. Recommendations of the Principal :

Recommended / Not Recommended

Comment (if any) : _____

Date: 20/03/2023

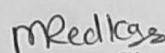

Signature of the Principal

• Sanctioned/ Not Sanctioned : _____

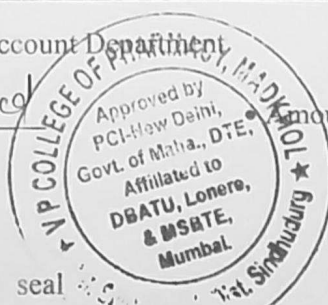
Sanctioned

Amount Sanctioned : _____

5200/-


Accountant Signature:

Account Department





Shaneshwar Shikshan Prasarak Mandal's
V P COLLEGE OF PHARMACY, MADKHOLA
Tal:- Sawantwadi, Dist:- Sindhudurg, 416510

Date: 13/4/23

Financial Support Request Letter

1. Name of the Staff Member : Aishwarya A. Parab
2. Designation : Assistant Professor
3. Department : Department of Pharmaceutics
4. Conference/ Workshop/ FDP / Publication/ Membership fee Details : International Conference on traditional medicine development and modern trends in traditional formulations.
5. Financial Support Particulars (Rs) :

Sr. No.	List of particulars	Amount (in Rs.)
i	Registration charges	1000
ii	Travelling Allowances	4000
iii	Membership fee	-
iv	Other if any	-
	Total	5000

Date : 13/4/23


Signature of Staff Member

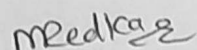
FOR OFFICE USE ONLY

1. Recommendations of the Principal : Recommended / Not Recommended
Comment (if any) : _____

Date: 13/04/2023


Signature of the Principal

- Sanctioned/ Not Sanctioned : Sanctioned Amount Sanctioned : 5000/-


Accountant Signature:

