



Sinhgad Institutes

Sinhgad Technical Education Society's
SINHGAD INSTITUTE OF MANAGEMENT
(Affiliated to Savitribai Phule Pune University, Approved by AICTE
& Accredited by NAAC)
S.No. 44/1, Vadgaon (Bk.), Off Sinhgad Road, Pune 411 041

6.3.1 The institution has effective welfare measures and a Performance Appraisal System for teaching and non-teaching staff.

2. All Type of Leaves





Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR CASUAL LEAVE / C.OFF

Name: Ankush G. Kudale Employee Code: 2483
Designation: Asso. Professor

Sir / Madam,
Kindly sanction me 02 days leave from 01/12/2022 to 02/12/2022

Prefix / Suffix (being / Saturday/Sunday / Holiday): 02 Total Period 04 days

I will be reporting my duty on 05/12/2022

Reason for Leave: was suffered from cold and fever.

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	Prof. Meenakshi Jadhav	Teaching Load	<i>Jadhav</i>
2.	Prof. Shobha Mishra	MCA I Lect.	<i>Mishra</i>
3.			

Thanking you, Yours faithfully,

Date: 05/12/2022 Signature of Applicant *AK*
Remarks by the Head of Dept. Recommended / Not Recommended
Signature of H.O.D. *Kudale* 5/12/22

Remarks of Establishment Section regarding balance of leave

Casual Leave Account:	Compensatory off Account:
Casual Leave : <u>13</u> days	C.Off due : _____ days
Casual Leave availed : <u>2</u> days <i>AK</i>	C.Off availed : _____ days
Balance of Casual Leave: <u>11</u> days	Balance C. Off : _____ days

Recommended / Not Recommended Signature of I/C Estt. Section
Shingde Leave Sanctioned / Not Sanctioned

DIRECTOR / PRINCIPAL PRESIDENT / SECRETARY / VICE PRESIDENT





Sinhgad Technical Education Society's
 Sinhgad Institute of Management

APPLICATION FOR CASUAL LEAVE / C.OFF

Name: D H. Bodhey Employee Code: 8264
 Designation: Assist. Prof.

Sir / Madam,
 Kindly sanction me 1 days leave from 5/12/22 to 5/12/22

Prefix / Suffix (being / Saturday/Sunday / Holiday): — Total Period — days

I will be reporting my duty on 6/12/2022

Reason for Leave: family function at Amargabai

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	Pooja D.P.	MCA-IC (10-11Am)	
2.	Usha Babare	MCA S-2C (3 to 4)	
3.			

Thanking you, Yours faithfully,

Date: 1/12/2022 Signature of Applicant

Remarks by the Head of Dept. Recommended / Not Recommended
 Signature of H.O.D.

Remarks of Establishment Section regarding balance of leave

Casual Leave Account:		Compensatory off Account:	
Casual Leave	: <u>15</u> days	C.Off due	: _____ days
Casual Leave availed	: <u>01</u> days	C.Off availed	: _____ days
Balance of Casual Leave:	<u>14</u> days	Balance C. Off :	_____ days

Recommended / Not Recommended Recommended
 Signature of I/C Estt. Section
 Leave Sanctioned / Not Sanctioned

DIRECTOR / PRINCIPAL
 PRESIDENT / SECRETARY / VICE PRESIDENT



Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR CASUAL LEAVE / C.OFF

Name: Aryali Ambadas Londge Employee Code: 21047
 Designation: Asst. Professor

Sir / Madam,
 Kindly sanction me 3 days leave from 25/05/22 to 27/05/22

Prefix / Suffix (being / Saturday/Sunday / Holiday): 3 Total Period 5 days

I will be reporting my duty on 30/05/2022

Reason for Leave: Wedding Ceremony Sister in law

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	<u>Dr. Milind Godase</u>	<u>Lecture</u>	<u>MJG</u>
2.	<u>Dushyant Bodhkey</u>	<u>Lecture</u>	<u>DB</u>
3.			

Thanking you, Yours faithfully,

Date: 24/05/22
 Signature of Applicant
 Recommended / Not Recommended

Remarks by the Head of Dept.
 Signature of H.O.D. 24/5/22

Remarks of Establishment Section regarding balance of leave

Casual Leave Account:		Compensatory off Account:	
Casual Leave	: <u>3</u> days	C.Off due	: _____ days
Casual Leave availed	: <u>3</u> days	C.Off availed	: _____ days
Balance of Casual Leave:	<u>0</u> days	Balance C. Off:	_____ days

Recommended / Not Recommended
 Signature of I/C Estt. Section
 Leave Sanctioned / Not Sanctioned

DIRECTOR / PRINCIPAL
 PRESIDENT / SECRETARY / VICE PRESIDENT



Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR CASUAL LEAVE / C.OFF

Name: Prof Balchandra Doddi Employee Code: 66/6/1247/13249
Designation: Asst Prof

Sir / Madam,
Kindly sanction me 02 days leave from 08/11/2021 to 09/11/2021
Prefix / Suffix (being / Saturday/Sunday / Holiday): _____ Total Period 06 days
I will be reporting my duty on Wednesday 10/11/2021.
Reason for Leave: Going to native place Salapur for Dipavali

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	<u>RAHUL DWIVEDI</u>	<u>Dept. work.</u>	<u>Rahul</u>
2.			
3.			

Thanking you, Yours faithfully,
Doddi
Date: 02/11/2021 Signature of Applicant
Remarks by the Head of Dept. Recommended / Not Recommended
Rupali 2/11/21
Signature of H.O.D.

Remarks of Establishment Section regarding balance of leave

Casual Leave Account:		Compensatory off Account:	
Casual Leave	: <u>13</u> days	C.Off due	: _____ days
Casual Leave availed	: <u>2</u> days	C.Off availed	: _____ days
Balance of Casual Leave:	<u>11</u> days	Balance C. Off	: _____ days

Recommended / Not Recommended
Chy
Signature of I/C Estt. Section
Leave Sanctioned / Not Sanctioned

DIRECTOR / PRINCIPAL PRESIDENT / SECRETARY / VICE PRESIDENT





Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR CASUAL LEAVE / C.OFF

Name: Shobha S. Mishra Employee Code: 12497
 Designation: Asst. Prof.

Sir / Madam,
 Kindly sanction me Three days leave from 22-Jan-2020 to 24-Jan-2020

Prefix / Suffix (being / Saturday/Sunday / Holiday): 3 Total Period three days

I will be reporting my duty on 27-Jan-2020

Reason for Leave: Family Function at Bhopal.

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	<u>Aparna Kulkarni</u>	<u>Duty</u>	<u>[Signature]</u>
2.			
3.			

Thanking you,

Yours faithfully,

Date: 02-Dec-2019

Shobha
 Signature of Applicant

Remarks by the Head of Dept.

Recommended / Not Recommended

Rupali
 Signature of H.O.D.

Remarks of Establishment Section regarding balance of leave

Casual Leave Account:
 Casual Leave : 10 days
 Casual Leave availed : 3 days
 Balance of Casual Leave: 7 days

Compensatory off Account:
 C.Off due : _____ days
 C.Off availed : _____ days
 Balance C. Off : _____ days

Recommended / Not Recommended

Signature of I/C Estt. Section
 Leave Sanctioned / Not Sanctioned

DIRECTOR / PRINCIPAL

PRESIDENT / SECRETARY / VICE PRESIDENT



Sinhgad Technical Education Society's Sinhgad Institute of Management			
APPLICATION FOR CASUAL LEAVE / C.OFF			
Name: <u>Bhinge M.M.</u>		Employee Code: <u>2405</u>	
		Designation: <u>Asst. Prof.</u>	
Sir / Madam, Kindly sanction me <u>3</u> days leave from <u>2/12/2020</u> to <u>4/12/2020</u>			
Prefix / Suffix (being / Saturday/Sunday / Holiday): <u>2+1</u> Total Period <u>5+1</u> days			
I will be reporting my duty on <u>3/12/2020</u>			
Reason for Leave: <u>work</u>			
Alternative arrangement made during leave period:			
Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	<u>Kumudini Manwar</u>	<u>Duty</u>	<u>gm</u>
2.			
3.			
Thanking you,		Yours faithfully,	
Date: _____		<u>Manalisa</u> Signature of Applicant	
Remarks by the Head of Dept. _____		Recommended / Not Recommended <u>Recommended</u> <u>11/12/2020</u> Signature of H.O.D.	
Remarks of Establishment Section regarding balance of leave			
Casual Leave Account:		Compensatory off Account:	
Casual Leave	: <u>13</u> days	C.Off due	: _____ days
Casual Leave availed	: <u>3</u> days <u>gm</u>	C.Off availed	: _____ days
Balance of Casual Leave:	<u>10</u> days	Balance C. Off :	_____ days
Recommended / Not Recommended <u>Recommended</u>		Signature of I/C Estt. Section Leave Sanctioned / Not Sanctioned	
DIRECTOR / PRINCIPAL		PRESIDENT / SECRETARY / VICE PRESIDENT	





Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR CASUAL LEAVE / C.OFF

Name: Prof. Anand Kulkarni Employee Code: _____
 Designation: Asst. Professor

Sir / Madam,
 Kindly sanction me 03 days leave from 03/12/19 to 5/12/19

Prefix / Suffix (being / Saturday/Sunday / Holiday): - Total Period 03 days

I will be reporting my duty on 6/12/19

Reason for Leave: MBA - Examination (Pune University)

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	<u>D.H. Bodhley</u>	<u>Exam duty</u>	<u>[Signature]</u>
2.			
3.			

Thanking you,

Yours faithfully,

Date: 02/12/19

[Signature]
Signature of Applicant

Remarks by the Head of Dept.

Recommended / Not Recommended

Signature of H.O.D.

Remarks of Establishment Section regarding balance of leave

Casual Leave Account:

Casual Leave : 13.5 days
 Casual Leave availed : 3 days [Signature]
 Balance of Casual Leave: 10.5 days

Compensatory off Account:

C.Off due : _____ days
 C.Off availed : _____ days
 Balance C. Off : _____ days

Recommended / Not Recommended

[Signature]
 Signature of I/C Estt. Section
 Leave Sanctioned / Not Sanctioned

[Signature]
 DIRECTOR / PRINCIPAL

PRESIDENT / SECRETARY / VICE PRESIDENT





Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR EARNED / COMMUTED (MEDICAL) HALF PAY / WITHOUT PAY LEAVE

Name: Dr. Manisha Kumbhar Employee Code: 03164
 Designation: professor

Sir / Madam,
 Kindly sanction me 3 days leave from 28/11/2018 to 30/11/2018

Prefix / Suffix (being Sunday / Holiday): _____ Total Period 3 days

I will be reporting my duty on 04/12/2018

Reason for Leave: Viral fever

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	Prof. Vibhavarai Paudyal	marks	
2.	Prof. B. Nilesh	marks	
3.			

Thanking you, Yours faithfully,

Date: 04/12/2018 Signature of Applicant Manisha

Remarks by the Head of Dept. Recommended / Not Recommended

Signature of H.O.D. Rupali

Remarks of Establishment Section regarding balance of leave

Earned Leave Account:	Commuted Half Pay Leave Account:
Earned Leave : <u>3</u> days	Commuted (Medical) Half Pay Due : <u>18</u> days
Earned Leave availed : <u>3</u> days	Commuted (Medical) Half Pay availed : <u>6</u> days
Balance of Earned Leave: <u>0</u> days	Commuted (Medical) Half Pay Balance : <u>12</u> days
LWP: _____ days	

Recommended / Not Recommended Signature of I/C Estt. Section
 Leave Sanctioned / Not Sanctioned

DIRECTOR / PRINCIPAL
 PRESIDENT / SECRETARY / VICE PRESIDENT





Sinhgad Technical Education Society's
SINHGAD INSTITUTE OF MANAGEMENT
 ((Affiliated to Savitribai Phule Pune University, Approved by AICTE
 & Accredited by NAAC)
 S.No. 44/1, Vadgaon (Bk.), Off Sinhgad Road, Pune 411 041

Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR EARNED / COMMUTED (MEDICAL) HALF PAY / WITHOUT PAY LEAVE

Name: Ramesh D. Jadhav Employee Code: 6769
 Designation: Asst. Professor

Sir / Madam,
 Kindly sanction me 4 days leave from 10/12/18 to 13/12/18

Prefix / Suffix (being Sunday / Holiday): 02 Total Period 06 days

I will be reporting my duty on 14/12/2018

Reason for Leave: Bleeding Piles

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	<u>Prof. Sachin Subnis</u>	<u>Duty</u>	<u>[Signature]</u>
2.			
3.			

Thanking you, Yours faithfully,
 Date: 14/12/2018 Signature of Applicant [Signature]
 Remarks by the Head of Dept. Recommended / Not Recommended
 Signature of H.O.D. [Signature]

Remarks of Establishment Section regarding balance of leave

Earned Leave Account:		Commutated Half Pay Leave Account:	
Earned Leave	: <u>1</u> days	Commutated (Medical) Half Pay Due	: <u>15</u> days
Earned Leave availed	: <u>0</u> days	Commutated (Medical) Half Pay availed	: <u>8</u> days
Balance of Earned Leave	: <u>1</u> days	Commutated (Medical) Half Pay Balance	: <u>107</u> days
LWP: _____ days			

Recommended / Not Recommended _____ Signature of I/C Estt. Section
 Leave Sanctioned / Not Sanctioned _____

DIRECTOR / PRINCIPAL _____ PRESIDENT / SECRETARY / VICE PRESIDENT _____



Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR CASUAL LEAVE / C.OFF

Name: Sonjay S. Kulkarni Employee Code: 4879
 Designation: peon

Sir / Madam,
 Kindly sanction me 01 days leave from 4/5/2023 to 4/5/2023

Prefix / Suffix (being / Saturday/Sunday / Holiday): 03 Total Period 04 days

I will be reporting my duty on 08-5-2023

Reason for Leave: Going to native place for Atend Rituil Fudhe

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	<u>IT ST - uinot</u>	<u>540</u>	<u>[Signature]</u>
2.			
3.			

Thanking you, Yours faithfully,

Date: 28-4-2023 Signature of Applicant [Signature]

Remarks by the Head of Dept. Recommended / Not Recommended

Signature of H.O.D. [Signature]

Remarks of Establishment Section regarding balance of leave

Casual Leave Account:		Compensatory off Account:	
Casual Leave	: <u>7</u> days	C.Off due	: <u> </u> days
Casual Leave availed	: <u>1</u> days	C.Off availed	: <u>2</u> days
Balance of Casual Leave:	<u>6</u> days	Balance C. Off:	<u> </u> days

Signature of I/C Estt. Section
 Leave Sanctioned / Not-Sanctioned

APPROVED

[Signature]
 DIRECTOR / PRINCIPAL
 DIRECTOR

[Signature]
 PRESIDENT / SECRETARY / VICE PRESIDENT
 FOUNDER SECRETARY





**Sinhgad Technical Education Society's
 Sinhgad Institute of Management**

APPLICATION FOR CASUAL LEAVE / C.OFF

Name: Aishwarya Rajaram Gaikwad. Employee Code: 41A/2528/21591
 Designation: Training And Placement Assistant

Sir / Madam,
 Kindly sanction me one days leave from 31/8/2023 to 31/8/2023

Prefix / Suffix (being / Saturday/Sunday / Holiday): _____ Total Period 01 day:

I will be reporting my duty on 1/9/2023

Reason for Leave: Doctor Appoinment

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	Neelam Edake	Placement	
2.	Talase Sandipan D.	CAP duty	
3.			

Thanking you,

Yours faithfully,

Date: 30/08/2023

30/08/2023
 Signature of Applicant

Remarks by the Head of Dept.

Recommended / Not Recommended

Rupali 31/8/23
 Signature of H.O.D.

Remarks of Establishment Section regarding balance of leave
 Casual Leave Account:

Casual Leave : 1 days
 Casual Leave availed : 1 days Navale
 Balance of Casual Leave: 0 days

Compensatory off Account

C.Off due : _____ days
 C.Off availed : _____ days
 Balance C. Off : _____ days

Recommended / Not Recommended

Signature of I/C Estt. Sec
 Leave Sanctioned / Not-Sanc
 APPROVED

Wendy
 DIRECTOR/PRINCIPAL
 Sinhgad Institute of Management
 S. No. 44/1, Vadgaon (Bk.), Pune 411 041

Navale
 PRESIDENT / SECRETARY / VICE PRES
 FOUNDER SECRETARY
 Sinhgad Technical Education Societ



25/7

APPLICATION FOR CASUAL LEAVE / C.OFF

's
EMENT
proved by AICTE
Pune 411 041

Name: Ganesh P. Patil Employee Code: 21292
Designation: Driver

Sir / Madam,
Kindly sanction me 01 days leave from 22-7-22 to 22-7-22

Prefix / Suffix (being / Saturday/Sunday / Holiday): 02 Total Period 3 days

I will be reporting my duty on 25-07-22

Reason for Leave: was having fever

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	-	-	-
2.			
3.			

Thanking you,

Yours faithfully,

Date: 25/7/22

Ganesh P. Patil
Signature of Applicant

Remarks by the Head of Dept.

Recommended / Not Recommended

Chit

Signature of H.O.D.

Remarks of Establishment Section regarding balance of leave
Casual Leave Account:

Casual Leave : 4 days

Casual Leave availed : 1 days

Balance of Casual Leave: 3 days

Compensatory off Account:

C.Off due : _____ days

C.Off availed : _____ days

Balance C. Off : _____ days

Recommended / Not Recommended

Signature of I/C Estt. Section
Leave Sanctioned / Not-Sanctioned

25/7
DIRECTOR / PRINCIPAL

APPROVED

PRESIDENT / SECRETARY / VICE PRESIDENT

DIRECTOR
Sinhgad Institute of Management
E. No. 441, Vadgaon (E), Pune-411 041





25/7/22

Sinhgad Institute of Management

APPLICATION FOR CASUAL LEAVE / C.OFF

Name: Damini Sanjay Thopte Employee Code: 19774
 Designation: Accounts clerk

Sir / Madam,
 Kindly sanction me 1 days leave from 14-07-22 to 14-07-22

Prefix / Suffix (being Sunday / Holiday): - Total Period 1 days

I will be reporting my duty on 15-07-2022

Reason for Leave: Family function

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	Mrs. Pallavi Rakte		<u>Pravara</u>
2.			
3.			

Thanking you, Yours faithfully,
Thopte
 Signature of Applicant

Date: 22-07-2022
 Remarks by the Head of Dept. Recommended / Not Recommended

MPO
 Signature of H.O.D.

Remarks of Establishment Section regarding balance of leave

Casual Leave Account:		Compensatory off Account:	
Casual Leave	: <u>7</u> days	C.Off due	: _____ days
Casual Leave availed	: <u>1</u> days <u>LR</u>	C.Off availed	: _____ days
Balance of Casual Leave:	<u>6</u> days	Balance C. Off	: _____ days

Recommended / Not Recommended ✓ Leave-Sanctioned / Not Sanctioned

NOT APPROVED

PRESIDENT / SECRETARY / VICE PRESIDENT
 Dr. (Mrs.) SUNANDA M. NAYAK
 CHIEF EXECUTIVE OFFICER / CHIEF FINANCIAL OFFICER

DIRECTOR / PRINCIPAL
 Sinhgad Institute of Management
 S. No. 44/1, Vadgaon (Bk.), Pune-411 041





Sinhgad Institutes

Sinhgad Technical Education Society's
SINHGAD INSTITUTE OF MANAGEMENT
(Affiliated to Savitribai Phule Pune University, Approved by AICTE
& Accredited by NAAC)
S.No. 44/1, Vadgaon (Bk.), Off Sinhgad Road, Pune 411 041

Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR CASUAL LEAVE / C.OFF

Name: Arun P. Chakane Employee Code: 334
Designation: Net Sweeper

Sir / Madam,
Kindly sanction me 1 days leave from 31/12/20 to 31/12/20
Prefix / Suffix (being / Saturday/Sunday / Holiday): _____ Total Period _____ days

I will be reporting my duty on 1/1/21
Reason for Leave: Relative passed away.

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	<u>Mr. M. M. Lathe</u>	<u>Duty</u>	<u>[Signature]</u>
2.			
3.			

Thanking you, Yours faithfully,

Date: 1/1/21
Remarks by the Head of Dept. _____
Signature of Applicant: [Signature]
Recommended / Not Recommended: Recommended
Signature of H.O.D.: [Signature] 1/1/2021

Remarks of Establishment Section regarding balance of leave
Casual Leave Account: 7 days
Casual Leave availed: 1 days
Balance of Casual Leave: 6 days

Compensatory off Account:
C. Off due: _____ days
C. Off availed: _____ days
Balance C. Off: _____ days

Recommended / Not Recommended: Recommended
Signature of I/C Estt. Section: [Signature]
Leave Sanctioned / Not Sanctioned: **APPROVED**
DIRECTOR / PRINCIPAL: [Signature]
PRESIDENT / SECRETARY / VICE PRESIDENT: [Signature]
FOUNDER SECRETARY: _____
Sinhgad Technical Education Society

S. No. 44/1, Vadgaon (Bk.), Pune-411 041



पुणे महानगरपालिका
मृत्यू वार्ता
 (नागरिकांसाठी)

अनुक्रमांक: _____

(२) मृत्यू दिनांक: _____

दिनांक	महिना	वर्ष
31	12	2020

(३) नोंदणी दिनांक: _____

दिनांक	महिना	वर्ष
31	12	2020

099957

(१) मृताचे संपूर्ण नाव: जाधवराव गोविंद रते

(१५) मृत व्यक्तीचे ओळखपत्र : मतदान ओळखपत्र / पॅन कार्ड / वाहन परवाना / आधार कार्ड

(१६) आईचे/पत्नीचे संपूर्ण नाव: _____

(१७) लिंग: पुरुष स्त्री तृतीयपंथी (८) मृताचे वय: 62

(१८) मृताचा कायमचा पत्ता: आठवडा व न. नगर

(१९) मृत्यू झाल्याचे ठिकाण: _____

(अ) रुग्णालय / संस्थेचे नाव: सरुवा

(ब) सध्याचा पत्ता: _____

(क) इतर: _____

(११) माहिती देणाराचे नाव: जीशान रते

(१२) पत्ता: _____

(१३) ओळखपत्र : मतदान ओळखपत्र / पॅनकार्ड / वाहन परवाना / आधार कार्ड

(१४) अंत्यविधीचे ठिकाण: आठवडा व न. नगर

टीप : क्र. (१४) बंधनकारक आहे.

Dr. H. S. Patil
 वार्ता देणाराची स्वाक्षरी

वार्ता स्वीकारणाऱ्याची स्वाक्षरीत पारा _____

वार्ता स्वीकारणाऱ्याचे नाव _____

मयतपास केंद्रावरील शिका _____

दूरध्वनी/मोबाईल क्रमांक: 9850737360

वार्ता नोंदणी क्रमांक _____

मयतपास केंद्रावरील शिका _____

पुणे महानगरपालिका
(स्मशान परवाना)

अनुक्रमांक: _____

मृत्यू दिनांक: _____

दिनांक	महिना	वर्ष
31	12	2020

नोंदणी दिनांक: _____

दिनांक	महिना	वर्ष
31	12	2020

099957

मृताचे संपूर्ण नाव: जाधवराव गोविंद रते

मृताचा संपूर्ण पत्ता: आठवडा व न. नगर

वार्ता देणाराचे नाव: जीशान रते मोबाईल क्रमांक: _____

वार्ता देणाराचा पत्ता: _____

अंत्यविधीचे ठिकाण: आठवडा व न. नगर

अंत्यविधीचा प्रकार : दहन / पुणे / विद्युतदाहिती _____

पत्रकी नंबर व दिनांक: _____

लेखनिक



Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR CASUAL LEAVE / C.OFF

Name: Pragati P Kakade Employee Code: 9362
 Designation: Instructor

Sir / Madam,
 Kindly sanction me 4 days leave from 15/4/2019 to 15/4/2019

Prefix / Suffix (being / Saturday/Sunday / Holiday): 2 Total Period 3 days

I will be reporting my duty on 16/4/2019

Reason for Leave: Son was not well.

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	—		
2.			
3.			

Thanking you,

Date: 16/4/2019
 Remarks by the Head of Dept. Pragati Kakade
 Signature of Applicant

Signature of H.O.D. Pragati Kakade

Remarks of Establishment Section regarding balance of leave

Casual Leave Account:		Compensatory off Account:	
Casual Leave	: <u>6.5</u> days	C.Off due	: _____ days
Casual Leave availed	: <u>1</u> days	C.Off availed	: _____ days
Balance of Casual Leave:	<u>5.5</u> days	Balance C. Off	: _____ days

Signature of I/C Estt. Section
 Leave Sanctioned / Not-Sanctioned

Recommended / Not Recommended

16/4/19
 DIRECTOR / PRINCIPAL
 DIRECTOR

PRESIDENT / SECRETARY / VICE PRESIDENT





Sinhgad Technical Education Society's 2378
Sinhgad Institute of Management

APPLICATION FOR EARNED / COMMUTED (MEDICAL) HALF PAY / WITHOUT PAY LEAVE

Name: Mr. Anil Tansen Jadhav Employee Code: 00196
 Designation: Head clerk.

Sir / Madam,
 Kindly sanction me 05 days leave from 19/09/22 to 23/09/22

Prefix / Suffix (being / Saturday/Sunday / Holiday): 02 Total Period 07 days

I will be reporting my duty on 26/09/22

Reason for Leave: Kedarnath, Badrinath Yatra

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	<u>Mr. A.B. Kharade</u>	<u>Duty</u>	<u>A.B. Kharade</u>
2.	<u>Mrs. Geetanjali Jagtap</u>	<u>Duty</u>	<u>Geetanjali Jagtap</u>
3.			

Thanking you,

Yours faithfully,

Date: 22/08/22

[Signature]
 Signature of Applicant

Remarks by the Head of Dept.

Recommended / Not Recommended

[Signature]
 Signature of H.O.D.

Remarks of Establishment Section regarding balance of leave

Earned Leave Account:

Earned Leave : 300 days
 Earned Leave availed : 05 days
 Balance of Earned Leave: 295 days

Commuted Half Pay Leave Account:

Commuted (Medical) Half Pay Due: _____ days
 Commuted (Medical) Half Pay availed : _____ days
 Commuted (Medical) Half Pay Balance : _____ days

LWP: _____ days

Recommended / Not Recommended



Signature of I/C Estt. Section
 Leave Sanctioned / Not-Sanctioned
APPROVED

[Signature]
 DIRECTOR / PRINCIPAL

[Signature]
 PRESIDENT / SECRETARY / VICE PRESIDENT



Uttarakhand Tourism Development Board - Yatra Registration Letter

Unique Registration No	358778425283
Group ID	G272230
Destination	Kedarnath, Badrinath
Tour Days	18-09-2022 To 24-09-2022
Selected Specific Date	Yamunotri: - Gangotri: - Kedarnath: 19-09-2022 Badrinath: 22-09-2022 Hemkund Sahib: -
Full Name	Anil Tansen Jadhav
Gender	Male
Age	50
Email Address	atjadhav1972@gmail.com
Mobile Number	9527241314
Country	India
Address	29/1B, MITRANAND SOCIETY, NARSINHA NIWAS FLAT NO 1, HINGNE KHURD ANANDNAGAR PUNE-411051
City	PUNE
District Name	PUNE
State	Maharashtra
Emergency Contact No	9763048671
Contact Person Name	VARSHA ANIL JADHAV
Contact Person Relation	Spouse
Profession	-
Mode of Travel for Dham (After entering into Uttarakhand State)	By Walking
Driver's Name	-
Vehicle Number	-
COVID-19 Certificate Reference ID Number	21363743513275

Electronic Reservation Slip (ERS) - Normal User

Boarding From
PUNE JN (PUNE)
Departure* 17:20 16-Sep-2022

PNR
8752570057

Quota
GENERAL (GN)

Train No./Name
11077 / JHELUM EXPRESS

Distance
1596 KM

To
H NIZAMUDDIN (NZM)
Arrival* 20:49 17-Sep-2022

Class
SLEEPER CLASS (SL)

Ticket Printing Time
18-Aug-2022 17:14:38 Hrs

VE

Passenger Details


Name	Age	Gender	Booking Status	Current Status
ANIL T JADHAV	50	M	CNF/S6/17/LOWER	CNF /S6/17/LOWER

anynms: RLWL: REMOTE LOCATION WAITLIST
RSWL: ROAD-SIDE WAITLIST PCWL: POOLED QUOTA WAITLIST

भारतीय रेल यात्रा की लागत का औसतन केवल 57% वसूल करती है।
 IR recovers only 57% of cost of travel on an average.

Payment Details

Ticket Fare	₹ 645.00
IRCTC Convenience Fee	₹ 17.70
Travel Insurance Premium	₹ 0.35
Total Fare	₹ 663.05



PG Charges as applicable (Additional)
 IRCTC Convenience Fee is charged per e-ticket irrespective of number of passengers on the ticket.

* The printed Departure and Arrival Times are liable to change. Please Check correct departure, arrival from Railway Station Enquiry or Dial 139 or SMS RAIL to 139.

- This ticket is booked on a personal User ID, its sale/purchase is an offence u/s 143 of the Railways Act,1989.
 Prescribed original ID proof is required while travelling along with SMS/ VRM/ ERS otherwise will be treated as without ticket and penalized as per Railway Rules.

IRCTC OR ITS AFFILIATES NEVER ASK FOR YOUR PERSONAL BANK OR SECURITY DETAILS
PLEASE BE AWARE IF ANYONE IS ASKING FOR YOUR ATM PIN / OTP / CVV NUMBER

www.irctc.co.in | 100

Indian Railways GST Details:

Invoice Number:	PS22875257005711	Address:	Indian Railways New Delhi
Supplier Information:			
SAC Code:	996421	GSTIN:	07AAAGM0289C1ZL
Recipient Information:			
GSTIN:	NA		
Name:	NA	Address:	
Taxable Value:	645.0		
CGST Rate:	2.5%	CGST Amount:	0.0
SGST/UGST Rate:		SGST/UGST Amount:	
IGST Rate:	5.0%	IGST Amount:	0.0
Total Tax:			
Place of Supply:	NA	State Name/Code of Supplier:	Delhi/DL

1 of 2

Sinhgad Institute of Management

APPLICATION FOR EARNED / COMMUTED (MEDICAL) HALF PAY / WITHOUT PAY LEAVE

Name: Priyanka N Karande Employee Code: 8359
 Designation: Placement Coordinator

Sir / Madam,
 Kindly sanction me 6 days leave from 13th July 22 to 18th July 22
 Prefix / Suffix (being Sunday / Holiday): — Total Period 6 days

I will be reporting my duty on 19th July 22

Reason for Leave: Going For Family Trip

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	<u>Sapna Sawant Aher</u>	<u>Placement</u>	<u>[Signature]</u>
2.			
3.			

Thanking you, Yours faithfully,

Date: 25th June 22
 Remarks by the Head of Dept. for kind consideration
 Signature of Applicant: [Signature]
 Recommended / Not Recommended

Remarks of Establishment Section regarding balance of leave
 Earned Leave Account: Earned Leave : 244 days
 Earned Leave availed : 06 days
 Balance of Earned Leave: 238 days
 LWP: _____ days

Commutated Half Pay Leave Account:
 Commuted (Medical) Half Pay Due : _____ days
 Commuted (Medical) Half Pay availed : _____ days
 Commuted (Medical) Half Pay Balance : _____ days
 Signature of I/C Estt. Section
 Leave-Sanctioned / Not Sanctioned

Recommended / Not Recommended

DIRECTOR / PRINCIPAL
 DIRECTOR
 Sinhgad Institute of Management
 S. No. 44/1, Vadgaon (Bk.), Pune-411 041

PRESIDENT / SECRETARY / VICE PRESIDENT
[Signature]



Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR EARNED / COMMUTED (MEDICAL) HALF PAY / WITHOUT PAY LEAVE

Name: Rupali Jain Employee Code: 44
 Designation: Research Head

Sir / Madam,
 Kindly sanction me 31 days leave from 1st Oct to 31st Oct

Prefix / Suffix (being / Saturday/Sunday / Holiday): _____ Total Period 31 days

I will be reporting my duty on 1st Nov.

Reason for Leave: Low immunity

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	<u>Mr. Tushar Nivargade</u>	<u>research work</u>	<u>[Signature]</u>
2.			
3.			

Thanking you, Yours faithfully,
[Signature]

Date: 01/10/2020 **Signature of Applicant**
 Remarks by the Head of Dept. Recommended / Not Recommended
[Signature]
Signature of H.O.D.

Remarks of Establishment Section regarding balance of leave

Earned Leave Account: Earned Leave : <u>195</u> days Earned Leave availed : <u>11</u> days Balance of Earned Leave: <u>184</u> days	Commutated Half Pay Leave Account: Commuted (Medical) Half Pay Due: <u>82</u> days Commuted (Medical) Half Pay availed : <u>40</u> days Commuted (Medical) Half Pay Balance : <u>42</u> days LWP: <u>—</u> days
---	--

Recommended / Not Recommended **Signature of I/C Estt. Section**
Leave Sanctioned / Not-Sanctioned

[Signature] [Signature]
 DIRECTOR / PRINCIPAL PRESIDENT / SECRETARY / VICE PRESIDENT

Pl adjust her leave as per the instructions of the Honble President STES.



YASH BRAIN CLINIC

डॉ. महाबल शाह
विभाग प्रमुख न्यूरॉलॉजी
विश्वराज हॉस्पिटल

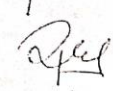
डॉ. एन.बी. (भट्टीन), डॉ. एन.बी. (न्यूरॉलॉजी)

Yash Brain Clinic
Mrs Rupali Jain
Age 50 yr

Date
1/10/2020

Medical certificate

This is to certify that Mrs Rupali Jain had large (R) MCA infarct. She is having left sided hemiparesis Her immunity is less & she is having high chances of Covid-19 infection. She is advised by me not to go to work for 2 months.


Dr. M. Shah J

Shangrila Gardens, B-Wing, 2nd Floor, Flat No. 6, Near ICICI Bank, Bund Garden, Pune.
Time : 10.00 am To 12.30 pm Daily (Except Wednesday, Sunday & First Friday)
शांग्रीला गार्डन्स, बी - विंग, दुसरा मजला, फ्लॅट नं. ६, आय. सी आय. सी. आय. बँकेजवळ, बंडगार्डन, पुणे
वेळ : दररोज सकाळी १०.०० ते दु. १२.३० (बुधवार, रविवार आणि पहिला शकतार मेरेन)



Sinhgad Institutes

Sinhgad Technical Education Society's
SINHGAD INSTITUTE OF MANAGEMENT
 ((Affiliated to Savitribai Phule Pune University, Approved by AICTE
 & Accredited by NAAC)
 S.No. 44/1, Vadgaon (Bk.), Off Sinhgad Road, Pune 411 041

Sinhgad Technical Education Society's
Corporate Office

APPLICATION FOR EARNED / COMMUTED (MEDICAL) HALF-PAY / LEAVE WITHOUT PAY
 Name : Pourhandra D. Bansode Designation : PCO
 Sir / Madam,
 Kindly sanction me 5 days leave from 20/5/19 to 24/5/19
 Prefix / Suffix (being Sunday / Holiday): _____ Total Period : _____
 I will be reporting my duty on : 27/5/19
 Reason for Leave : Going to native place for family function & Yatra

Alternative arrangement made during the leave period :

Sr. No	Name of the alternative staff member	Teaching Load / Duty	Signature
1.	<u>Mrs. S. Jadhav</u>		<u>[Signature]</u>
2.			
3.			

Thanking you, Yours faithfully,
 Date: 07/5/19 [Signature]
 Signature of Applicant

Remarks by the Head of Dept. Recommended / Not recommended
 Signature of H.O.D.

Remarks of Establishment Section regarding balance of leave.

Earned Leave Account		Commuted (Medical) Half Pay Leave Account	
Earned Leave Due	: <u>252</u> days	Commuted (Medical) Half Pay Due	: _____ days
Earned Leave Availed	: <u>05</u> days	Commuted (Medical) Half Pay Availed	: _____ days
Earned Leave Balance	: <u>247</u> days	Commuted (Medical) Half Pay Balance	: _____ days
Leave Without Pay _____ Days			

Signature of I / C Estt. Section
 Recommended / Not recommended Leave Sanctioned / Not Sanctioned

[Signature]
 Director (Finance)
 Sinhgad Technical Education Society
 Vadgaon, Pune - 411 004.

[Signature]
 PRESIDENT / SECRETARY / VICE PRESIDENT





Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR EARNED / COMMUTED (MEDICAL) HALF PAY / WITHOUT PAY LEAVE

Name: Mrs. Geetanjali Pabul Jagtap Employee Code: 3643
 Designation: Placement Asst.

Sir / Madam,
 Kindly sanction me 5 days leave from 2/3/2020 to 6/3/2020

Prefix / Suffix (being / Saturday/Sunday / Holiday): 4 Total Period 9 days

I will be reporting my duty on 9/3/2020

Reason for Leave: Suffering from menstrual flow & weakness.

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	Mr. Anil T. Jadhav	Duty	
2.	Mr. Arjun Khande	Duty	
3.			

Thanking you, Yours faithfully,

Signature of Applicant

Date: 9/3/2020
 Remarks by the Head of Dept. Recommended / Not Recommended

Signature of H.O.D.

Remarks of Establishment Section regarding balance of leave

Earned Leave Account:	Commutated Half Pay Leave Account:
Earned Leave : <u>78</u> days	Commutated (Medical) Half Pay Due: <u>78</u> days
Earned Leave availed : <u>10</u> days	Commutated (Medical) Half Pay availed : <u>10</u> days
Balance of Earned Leave: <u>68</u> days	Commutated (Medical) Half Pay Balance : <u>68</u> days
LWP: _____ days	

Recommended / Not Recommended APPROVED
Signature of I/C Estt. Section
 Leave Sanctioned / Not Sanctioned—
APPROVED

PRESIDENT / SECRETARY / VICE PRESIDENT

DIRECTOR / PRINCIPAL

DIRECTOR
 Sinhgad Institute of Management
 S. No. 44/1, Vadgaon (Bk.), Pune-411 041





Sinhgad Technical Education Society's
SINHGAD INSTITUTE OF MANAGEMENT
(Affiliated to Savitribai Phule Pune University, Approved by AICTE
& Accredited by NAAC)
S.No. 44/1, Vadgaon (Bk.), Off Sinhgad Road, Pune 411 041

Medical Certificate

Date: 6/3/2020

This is certify that Mr./Ms./Master MH Greta
Rahw Jagtap is/was suffering
from SUB E weakness
since 2/3/2020. He/She has been/was advised
rest from 2/3/2020 upto 6/3/2020 days/weeks.
He/She has been examined by me and is found to be fit to
resume normal duties/attendance from 7/3/2020

Dr. Swati S. Bodner
Stamp
Regd. No. I-46300-A B.A.M.S.
132, Yashwantrao Chavan
Bangalore - 560001



Parvati General Hospital

DR. SWATI BADHE
B.A.M.S
Reg.No 1-46389-A
Cell : 9881204452



S. No. 132/A, Yogeshwar Complex,
Dandekar Bridge,
Near Petrol Pump,
Pune 411 030.

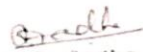
Name: Mrs Geeta Jagtap

Date: 2/3/2020

Rx

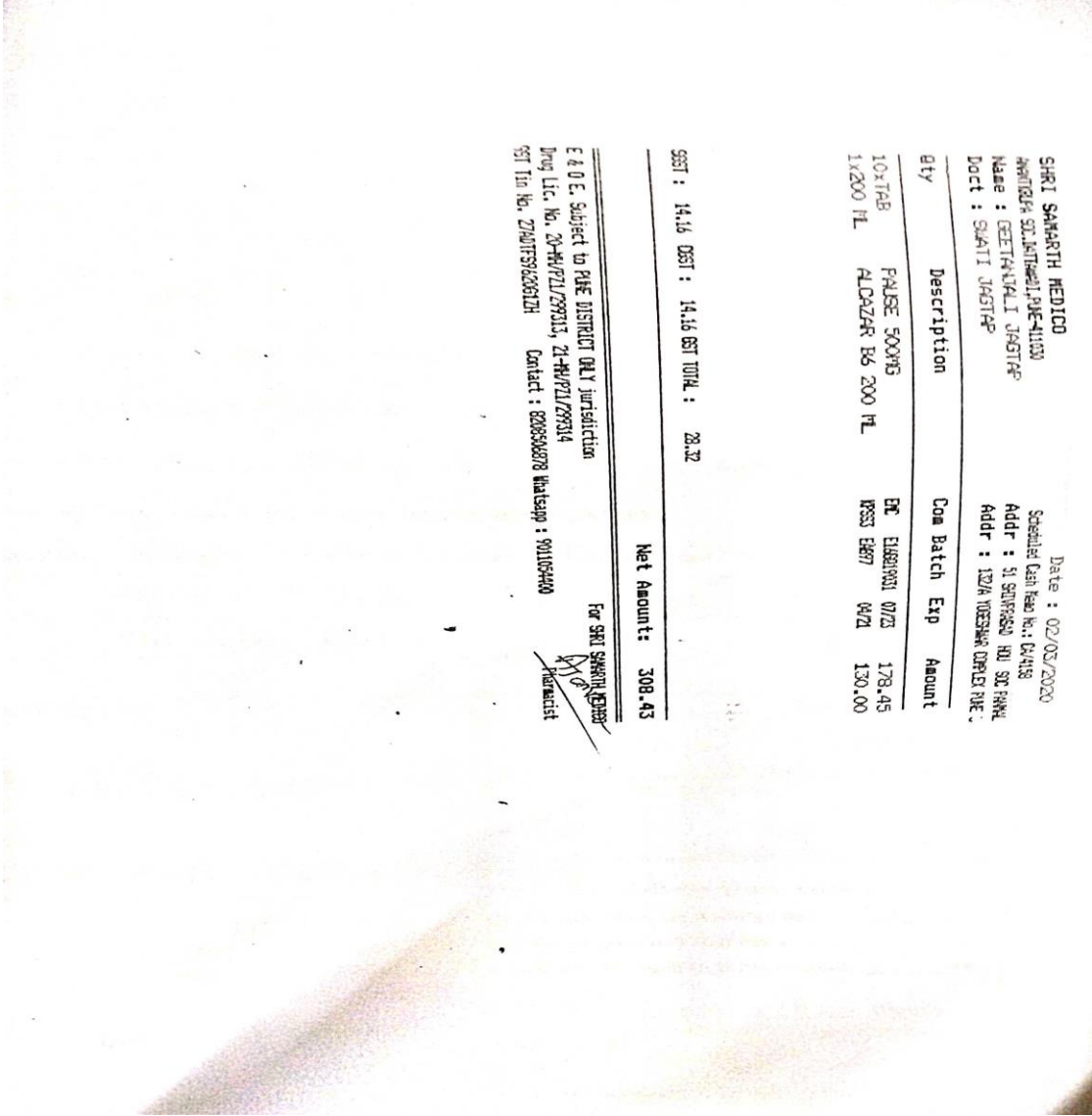
Tab Paracetamol 500 mg x 4 दि.

lrg Cycloset 2-3 के x 2 महिन


Dr. Swati S. Badhe
Reg. No. 1-46389-A



Sinhgad Technical Education Society's
SINHGAD INSTITUTE OF MANAGEMENT
(Affiliated to Savitribai Phule Pune University, Approved by AICTE
& Accredited by NAAC)
S.No. 44/1, Vadgaon (Bk.), Off Sinhgad Road, Pune 411 041



SRI SARATHI MEDICO
AMRUTSRI SOCIETY, PUNE-411030
Name : GEETIKA DALI JAGTAP
Doct : SHANTI JAGTAP
Date : 02/03/2020
Supplier Cash Recd No: 04498
Addr : 51 SAVITRIBAI PHULE SOCIETY
Addr : 12/A WESHWAR CHATEL PUNE

Qty	Description	Coa Batch	Exp	Amount
10 TAB	PAROSE 500MG	BC EL8819031	07/23	178.45
1x200 ML	ALDZAR B5 200 ML	R333 E467	M/21	130.00

GST : 14.16 GST : 14.16 GST TOTAL : 28.32
Net Amount: 308.43

E & O. Subject to RFE DISTRICT ONLY jurisdiction
Drug Lic. No. 24-14/721/29313, 24-14/721/29314
GST Tin No. 27AUF392821H Contact : 820858278 Whatsapp : 90105440
For SRI SARATHI MEDICO
Pharmacist





~18

Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR EARNED / COMMUTED (MEDICAL) HALF PAY / WITHOUT PAY LEAVE

Name: Vaishali S. Madale Employee Code: 12143
 Designation: Maid / sweeper

Sir / Madam,
 Kindly sanction me 3 days leave from 27/07/22 to 29/07/22

Prefix / Suffix (being / Saturday/Sunday / Holiday): 2 Total Period 5 days

I will be reporting my duty on 01/08/22

Reason for Leave: fever, Cozyza and body pain

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	<u>Meerabai Patil</u>	<u>Duty</u>	<u>MSP</u>
2.	<u>Lata Thurat</u>	<u>Duty</u>	<u>TL</u>
3.			

Thanking you, Yours faithfully,
 V.S.M.
Signature of Applicant

Date: 01/08/22 Recommended / Not Recommended
 Remarks by the Head of Dept. Recommended
Signature of H.O.D.

Remarks of Establishment Section regarding balance of leave


Earned Leave Account:	Commutated Half Pay Leave Account:
Earned Leave : <u>/</u> days	Commutated (Medical) Half Pay Due: <u>95</u> days
Earned Leave availed : <u>/</u> days	Commutated (Medical) Half Pay availed : <u>16</u> day
Balance of Earned Leave: <u>/</u> days	Commutated (Medical) Half Pay Balance : <u>89</u> day:
LWP: <u>/</u> days	

Recommended / Not Recommended Recommended Signature of I/C Estt. Section
 Leave Sanctioned / Not Sanctioned—
APPROVED

DIRECTOR / PRINCIPAL
DIRECTOR
 Sinhgad Institute of Management
 S. No. 44/1, Vadgaon (Bk.), Pune-411 041

PRESIDENT / SECRETARY / VICE PRESIDENT
FOUNDER SECRETARY
 SUNANDA M. NAVALE
 Sinhgad Technical Education Society




संजीवन हॉस्पिटल
ज्ञानार्थ बिल्डींग, सिहगड इन्स्टिट्यूट रोड, प्रगती हॉस्टेलच्या समोर, वडगाव बा, पुणे - 411041

डॉ. सोनाली आर. साळुंके
फॅमिली फिजिशीयन
बी.एच.एम.एस
रजि. नं. 64685
फोन : +91 7397863383

Mrs. Madale 27/7/2022

1) Tab. Cyra D — ⑥
जे. आधी

2) Tab. Zifi 200 — ⑥
जे. नंतर

3) Tab. Cheston cold — ⑥
जे. नंतर x 3 दिवस

Sali

पुढील तपासणीच्या वेळेस सदर कागद बरोबर आणावा.

इन्स्टीट्यूट, सिहगड इन्स्टीट्यूट रोड,
हॉस्टेलच्या समोर,
वाडगाव, पुणे - 411041



बी.एच.एम.एस
रजि. नं. 64685
फोन : +91 7397863383

डॉ. वैशाली पाठक
एम.डी. मेडिसिन,
मधुमेह व हृदयरोग तज्ञ

डॉ. विवेक चव्हाण
एम.डी. मेडिसिन,
मधुमेह व हृदयरोग तज्ञ

डॉ. महेश सिन्नरकर
एल.सर्जन

डॉ. सचिन चौधरी
भ्रूस्थिरोग तज्ञ

डॉ. प्रितम पालकर
भ्रूस्थिरोग तज्ञ

डॉ. सचिन नागापुरकर
भ्रूस्थिरोग तज्ञ

डॉ. संदेश सुराणा
अविकार तज्ञ

डॉ. सचिन कुराडे
श्रवण तज्ञ

R Medical Certificate

11/08/2022

To,

Whom so ever it may concern
Respected sir/madam

This is to certify that Mrs. Vaishali Shrivani Madale age 39 yrs female was suffering from fever & chills, Coryza since 27/07/2022 to 29/07/2022. For that she took treatment under my care on OPD basis.

As she was not well I advised her to take rest at home for complete recovery for 2-3 days. After recovery she joined her duty from 11/08/2022.
Do the needful.

Thanks
Regards


SANJEEV CLINIC
DR. VAISHALI
BRUNNEN
PUNE



Sinhgad Institutes

Sinhgad Technical Education Society's
SINHGAD INSTITUTE OF MANAGEMENT
(Affiliated to Savitribai Phule Pune University, Approved by AICTE
& Accredited by NAAC)
S.No. 44/1, Vadgaon (Bk.), Off Sinhgad Road, Pune 411 041

Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR EARNED / COMMUTED (MEDICAL) HALF PAY / WITHOUT PAY LEAVE

Name: Mr. Lathe Machindry M. Employee Code: 6696
Designation: Wet Floor Supervisor/Barner

Sir / Madam,
Kindly sanction me 19 days leave from 13-8-2020 to 31-8-2020

Prefix / Suffix (being / Saturday/Sunday / Holiday): 01 Total Period 20 days

I will be reporting my duty on 01-09-2020

Reason for Leave: COV2 (COVID19) Test Positive.

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	<u>सुभाषी सुत</u>		<u>[Signature]</u>
2.			
3.			

Thanking you, Yours faithfully,
mmlathe
Signature of Applicant

Date: 07/09/2020
Remarks by the Head of Dept. Recommended / Not Recommended
[Signature]
Signature of H.O.D.:-

Remarks of Establishment Section regarding balance of leave

Earned Leave Account:		Commuted Half Pay Leave Account:	
Earned Leave	: _____ days	Commuted (Medical) Half Pay Due:	<u>115</u> days
Earned Leave availed	: _____ days	Commuted (Medical) Half Pay availed :	<u>38</u> day
Balance of Earned Leave:	_____ days	Commuted (Medical) Half Pay Balance :	<u>77</u> day
LWP: _____ days			


Recommended / Not Recommended [Signature]
Signature of I/C Estt. Section
Leave Sanctioned / Not-Sanctioned

DIRECTOR / PRINCIPAL DIRECTOR
Sinhgad Institute of Management

PRESIDENT / SECRETARY / VICE PRESIDENT





 **SINHGAD TECHNICAL EDUCATION SOCIETY'S
SMT. KASHIBAI NAVALE MEDICAL COLLEGE AND GENERAL
HOSPITAL**
S.No. 49/1 & 53/2, Narhe Ambegaon) BK., Pune-411041.
DEPARTMENT OF MICROBIOLOGY
Test Report

Patient Name: - LATHE MACHINDRA MAGAN **Age: 38** **Sex: M**
Patient contact number:- 9764142356

NIV Report No./Date	190/14.8.2020
Date of sample collection	13.8.2020
NIV sample ID	2019nCov-163019
Result SARS – CoV2(COVID19) Test	POSITIVE

Note: - 1) Sample collection done at SKNMC&GH, Pune.
2) COVID-19 RT PCR Test performed at NIV, Pune.

Date: 13.8.2020

Name of Dr. P. M. S.
Signature: _____



8112

PUNE MUNICIPAL CORPORATION
 HEALTH DEPARTMENT
Discharge Card

Hospital / Isolation Facility Name: Sinhgad Govdani

Patient Name: Machindra. Prakash Bate

Age: 33 Sex: M

Address: Nambeyan Bk
mob - 9767142356

Date of Admission: 15/8/20 Sample dt - 13/08/20

Date of Discharge: 24/8/20

History: t

Lab Report : Covid 19 163019

Advice on Discharge :

- (1) Please remain Home Quarantine / Home Isolation for 14 days.
- (2) Please Continue Medicine Advised by Doctor.
- (3) For Follow up, When required contact any nearest PMC flu OPD or PMC Covid Hospital.
- (4) For any Health complaint contact on helpline number -
020-25506317 / 020 - 25506300

Stamp: Signature of Doctor



Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR EARNED / COMMUTED (MEDICAL) HALF PAY / WITHOUT PAY LEAVE

Name: Dr. Samita Mahapatra Employee Code: 10910
 Designation: Asst. Professor

Sir / Madam,
 Kindly sanction me 04 days leave from 15/02/2021 to 18/02/2021
 Prefix / Suffix (being / Saturday/Sunday / Holiday): _____ Total Period _____ days

I will be reporting my duty on 20/2/2021

Reason for Leave: Suffering from UTI

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	<u>Amol Khandagale</u>	—	<u>M</u>
2.	<u>Nitu Pandey</u>	—	<u>N Pandey</u>
3.			

Thanking you, Yours faithfully,
[Signature]
Signature of Applicant

Date: 24/02/2021
 Remarks by the Head of Dept. Recommended / Not Recommended
[Signature] 24/2/21
Signature of H.O.D.

Remarks of Establishment Section regarding balance of leave

Earned Leave Account:	Commutated Half Pay Leave Account:
Earned Leave : <u>—</u> days	Commutated (Medical) Half Pay Due: <u>72</u> days
Earned Leave availed : <u>—</u> days	Commutated (Medical) Half Pay availed : <u>18</u> days
Balance of Earned Leave: <u>—</u> days	Commutated (Medical) Half Pay Balance : <u>64</u> days
LWP: _____ days	

Recommended / Not Recommended [Signature]
DIRECTOR / PRINCIPAL

Signature of I/C Estt. Section
 Leave Sanctioned / Not Sanctioned
PRESIDENT / SECRETARY / VICE PRESIDENT



'श्री' क्लिनिक

डॉ. अर्जुन र. सोनार
 B.A.M.S.
 Reg. No. : 1-36492 A 1



वेळ :
 सकाळी ९:३० ते ०१:००
 सायंकाळी ६:०० ते १०:००

रामनगर, महात्मा फुले चौक, पुणे ४११०५८. मो. : ९०७५४७५७७९

Date : 14/2/21.

Patients Name : Samita Mahapatra.

Age : 51 yrs - Chd - fever & chills

Adv : Chd burning mict.

CBC
 TFTS
 ETS
 Iron profile
 Lipid profile
 microalbumin

B
 ? UTI.
 - Tab: Omnin 200 mg (10) x 5 days
 - Citra liquid (1)
 2 tsf + 1 glass of water - 3 times
 - 5 days

Next Visit :

[Signature]

'श्री' क्लिनिक

डॉ. अर्जुन र. सोनार
B.A.M.S.
Reg. No. : I - 36492 A 1



वेळ :
सकाळी ९:३० ते ०९:००
सायंकाळी ६:०० ते ९:००

समनगर, महात्मा फुले चौक, पुणे ४११०५८. मो. : ९०७५४७५७७९

Date: 18/2/21


Patients Name: Samita Mahapatra

Age: 51 yrs. Medical certificate

Adv :

This is to certify that Mrs. Samita Mahapatra was suffering from UTI. She was under my treatment from 14/2/21 to 18/2/21. She was advised rest by me for next 2 days. She is medically fit to resume her duties from 20/2/21.

Next Visit :



DR. ARJUN R. SONAR
B.A.M.S.(PUNE)
Reg.No.I-36492 A 1

Name -- Samithi mahapatra.

Tab - munim - 200 = 5 = 77 = 50

912 - 0121 1 = 92

759 = 50


AYUSH MEDICAL STORES
35/2, Mahatma Phule Chowk,
Ramnagar, Warje, Pune - 58.
Mob: 90 22 1192.

Sinhgad Technical Education Society's

Sinhgad Institute of Management

APPLICATION FOR EARNED / COMMUTED (MEDICAL) HALF PAY / WITHOUT PAY LEAVE

Name: Dr. Akshata Sakhawalkar Employee Code: 6770
Designation: Asst. Prof

Sir / Madam,

Kindly sanction me 5 days leave from 22/5/23 to 26/5/23

Prefix / Suffix (being / Saturday/Sunday /Holiday): _____ Total Period 7 days

I will be reporting my duty on 29/5/2023

Reason for Leave: Viral Fever.

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	Sushma Orundaj	1:40-2:40 PM (25/05/23) Div J. MBA I	<u>Sushma Orundaj</u>
2.	Priyanka Pawar	2:40-3:30pm (24/05/23) Div. I MBA I	<u>Priyanka Pawar</u>
3.	Yogita Kadhane	MBA - I. Div J	<u>Yogita Kadhane</u>

Thanking you,

Yours faithfully,

Date: 29/5/23

Akshata Sakhawalkar
Signature of Applicant

Remarks by the Head of Dept.

Recommended / Not Recommended

Rupali 29/5/23
Signature of H.O.D.

Remarks of Establishment Section regarding balance of leave

Earned Leave Account:

Earned Leave : 1 days

Earned Leave availed : 1 days

Balance of Earned Leave: 0 days

Commuted Half Pay Leave Account:

Commuted (Medical) Half Pay Due: 20 days

Commuted (Medical) Half Pay Availed: 10 days

Commuted (Medical) Half Pay Balance: 10 days

LWP: _____ days

Recommended / Not Recommended

Signature of I/C Estt. Section
Leave Sanctioned / Not Sanctioned

[Signature]
DIRECTOR / PRINCIPAL

[Signature]
PRESIDENT / SECRETARY / VICE PRESIDENT



Medical Certificate

To Whomsoever It May Concern

This is to certify that

Mr./Mrs./Miss Dr. Akshata Sakhawalkar

is/was under my treatment since

22/5/23 to 27/5/23

for Viral fever

He/She is/was advised medical treatment and
6 day rest for this period.

He/She is medically fit to resume his/her duties w.e.f.

28/5/23

Akshata Sakhawalkar
Signature / LTI of Patient

Name of Doctor Sai Clinic
Dr. Santosh D.
Registration Number 33484
S. No. on Sinhgad Colony
Cummins College to Rajaram Bridge Rd
Date Karve Nagar, Pune 52. M. 9822745997
Seal & Signature _____



Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR EARNED / COMMUTED (MEDICAL) HALF PAY / WITHOUT PAY LEAVE

Name: Dr. Manisha Badgyar Employee Code: 5190
Designation: Asst. Prof.

Sir / Madam,

Kindly sanction me three days leave from 30-8-2023 to 01-09-2023

Prefix / Suffix (being / Saturday/Sunday /Holiday): 2 Total Period Five days

I will be reporting my duty on 4-9-23.

Reason for Leave: Muscular pain in back.

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	Priyanka Pawar	Thursday, 31 st Aug., 2023 1:40pm to 2:40 pm	
2.			
3.			

Thanking you, Yours faithfully,

Signature of Applicant

Date: 4-9-23
Remarks by the Head of Dept. Recommended / Not Recommended

Signature of H.O.D.

Remarks of Establishment Section regarding balance of leave

Earned Leave Account:	Commutated Half Pay Leave Account:
Earned Leave : <u>/</u> days	Commutated (Medical) Half Pay Due: <u>176</u> days
Earned Leave availed : <u>/</u> days	Commutated (Medical) Half Pay Availed: <u>6</u> day
Balance of Earned Leave: <u>/</u> days	Commutated (Medical) Half Pay Balance: <u>170</u> day
LWP: <u>/</u> days	

Recommended / Not Recommended
Signature of I/C Estt. Section
Leave Sanctioned / Not Sanctioned

DIRECTOR / PRINCIPAL **PRESIDENT / SECRETARY / VICE PRESIDENT**



MORYA CLINIC

Dr. Mahesh Jamdhade
B.A.M.S
Reg No. 1-67894-A
Mob. No. 9890032562



Dr. Deepali Jamdhade
B.H.M.S
Reg No. 54184

Shop No - 3, Near Ganpati Temple, Gawaliwada, Jambulwadi Rd, Ambegaon Kh, Pune - 46

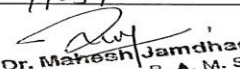
MEDICAL CERTIFICATE

TO WHOMSOEVER IT MAY CONCERN

Date : 03/09/23

This is to certify that Mr./Mrs./M/SS Manisha Dipak
Badgujar 4078 Female had been/was examined in
the clinic on 30/08/23 and had undergone treatment
on OPD basis from 30/08/23 to 01/09/23 for
muscular pain and is/was
advised rest for a period of 3 days.

I have examined him/her today and in my opinion he/she is fit/unfit to
resume his/her duties/school from 04/09/23.


Dr. Mahesh Jamdhade
B. A. M. S.
Reg.No. 1-67894-A

(Doctor's Signature & Seal)





Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR EARNED / COMMUTED (MEDICAL) HALF PAY / WITHOUT PAY LEAVE

Name: Dr. Hemant B. Patil Employee Code: 11087
 Designation: Asst. Prof.

Sir / Madam,
 Kindly sanction me 03 days leave from 23/11/21 to 25/11/21

Prefix / Suffix (being / Saturday/Sunday / Holiday): — Total Period 03 days

I will be reporting my duty on 26/11/2021

Reason for Leave: Unwell due to stomach headache etc.

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	<u>Asst. I. Khandogale</u>	<u>—</u>	<u>[Signature]</u>
2.			
3.			

Thanking you, Yours faithfully,

Date: 26/11/2021 [Signature]
Signature of Applicant

Remarks by the Head of Dept. Recommended / Not Recommended

[Signature]
Signature of H.O.D.

Remarks of Establishment Section regarding balance of leave

Earned Leave Account: Earned Leave : <u>7</u> days Earned Leave availed : <u>7</u> days Balance of Earned Leave: <u>—</u> days LWP: <u>—</u> days	Commutated Half Pay Leave Account: Commuted (Medical) Half Pay Due: <u>182</u> days Commuted (Medical) Half Pay availed : <u>16</u> days Commuted (Medical) Half Pay Balance <u>176</u> days
--	--

Signature of I/C Estt. Section Leave Sanctioned / Not Sanctioned

[Signature] [Signature]

DIRECTOR / PRINCIPAL **PRESIDENT / SECRETARY / VICE PRESIDENT**





Sinhgad Technical Education Society's
SINHGAD INSTITUTE OF MANAGEMENT
(Affiliated to Savitribai Phule Pune University, Approved by AICTE
& Accredited by NAAC)
S.No. 44/1, Vadgaon (Bk.), Off Sinhgad Road, Pune 411 041

SWASTHYA CLINIC
Laxmiganga Residency, Opp. Sun Empire,
Anandnagar, Sinhgad Road, Pune - 411051
Phone : 24301541

Dr. Aparna Bodhe
M. D. (Ayurved)
Regn. No. : I - 26080 A1

25-11-21

Medical Certificate

This is to certify that Mr.
Nemal B. Patil was under my
treatment for 23rd Nov to 25th Nov.
for Bacillary dysentery so he could
not attend the class. Please
consider him.

Thank you,
Yours sincerely,

(3)

Dr. Aparna Bodhe
M. D. (Ayurved)
Reg. No. I-26080-A1

Time : Morning : 10.00 to 12.30 Evening : 6.00 to 8.00 Saturday Evening & Sunday Closed





Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR SANCTION OF ON DUTY LEAVE

Name: Dr. Daniel Pankaj Employee Code: S294
Designation: Director

Sir / Madam,
Kindly sanction me ~~11~~ 01 days leave from 11/09/2020 to -
Prefix / Suffix (being / Saturday/Sunday / Holiday): 02 Total Period 03 days
I will be reporting my duty on 14/09/2020
Reason for Leave: Inquiry Committee at Lonavala
Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.			
2.			
3.			

Thanking you, Yours faithfully,
10/09/2020 [Signature]
Date: Signature of Applicant

Signed by H.O.D.:

Recommended / Not Recommended Leave Sanctioned / Not Sanctioned

DIRECTOR / PRINCIPAL PRESIDENT / SECRETARY / VICE PRESIDENT





Sinhgad Institutes

Sinhgad Technical Education Society's
SINHGAD INSTITUTE OF MANAGEMENT
(Affiliated to Savitribai Phule Pune University, Approved by AICTE
& Accredited by NAAC)
S.No. 44/1, Vadgaon (Bk.), Off Sinhgad Road, Pune 411 041

Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR SANCTION OF ON DUTY LEAVE

Name: DR. DANIEL PENKAR Employee Class: 27-31
Designation: Staff-III

Sir / Madam,
Kindly sanction me ONE DAY days leave from 05/1/21 to 05/1/21

Prefix / Suffix (being / Saturday/Sunday / Holiday): - Total Period 01 days

I will be reporting my duty on 06/1/21

Reason for Leave: BPPU. SELECTION PANEL AT SVITAS

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.			
2.			
3.			

Thanking you, Yours faithfully,

Date: 21.12.2020. Signature of Applicant

Signed by H.O.D.: _____

Recommended / Not Recommended Leave Sanctioned / ~~Not Sanctioned~~

DIRECTOR / PRINCIPAL PRESIDENT / SECRETARY / VICE PRESIDENT





Sinhgad Technical Education Society's
SINHGAD INSTITUTE OF MANAGEMENT
(Affiliated to Savitribai Phule Pune University, Approved by AICTE
& Accredited by NAAC)
S.No. 44/1, Vadgaon (Bk.), Off Sinhgad Road, Pune 411 041

SVIMS

**SADHU VASWANI INSTITUTE OF
MANAGEMENT STUDIES FOR GIRLS**
(Status: Linguistic Minority) (Unaided- Private)
Approved by A.I.C.T.E. Certified under ISO 9001:2015
Affiliated to Savitribai Phule Pune University, NAAC Accredited with "B+" Grade
Institute Codes: SPPU: IMMP016030, D.T.E.: 6614, AISHE: C 4457B, AICTE: 121641511
Ref. No.: SVIMS/945 27/12/2020

Dr. B. H. Nanwani
Director

Dr. Penkar Daniel Jacob,
Management (Assistant Professor)
Sinhgad Technical Education Society
Sinhgad Institute of Management,
Pune

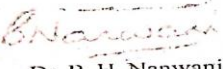
Sub: Request to be a member of our Selection Panel for Asst. Prof. interviews


Dear Dr. Penkar Jacob,

We will be holding interviews for the position of Asst. Prof on **Tuesday, 5th Jan, 2021 from 10:00 am** onwards at SVIMS, Pune.

I cordially invite you as a V.C. Nominee on our interview panel and request you to spare your time and be with us on the above-mentioned date.

Thanking You,
Yours Sincerely,


Dr. B. H. Nanwani
Director



DR. B. H. NANWANI
DIRECTOR
SVIMS
6, Korghon Road, Pune - 411001 Ph: 020-26054491 Fax: 020-26054481
Website: www.svims-pune.edu.in Email: director@svims-pune.edu.in





Sinhgad Technical Education Society's
SINHGAD INSTITUTE OF MANAGEMENT
(Affiliated to Savitribai Phule Pune University, Approved by AICTE
& Accredited by NAAC)
S.No. 44/1, Vadgaon (Bk.), Off Sinhgad Road, Pune 411 041

**Selection Committee for the Post of Assistant Professor / Associate Professor
Professor / Librarian / Physical Director**

(A) Two Vice-Chancellor's Nominees, out of whom one should be an expert

Sr.No.	(General)	Name & Address
1	Dr. Mundhe Shivan Datt Address- Yashaswi Education Society International Institute of Management Science Addr 169 1/A Opp Elpro International Ta. Haveli(excluding Corporation Area) Dist. Pune Pincode- 411033	

(3) Nominee (Subject Experts)

Subjects

Librarian (Assistant Professor)

Name & Address

Ms. Archana Khupe
Address- Neville Wadia Institute of Management Studies
and Research, Pune

Management (Assistant Professor)

Dr. Penkar Daniel Jacob
Address- Sinhgad Technical Education Society Sinhgad
Institute of Management Addr: Survey No 44-1 Vadgaon
Bk Off Sinhgad Road Pune Ta: Haveli(excluding
Corporation Area) Dist: Pune Pincode- 411041





Sinhgad Technical Education Society's
Sinhgad Institute of Management

APPLICATION FOR SANCTION OF ON DUTY LEAVE

Name: Yegita P Kadkane Employee Code: 7111
Designation: Asst professor

Sir / Madam,
Kindly sanction me one days leave from 27/04/22 to ---

Prefix / Suffix (being / Saturday/Sunday / Holiday): --- Total Period 1 days

I will be reporting my duty on 28/04/22

Reason for Leave: FDP at SBS Erandware

Alternative arrangement made during leave period:

Sr. NO.	Name of alternative Staff / Member	Teaching Load / Duty	Signature
1.	<u>Rohan D. Chavhan</u>		<u>[Signature]</u>
2.			
3.			

Thanking you, Yours faithfully,

Date: 26/04/22 Signature of Applicant [Signature]

Signed by H.O.D.: [Signature] 26/4/22

Recommended / Not Recommended / Leave Sanctioned / Not Sanctioned /

[Signature] DIRECTOR / PRINCIPAL [Signature] PRESIDENT / SECRETARY / VICE PRESIDENT

E

