

### 6.3.2

Average percentage of teachers provided with financial support to attend conference /workshops and towards membership fee of professional bodies during the last five years.

Number of teachers provided with financial support to attend conference /workshops and towards membership fee of professional bodies during the last five years.

Year	2018	2019	2020	2021	2022
No of teachers provided with financial support	2	3 QC 3 NAAC 2 NABH 5 AYUSH 13 total	2	8	7 PhD

#### A. Policy document

**Purpose:** The policy shall provide the financial support to teachers to attend conference / workshops / PhD / Best Teacher Award

**Scope:** The policy is applicable to eligible staff.

**Policy statement:**

- i. The management giving membership fee to eligible staff for attending any workshop or conference.
- ii. Management is providing TA and DA to the staff.
- iii. Institute is giving leave for the conference or workshop without any cutting in the salary for 2-3 days or depending upon duration of conference or workshop whatever is larger.
- iv. After workshop the staff should attend the college immediately next day after their journey.
- v. MUHS PhD Scholar fees is given to all eligible PhD Scholar candidate to encourage their PhD research program.
- vi. Best Teacher award and Prize of Rs 20000/- given to one teacher every year from feedback given by students & Teachers overall annual performance report received from principal.



  
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## List of teachers provided membership for professional bodies.

### For year 2018

Year	Workshop/Conference/ Membership fees	Name of Teacher
2018	National conference at Delhi	Dr.Shaikh S.K. Dr.Jarad S.S.
2018	Quality control workshop at Nashik by MUHS	Dr.Shaikh S.K. Dr.Dahale S.S. Dr.Shinde M.B.

### For year 2019

Year	Workshop/Conference/ Membership fees	Name of Teacher
2019	Workshop by MUHS on NAAC	Dr.Soman S.S. Dr.Gholap K.V. Dr.Thorat N.V.
2019	AYUSH expo at Navi Mumbai	Dr.Kanase C.A. Dr.Gholap K.V. Dr.Kulkarni A.A. Dr.Jarad S.S. Dr.Soman S.S.
2019	Orientation program by MUHS on NABH	Dr.Soman S.S. Dr.Dumbare M.S.

### For year 2020

Year	Conference/workshop	Name of teachers
2020	National conference at kolkata	Drsoman Dr Mehetre



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### For year 2021

Year	Workshop/Conference/Membership fees	Name of Teacher
2021	Workshop/Conference webinar of 3 days on pharmacovigilance conducted by.	Dr.Gholap k v Dr.Shaikh Dr.Kulkarni Dr.Soman Dr.Jarad Dr.Aasare Dr.Gholap. R.K Dr.Dahale

### For year 2022

Year	Workshop/Conference/ Membership fees	Name of Teacher
2022	For PhD fees Rs. 59,400 per teachers.	Dr. Thorat S.L. Dr. Shinde M.B. Dr. Soman S.S. Dr. Jarad S.S. Dr. Shaikh S.K. Dr. Patil S. Dr. Khupate V.

### For year 2022 - 23

Year	Workshop/Conference/ Membership fees	Name of Teacher
2023	HSET Workshop at MUHS Nashik (30 Jan 23)	Dr. Thorat S.L. Dr. Gholap R.K. Dr. Soman S.S. Dr. Kulkarni A.A. Dr. Asare A.A. Dr. Dahale S. Dr. Khupate V.
2023	Principal's Meet at Bhopal CBDC Orientation program on (24 Jan 23 & 25 Jan 23 )	Dr. Gholap K.V. Dr. Soman S.S.



  
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**Percentage per year =**

Number of teachers provided with financial support to attend conferences / total no. of full time teachers in that year x 100

**Year 2018 =  $5/28 = 0.178 \times 100 = 17.85\%$**

**Year 2019 =  $10/29 = 0.344 \times 100 = 34.48\%$**

**Year 2020 =  $2/29 = 0.0689 \times 100 = 6.89\%$**

**Year 2021 =  $8/29 = 0.275 \times 100 = 27.58\%$**

**Year 2022 =  $10/29 = 0.344 \times 100 = 34.48\%$**

**Average percentage =**


**$17.85 + 34.48 + 6.89 + 27.58 + 34.48 / 5$**

**=  $121.28/5$**

**=  $24.256\%$**

**Institution is providing financial support 24.256% to teaching staff every year.**



  
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		बटवारा बान्क (आन्नाफाटा) शाखा, पुणे WADGAONANAND(ALAPHATA) BRANCH, PUNE-412411 IFSC: CBIN0280669      59084	सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES दि १८ ०४ २०२३ D D M M Y Y Y Y
Pay <u>Dr. Thorat Sandhya -</u>		या धारक को or Bearer	
रुपये Rupees <u>fifty Nine Thousand Four Hundred only</u>		अदा करें ₹ <u>59400=00</u>	
A/c. No. <u>2108580031</u>			
WADGAO Received  13/04/2023		ANANTRAO KANASE HOMOEOPATHIC MEDICAL COLL EGE AND HOSPITAL SARASWATI CHANDRAKANT KANSASE NIKHIL CHANDRAKANT KANASE मुद्रा प्रमाण लेते हैं / Please sign above	
*066423* 4 20 16 4 8 8 0 0 0 0 5 3 * 2 9			

		बटवारा बान्क (आन्नाफाटा) शाखा, पुणे WADGAONANAND(ALAPHATA) BRANCH, PUNE-412411 IFSC: CBIN0280669      68909	सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES दि १८ ०४ २०२३ D D M M Y Y Y Y
Pay <u>Dr. Shinde madhi -</u>		या धारक को or Bearer	
रुपये Rupees <u>fifty Nine Thousand Four Hundred only</u>		अदा करें ₹ <u>59400=00</u>	
A/c. No. <u>2108580031</u>			
WADGAO received  18/4/23		ANANTRAO KANASE HOMOEOPATHIC MEDICAL COLL EGE AND HOSPITAL SARASWATI CHANDRAKANT KANSASE NIKHIL CHANDRAKANT KANASE मुद्रा प्रमाण लेते हैं / Please sign above	
*066424* 4 20 16 4 8 8 0 0 0 0 5 3 * 2 9			

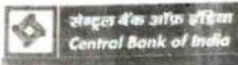
  

		बटवारा बान्क (आन्नाफाटा) शाखा, पुणे WADGAONANAND(ALAPHATA) BRANCH, PUNE-412411 IFSC: CBIN0280669      34414	सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES दि १८ ०४ २०२३ D D M M Y Y Y Y
Pay <u>Dr. Soman Sushrut</u>		या धारक को or Bearer	
रुपये Rupees <u>Fifty Nine Thousand Four Hundred only</u>		अदा करें ₹ <u>59,400=00</u>	
A/c. No. <u>2108580031</u>			
WADGAO Received  18/4/23		ANANTRAO KANASE HOMOEOPATHIC MEDICAL COLL EGE AND HOSPITAL SARASWATI CHANDRAKANT KANSASE NIKHIL CHANDRAKANT KANASE मुद्रा प्रमाण लेते हैं / Please sign above	
*066422* 4 20 16 4 8 8 0 0 0 0 5 3 * 2 9			

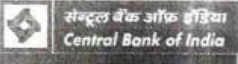
PhD fees given to teachers as a financial support (Yr. 2022-23)



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 <b>सेंट्रल बँक ऑफ इंडिया</b> <b>Central Bank of India</b>		वडगांव आनंद (आल्फाटा) शाखा, पुणे WADGAONANAND(ALAPHATA) BRANCH, PUNE-412111 IFSC: CBIN0280669 <b>98091</b>	सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES दि दि मा मा स स व व य य 1 8 0 4 2 0 2 3 D D M M Y Y Y Y
Pay <u>Dr. Jasad Savita</u> या धारक को or Bearer		रुपये Rupees <u>Fifty Nine Thousand Four Hundred only</u>	
अदा करें ₹ <u>59,400-00</u>		अदा करें ₹ <u>59,400-00</u>	
खाता सं. A/c. No. <b>2108580031</b>	ANANTRAO KANASE HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL SARASWATI CHANDRAKANT KANSASE NIKHIL CHANDRAKANT KANASE WADGAO		
*066421* 412016488 000053 29			


  

 <b>सेंट्रल बँक ऑफ इंडिया</b> <b>Central Bank of India</b>		वडगांव आनंद (आल्फाटा) शाखा, पुणे WADGAONANAND(ALAPHATA) BRANCH, PUNE-412111 IFSC: CBIN0280669 <b>36175</b>	सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES दि दि मा मा स स व व य य 1 8 0 4 2 0 2 3 D D M M Y Y Y Y
Pay <u>Dr. Shaikh Saira</u> या धारक को or Bearer		रुपये Rupees <u>Fifty Nine Thousand Four Hundred only</u>	
अदा करें ₹ <u>59,400-00</u>		अदा करें ₹ <u>59,400-00</u>	
खाता सं. A/c. No. <b>2108580031</b>	ANANTRAO KANASE HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL SARASWATI CHANDRAKANT KANSASE NIKHIL CHANDRAKANT KANASE WADGAO		
*066425* 412016488 000053 29			


PhD fees given to teachers as a financial support (Yr. 2022-23)



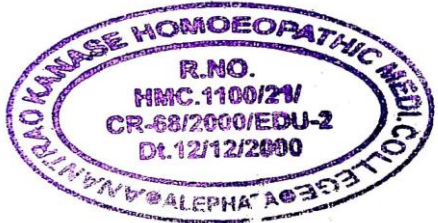
*Sujkv.*  
 Principal  
 Anantrao Kanase Homoeopathic  
 Medical College & Hospital  
 Alaphata

 <b>सेंट्रल बँक ऑफ इंडिया</b> <b>Central Bank of India</b>	<b>वडगांव आनंद (आलाफाटा) शाखा, पुणे</b> <b>WADGAONANAND(ALAPHATA) BRANCH, PUNE-412411</b> <b>IFSC: CBIN0280669 40962</b>	<b>सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES</b> दि दि मा मा व व व व <b>18042023</b> D D M M Y Y Y Y
		<b>या धारक को or Bearer</b> <b>Pay Dr. Patil Shehal - &gt; -</b>
<b>रुपये Rupees</b> <b>Thirty Eight Thousand Five Hundred</b> <b>only - &gt; -</b>	<b>अदा करें ₹ 38500=00</b>	
<b>खाता सं० A/c. No. 2108580031</b>	<b>President Secretary Principal</b> <b>Anant Rao Kanase Homoeopathic</b> <b>ANANTRAO KANASE HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL, SARASWATI CHANDRAKANT KANASE NIKHIL CHANDRAKANT KANASE</b> <b>वडगाव इलाहातर कपूर करें / Please sign above</b>	<b>Received</b> <b>SRK</b> <b>13/14/23</b>
<b>WADGAO</b>	<b>ANANTRAO KANASE HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL, SARASWATI CHANDRAKANT KANASE NIKHIL CHANDRAKANT KANASE</b>	
<b>⑈066432⑈ 412016488⑈ 000053⑈ 29</b>		

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 <b>सेंट्रल बँक ऑफ इंडिया</b> <b>Central Bank of India</b>	<b>वडगांव आनंद (आलाफाटा) शाखा, पुणे</b> <b>WADGAONANAND(ALAPHATA) BRANCH, PUNE-412411</b> <b>IFSC: CBIN0280669 44308</b>	<b>सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES</b> दि दि मा मा व व व व <b>18042023</b> D D M M Y Y Y Y
		<b>या धारक को or Bearer</b> <b>Pay Dr. Khupte vibhavari</b>
<b>रुपये Rupees</b> <b>Thirty Eight Thousand Five Hundred</b> <b>only - &gt; -</b>	<b>अदा करें ₹ 38500=00</b>	
<b>खाता सं० A/c. No. 2108580031</b>	<b>President Secretary Principal</b> <b>Anant Rao Kanase Homoeopathic</b> <b>ANANTRAO KANASE HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL, SARASWATI CHANDRAKANT KANASE NIKHIL CHANDRAKANT KANASE</b> <b>वडगाव इलाहातर कपूर करें / Please sign above</b>	<b>Received</b> <b>SRK</b> <b>13/14/23</b>
<b>WADGAO</b>	<b>ANANTRAO KANASE HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL, SARASWATI CHANDRAKANT KANASE NIKHIL CHANDRAKANT KANASE</b>	
<b>⑈066432⑈ 412016488⑈ 000053⑈ 29</b>		

PhD fees given to teachers as a financial support (Yr. 2022-23)



*SRK*  
**Principal**  
**Anant Rao Kanase Homoeopathic**  
**Medical College & Hospital**  
**Alaphata**

Expo AYUSH 2020.

# Voucher/Requisition Form

Date 12/06/2019

Requirement for Expo AYUSH (2019, Aug)  
Alphata  $\rightleftharpoons$  Mumbai (Travel, Food, Stay)  
allowance.

Estimated Required Amount Rs. 4748/-

Required by Dr. Gholap K.V. Approved by President Secretary Principal

Anant Rao Kanase Homoeopathic  
Medical College Alphata (Pune)

Requirement bought from \_\_\_\_\_ Date :- / /20

Amount Rs. \_\_\_\_\_

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

  
  
Dr. Gholap K.V.



# Voucher/Requisition Form

Date 12 / 06 / 2019

Requirement for AYUSH Expo (2019, Aug),  
Alphata  $\rightleftharpoons$  Vasi (Travelling, food, stay expenses)

Estimated Required Amount Rs. 49491-

Required by Dr. Soman S.S. Approved by President Secretary Principal

Anant Rao Kanase Homoeopathic

Requirement bought from Local College, Alphata (Pune)

Amount Rs. \_\_\_\_\_ Date :- / / 20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

S.S.  
Dr Soman S.S.  


# Voucher/Requisition Form

Date 12/10/2019

Requirement for AYUSH EXPO (2019. June)

Alphata → Vasi (Travelling, Food Expense)

Estimated Required Amount Rs. 32111-

Required by Dr. Jarad S. S. Approved by President Secretary Principal

Anant Rao Kanase Homoeopathic

Medical College, Alphata (Mun)

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_



Dr. Sarita Jarad

# Voucher/Requisition Form

Date 12 / 06 / 2019

Requirement for AYUSH Expo 2019, June  
Alphata ⇒ Mumbai (Travelling + Food Expenses)

Estimated Required Amount Rs. 31221/-

Required by Dr. Kulkarni A.A. Approved by President Secretary Principal  
Anantao Kanase Homoeopathic

Requirement bought from Principal College Alphata (Pune)

Amount Rs. \_\_\_\_\_ Date :- / / 20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

Dr. Kulkarni A.A.  


# Voucher/Requisition Form

Date 12/06/2019

Requirement for AYUSH 2019 Expo. June  
Alphata ⇌ Mumbai (Travelling + Food Exp)

Estimated Required Amount Rs. 3105/-

Required by Dr. Kanare C. A. Approved by President Secretary Principal  
Anant Rao Kanase Homoeopathic

Requirement bought from Medical College, Alphata (Hosur)

Amount Rs. \_\_\_\_\_ Date :- \_\_\_\_ / \_\_\_\_ / 20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_



# Voucher/Requisition Form

Date 12 / 06 / 2019

Requirement for AYUSH Expo (2019, Pune)

Alephata ⇒ nasi. (Travelling, food expense)

Estimated Required Amount Rs. 3116/-

Required by Dr. Kanase S. C. Approved by President Secretary Principal

Anantrao Kanase Homoeopathic

Requirement bought from Medical College, Alephata (Pune)

Amount Rs. \_\_\_\_\_ Date :- / / 20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_



# Voucher/Requisition Form

Date 10 / 06 / 2019

Requirement for CME for Rep. (3 June - 8 June 2019)

Alphata  $\rightleftharpoons$  Calcutta (travelling + food + stay)

Estimated Required Amount Rs. 25,000/-

Required by Dr. Soman S.S. Approved by President Secretary Principal

Anant Rao Kamat Homoeopathic

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / / 20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

  
DR. Soman S.S.

# Voucher/Requisition Form

Date 09 / 06 / 2019

Requirement for CME for Repertory (3 June - 8 June 2019)  
Alephata  $\Rightarrow$  Calcutta (Travelling + Food + Stay)

Estimated Required Amount Rs. 25,000/-

Required by Dr. Mhetre P. P. Approved by President Secretary Principal  
Anant Rao Kanase Homoeopathic

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / / 20


Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

  
DR. Mhetre P. P.

# Voucher/Requisition Form

Date 30 / 01 / 2023

Requirement for Uber Expenses at Bhopal, for Principal's meeting

Estimated Required Amount Rs. 940/- + 1330/-

Required by Dr Gholekar K V. Approved by [Signature] Principal 30/01/23

Anantnagar Hospital  
Medical College & Hospital  
Anantnagar

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / / 20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_



Verified By \_\_\_\_\_

940  
+1330  
+1495  
-----  
37651-

Received [Signature]  
RTGS is attached  
Dr Gholekar



Transaction Successful  
10:39 PM on 23 Jan 2023

Paid to ✓  
Irfan Ali ₹156

Payment details ^

Transaction ID  
T2301232239052973782747

Debited from  
\*\*\*\*\*2886 ₹156  
UTR: 302322872196

Bhopal Jun → Hotel Park view

Powered by  
UPI YES BANK

Transaction Successful  
05:52 PM on 25 Jan 2023

Paid to ✓  
Rameshvar cabs ₹176

Payment details ^

Transaction ID  
T2301251752265678789598

Debited from  
\*\*\*\*\*2886 ₹176  
UTR: 302516942572

GHMC → Hotel Park view

Powered by  
UPI YES BANK

Transaction Successful  
09:37 AM on 25 Jan 2023

Paid to ✓  
Manoj Mehra ₹130

Transfer Details ^

Transaction ID  
T2301250937171509771898

Debited from  
\*\*\*\*\*2886 ₹130  
UTR: 302559634703

Hotel Park view → GHMC

Powered by  
UPI YES BANK

Transaction Successful  
07:12 PM on 24 Jan 2023

Paid to ✓  
Dharmendra ₹150  
7869560862

Banking Name . Dharmendra Yadav

Transfer Details ^

Transaction ID  
T2301241911568697696861

Debited from  
\*\*\*\*\*2886 ₹150  
UTR: 339020658902

GHMC → Hotel Park view

Powered by  
UPI YES BANK

Transaction Successful  
08:58 AM on 24 Jan 2023

Paid to ✓  
gorelal gour ₹128  
9981666025

Banking Name . Gorelal Gour

Transfer Details ^

Transaction ID  
T2301240858432604131066

Debited from  
\*\*\*\*\*2886 ₹128  
UTR: 339073908314

Hotel Park view → GHMC

Powered by  
UPI YES BANK

200 cash =  
Hotel Park view →  
Bhopal Jun.

- ① 23/01/23 → Bhopal Junction to Hotel Park view → 156
- ② 24/01/23 → Hotel Park view to G.H.M.C. → 128
- ③ 24/01/23 → G.H.M.C. to Hotel Park view → 150
- ④ 25/01/23 → Hotel Park view to G.H.M.C. → 130
- ⑤ 25/01/23 → GHMC to Hotel Park view → 176
- ⑥ 25/01/23 → Hotel Park view to Bhopal Jun. → 200 cash

Total = 9401

RIGS to 11380002886  
SBI, Junnar Branch  
Dr. Ghdap kw

# Voucher/Requisition Form

Date 30/01/2023

Requirement for Dinner of teachers + External examiner on

27/01/23. (Ex. Examiner Dr. Saklikar from Chamudamate MHC,  
Zalgasr)

Estimated Required Amount Rs. 14951-

Required by Dr. Gholap K.V. Approved by [Signature] 30/01/23

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_





Transaction Successful

09:10 PM on 27 Jan 2023

Paid to



Hotel parijaat

₹1,495



Payment details



Transaction ID

T2301272110466092027115

Debited from



\*\*\*\*\*2886

₹1,495

UTR: 339304886153

Powered by

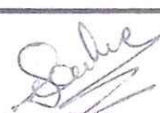


RTGS to 11380002886  
SBF, Junnar Branch  
Dr. Gholap kv.

**Application form for RTGS/NEFT**

NEFT/RTGS as per details below **3765/-Three Thousand Seven Hundred Sixty Five Only**

Remitters Details		Beneficiarys Details	
Remitters A/c No -	<b>2108580031</b>	Beneficiarys A/C No.-	<b>11380002886</b>
Cheque No. -	<b>065447</b>	Bank/Branch Details-	<b>State Bank Of India Junnar</b>
Cheque Amount - ( including Commission)	<b>3765/-</b>	IFSC Code-	<b>SBIN0006443</b>
Remitters Address	<b>AKHMC College Alephata At./Po.Alephata,Tal.Junnar Dist.Pune.Pin-412411</b>	Name-	<b>Dr.Gholap Kamlesh Vijay</b>
Remitters PAN No.-	<b>AAATK5476A</b>	Beneficiarys Address-	<b>Otur</b>
Remitters Mobile No.-	<b>9763711079</b>		
Remitters Massage( if any).....			
Branch:	<b>Wadgaon Anand (Alephata)</b>		
Date :	<b>02/02/2023</b>		



  
**President Secretary Principal**  
**Anantrao Kanase Homoeopathic**  
**Medical College,Alephata(Pune)**



# Voucher/Requisition Form

Date 30 / 10 / 2023

Requirement for Travelling Expenses to attended Principal's Meeting  
called by NCM, New Delhi at Bhopal.

Estimated Required Amount Rs. -7900/-

Required by Dr Ghodapkar Approved by [Signature]

Requirement bought from Anantrao Khandekar Hospital  
Medical College & Hospital  
Alphata

Amount Rs. \_\_\_\_\_ Date :- \_\_\_\_\_ / \_\_\_\_\_ / 20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

\_\_\_\_\_

Verified By \_\_\_\_\_





राष्ट्रीय होम्योपैथी आयोग  
National Commission for Homoeopathy  
HOMOEOPATHY EDUCATION BOARD  
होम्योपैथी शिक्षा बोर्ड  
Jawahar Lal Nehru Bhartiya Chikitsa Avum Homoeopathy Anusandhan Dhasan  
No.61-65, Institutional Area, Opp. 'D' Block, Janakpuri, New Delhi-110058

Phone (Direct) 011-28522906  
Email heb\_nch@gmail.com  
Website: www.nch.org.in

75  
Azadi Ka  
Amrit Mahotsav

F. No-3-94/2022/NCH/HEB/TOT / 11744

Date:-  
05 JAN 2023

To,

- ✓ The Principal  
(All Homoeopathic Medical Colleges)  
(Via Email)

Sub: - Orientation and Interactive meet of Principal of Homoeopathic Medical Colleges on Activities of NCH-reg.

Dear Sir/Madam,

I am directed to inform that, National Commission for Homoeopathy is organizing orientation & interactive meet of Principal of all the Homoeopathic Medical Colleges on 24<sup>th</sup> & 25<sup>th</sup> of January, 2023 at Common Ayush Auditorium, Ayush Parisar, Government Homoeopathic Medical College & Hospital, Bhopal, Madhya Pradesh-462003.

The purpose of the meet is to appraise the Principal about functions of NCH, new regulations, CBDC curriculum and ELCM system etc. It is mandatory for Principal to attend the meet. In case, Principal is not able to attend, he may nominate one senior faculty (Not below the rank of Professor) of the college to attend the meet. You are requested to confirm your presence /nominee details in the link available <https://forms.gle/dfJJKgoW6fDS4iyX8> by 4 p.m. on 06.01.2023.

Expenses for travelling (2<sup>nd</sup> AC rail fare) and Rs. 2000/day allowance towards accommodation will be reimbursed by National Commission for Homoeopathy.

Gupke

K.H.M.C.&Hospital,Alephata  
ward No. 003  
Date- 05/01/2023  
Signature  
Sign.

Yours faithfully,

(Dr. Tarkeshwar Jain)  
Secretary I/C  
President, Homoeopathy Education Board

Copy to:-

1. PS to Chairperson, NCH
2. Secretary, NCH
3. Guard file.

① Dr. Gholap K.V.

Travelling Ex.  
2187+4833  
= 7.020

7020 Travelling Expenses  
+ 940 Uber Expenses  
7.960/-

Uber Ex.

156	23/1/23	Bho-st - Hotel
128	24/1/23	Hotel-GMC
150	24/1/23	GMC- Hotel
130	25/1/23	Hotel-GMC
176	25/1/23	GMC- Hotel
200	25/1/23	Hotel - Bhopal Jun

940/- Total.

RIGS to 11380002886

SBI, Junnar Branch.

Dr. Gholap K.V.

## Electronic Reservation Slip (ERS)



**Boarding From**  
NASHIK ROAD (NK)  
Departure\* 11:45 23-Jan-2023



**To**  
BHOPAL JN (BPL)  
Arrival\* 21:10 23-Jan-2023

<b>PNR:</b> 8842432366	<b>Train No./Name</b> 12534 / PUSHPAK EXPRESS	<b>Class</b> THIRD AC(3A)
<b>Quota</b> GENERAL(GN)	<b>Distance</b> 663 KM	<b>Ticket Printing Time</b> 06-Jan-2023 14:57:20 Hrs

### Passenger Details:

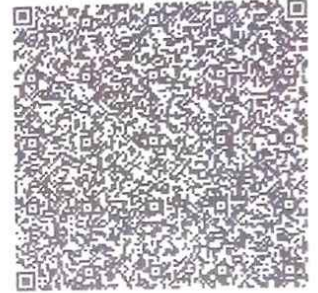
#	Name	Age	Gender	Booking Status	Current Status
1.	KAMLESH GHOLAP	52	MALE	CNF / B4 / 67 / UPPER	CNF / B4 / 67 / UB
2.	SUSHRUT SOMAN	44	MALE	CNF / B4 / 69 / MIDDLE	CNF / B4 / 69 / MB

Acronyms: RLWL: REMOTE LOCATION WAITLIST PQWL: POOLED QUOTA WAITLIST  
RSWL: ROAD-SIDE WAITLIST

Transaction ID: 100003882844440  
IR recovers only 57% of cost of travel on an average.

### Payment Details

Ticket Fare	:	2090.00
IRCTC Convenience Fee	:	35.4
Agent Service Charge:(In case of GSA as per prevailing charges in that Country)	:	40
Travel Insurance Premium	:	0.7
PG Charges	:	21.25
Total Fare	:	2187.35



PG Charges as applicable (Additional)

**IRCTC Convenience Fee & Agent Service Charges are charged per e-ticket irrespective of no. 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.

### Agent Details:

Principal Agent Name: RLTC Travel Pvt. Ltd.  
Customer care Email: highspeedholidays@gmail.com Customer Care Contact: 7058845884  
RSP Id: WRLTCPL13178 RSP Name: HIGH SPEED HOLIDAYS  
RSP Address: Shankarpura Peth Junnar Junnar S.O Pune MAHARASHTRA -410502

• 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

### Indian Railways GST Details:

Invoice Number: PS23884243236611 Address: Indian Railways New Delhi

### Supplier Information:

SAC Code: 996421 GSTIN: 07AAAGM0289C1ZL

### Recipient Information:

GSTIN:  
Name: Address:  
Taxable Value: 1990  
CGST Rate: 0.0% CGST Amount: 0.00  
SGST/UGST Rate: 0.0% SGST/UGST Amount: 0.00  
IGST Rate: 5.0% IGST Amount: 99.5  
Total Tax: 99.5

Place of Supply: N/A State Code/Name of Supplier: Delhi/DL

### INSTRUCTIONS:

1. Prescribed Original ID proofs are:- Voter Identity Card / Passport / PAN Card / Driving License / Photo ID card issued by Central / State Govt. / Public Sector Undertakings of State / Central Government, District Administrations, Municipal bodies and Panchayat Administrations which are having serial number / Student Identity Card with

## Electronic Reservation Slip (ERS)



**Boarding From**  
BHOPAL JN ( BPL)  
Departure\* 00:40 26-Jan-2023



**To**  
NASHIK ROAD (NK)  
Arrival\* 08:13 26-Jan-2023

<b>PNR:</b> 2616058878	<b>Train No./Name</b> 22222 / CSMT RAJDHANI	<b>Class</b> THIRD AC(3A)
<b>Quota</b> GENERAL(GN)	<b>Distance</b> 947 KM	<b>Ticket Printing Time</b> 06-Jan-2023 15:05:17 Hrs

### Passenger Details:

#	Name	Age	Gender	Booking Status	Current Status
1.	KAMLESH GHOLAP	52	MALE	CNF / B4 / 3 / UPPER	CNF / B4 / 3 / UB
2.	SUSHRUT SOMAN	44	MALE	CNF / B4 / 5 / MIDDLE	CNF / B4 / 5 / MB

Acronyms

RIWL- REMOTE LOCATION WAITLIST  
RSWL- ROAD-SIDE WAITLIST

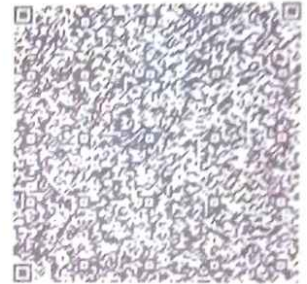
PQWL- POOLED QUOTA WAITLIST

Transaction ID: 100003882844518

IR recovers only 57% of cost of travel on an average.

### Payment Details

Ticket Fare	:	4090.00
IRCTC Convenience Fee	:	35.4
Agent Service Charge:(In case of GSA as per prevailing charges in that Country)	:	40
Catering Charges (Incl. of GST)	:	620
Travel Insurance Premium	:	0.7
PG Charges	:	47.45
Total Fare	:	4833.55



PG Charges as applicable (Additional)

IRCTC Convenience Fee & Agent Service Charges are charged per e-ticket irrespective of no. 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.

### Agent Details:

Principal Agent Name: RLTC Travel Pvt. Ltd.

Customer care Email: highhspeedholidays@gmail.com

Customer Care Contact: 7058845884

RSP Id: WRLTCPL13178

RSP Name: HIGH SPEED HOLIDAYS

RSP Address: Shankarpura Peth Junnar Junnar S.O Pune MAHARASHTRA -410502

• 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

### Indian Railways GST Details:

Invoice Number: PS23261605887811

Address: Indian Railways New Delhi

### Supplier Information:

SAC Code: 996421

GSTIN: 07AAAGM0289C1ZL

### Recipient Information:

GSTIN:

Name:

Address:

Taxable Value: 3895

CGST Rate: 0.0%

CGST Amount: 0.00

SGST/UGST Rate: 0.0%

SGST/UGST Amount: 0.00

IGST Rate: 5.0%

IGST Amount: 194.7

Total Tax: 194.6999

Place of Supply: N/A State Code/Name of Supplier: Delhi/DL

### INSTRUCTIONS:





Application form for RTGS/NEFT

NEFT/RTGS as per details below 7900/- Seven Thousand Nine Hundred Only

Remitters Details	Beneficiarys Details
Remitters A/c No - <b>2108580031</b>	Beneficiarys A/C No.- <b>11380002886</b>
Cheque No. - <b>065036</b>	Bank/Branch Details- <b>State Bank Of India Junnar</b>
Cheque Amount - <b>7900/-</b> ( including Commission)	IFSC Code- <b>SBIN006443</b>
Remitters Address <b>AKHMC College Alephata At./Po.Alephata,Tal.Junnar Dist.Pune.Pin-412411</b>	Name- <b>Dr.Gholap Kamlesh Vijay</b>
Remitters PAN No.- <b>AAATK5476A</b>	Beneficiarys Address- <b>Otur</b>
Remitters Mobile No.- <b>9763711079</b>	

Remitters Massage( if any).....

Branch: **Wadgaon Anand (Alephata)**

Date : **12/01/2023**



*Khemn* *Jyoti*  
President Secretary Principal  
Ayurveda Kerala Homeopathic  
Medical College, Alephata (Pune)

# Voucher/Requisition Form

Date 05/08/2018

Requirement for MUHS, state level conference (2018)  
Alephata  $\rightleftharpoons$  MUHS, Nashik (Travelling + Food)

Estimated Required Amount Rs. 3452/-

Required by Dr. Kulkarni A.A. Approved by President Secretary Principal

Anantao Kanase Homoeopathic

Requirement bought from Medical College, Alephata (Pun.)

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

Dr. Kulkarni A.A.

# Voucher/Requisition Form

Date 16/1/2023.

Requirement for Hotel bill - Accomodation at Hotel  
park view - Bhopal for Principal meet. of  
NCH, New delhi

Estimated Required Amount Rs. 6000/-

Required by Dr. Soman. S.S. Approved by [Signature]

Anantree ~~Kanpur Hospital~~  
Medical College & Hospital  
Alphata

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

~~8/1~~  
16/1/23

# TAX INVOICE

# INV-000630

Balance Due  
₹6,000.00



Mile Stone Holidays Pvt Ltd

## MILE STONE HOLIDAYS PVT LTD

SHOP NO 5, SHAKTIMAN TOWER, NASIK-PUNE HIGHWAY,  
SANGAMNER  
NASIK-PUNE HIGHWAY  
SANGAMNER Maharashtra 422605  
India  
GSTIN 27AAJCM8912D1ZE

Invoice Date : 13/01/2023  
Terms : Due on Receipt  
Due Date : 13/01/2023

Bill To  
Dr. SUSHRUT SOMAN

Place Of Supply: Maharashtra (27)

#	Item & Description	HSN/SAC	Qty	Rate	Amount
1	HOTEL RESERVATION AT BHOPAL	998552	3.00	2,000.00	6,000.00
Sub Total					6,000.00
CGSTO (0%)					0.00
SGSTO (0%)					0.00
Total					₹6,000.00
Balance Due					₹6,000.00

Total In Words: Rupees Six Thousand Only

### Notes

Thanks for your business.

Authorized Signature



*[Handwritten Signature]*

वडगांव आनंद (आलाफाटा) शाखा, पुणे  
WADGAONANAND(ALAPHATA) BRANCH, PUNE-412411  
IFSC: CBIN0280669 20724

सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES  
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AUTOTEC SECURITY PRINTING LTD. पुणे  
केवल तीन माह के लिये वैध। वैधता तिथि: 03/01/2024

Pay To. Soman Sushrut

या धारक को or Bearer

रुपये Rupees Six Thousand only

||

अदा करें

₹ 6000-00

खाता सं०  
A/c. No. 2108580031

*N. Manoj*  
President Secretary Principal  
Anant Rao Kanase Homoeopathic

WADGAO

ANANTRAO KANASE HOMOEOPHTIC MEDICAL COLLEGE AND HOSPITAL SARASWATI CHANDRANANT  
KANSASE NIKHIL CHANDRAKANT KANASE  
कृपया हस्ताक्षर ऊपर करें / Please sign above

⑈065049⑈ 412016488⑈ 000053⑈ 29

*SM*  
19/1/23

# Voucher/Requisition Form

Date 12/08/2020

Requirement for Traveling Exps for Going  
Kakkatta - Conference

Estimated Required Amount Rs. 12170 +

Required by Dr. Mehatare Prakash Approved by Prantrao Kanase  
Principal  
Medical College & Hospital  
Alphata

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- 12170 + TA

Verified By \_\_\_\_\_



# Voucher/Requisition Form

Date 12/08/2020

Requirement for Travelling Exps for going  
Kalkatta - conference

Estimated Required Amount Rs. 34170/-

Required by Dr Somay S.S. Approved by Principal

**Anentao Kanase Homoeopathic  
Medical College & Hospital  
Alaphata**

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- 12170 T.A

22000 - HOTEL BILL

Verified By \_\_\_\_\_



State level 2019

# Voucher/Requisition Form

Date 14 / 03 / 2019

Requirement for MVHS, state level conference 2019  
Alephata  $\Rightarrow$  R.A. Podar Mumbai (Travelling + food)

Estimated Required Amount Rs. 3550/-

Required by Dr. Kulkarni A. A. Approved by President Secretary Principal

Anant Rao Kanase Homoeopathic  
Medical College, Alephata (Pune)

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / / 20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

Dr. Kulkarni A. A.  




# Voucher/Requisition Form

Date 14 / 03 / 2019

Requirement for state level MUHS conference 2019  
Alephata ==> R.A. Podar Mumbai (Traveling + food)

Estimated Required Amount Rs. 2940/-

Required by Dr. Jarad S.S. Approved by President Secretary Principal

Anantao Kanase Homeopathic  
Medical College Alephata (Pune)

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / / 20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_



Dr. Sarvagya Jarad

## Voucher/Requisition Form

Date 30/1/2023

Requirement for Expenses for Principal meal with NCH,  
New DelhiEstimated Required Amount Rs. 898/-Required by Dr. Saman S.S. Approved by [Signature]

Requirement bought from \_\_\_\_\_ Date :- / /20

Amount Rs. \_\_\_\_\_

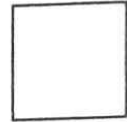
Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_



Note - Check xerox on Back Page  
(P.T.O).

वडगाव आनंद (आलाफाटा) शाखा, पुणे  
WADGAONANAND(ALAPHATA) BRANCH, PUNE-412411  
IFSC: CBIN0280669 97775

कमी वापरण्यात येऊ शकते PAYABLE AT ALL BRANCHES  
दि दि मा मा व व व व  
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D D M M Y Y Y Y

या धारक वरि or Bearer

डॉ. समान सुश्रुत

Eight Hundred Ninety Eight only

अदा करे ₹ 89800

खाता सं.  
A/c. No. 2108580031

*Nikhil Chandrakant Kanase*  
Nikhil Chandrakant Kanase  
Homoeopathic

ANANTRAO KANASE HOMOEOPHTIC MEDICAL COLLEGE AND HOSPITAL - SARASWATI-CHANDRAKANT  
KANASE NIKHIL-CHANDRAKANT KANASE  
कृपया हस्ताक्षर ऊपर करे / Please sign above

WADGAO

⑈065436⑈ 412016488⑈ 000053⑈ 29

Ph.D Entrance 2020 March 1st

## Voucher/Requisition Form

Date 3/03/2020

Requirement for Ph.D Entrance (1st March 2020)  
Alephata  $\rightleftharpoons$  Nashik (Travelling + Food Expen).

Estimated Required Amount Rs. 3231/-

Required by Dr. Kanase S.C. Approved by President Secretary Principal  
Anand Kanase Hareganathic

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_



PhD. 2020

# Voucher/Requisition Form

Date 3/03/2020

Requirement for Ph.D Entrance (1st March, 2020)  
Alphata ⇌ Nashik (Travelling + Food Exp).

Estimated Required Amount Rs. 35451/-

Required by Dr. Kanase C.A. Approved by President Secretary Principal

Anant Rao Kanase Homoeopathic

Medical Officer, Alphata (F.S.S.)

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_



phd 2020

# Voucher/Requisition Form

Date 03/03/2020

Requirement for Ph.D Entrance (1st March 2020)

Alephata  $\Rightarrow$  Nashik (Travelling + Food)

Estimated Required Amount Rs. 26471-

Required by Dr. Kanase Y. N. Approved by President Secretary Principal

Anant Rao Kanase Homoeopathic

Requirement bought from Medical Store, Alephata

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_



# Voucher/Requisition Form

Date 09/03/2022

Requirement for Ph.D Entrance 1st March 2022

Alephata  $\Rightarrow$  Nashik (Travelling + food)

Estimated Required Amount Rs. 22561-

Required by Dr. Gholap K.V. Approved by President Secretary Principal

Anantnagar Kanase Homoeopathic

Requirement bought from Alephata/Pune

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

*[Handwritten Signature]*



*Dr. Gholap K.V.*

# Voucher/Requisition Form

Date 03 / 03 / 20 20

Requirement for Ph.D. Entrance (1st March 2020)

Alphata  $\Rightarrow$  Nashik (Travelling + food)

Estimated Required Amount Rs. 26521/-

Required by Dr. Shaikh S.K. Approved by President Secretary Principal

Anantso Kanase Homoeopathic  
Medical College Alphata (Pun?)

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / / 20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_



Dr. Shaikh S.K.



# Voucher/Requisition Form

Date 03/03/2020

Requirement for Ph.D Entrance (1st March 2022)

Alphata  $\rightleftharpoons$  Nashik (Travelling + Food)

Estimated Required Amount Rs. 27511-

Required by Dr. Jarad S.S. Approved by \_\_\_\_\_

~~President~~ ~~Secretary~~ ~~Principal~~

~~Anant Rao Kanase Homoeopathic~~

~~Medical College Alphata (Pune)~~

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_



Dr. Savitry Jarad

# Voucher/Requisition Form

Date 03/03/2022

Requirement for Ph.D Entrance (1st March 2022)

Alphata  $\Rightarrow$  Nashik (Travelling + Food Exp)

Estimated Required Amount Rs. 2850/-

Required by Dr. Soman S.S. Approved by President Secretary Principal

Anantrao Kanase Homoeopathic

Medical College, Alphata (Pune)

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

S.S.  
  
Dr. Soman S.S.

# Voucher/Requisition Form

Date 03/03/2020

Requirement for ph.D Entrance Exam (1st March 2020)

Alephata  $\Rightarrow$  Nashik (Travelling + Food (App))

Estimated Required Amount Rs. 34301/-

Required by Dr. Kulkarni A. A. Approved by President Secretary Principal

Anantrao Kanase Homoeopathic

Requirement bought from Medical College, Alephata (Pune)

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

Dr. Kulkarni A. A.  


# Voucher/Requisition Form

Date 03/03/2020

Requirement for Ph.D Entrance Exam (1st March 2022)

Alphata  $\rightleftharpoons$  Nashik (Travelling + food)

Estimated Required Amount Rs. 3350/-

Required by Dr. Dahale S.S. Approved by President Secretary Principal

Anant Rao Kanase Homoeopathic

Medical College, Alphata

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

  
Dr. Dahale S.S.

# Voucher/Requisition Form

Date 03/03/2022

Requirement for Ph.D Entrance Exam (1/03/2022)

Alphata ⇌ Nashik (Travelling + Food)

Estimated Required Amount Rs. 32451/-

Required by Dr. Awari S.A. Approved by President Secretary Principal

Anantnag Kanasa Homoeopathic

Medical College Anantnag

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

Awari S.A  
  
Dr. Awari S.A

# Voucher/Requisition Form

Date 03/03/2020

Requirement for Ph.D Entrance Exam (1st/03/2020)  
Alephata  $\rightleftharpoons$  Nashik (Travelling + Food)

Estimated Required Amount Rs. 2569/-

Required by Dr. Mhetre P. P. Approved by President Secretary Principal

Anant Rao Kanase Homoeopathic  
Medical College, Alephata (Pune)

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

mhetre P.P.  
  
Dr. Somnath J.

# Voucher/Requisition Form

Date 03/03/2022

Requirement for Ph.D Entrance Exam (1/03/2022)

Alphata  $\Rightarrow$  Nashik (Travelling + Food)

Estimated Required Amount Rs. 22681-

Required by Dr. Yamulwad S. N. Approved by President Secretary Principal

Anant Rao Kanase Homoeopathic  
Medical College, Alphata (Pune)

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_



Dr. Yamulwad S. N.

# Voucher/Requisition Form

Date 03/03/2020

Requirement for Ph.D Entrance 1/03/2020

Alphata  $\rightleftharpoons$  Nashik (Travelling + Food)

Estimated Required Amount Rs. 29541-

Required by Dr. Patil S. S. Approved by President Secretary Principal

Anant Rao Kanase Homoeopathic

Medical College, Alphata (Pune)

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_



Dr. Patil S. S.



# Voucher/Requisition Form

Date 04/03/2020.

Requirement for Ph.D Entrance (1st March 2020)

Alephata  $\rightleftharpoons$  Nashik (Travelling + food)

Estimated Required Amount Rs. 27351-

Required by Dr. Khupte V. Approved by President Secretary Principal

Anantrao Kanase Homoeopathic

Medical College, Alephata (Pune)

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_



Dr. Khupte V.

# Voucher/Requisition Form

Date 03/03/2020

Requirement for Ph.D entrance 1st March 2020.

Alphata  $\Rightarrow$  Nashik, (Travelling, food (Aru))

Estimated Required Amount Rs. 27301-

Required by Dr. Rodrigues A Approved by President Secretary Principal

Anant Rao Kanase Homoeopathic  
Medical College, Alphata (Dist. Nashik)

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_



Dr Rodrigues A

Ph.D. entrance 2020

## Voucher/Requisition Form

Date 03/03/2020

Requirement for Ph.D. Entrance Exam (15/03/2020),

Alephata ⇒ Nashik (Traveling + Food) (Exp)

Estimated Required Amount Rs. 28421 -

Required by Dr. Thorat N.V. Approved by President Secretary Principal

Anant Rao Kanase Homoeopathic

Requirement bought from Medical College, Alephata (Pune)

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_



[Dr. Thorat N.V.]

# Voucher/Requisition Form

Date 04/03/2020

Requirement for Ph.D Entrance Exam (1/03/2020)  
Alephata  $\Rightarrow$  Nashik (Travelling + Food expenses)

Estimated Required Amount Rs. 2448/-

Required by Dr. Thorat S.L. Approved by [Signature]  
President Secretary Principal

Anant Rao Kanase Homoeopathic  
Medical College, Alephata (Pune)

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

[Signature]  
[Stamp: REVENUE]  
Dr. Thorat S.L.

# Voucher/Requisition Form

Date 4 / 03 / 2020

Requirement for Ph.D Entrance Exam (1/03/2020)  
Alephata  $\Rightarrow$  Nashik (Travelling + Food Expen)

Estimated Required Amount Rs. 2595/-

Required by Dr. Shinde M. B. Approved by [Signature]  
President Secretary Principal

Anantao Kanase Homoeopathic  
Medical College, Alephata (Pur)

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / / 20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_



# Voucher/Requisition Form

Date 30/01/2023

Requirement for HSET Workshop at MUMS, Nashik

Estimated Required Amount Rs. 1500/-

Required by Dr. A. A. Asare Approved by [Signature]  
Principal

Requirement bought from Anant Rao Kanase Homoeopathic Medical College & Hospital

Amount Rs. 1500/- Date :- Alphata / / 20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

[Signature]

वडगाव आनंद (आलाफाटा) शाखा, पुणे  
WADGAONANAND(ALAPHATA) BRANCH, PUNE-412411  
IFSC: CBIN0280669 88172

सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES  
दि मा मा र व र र  
0 1 0 2 2 0 2 3  
D D M M Y Y Y Y

Dr. Asare Asare

या धारक को or Bearer

₹ Rupees One Thousand Five Hundred only

अदा करें ₹ 1500/-

खाता सं. A/c. No. **2108580031**

ANANTRAO KANASE HOMOEOPHTIC MEDICAL COLLEGE AND HOSPITAL SARASWATI CHANDRAKANT  
KANSASE NIKHIL CHANDRAKANT KANASE  
कृपया हस्ताक्षर ऊपर करें / Please sign above

WADGAO

⑈065442⑈ 412016488⑈ 000053⑈ 29

# Voucher/Requisition Form

Date 30/1/2023

Requirement for HSET, Workshop By MUHS, Nashik

Estimated Required Amount Rs. 1500/-

Required by Dr. Dahale S.S. Approved by [Signature] 12/23

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

[Signature]



वडगांव आनंद (आलाफाटा) शाखा, पुणे  
WADGAONANAND(ALAPHATA) BRANCH, PUNE-412411  
IFSC: CBIN0280669 20757

सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES

दि दि मा मा व व व व  
01022023  
D D M M Y Y Y Y

Pay Dr. Dahale Shweta या धारक को or Bearer

रुपये Rupees one Thousand Five Hundred only

\_\_\_\_\_ 11 \_\_\_\_\_

अदा करें ₹ 1500=00

खाता सं.  
A/c. No. **2108580031**

[Signature]  
President Secretary Principal  
Anant Rao Kanase Homoeopathic

ANANTRAO KANASE HOMOEOPHIC MEDICAL COLLEGE AND HOSPITAL, SARASWATI CHANDRAKANT  
KANASE NIKHIL CHANDRAKANT KANASE

कृपया हस्ताक्षर ऊपर करें / Please sign above

WADGAO

⑈065441⑈ 412016488⑈ 000053⑈ 29

# Voucher/Requisition Form

Date 30/1/2028

Requirement for HSET workshop, By MUIS Nashik  
at Nashik

Estimated Required Amount Rs. 1500/-

Required by Dr. Khupte V.

Approved by [Signature]

[Signature]  
1/2/28

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

[Signature]

वडगाव आनंद (आलाफाटा) शाखा, पुणे  
WADGAONANAND(ALAPHATA) BRANCH, PUNE-412411  
IFSC: CBIN0280669 79364

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D	D	M	M	Y	Y	Y	Y

या धारक को or Bearer

Dr. Khupte Vibhavari  
one thousand five hundred only  
11

अदा करें ₹ 150000

खाता सं०  
A/c. No. **2108580031**

[Signature]  
Principal  
ANANTRAO KANASE HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL

ANANTRAO KANASE HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL SARASWATI CHANDRAKANT  
KANSASE NIKHIL CHANDRAKANT KANASE  
कृपया हस्ताक्षर ऊपर करें / Please sign above

WADGAO

⑈065440⑈ 4120164881: 000053⑈ 29



# Voucher/Requisition Form

Date 30/11/2023

Requirement for HSET workshop at MUHS Nashik

Estimated Required Amount Rs. 1500/-

Required by Dr. Thorat sandhya Approved by [Signature] 11/2/23

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- 30/11/2023

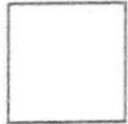
Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_



वडगांव आनंद (आलाफाटा) शाखा, पुणे  
WADGAONANAND(ALAPHATA) BRANCH, PUNE-412411  
IFSC: CBIN0280669 54444

सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES

दि दि मा भा श व व व  
0 1 0 2 2 0 2 3  
D D M M Y Y Y Y

Pay Dr. Thorat sandhya या धारक को or Bearer

रुपये Rupees one thousand five Hundred only  
अदा करें ₹ 1500200

खाता सं०  
A/c. No. **2108580031**

[Signature]  
President Secretary Principal  
Anant Rao Kanase Homoeopathic

ANANTRAO KANASE HOMOEOPHTIC MEDICAL COLLEGE AND HOSPITAL SARASWATI CHANDRAKANT  
KANASE NIKHIL CHANDRAKANT KANASE  
कृपया हस्ताक्षर ऊपर करें / Please sign above

WADGAO

⑈065439⑈ 412016488⑈ 000053⑈ 29

# Voucher/Requisition Form

Date 30/11/2023

Requirement for H SCT work spot at MUHS Nashik

Estimated Required Amount Rs. Fifteen hundred only

Required by Iddhika. k. Anolap Approved by [Signature]

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_ Date :- 30/11/2023

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_ Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_ Branch :- \_\_\_\_\_ Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

[Signature]

बडगाव आनंद (आलाफाटा) शाखा, पुणे  
WADGAONANAND(ALAPHATA) BRANCH, PUNE-412411  
IFSC: CBIN0280669 50429

व्याज शाखासि पाय बिल PAYABLE AT ALL BRANCHES  
दि दि मा पा स र व स  
0 1 0 2 2 0 2 3  
D D M M Y Y Y Y

श्री. Ghelap Radhika

वा धारक को or Bearer

₹ one thousand five hundred only

अदा करें ₹ 1500 00

खाता सं०  
A/c. No. 2108580031

ANANTRAO KANASE HOMOEOPHTIC MEDICAL COLLEGE AND HOSPITAL, SARASWATI CHANDRAKANT  
KANASE NIKHIL CHANDRAKANT KANASE  
कृपया हस्ताक्षर ऊपर करें / Please sign above

WADGAO

⑈065438⑈ 412016488⑈ 000053⑈ 29

# Voucher/Requisition Form

Date 30/1/2023

Requirement for HSET workshop at MUHS, Nashik.

Estimated Required Amount Rs. 1500/-

Required by Dr. Kulkarni A. A.

Approved by [Signature]

[Signature] Kanase  
11/2/23

Requirement bought from \_\_\_\_\_

Amount Rs. \_\_\_\_\_

Date :- / /20

Mode of Payment - DD/Cash/Cheque \_\_\_\_\_

Outstanding / Excess Amount \_\_\_\_\_

Bank :- \_\_\_\_\_

Branch :- \_\_\_\_\_

Ac.No. :- \_\_\_\_\_

Narration :- \_\_\_\_\_

Received Rs :- \_\_\_\_\_

Verified By \_\_\_\_\_

[Signature]

सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES

दि मा मा व व व व व  
0 1 0 2 2 0 2 3  
D D M M Y Y Y Y

वडगांव आनंद (आलाफाटा) शाखा, पुणे  
WADGAONANAND(ALAPHATA) BRANCH, PUNE-412411  
IFSC: CBIN0280669 59562

Pay Dr. Kulkarni Aparna

या धारक को or Bearer

रुपये Rupees one Thousand Five Hundred only

अदा करें ₹ 1500-00

खाता सं०  
A/c. No. 2108580031

[Signature]  
Principal Secretary Principal  
Anant Rao Kanase Homoeopathic

ANANTRAO KANASE HOMOEOPHIC MEDICAL COLLEGE AND HOSPITAL, SARASWATI CHANDRAKANT  
KANASE NIKHIL CHANDRAKANT KANASE

कृपया हस्ताक्षर ऊपर करें / Please sign above

WADGAO

⑈065437⑈ 412016488⑈ 000053⑈ 29