



Shri Dhaneshwari Manav Vikas Mandal's
**S.S.V.P. Homoeopathic Medical College
 & Research Institute-Hatta**

(Recognised by Ayush Ministry-New Delhi, Govt. of Maharashtra & Affiliated to Maharashtra University of Health Sciences, Nashik)



Date: 5/11/23

Financial Support Request Letter

1. Name of the Staff Member : Dr. Md Hilal A.H
 2. Designation : HOD Dept. of pathology
 3. Department : Dept. of pathology
 4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference on medication Administration programme

5. Date and duration of the program : one day

6. Financial Support Particulars (Rs) : Rs. 500/-

i. Registration charges: ~~Rs. 100~~

ii. Travelling Allowances : Rs. 500

iii. Membership fee : -

iv. Other if any : -

Date: 05/11/23

[Signature]
 Signature of the Staff Members

1. Recommendations of the HOD : [Signature]

2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
 PRINCIPAL
 S.S.V.P. Homoeopathic
 College & R.I. Hatta
 Tq. Basmath Dist. Hingoli



Shri Dhaneshwari Manav Vikas Mandal's
**S.S.V.P. Homoeopathic Medical College
& Research Institute-Hatta**

(Recognised by Ayush Ministry-New Delhi, Govt. of Maharashtra & Affiliated to Maharashtra University of Health Sciences, Nashik)



Date: 5-11-2023

Financial Support Request Letter

1. Name of the Staff Member : Dr. Kishor Anant Rao Patnaparkhi
2. Designation : HOD Professor
3. Department : Anatomy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation in medication Administration
feameledc
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges : Rs 500
 - ii. Travelling Allowances : Rs 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 5-11-2023

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : [Signature]

[Checkmark]
Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Date: 5-11-2023

Financial Support Request Letter

1. Name of the Staff Member : Dr. Rajulwar Shweta Balkishan
2. Designation : Assistant professor
3. Department : Physiology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : Conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
i. Registration charges: RS. 500/-
ii. Travelling Allowances : RS. 500/-
iii. Membership fee : _____
iv. Other if any : _____

Date: 05/11/2023

Shweta
Signature of the Staff Members

1. Recommendations of the HOD : Shweta
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
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Date: 5-11-2023


Financial Support Request Letter

1. Name of the Staff Member : DR. Charan Dilip Tukaram
2. Designation : Leet.
3. Department : Pathology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation in Medication Administration framework
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500/-
 - ii. Travelling Allowances : 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 5-11-2023


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : 


Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:


PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Date: 5-11-2023

Financial Support Request Letter

1. Name of the Staff Member : DR. Gaygol Jayesh Murlidhar
2. Designation : Leet. / HOD
3. Department : F.M.T.
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation in Medication Adminis-
tration framework
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
- i. Registration charges: 500/-
- ii. Travelling Allowances : 500/-
- iii. Membership fee : -
- iv. Other if any : -

Date: 5-11-2023

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]

2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
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Tq. Basmath Dist. Hingoli



Date: 5-11-2023

Financial Support Request Letter

1. Name of the Staff Member : DR. Trupti Bhagion Pawar
2. Designation : HOD Reader
3. Department : OB/GY.
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation in Medication Administration
framework
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500/-
 - ii. Travelling Allowances : 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 5-11-2023

Pawar
Signature of the Staff Members

1. Recommendations of the HOD : Pawar
2. Recommendations of the Principal : HL

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

HL
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Date: 5-11-2023

Financial Support Request Letter

1. Name of the Staff Member : DR. Shubhangi Ganpatrao Kalyankar
2. Designation : Lecturer
3. Department : OB/GY.
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation in Medication Administration
framework
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500/-
 - ii. Travelling Allowances: Rs 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 5-11-2023

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
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Date: 5/11/2023

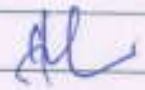
Financial Support Request Letter

1. Name of the Staff Member : Dr Anand S. Kabra
2. Designation : Reader
3. Department : Dept of Homoeopathic pharmacy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : Conference participation
In Medication Administrative framework.
5. Date and duration of the program : One day
6. Financial Support Particulars (Rs)
- i. Registration charges: 500/- rs
- ii. Travelling Allowances : 500/- rs.
- iii. Membership fee : —
- iv. Other if any : —

Date : 5/11/2023

ASK
Signature of the Staff Members

1. Recommendations of the HOD : 

2. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:


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Date: 14-11-2023

Financial Support Request Letter

1. Name of the Staff Member : Dr. Abhijeet Kamesh Anurchole
2. Designation : Lecturer
3. Department : Pharmacy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation in medication
Administration framework
5. Date and duration of the program : _____
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500
 - ii. Travelling Allowances : Rs 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 14-11-2023

A=
Signature of the Staff Members

1. Recommendations of the HOD : Asu
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
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Date: 5-11-2023

Financial Support Request Letter

1. Name of the Staff Member : Dr Bankar D.S.
2. Designation : ASSO Professor
3. Department : HMM
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : Conferance
Participation in medication Administration Framework
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500/-
 - ii. Travelling Allowances : 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 05/11/23


Signature of the Staff Members

1. Recommendations of the HOD : 
2. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:


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Date: 14-11-2023

Financial Support Request Letter

1. Name of the Staff Member : Dr. Anusadha Parnesh Kulkarni
2. Designation : Reader
3. Department : Department of medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation in medication
Administration framework
5. Date and duration of the program : _____
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500
 - ii. Travelling Allowances : Rs 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 14-11-2023

Anusadha
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
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Date: 5-11-2023

Financial Support Request Letter

1. Name of the Staff Member : Dr. Naganan devesao pawar
2. Designation : Assistant Lecturer
3. Department : Department of medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation in Medication
Administration teamwork
5. Date and duration of the program : _____
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500
 - ii. Travelling Allowances : Rs 1000
 - iii. Membership fee : =
 - iv. Other if any : =

Date: 5-11-2023

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
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Date: 5-11-2023

Financial Support Request Letter

1. Name of the Staff Member : Dr Agrawal J J
2. Designation : ASSIST PROFESSOR
3. Department : HMM
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : Conference Participation in medication Administration Framework
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500/-
 - ii. Travelling Allowances : 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 05/11/23

Signature of the Staff Members

1. Recommendations of the HOD :
2. Recommendations of the Principal :

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

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Date: 5-11-2023

Financial Support Request Letter

1. Name of the Staff Member : Dr. mule mohit visheshwar
2. Designation : Reader
3. Department : Surgery
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation in medication
Administration framework
5. Date and duration of the program : _____
6. Financial Support Particulars (Rs)
i. Registration charges: Rs 500
ii. Travelling Allowances : Rs 500
iii. Membership fee : -
iv. Other if any : -

Date: 5-11-2023

Gmmbe
Signature of the Staff Members

1. Recommendations of the HOD : Gmmbe
2. Recommendations of the Principal : gl

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

gl
PRINCIPAL
S.S.V.P. Homoeopathic
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Tq. Basmath Dist. Hingoli



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Date: 5-11-2023

Financial Support Request Letter

1. Name of the Staff Member : Dr. Saba parveen Qureshi
2. Designation : Lecturer
3. Department : Regency
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500
 - ii. Travelling Allowances : Rs 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 5-11-2023

Saba
Signature of the Staff Members

1. Recommendations of the HOD : Saba Qureshi
2. Recommendations of the Principal : AK

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

AK
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



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Date: 5-11-2023

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sana Takseen Qureshi
2. Designation : Lecturer
3. Department : obuy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation in medication Administration framework
5. Date and duration of the program : _____
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs. 1500
 - ii. Travelling Allowances : Rs. 1500
 - iii. Membership fee : —
 - iv. Other if any : —

Date : 5-11-2023

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : [Signature]

[Checkmark]
Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
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Date: 5-11-2023

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sagar Karmalkumar Chandak
2. Designation : Head
3. Department : POM Paediatrics & medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation in medication
Administration framework
5. Date and duration of the program : _____
6. Financial Support Particulars (Rs)
 - i. Registration charges : Rs 500
 - ii. Travelling Allowances : Rs 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 5-11-2023

Sandur
Signature of the Staff Members

1. Recommendations of the HOD : Sandur
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
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Date: 5-11-2023

Financial Support Request Letter

1. Name of the Staff Member : Dr. Paveen Pralhadrao Ghuge
2. Designation : Lecturer
3. Department : POM Practice of medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500
 - ii. Travelling Allowances : Rs 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 5-11-2023

P. Ghuge
Signature of the Staff Members

1. Recommendations of the HOD : Bhandare
2. Recommendations of the Principal : all

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

all
PRINCIPAL
S.S.V.P. Homoeopathic
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Tq. Basmath Dist. Hingoli



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Date: 5-11-2023

Financial Support Request Letter

1. Name of the Staff Member : Dr. Gunde pashmi nandkumar
2. Designation : Reader
3. Department : Preceptor
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500
 - ii. Travelling Allowances : Rs 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 5-11-2023

Gunde
Signature of the Staff Members

1. Recommendations of the HOD : Gunde
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Date: 5-11-2023

Financial Support Request Letter

1. Name of the Staff Member : Dr. Shireet Atul Narayan
2. Designation : Lecturer
3. Department : perpetuary
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
i. Registration charges: Rs 500
ii. Travelling Allowances : Rs 500
iii. Membership fee : -
iv. Other if any : -

Date: 5-11-2023

Asireet
Signature of the Staff Members

1. Recommendations of the HOD : Consent
2. Recommendations of the Principal : OK

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

OK
PRINCIPAL
S.S.V.P. Homoeopathic
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Tq. Basmath Dist. Hingoli



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Date: 5-11-2023

Financial Support Request Letter

1. Name of the Staff Member : Dr. Shete Deepak Prabhakar.
2. Designation : Assistant Professor.
3. Department : Community Medicine.
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : _____
Conference Participation
Framework.
5. Date and duration of the program : 5/11/23 / 1 day
6. Financial Support Particulars (Rs)
- i. Registration charges: Rs 500/-
- ii. Travelling Allowances : Rs 500/-
- iii. Membership fee : _____
- iv. Other if any : _____

Date : _____

Signature of the Staff Members

1. Recommendations of the HOD : [Signature]

2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

PRINCIPAL
S.S.V.P. Homoeopathic
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Tq. Basmath Dist. Hingoli



Date: 5/11/2023

Financial Support Request Letter

1. Name of the Staff Member : Dr Bhagyalaxmi Kadam
2. Designation : HOD / Associate Proffser
3. Department : Community medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation in medicine Administration
framework.
5. Date and duration of the program : 5/11/2023 / 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500/-
 - ii. Travelling Allowances : Rs. 500/-
 - iii. Membership fee : —
 - iv. Other if any : —

Date :

Signature of the Staff Members

1. Recommendations of the HOD : [Signature]

2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

PRINCIPAL
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Tq. Basmath Dist. Hingoli



Date: 5-11-2023

Financial Support Request Letter

1. Name of the Staff Member : Dr. kavita ritesh choudhary
2. Designation : Lecturer
3. Department : Physiology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : _____
6. Financial Support Particulars (Rs)
i. Registration charges: Rs 100
ii. Travelling Allowances : Rs 100
iii. Membership fee : =
iv. Other if any : =

Date : 5-11-2023 Signature of the Staff Members Kavita

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
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Date: 05/11/2023

Financial Support Request Letter

1. Name of the Staff Member : Dr. Rupesh. D. Hazari
2. Designation : HOD/ professor
3. Department : Hom. Pharmacy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : Conference Participation
in Medication Administration Framework

5. Date and duration of the program : One Day

6. Financial Support Particulars (Rs)

i. Registration charges : Rs - 500/-
ii. Travelling Allowances : Rs - 500/-
iii. Membership fee : —
iv. Other if any : —

Date : 11/12/22 Signature of the Staff Members [Signature]

1. Recommendations of the HOD : [Signature]

2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Date: 5-11-2023

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sahu Anveshtha Maneshlal
2. Designation : Lecturer
3. Department : Pathology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation in medication
Administration programme
5. Date and duration of the program : _____
6. Financial Support Particulars (Rs)
i. Registration charges: Rs 700
ii. Travelling Allowances : Rs 500
iii. Membership fee : =
iv. Other if any : _____

Date : 5-11-2023

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]

2. Recommendations of the Principal : [Signature]

[Signature]
Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
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Date: ~~05/11/2022~~
5-11-2022

Financial Support Request Letter

1. Name of the Staff Member : DR. Milind A. Bhadre
2. Designation : Ass. prof.
3. Department : Comm. medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference Participation for Medicine Administration
frame works
5. Date and duration of the program : 11/12/2022 | 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs - 500/-
 - ii. Travelling Allowances : RS - 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date :


Signature of the Staff Members

1. Recommendations of the HOD : 

2. Recommendations of the Principal : 

✓
Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:


PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Shri Dhaneshwari Manav Vikas Mandal's
**S.S.V.P. Homoeopathic Medical College
& Research Institute-Hatta**

(Recognised by Ayush Ministry-New Delhi, Govt. of Maharashtra & Affiliated to Maharashtra University of Health Sciences, Nashik)



Date: 11/12/22

Financial Support Request Letter

1. Name of the Staff Member : Dr. Md. Hilal AH
2. Designation : HOD
3. Department : Dept. of pathology / principal
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
- i. Registration charges: Rs 500
- ii. Travelling Allowances : Rs 500
- iii. Membership fee : -
- iv. Other if any : -

Date: 11/12/22

Signature of the Staff Members [Signature]

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



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Maharashtra & Affiliated to Maharashtra University of Health Sciences, Nashik)



Date: 11-12-2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Kiran Patnaparkhi
2. Designation : H.O.D
3. Department : Anatomy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation.
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: RS 500
 - ii. Travelling Allowances : RS 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 11-12-2022

Patnaparkhi
Signature of the Staff Members

1. Recommendations of the HOD : Patnaparkhi
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Date: 11-12-2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Shital Vasant Rao Dhadve
2. Designation : Lecturer
3. Department : Anatomy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500
 - ii. Travelling Allowances : Rs 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 11-12-2022

Shital
Signature of the Staff Members

1. Recommendations of the HOD : Bhoyanni

2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
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Tq. Basmath Dist. Hingoli



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Maharashtra & Affiliated to Maharashtra University of Health Sciences, Nashik)



Date: 11-12-2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Khedkar Shaikhank Pandhurang
2. Designation : Lecturer
3. Department : Physiology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference. participation
5. Date and duration of the program : _____
6. Financial Support Particulars (Rs)
 - i. Registration charges: RS 500
 - ii. Travelling Allowances : RS 500
 - iii. Membership fee : -
 - iv. Other if any : _____

Date : 11-12-2022

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]

2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
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Maharashtra & Affiliated to Maharashtra University of Health Sciences, Nashik)



Date: 11/12/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Fayulwar Shuketa Balkishan
2. Designation : Assistant professor
3. Department : Physiology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : Conference on medication Administration framework
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
i. Registration charges: Rs. 500/-
ii. Travelling Allowances : Rs. 500/-
iii. Membership fee : _____
iv. Other if any : _____

Date : 11/12/2022

Shuketa
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
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Date: 11-12-2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Chavan Dilip Tukaram
2. Designation : Lecturer
3. Department : Pathology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
i. Registration charges: Rs 500
ii. Travelling Allowances : Rs 500
iii. Membership fee : -
iv. Other if any : -

Date : 11-12-2022

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : [Signature]

[Checkmark]
Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Date: 11-12-2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Vajgol Jayesh muelidhore
2. Designation : Reader
3. Department : FMT.
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500
 - ii. Travelling Allowances : Rs 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 11-12-2022

J. muelidhore
Signature of the Staff Members

1. Recommendations of the HOD : J. muelidhore
2. Recommendations of the Principal : all

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

all
PRINCIPAL
S.S.V.P. Homoeopathic
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Tq. Basmath Dist. Hingoli



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Date: 11-12-2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Boreve Anilkumar Shivajirao
2. Designation : FMT Lecturer
3. Department : FMT
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
i. Registration charges: Rs 500
ii. Travelling Allowances : Rs 500
iii. Membership fee : -
iv. Other if any : -

Date: 11-12-2022

ABORRE
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



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Date: 11-12-2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Teufti Bhagwan Pawar
2. Designation : Reader
3. Department : obny
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500
 - ii. Travelling Allowances : Rs 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 11-12-2022

Pawar

Signature of the Staff Members

1. Recommendations of the HOD : Pawar

2. Recommendations of the Principal : AL

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

AL
PRINCIPAL
S.S.V.R Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli

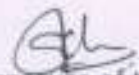


Date: 11/12/2022

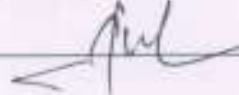
Financial Support Request Letter


1. Name of the Staff Member : Dr. Shubhangi Kalyankar
2. Designation : Drug Lecturer
3. Department : Drug
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
- i. Registration charges: Rs 100
- ii. Travelling Allowances : Rs 100
- iii. Membership fee : -
- iv. Other if any : -

Date : 11/12/2022


Signature of the Staff Members

1. Recommendations of the HOD : 

2. Recommendations of the Principal : 


Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:


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Date: 14-11-2023

Financial Support Request Letter

1. Name of the Staff Member : Dr. Anand Suresh Kabele
2. Designation : Reader
3. Department : Pharmacy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation in medication Administration framework
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500
 - ii. Travelling Allowances : Rs 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 14-11-2023

ASK
Signature of the Staff Members

1. Recommendations of the HOD : ASK
2. Recommendations of the Principal : AL

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

AL
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S.S.V.P. Homoeopathic
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Date: 11/12/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Abhijeet G. Anchar
2. Designation : Lecturer
3. Department : Hom. Pharmacy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : Conference Participation In Medication Administration Framework
5. Date and duration of the program : One day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500/-
 - ii. Travelling Allowances : -
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 11/12/2022

Abhijeet
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : [Signature]

✓
Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
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Tq. Basmath Dist. Hingoli



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Date: 11-12-2022

Financial Support Request Letter

1. Name of the Staff Member : Dr Banker D.S
2. Designation : Asso. Professor
3. Department : HMM
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : conference Participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
- i. Registration charges: 500/-
- ii. Travelling Allowances : 500/-
- iii. Membership fee : -
- iv. Other if any : -

Date : _____ Signature of the Staff Members

1. Recommendations of the HOD : [Signature]

2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Basmath Dist. Hingoli



Date: 11/12/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. mundeel pechana bejimbhar
2. Designation : Reader
3. Department : Department of medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: ₹ 500
 - ii. Travelling Allowances : ₹ 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 11/12/2022

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : [Signature]

[Signature]
Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
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Date: 11/12-2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Pooja Nivedita
2. Designation : Lecturer
3. Department : Organon of medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
- i. Registration charges: ₹ 700
- ii. Travelling Allowances : ₹ 1000
- iii. Membership fee : -
- iv. Other if any : -

Date: 11/12-2022

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]

2. Recommendations of the Principal : [Signature]

[Signature]
Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



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Date: 11/12/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Rajanan Pawar
2. Designation : Lecturer
3. Department : Dejnanon
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : One day
6. Financial Support Particulars (Rs)
- i. Registration charges: RS 100
- ii. Travelling Allowances : RS 100
- iii. Membership fee : -
- iv. Other if any : -

Date : 11/12-2022

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]

2. Recommendations of the Principal : [Signature]

[Signature]
Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Date: 11/12/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr Agrawal J.J
2. Designation : Asstt Professor
3. Department : HMM
4. Conference/ Publication/ Membership fee/ Workshop/ FDP/Details : Participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 50/-
 - ii. Travelling Allowances : 50/-
 - iii. Membership fee : _____
 - iv. Other if any : _____

Date: 11/12/22


Signature of the Staff Members

1. Recommendations of the HOD : 
2. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:


PRINCIPAL
S.S.V.P. Homoeopathic
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Basmath Dist. Hingoli



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Date: 11-12-2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. mube mohit Ganeshrao
2. Designation : teacher
3. Department : Surgery
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference. participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500
 - ii. Travelling Allowances : Rs 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 11-12-2022

Ganeshrao
Signature of the Staff Members

1. Recommendations of the HOD : Ganeshrao
2. Recommendations of the Principal : [Signature]

[Signature]
Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
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Date: 11-12-2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Saba Parveen Naimoddin Qur
2. Designation : lecturer
3. Department : Surgery
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference Participation
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges : Rs 500/-
 - ii. Travelling Allowances : Rs 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 11-12-2022

Saba
Signature of the Staff Members

1. Recommendations of the HOD : Comply

2. Recommendations of the Principal : Al

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

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PRINCIPAL
S.S.V.P. Homoeopathic
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Tq. Basmath Dist. Hingoli



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Date: 11-12-2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sana Takseen Naimoddin Qure
2. Designation : lecturer
3. Department : OB/Gyn
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation.
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500/-
 - ii. Travelling Allowances : Rs 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 11-12-2022


Signature of the Staff Members

1. Recommendations of the HOD : 


2. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:


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Tq. Basmath Dist. Hingoli



Date: 11-12-2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sagar Kamalkishor Chandak
2. Designation : Lecturer
3. Department : Pathology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500/-
 - ii. Travelling Allowances : 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 11-12-2022

@chandak
Signature of the Staff Members

1. Recommendations of the HOD : @chandak
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
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College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Date: 11-12-2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Praveen Pralhadrao Ghuge
2. Designation : Asst lecturer
3. Department : POM
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
i. Registration charges: 500/-
ii. Travelling Allowances : 500/-
iii. Membership fee : -
iv. Other if any : -

Date: 11-12-2022

Ghughe
Signature of the Staff Members

1. Recommendations of the HOD : Shandac

2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



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Date: 11-12-2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Gurde Rashmi Nandkumar
2. Designation : Reader
3. Department : Repertory
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference department
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
i. Registration charges: 500/-
ii. Travelling Allowances : 500/-
iii. Membership fee : -
iv. Other if any : -

Date : 11-12-2022

Gurde
Signature of the Staff Members

1. Recommendations of the HOD : Gurde
2. Recommendations of the Principal : [Signature]

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Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
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T. Basmath Dist. Hingoli



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Date: 11-12-2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Shirsat Atul Narayan
2. Designation : Lecturer
3. Department : Repertory
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500/-
 - ii. Travelling Allowances : 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 11-12-2022

Agreed.
Signature of the Staff Members

1. Recommendations of the HOD : Cusonde

2. Recommendations of the Principal : pl

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

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PRINCIPAL
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College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Date: 11-12-2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sidgur Swati Sheshrao
2. Designation : Lecturer
3. Department : Community medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
i. Registration charges: 500/-
ii. Travelling Allowances : 500/-
iii. Membership fee : -
iv. Other if any : -

Date : 11-12-2022

Swati
Signature of the Staff Members

1. Recommendations of the HOD : Swati
2. Recommendations of the Principal : Al

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

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Maharashtra & Affiliated to Maharashtra University of Health Sciences, Nashik)



Date: 11/12/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sheti Deepak Prabakar
2. Designation : Assistant Professor
3. Department : Community Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference Participation
Framework
5. Date and duration of the program : 11/12/2022/ 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500/-
 - ii. Travelling Allowances : Rs 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date :

Deep
Signature of the Staff Members

1. Recommendations of the HOD : Swati

2. Recommendations of the Principal : gpl

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

gpl
PRINCIPAL
S.S.V.P. Homoeopathic Medical College & Research Institute-Hatta
Tq. Basmath Dist. Hingoli



Shri Dhaneshwari Manav Vikas Mandal's

S.S.V.P. Homoeopathic Medical College & Research Institute-Hatta

(Recognised by Ayush Ministry, New Delhi, Govt. of
Maharashtra & Affiliated to Maharashtra University of Health Sciences, Nashik)



Date: 5-11-2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Shagufta Fatema
2. Designation : lecturer
3. Department : Surgery
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
- i. Registration charges: 500/-
- ii. Travelling Allowances : 500/-
- iii. Membership fee : =
- iv. Other if any : =

Date : 5-11-2022

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]

2. Recommendations of the Principal : [Signature]

[Checkmark]
Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Shri Dhaneshwari Manav Vikas Mandali's

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Date: 14-11-2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Shingi Champatal Nandlal
2. Designation : Reader
3. Department : Organon of medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : Conference participation
5. Date and duration of the program : 4 day
6. Financial Support Particulars (Rs)
- i. Registration charges: 500
- ii. Travelling Allowances : 500
- iii. Membership fee : -
- iv. Other if any : -

Date : 14-11-2021

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]

2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



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Date: 14-11-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Kishor Patnaparkhi
2. Designation : H.O.D. Professor
3. Department : Anatomy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Discovering New Horizon in Ayurveda
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500
 - ii. Travelling Allowances : Rs 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 12-1-2020

Patnaparkhi
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



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Date: 14-11-2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Shital Varantao Dhadve
2. Designation : Lecturer
3. Department : Anatomy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation in new techniques
Homeopathic medicine
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500
 - ii. Travelling Allowances : Rs 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 14-11-2021

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]

2. Recommendations of the Principal : [Signature]

✓
Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Date: 14-11-2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ichedekar Shashank Pandurang
2. Designation : lecturer
3. Department : Physiology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
i. Registration charges: 500
ii. Travelling Allowances : 500
iii. Membership fee : -
iv. Other if any : -

Date: 14-11-2021


Signature of the Staff Members

1. Recommendations of the HOD : 

2. Recommendations of the Principal : 

~~Sanctioned/~~ Not Sanctioned

Account Department

Accountant:

Date:


PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Basmath Dist. Hingoli



Date: 14-11-2021

Financial Support Request Letter

1. Name of the Staff Member : DR. Rajulwar Shweta Balkishan
2. Designation : Assistant professor
3. Department : Physiology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation in medication
Administration framework
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs. 500/-
 - ii. Travelling Allowances : Rs. 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 14/11/2021

Shweta
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



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Date: 14-11-2024

Financial Support Request Letter

1. Name of the Staff Member : Dr. Md. Hetal AH
2. Designation : HOD / Principal
3. Department : Pathology
4. Conference/ Publication/ Membership fee/ Workshop/FDP Details :
Conference on new techniques of Homeopathic medicine
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs. 500
 - ii. Travelling Allowances : Rs. 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 14/11/24

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
T. Basmath Dist. Hingoli



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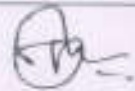


Date: 14-11-2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Charan Dilip Tukaram
2. Designation : Pathology Reader
3. Department : Pathology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : _____
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500
 - ii. Travelling Allowances : Rs 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 14-11-2021


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:


PRINCIPAL
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Baamath Dist. Hingoli



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Date: 14-11-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Gaygol Jayesh Murlidhar
2. Designation : Reader
3. Department : Pathology FMT
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500
 - ii. Travelling Allowances : 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 12-1-2020

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]

2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
Principal
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



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Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Bave Amilkumar shavajirao
2. Designation : Lecturer
3. Department : FMT
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500
 - ii. Travelling Allowances : 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 12-1-2020

Bave
Signature of the Staff Members

1. Recommendations of the HOD : Jadhav

2. Recommendations of the Principal : gill

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

gill
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



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Date: 14-11-2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Toupiti Bhagwan Pawar
2. Designation : Reader
3. Department : obgy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500
 - ii. Travelling Allowances : 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 12-1-2020

Pawar.
Signature of the Staff Members

1. Recommendations of the HOD : Pawar
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli




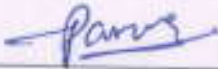
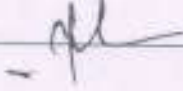
Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Shubhangi Ganpatrao Kalyankar
2. Designation : Lecturer
3. Department : Physiology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500
 - ii. Travelling Allowances : 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 12-1-2020


Signature of the Staff Members

1. Recommendations of the HOD : 
2. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:


PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Anand Suresh Kabra
2. Designation : Reader
3. Department : Homopharmacy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500
 - ii. Travelling Allowances : 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 12-1-2020

ASV
Signature of the Staff Members

1. Recommendations of the HOD : ASV
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Date: 14-11-2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Abhijeet Ganesh Awachar
2. Designation : Lecturer
3. Department : Hom. Pharmacy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
i. Registration charges: 500/-
ii. Travelling Allowances : 500/-
iii. Membership fee : -
iv. Other if any : -

Date: 14-11-2021

A.
Signature of the Staff Members

1. Recommendations of the HOD : ASU
2. Recommendations of the Principal : AL

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

AL
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Basmath Dist. Hingoli




Date: 14/11/24

Financial Support Request Letter

1. Name of the Staff Member : Dr Bunker D S
2. Designation : ASSO Professor
3. Department : HMM
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : Conference on
new Technique Homoeopathic medicine
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500/-
 - ii. Travelling Allowances : 500/-
 - iii. Membership fee : _____
 - iv. Other if any : _____

Date: 14/11/24


Signature of the Staff Members

1. Recommendations of the HOD : 
2. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:


PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Date: 14-11-2021

Financial Support Request Letter

1. Name of the Staff Member : DR. Mundra Archana Baijmohon .
2. Designation : Reader
3. Department : Organes of medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500/-
 - ii. Travelling Allowances : 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 14/11/2021

Archana
Signature of the Staff Members

1. Recommendations of the HOD : Archana

2. Recommendations of the Principal : dl

Sanctioned/ Not Sanctioned
-

Account Department

Accountant:

Date:

dl
PRINCIPAL
S.S.V.P. Homoeopathic
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Tq. Basmath Dist. Hingoli



Shri Dhaneshwari Manav Vikas Mandal's
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Date: 14-11-2021

Financial Support Request Letter

1. Name of the Staff Member : DR. Pawar Nivedita
2. Designation : Lecturer
3. Department : Organon of medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
i. Registration charges: 500/-
ii. Travelling Allowances : 500/-
iii. Membership fee : -
iv. Other if any : -

Date: 14-11-2021

Pawar
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]

2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



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Date: 14-11-2021

Financial Support Request Letter

1. Name of the Staff Member : Dr Agrawal J.J.
2. Designation : Assist Professor
3. Department : HMM
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : Conference on New technique Homoeopathic medicine
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 501-
 - ii. Travelling Allowances : 501-
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 14/11/21

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
To Basmath Dist. Hingoli



Date: 14-11-2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sagar Kamalkishor Chandak
2. Designation : Reader
3. Department : Practice & medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
i. Registration charges: 500/-
ii. Travelling Allowances : 500/-
iii. Membership fee : -
iv. Other if any : -

Date: 14-11-2021

Shandae
Signature of the Staff Members

1. Recommendations of the HOD : Shandae
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli

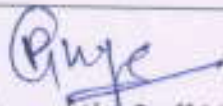


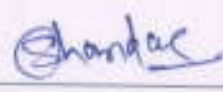
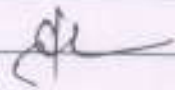
Date: 12/1/2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Praveen Pralhadrao Ghuge.
2. Designation : Lecturer
3. Department : Practice of medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation.
5. Date and duration of the program : 1 day.
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500/-
 - ii. Travelling Allowances : 500/-
 - iii. Membership fee : =
 - iv. Other if any : =

Date: 12/1/2021.


Signature of the Staff Members

1. Recommendations of the HOD : 
2. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:


PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Sasmath Dist. Hingoli



Date: 14-1-2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Gurde Rashmi Nandkumar
2. Designation : Ham. Repository Reader
3. Department : Repository
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : oneday
6. Financial Support Particulars (Rs)
i. Registration charges: 500/-
ii. Travelling Allowances : 500/-
iii. Membership fee : -
iv. Other if any : -

Date: 12-1-2021

Gurde
Signature of the Staff Members

1. Recommendations of the HOD : Gurde
2. Recommendations of the Principal : gpl

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

gpl
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatt
Tq. Basmath Dist. Hingoli



Date: 12/1/2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Shirsat Atul Narayan.
2. Designation : Lecturer
3. Department : Hom. Repository
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation.
5. Date and duration of the program : 1 day.
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500/-
 - ii. Travelling Allowances : 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 12/1/2021

Atul

Signature of the Staff Members

1. Recommendations of the HOD : Arunde
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
T. Basmath Dist. Hingoli



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Date: 14-11-2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sidgur Swati Cheshro
2. Designation : HOD / Associate Professor
3. Department : Community Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
Frame works
5. Date and duration of the program : 14/11/2021 / 1 day
6. Financial Support Particulars (Rs)
- i. Registration charges : Rs 500/-
- ii. Travelling Allowances : Rs 500/-
- iii. Membership fee : -
- iv. Other if any : -

Date :

Swati
Signature of the Staff Members

1. Recommendations of the HOD : Swati

2. Recommendations of the Principal : ful

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

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PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



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Date: 14-11-2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Shete Deepak Prabhakar
2. Designation : Assistant Professor
3. Department : Community Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference Participation
Framework
5. Date and duration of the program : 14/11/2021 | 1 day
6. Financial Support Particulars (Rs)
- i. Registration charges: Rs 500/-
- ii. Travelling Allowances : Rs 500/-
- iii. Membership fee : _____
- iv. Other if any : _____

Date :

Deep
Signature of the Staff Members

1. Recommendations of the HOD : Swati

2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
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Tq. Basmath Dist. Hingoli



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Date: 14-11-2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Mule Mohit Ganes hrao
2. Designation : Asst Lecturer
3. Department : Surgery
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation.
5. Date and duration of the program : one day.
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500/-
 - ii. Travelling Allowances : 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 14-11-2021

Amrute
Signature of the Staff Members

1. Recommendations of the HOD : Amrute
2. Recommendations of the Principal : AKL

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

AKL
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Shri Dhaneshwari Manav Vikas Mandal's

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Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Md. Hilel A.H.
2. Designation : HOD / principal
3. Department : Pathology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference on Discovering New horizons in Ayurveda
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs. 500
 - ii. Travelling Allowances : Rs. 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 12/01/2020

Signature of the Staff Members [Signature]

1. Recommendations of the HOD : [Signature]

2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



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**S.S.V.P. Homoeopathic Medical College
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Date: 12-11-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Kishor Patraparkhi
2. Designation : HOD
3. Department : Anatomy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference on new techniques
Homeopathic medicine
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500
 - ii. Travelling Allowances : Rs 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 14-11-2021

Patraparkhi
Signature of the Staff Members

1. Recommendations of the HOD : Patraparkhi
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Shital Vasantdeo Dhadve
2. Designation : Lecturer
3. Department : Anatomy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Discovering New Horizon in Ayurveda
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: Rs 500
 - ii. Travelling Allowances : Rs 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 12-1-2020

Shital
Signature of the Staff Members

1. Recommendations of the HOD : P. Vasantdeo
2. Recommendations of the Principal : AM

✓
Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

AM
PRINCIPAL
S.S.V.P. Homoeopathic
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Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Khedekar Shashank Pandurang
2. Designation : Reader
3. Department : Physiology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference Participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
i. Registration charges: 500/-
ii. Travelling Allowances : 500/-
iii. Membership fee : -
iv. Other if any : -

Date: 12-1-2020


Signature of the Staff Members

1. Recommendations of the HOD : 

2. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:



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q. Basmath Dist. Hingoli

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Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Rajulwar Shweta Balkrishan
2. Designation : Assistant Professor
3. Department : Physiology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference on New techniques Homoeopathic medicines
5. Date and duration of the program : _____
6. Financial Support Particulars (Rs)
 - i. Registration charges: RS. 500/-
 - ii. Travelling Allowances : RS. 500/-
 - iii. Membership fee : _____
 - iv. Other if any : _____

Date: 12/01/2020

Signature of the Staff Members Shweta

1. Recommendations of the HOD : Shweta
2. Recommendations of the Principal : aff

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

aff
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College & R.I. Hatta
Tq. Basmath Dist. Hingoli

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Maharashtra & Affiliated to Maharashtra University of Health Sciences, Nashik)



Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Chavan Dilip Tukaram
2. Designation : Lecturer
3. Department : Pathology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500
 - ii. Travelling Allowances : 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 12-1-2020


Signature of the Staff Members

1. Recommendations of the HOD : 

2. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:


PRINCIPAL
S.S.V.P. Homoeopathic
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T. Basmath Dist. Hingoli



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Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : DR. Gaygol Jayesh Murlidhar
2. Designation : FM7 Reader
3. Department : F.M.T.
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
i. Registration charges: 500/-
ii. Travelling Allowances : 500/-
iii. Membership fee : -
iv. Other if any : -

Date : 12-1-2020

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



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Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : DR. BARAVE Anilkumar Shivajirao
2. Designation : Lecturer
3. Department : F.M.T
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500/-
 - ii. Travelling Allowances : 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 12/1/2020

Barave
Signature of the Staff Members

1. Recommendations of the HOD : gund
2. Recommendations of the Principal : del

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

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PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Trupti Bhagawan Pawar
2. Designation : Reader
3. Department : Obgy.
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500/-
 - ii. Travelling Allowances : 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 12/1/2020

Pawar
Signature of the Staff Members

1. Recommendations of the HOD : Pawar
2. Recommendations of the Principal : Pr

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

Pr
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S.S.V.P. Homoeopathic
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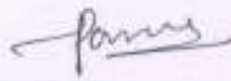
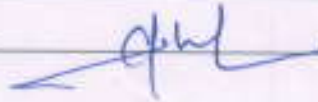
Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : DR. Shubhangi Ganpatrao Kalyankar
2. Designation : Lectures
3. Department : OBG
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500/-
 - ii. Travelling Allowances: 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 12-1-2020


Signature of the Staff Members

1. Recommendations of the HOD : 
2. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:


PRINCIPAL
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Date: 12/11/2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Anant Suresh Kabra
2. Designation : Reader
3. Department : Homoeopathic Pharmacy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference Participation
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500/-
 - ii. Travelling Allowances : 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 12/11/2020

ASK
Signature of the Staff Members

1. Recommendations of the HOD : ASK

2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
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Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr Banker D.S.
2. Designation : Asso. Professor
3. Department : HMM
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : Discovering new
Horizon in Ayurveda
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges : 500/-
 - ii. Travelling Allowances : 500/-
 - iii. Membership fee : _____
 - iv. Other if any : _____

Date : 12/01/20


Signature of the Staff Members

1. Recommendations of the HOD : 

2. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:


PRINCIPAL
S.S.V.P. Homoeopathic
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Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Abhijeet Ganesh Awchar
2. Designation : Lecturer
3. Department : Homoeopathic Pharmacy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500/-
 - ii. Travelling Allowances : 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 12-1-2020

As
Signature of the Staff Members

1. Recommendations of the HOD : As
2. Recommendations of the Principal : As

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

As
PRINCIPAL
S.S.V.P. Homoeopathic
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Tq. Basmath Dist. Hingoli



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Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Salunkhe Santosh Nivratt Rao
2. Designation : Lecturer
3. Department : Homoeopathic Materia Medica
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500/-
 - ii. Travelling Allowances : 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 12/1/2020

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Betamath Dist. Hingoli



Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Pawar Nivedita
2. Designation : Lecturer
3. Department : Organon of medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
i. Registration charges: 500
ii. Travelling Allowances : 500
iii. Membership fee : -
iv. Other if any : -

Date: 12-1-2020

N. Pawar
Signature of the Staff Members

1. Recommendations of the HOD : C. Munde

2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



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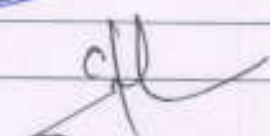
Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr Agrawal J.J.
2. Designation : Assist Professor
3. Department : HMM
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : Discovering New Horizon in Ayurveda
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
i. Registration charges: 500/-
ii. Travelling Allowances : 500/-
iii. Membership fee : -
iv. Other if any : -

Date : 12/01/20


Signature of the Staff Members

1. Recommendations of the HOD : 
2. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:


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Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Shinde Vaishali Bhalchandra
2. Designation : Lecturer
3. Department : Hom. Repository
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500
 - ii. Travelling Allowances : 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 12-1-2020

V Shinde
Signature of the Staff Members

1. Recommendations of the HOD : Wande
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
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Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. mundsa Aachand Beijmohan
2. Designation : Reader
3. Department : Organon of medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500
 - ii. Travelling Allowances : 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date : 12-1-2020

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]

2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
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Tq. Basmath Dist. Hingoli



Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Pravin Jealokhed Shinde
2. Designation : Lecturer
3. Department : Community Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference, participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500
 - ii. Travelling Allowances : 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 12-1-2020

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]
2. Recommendations of the Principal : _____

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
S.S.V.P. Homoeopathic
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Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sagar Kamalleshwar Chandak
2. Designation : rector Reader
3. Department : medicine PAM
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500
 - ii. Travelling Allowances : 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 12-1-2020

Chandak
Signature of the Staff Members

1. Recommendations of the HOD : Chandak

2. Recommendations of the Principal : Al

Sanctioned/ Not Sanctioned

Account Department

Accountant:

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Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Peaveen Jealhadoo Chuge
2. Designation : Teacher
3. Department : Practice of medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500
 - ii. Travelling Allowances : 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 12-1-2020

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : [Signature]

2. Recommendations of the Principal : [Signature]

[Signature]
Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
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Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Anude Rishmi Handkumar
2. Designation : Lecturer
3. Department : Hom. Repository
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500
 - ii. Travelling Allowances : 500
 - iii. Membership fee : -
 - iv. Other if any : -

Date: 12-1-2020

Anude
Signature of the Staff Members

1. Recommendations of the HOD : Anude
2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

[Signature]
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



Date: 12/1/2020

Financial Support Request Letter

1. Name of the Staff Member : Shri Satyendra Anil Kulkarni
2. Designation : Lecturer
3. Department : Hom. Repository
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500
 - ii. Travelling Allowances : 500
 - iii. Membership fee : —
 - iv. Other if any : —

Date : 12/1/2020

Shri Satyendra
Signature of the Staff Members

1. Recommendations of the HOD : Approved
2. Recommendations of the Principal : Approved

Approved
Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

Approved
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli



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**S.S.V.P. Homoeopathic Medical College
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Date: 12-1-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sidgur Swati Sheshrao
2. Designation : HOD / Associate Professor
3. Department : Community medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference Participation framework
5. Date and duration of the program : 12/1/2020 / 1 day
6. Financial Support Particulars (Rs)
 - i. Registration charges: RS. 5000/-
 - ii. Travelling Allowances : RS. 500/-
 - iii. Membership fee : -
 - iv. Other if any : -

Date :

Swati
Signature of the Staff Members

1. Recommendations of the HOD : Swati

2. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

PRINCIPAL
S.S.V.P. Homoeopathic
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Tq. Basmath Dist. Hingoli



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Date: 12-12-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Jatake, Shalidhoy, Shonkale
2. Designation : Lecturer
3. Department : Hom. Surgery
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Conference participation
5. Date and duration of the program : one day
6. Financial Support Particulars (Rs)
 - i. Registration charges: 500
 - ii. Travelling Allowances : 500
 - iii. Membership fee : =
 - iv. Other if any : _____

Date: 12-12-2020

Jatake,
Signature of the Staff Members

1. Recommendations of the HOD : Jatake
2. Recommendations of the Principal : Jatake

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

Jatake
PRINCIPAL
S.S.V.P. Homoeopathic
College & R.I. Hatta
Tq. Basmath Dist. Hingoli