

Dr. Sanjay D. Patil
President

Padmashree Dr. D. Y. Patil
Founder

Shri. Satej D. Patil
Vce-President & Chairman

Dr. N. S. Vyawahare
Principal

Ref. No. : DYPCOP/
Date :

6.3.1

THE INSTITUTION HAS PERFORMANCE APPRAISAL SYSTEM, EFFECTIVE WELFSRE MEASURES FOR TEACHING AND NON-TEACHING STAFF AND AVENUES FOR CAREER DEVELOPMENT/ PROGRESSION

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Marriage Anniversary Leave

डॉ. डी. वाय. पाटील शैक्षणिक संकुल
आकुडी, पुणे - ४११०४४.

रजेचा अर्ज

१. महाविद्यालयाचे नांव : डॉ. डी. वाय. पाटील शैक्षणिक संकुल, आकुडी, पुणे - ४११०४४. विभाग : फार्मसी
२. अर्जदाराचे नांव : साहू अश्विनी गोकुण्डल रजेची श्रेणी : पूर्वनियोजित / आधी घेतलेली
३. पदनाम : रजेचा अर्ज दिनांक : २६/१२/२०२४

प्रति,

मा. प्राचार्य,

डॉ. डी. वाय. पाटील कॉलेज ऑफ फार्मसी, आकुडी, पुणे - ४११०४४.

विषय : रजेचा अर्ज

महोदय,

मी उपरोक्त संदर्भिय विषयान्वये खालील प्रमाणे नमुद रजेचा अर्ज सादर करीत आहे, तरी मला सदरची रजा मंजूर करावी ही विनंती.

आपला,

स्वाक्षरी : A. Lunke

अर्जदाराचे नांव : साहू अश्विनी गोकुण्डल

रजेचा प्रकार : नैमित्तिक रजा अर्जित रजा वैधकीय रजा कार्यालयीन कामकाजातच रजा

सुट्टी दिवशीच्या कामाची बदली रजा इतर कारणास्तव MAL

रजेचा कालावधी : दि. ३१/१२/२०२४ पासून दि. ३१/१२/२०२४ पर्यंत

आजअखेर उपभोगलेल्या रजा : ०७

एकुण रजा दिवस : ०१

रजेचे कारण : मैरेन आनिवर्सरी

रजेच्या कालावधीतील पत्ता व भ्रमणध्वनी क्रमांक : ५०

बदली कर्मचाऱ्याचे नाव : Mr. Laxhan J. Mohite स्वाक्षरी : L.J. Mohite

विभाग प्रमुखांची शिफारस

श्री. / श्री. / श्री. साहू अश्विनी गोकुण्डल यांना दि. ३१/१२/२०२४ ते दि. ३१/१२/२०२४ पर्यंत ०१ दिवसांच्या रजा मंजुरीसाठी शिफारस करण्यात येत आहे / नाही.

दिनांक : २६/१२/२०२४

विभागप्रमुखांची स्वाक्षरी : Ami

विभागप्रमुखाचे नांव : Dr. A. V. Kulkarni

श्रेणी (असल्यास) : _____

आस्थापणा विभागाचा शेरा

आजअखेर उपभोगलेल्या रजा : 07

मंजूर / नामंजूर रजा : 01 MAL

कृपया इतर कोणतीही रजा निर्दिष्ट करा:.....

आजअखेर शिल्लक रजा : 05

शिल्लक रजा : 05

26/12/24

26/12/24
आस्थापणा विभाग

प्राचार्याचा शेरा

थो. / मं. / ह. 21/12/24 अमित यांना दि. 31/12/2024 ते दि. 31/12/2024 पर्यंत

01 दिवसांची रजा मंजूर करणेत येत आहे / येत नाही.

दिनांक 26/12/24

Shandhan
प्राचार्य

मी स्वतः सादर कर्मचाऱ्याने कामावर रूजू झाल्यानंतर सादर केलेल्या कागदपत्रांची पडताळणी केली आहे व ती योग्य आहे.

आस्थापणा विभाग



जळगाव शहर महानगरपालिका, जळगाव
MUNICIPAL CORPORATION OF THE CITY OF JALGAON



प्रशासकीय इमारत, महात्मा गांधी रोड, जेडवडी, जळगाव - 425001

No.000108



Form - E

विवाह नोंदणी प्रमाणपत्र

CERTIFICATE OF REGISTRATION OF MARRIAGE

(See Section 6 (1) and Rule 5)

प्रमाणित करण्यात येते की,

- पतीचे नाव :- साळुंखे अभिनव गोकुळदास
 पत्नीचे नाव :- चव्हाण प्रेरणा उमाकांत
 पत्नीचे वडील :- कदाचण प्रेरणा उमाकांत
 पत्नीचे वडील :- प्लॉट नं. १, गट नं. ४४/१, गुरुलता होमिंग सोसायटी, दादावाडी, जळगाव
 यांचा विवाह दिनांक :- ३१/१२/२०११ रोजी धुळे (नगावबारी) या ठिकाणी गिणी संपन्न झाला.

म्हणजेच महाराष्ट्र विवाह मंडळाचे विनियमन आणि विवाह नोंदणी अधिनियम १९९८ अन्वये देवघरपल अन्वयेत्या नोंदणीच्या खंड अ. १/१७० च्या अनुकरणांक बऱ्याच/अ.स.०१/००१०८/२०१४ हा दिनांक २५/०६/२०१४ रोजी माझ्या कडून नोंदणी करण्यात आलेली आहे.

Certified that Marriage between

- Husband's Name :- Salunkhe Abhinav Gokuldas
 Residing at :- F-19, Shri Dharm Complex, Near Sachana Bank, Gadinai, Hadapsar, Pune - 28
 And Wife's Name :- Chavhan Preerana Umakant
 Residing at :- Plot No.1, Gat No.44/1, Gurulata Housing Society, Dadawad, Jalgaon
 Solematized on :- 31/12/2011 at Dhule(Nagaonbari) is registered by me on 25/06/2014. Serial No. JMC/W.O.01/00108/2014 of Volume No. 1/170 of register of marriages maintained under the Maharashtra Regulation at marriage Bureaus and Registration of marriages Act 1998.



ठिकाण :- जळगाव
 Place :- Jalgaon
 दिनांक :- २५/०६/२०१४
 Date :- 25/06/2014

विवाह निबंधक तथा प्रभाग अधिकारी
 प्रभाग समिती क्रमांक :- ०१
 जळगाव शहर महानगरपालिका, जळगाव
 Registrar of Marriages cum Ward Officer
 Ward Office No. 01
 Jalgaon City Municipal Corporation, Jalgaon

Maternity Leave

Date: 12.10.2023.

To,
The Principal,
Dr. D. Y. Patil College of Pharmacy
Akurdi, Pune

Subject: Request for grant of Maternity Leave as per Pratishthan's policy

Respected Sir,

I, Mrs. Reshma Rahul Shinde, Clerk in (Account section), I have joined Dr. D. Y. Patil College of Pharmacy, Akurdi on 4th December 2017 on pratishthan pay roll.

Currently I am in the family way and as per medical guidelines provided by my doctor, my expected due date is 3rd week of November 2023.

On this background, I hereby requesting you to approve 06 month's maternity leave from 10th November 2023 to 07th May 2023.

I hereby assure you, that before going on maternity leave I will complete all the formalities with respect to work assigned to me.

I further state that, I am ready to get this leave as per all the terms and conditions laid down as per our campus policy.

Thanking You.

Yours Sincerely

Reshma

Mrs. Reshma Rahul Shinde
(Clerk – Account Section)

Enclosed:

- 1) Medical Report

MR-Pol

pl. provide all service details
and obtain recommendation
of HR/manager

Shinde



Dr. D. Y. Patil Pratishthan's

Dr. D. Y. Patil College of Pharmacy Akurdi, Pune - 411044.

Leave Application Cum Record From 1st January - 2023 To 31st December - 2023

EMPLOYEE NAME :- Mrs. Reshma R. Shinde

DESG :- Clerk

EMPLOYEE NO :-

COURSE :- B. PHARM / M. PHARM

Date of Application	Reason	Leave		Number of Days	Type of Leave	Sign. of Employee	Recommendation Yes/No	Sign. of HOD	Sanction Yes / No	Sign. of Principal	For Office Use Only				Sign. of Establi. Clerk	Remark	
		From	To								Balance Leave						
		CL	EL								ML	(CH)OD					
Opening Balance As On 1st January - 20												12	-	-			
03/01/23	Personal	04/01/22	04/01/22	01	CO	Shinde	Yes	[Signature]	Yes	[Signature]	12						
18/1/23	Personal	23/01/23	23/01/23	01	CL	Shinde	Yes	[Signature]	Yes	[Signature]	11						
27/2/23	Personal	05/03/23	06/03/23	01	CO	Shinde	Yes	[Signature]	Yes	[Signature]	11						
10/4/23	Personal	17/4/23	17/4/23	01	CL	Shinde	Yes	[Signature]	Yes	[Signature]	10						
25/4/23	sister wedding Function	03/5/23	04/5/23	02	CL-1	Shinde	Yes	[Signature]	Yes	[Signature]	09						
22/5/23	- II -	05/5/23	06/5/23	02	CL-1	Shinde	Yes	[Signature]	Yes	[Signature]	08						
07/06/23	Personal (my son admit in Hospital)	02/06/23	06/06/23	05	CL-2 CO-2	Shinde	Yes	[Signature]	Yes	[Signature]	06						
8/8/23	Personal	14/8/23	14/8/23	01	CL	Shinde	Yes	[Signature]	Yes	[Signature]	05						
29/8/23	Personal	4/9/23	5/9/23	02	CL-1	Shinde	Yes	[Signature]	Yes	[Signature]	04						
15/9/23	Personal (Admitted in Hospital)	11/9/23	14/9/23	04	ML	Shinde	Yes	[Signature]	Yes	[Signature]	04						
12/10/23	Maternity Leave	10/11/23	07/5/24	184	ML	Shinde	Yes	[Signature]	Yes	[Signature]	04						
25/10/23	Personal	30/10/23	31/10/23	02	CL-1	Shinde	Yes	[Signature]	Yes	[Signature]							

Credit leaves in Red by Establishment Department

Route :- Establishment → Employ → HOD → Principal → Establishment



Dr D Y Patil Educational Complex, Akurdi, Pune

LEAVE APPLICATION FORM

Name of College: Dr. D. Y. Patil College of Pharmacy
Applicant: - Mrs. Reshma R. Shinde
Designation: - clerk
Department: office
Date: - 12/10/2023

To,
Principal
DYP COP,
AKurdi

Respected Sir,

I request you to grant me leave, the details of which are as mentioned below:

Category: CL EL ML OD C Off Any Other (please specify) Maternity Leave

Duration: From: 10/11/2023 to 07/05/2024

Total No. of days of leave applied (Including Holiday)

(Including Holiday): (180-days.) 06 Months.

Dates of holidays included during leave: -

Reason for Leave: Maternity Leave.

Address & Contact Number during Leave period: Junner.
8308042338 & 9579507521.

Documents to be submitted upon rejoining:

: Medical Certificate : Participation Certificate and Report : Duty Certificate
Any other document (Please Specify)

ACADEMIC WORKLOAD ADJUSTMENT (if applicable)

Sr. No.	Date	Class	Theory/ Practical Time	Adjusted By (Name & Signature)
01.				
02.				
03.				
04.				

CO-ACADEMIC AND ADMINISTRATIVE WORKLOAD ADJUSTMENT (if applicable)

Sr. No.	Date	Type of Work	Adjusted By (Name & Signature)
01.			
02.			
03.			

Date:

Name & Signature of the Applicant

VERIFICATION FROM ACADEMIC CO-ORDINATOR (only for Teaching)

I have checked the above mentioned academic, non-academic and administrative workload adjustment and it is found to be appropriate and the Faculty who has adjusted the workload is not overloaded.

Date:

NA.
Academic Co-ordinator

RECOMMENDATION FROM HEAD OF THE DEPARTMENT

Mr. / Mrs. / M/ss. Reshma R. Shinde may be granted / not be granted the leave from 10/11/23 to 07/05/24 i.e. for total of 180 days.

Date: 12/10/23 Academic coordinator concern in charge / Head of the Department

RECORD FROM ESTABLISHMENT SECTION/OS/ASST REGISTRAR / REGISTRAR

Sr No	Type of Leave	Leaves Availed	Balance Leaves
1	CL	—	04
2	EL		
3	ML		
4	DL		
5	Comp Off		

Maternity Leave 180 day

[Signature]
12/10/23
Establishment Section

[Signature]
12/10/2023
Estd Clerk/OS/Asst Registrar/Registrar

APPROVAL REMARKS OF THE PRINCIPAL/DIRECTOR

Mr./M./Mrs./M/ss. Reshma R. Shinde has been/ has not been granted the leave from 10/11/23 to 07/05/24.

Date: 12/10/23

[Signature]
PRINCIPAL / AUTHORITY

Documents submitted after rejoining Verified by : Estd Clerk Sign Estd Clerk

Salary During Maternity Leave

Statement	
ATM WDR 2048 PNB SHOP NO17GMC PLAZANEAR PUNE	- ₹ 12,100.00 Available Balance ₹ 46,462.96
Mar 31, 2024	
ATM WDR 2045 PNB SHOP NO17GMC PLAZANEAR PUNE	- ₹ 20,000.00 Available Balance ₹ 58,562.96
Mar 31, 2024	
UPI/409075334916/P2 M/bharatpe502254794 0@yesbankit/	- ₹ 174.00 Available Balance ₹ 78,562.96
Mar 30, 2024	
CRTRArrears with Maturnity Leave/2394136	+ ₹ 64,200.00 Available Balance ₹ 78,736.96
Mar 30, 2024	
UPI/445533687729/P2 M/paytmqr118ojrae1 @paytm/Suraj	- ₹ 35.00 Available Balance ₹ 14,536.96
Mar 29, 2024	
UPI/408564181185/P2 V/9860567839@paytm /9860567839@p	- ₹ 2,500.00 Available Balance ₹ 14,571.96
Mar 25, 2024	

On Duty Leave for Education



Dr D Y Patil Educational Complex, Akurdi, Pune

LEAVE APPLICATION FORM

Name of College: Dr. D. Y. Patil College of Pharm
 Applicant: Dr. A. D. Chimbalkar
 Designation: Prof.
 Department: D. Pharmacy.
 Date: 06/11/2023

To,
The principal
Dr. D. Y. Patil College of Pharm
Akurdapeene.

Respected Sir,

I request you to grant me leave, the details of which are as mentioned below:

Category: CL EL ML OD C Off Any Other (please specify) _____

Duration: From: 22/11/23, 24/11/23, 27/11/23, 29/11/23, 01/12/2023 & 04/12/23

Total No. of days of leave applied (Including Holiday) _____

(Including Holiday): _____

Dates of holidays included during leave: NA

Reason for Leave: Examination

Address & Contact Number during Leave period: Neel Rao College
peene. Mob: 968979.3383

Documents to be submitted upon rejoining:

: Medical Certificate : Participation Certificate and Report : Duty Certificate
 Any other document (Please Specify) _____

ACADEMIC WORKLOAD ADJUSTMENT (if applicable)

Sr. No.	Date	Class	Theory/ Practical Time	Adjusted By (Name & Signature)
01.	22/11/23	S-Y.D Pharm	P+therapeutic (TH) 10:30 to 11:30 am.	Ms. Somthane P.N.
02.	24/11/23			Ms. Kisan Mahija
03.	27/11/23			
04.	29/11/23			
	01/12/23			
	04/12/23			

(Signature)
 06/11/23
 6/11/23

CO-ACADEMIC AND ADMINISTRATIVE WORKLOAD ADJUSTMENT (if applicable)

Sr. No.	Date	Type of Work	Adjusted By (Name & Signature)
01.	02/11/23 24/11/23	MSBTE & Exam (PR)	<i>[Signature]</i>
02.	27/11/23 29/11/23		
03.	01/12/23 04/12/23		

Date: 06/01/2023

[Signature]
Name & Signature of the Applicant

VERIFICATION FROM ACADEMIC CO-ORDINATOR (only for Teaching)

I have checked the above mentioned academic, non-academic and administrative workload adjustment and it is found to be appropriate and the Faculty who has adjusted the workload is not overloaded.

Date: 6/1/2023

[Signature]
Academic Co-ordinator

RECOMMENDATION FROM HEAD OF THE DEPARTMENT

Mr. / M/s. / M/iss. Ashishi Chimbalkar may be granted / not be granted the leave from 22, 24, 27, 29/11/23, 1, 4/12/23 to 01, 4/12/23 i.e. for total of 4/2 (04) days.

Date: 6/1/23 Academic coordinator concern in charge / Head of the Department

[Signature]
06/11/2023

RECORD FROM ESTABLISHMENT SECTION/OS/ASST REGISTRAR / REGISTRAR

Sr No	Type of Leave	Leaves Availed	Balance Leaves
1	CL		
2	EL		
3	ML		
4	DL	03	
5	Comp Off		

[Signature]
Establishment Section
6/1/23

[Signature]
6/1/23
Estd Clerk/OS/Asst Registrar/Registrar

APPROVAL REMARKS OF THE PRINCIPAL/DIRECTOR

Dr./Mf./Mfs./ M/iss. Ashishi Chimbalkar has been / has not been granted the leave from 22/11/23 to 04/12/23.

Date: 06/1/23

[Signature]

PRINCIPAL / AUTHORITY

Documents submitted after rejoining

Verified by : Estd Clerk

Sign Estd Clerk

BHARATI VIDYAPEETH**(DEEMED TO BE UNIVERSITY)
PUNE, INDIA****THEORY EXAMINATION TIME TABLE - WINTER 2023****CIRCULAR NO. - 72 - 13039**

College / Inst. : (4) NEW LAW COLLEGE, PUNE
Course : (13039) BACHELOR OF LAWS - LL.B. (THREE YEAR DEGREE COURSE) (CBCS-2021 COURSE)
Course Part : (2326) LL.B. Sem - II
Branch :

Sr. No.	Subject Code	Subject Type	Subject	Common	Day	Date	Time From	Time To
1	24998	Compulsory	CONSTITUTIONAL LAW-II		Wednesday	25/10/2023	02:00 PM	04:30 PM
2	24999	Compulsory	SPECIAL CONTRACTS		Friday	27/10/2023	02:00 PM	04:30 PM
3	25000	Compulsory	ICT & LEGAL RESEARCH (SOFT SKILLS)		Monday	30/10/2023	02:00 PM	04:30 PM
4	25001	Compulsory	PRACTICAL PAPER-I (PROFESSIONAL ETHICS, ACCOUNTANCY FOR LAWYERS & BAR BENCH RELATIONS)		Wednesday	01/11/2023	02:00 PM	04:30 PM
5	25002	Compulsory	JURISPRUDENCE		Friday	03/11/2023	02:00 PM	04:30 PM
6	25004	Optional 1	CONSTITUTIONAL LAW : HEALTH LAW		Monday	06/11/2023	02:00 PM	04:30 PM
7	25003	Optional 1	BUSINESS LAW : INSURANCE LAW		Monday	06/11/2023	02:00 PM	04:30 PM

THEORY EXAMINATION TIME TABLE - WINTER 2023**CIRCULAR NO. - 72 - 13039**

College / Inst. : (4) NEW LAW COLLEGE, PUNE
Course : (13039) BACHELOR OF LAWS - LL.B. (THREE YEAR DEGREE COURSE) (CBCS-2021 COURSE)
Course Part : (2327) LL.B. Sem - III
Branch :

Sr. No.	Subject Code	Subject Type	Subject	Common	Day	Date	Time From	Time To
1	25005	Compulsory	FAMILY LAW-I (MARRIAGE, DIVORCE & MATRIMONIAL DISPUTES)		Wednesday	22/11/2023	10:00 AM	12:30 PM
2	25006	Compulsory	CIVIL PROCEDURE CODE & LIMITATION ACT		Friday	24/11/2023	10:00 AM	12:30 PM
3	25007	Compulsory	INTERPRETATION OF STATUTE		Monday	27/11/2023	10:00 AM	12:30 PM
4	25008	Compulsory	PRACTICAL PAPER-II (DRAFTING PLEADING & CONVEYANCING)		Wednesday	29/11/2023	10:00 AM	12:30 PM
5	25009	Compulsory	COMPANY LAW		Friday	01/12/2023	10:00 AM	12:30 PM
6	25011	Optional 1	CONSTITUTIONAL LAW : RIGHT TO INFORMATION		Monday	04/12/2023	10:00 AM	12:30 PM
7	25010	Optional 1	BUSINESS LAW : MERGER & ACQUISITION		Monday	04/12/2023	10:00 AM	12:30 PM

Increment after PhD

ਪੰਜਾਬ ਨੈਸ਼ਨਲ ਬੈਂਕ
...भरोसे का प्रतीक !



punjab national bank
...the name you can BANK upon !

Branch Details

Branch Name: PUNE - AKURDI
Branch Address: SEC 24 NIGDI PRADHIKRN
City: PUNE
Pin: 411044
IFSC Code: PUNB0217410

Customer Details:

Customer Name: PRIYATAMA VIJAYSING POWAR
Customer Address: C/O D Y PATIL COLLEGE OF PHARMACY AKURDI
City: PUNE
Pin: 411044
CKYC Number: 60081352273895
Nominee:

Statement of Account:02182041011868 For Period: 13/07/2024 to 12/01/2025

Date	Instrument ID	Amount	Type	Remarks
25/10/2024		84300.00	CR	CRTRSalary Oct 2024/2808820

ਪੰਜਾਬ ਨੈਸ਼ਨਲ ਬੈਂਕ
...भरोसे का प्रतीक !



punjab national bank
...the name you can BANK upon !

Branch Details

Branch Name: PUNE MAIN
Branch Address: DINSHAW HOUSE, 918,
City: PUNE
Pin: 411001
IFSC Code: PUNB0014110

Customer Details:

Customer Name: SARIKA ANKUSHRAO NIKAM
Customer Address: GAT NO 160,161 GANDHARV EXCELLENCE PHASE -1 B BORHADEWADI,MOSHI DEHU ROAD
MOSHI PUNE
City: PUNE
Pin: 412105
CKYC Number:
Nominee:

Statement of Account:01412041034484 For Period: 13/01/2024 to 12/01/2025

Date	Instrument ID	Amount	Type	Remarks
03/04/2024		55500.00	CR	CRTRSalary March 2024/2402578

Uniform Allowance

Dr. D. Y. Patil Educational Complex
Akurdi, Pune-411044

(649)

Ref.No: DYPCOP/DIR/ BIA(U) /2017

Date: 27/09/2017

To,
The Campus Director,
Dr. D.Y. Patil Educational Complex,
Akurdi, Pune

Subject: Approve the faculty dress code rate (2017-18)

Respected Sir,

As per the decision taken in the Principal's meeting in presence of Dean, Campus Placement on 26th September 2017, it is unanimously decided to issue work order to S. D. Waichal & Sons, Kolhapur without any upward revision in the quote finalised for the year 2016-17 towards supply of stitched blazer for the newly joined faculty as per the details tabulated below.

Sr. No.	Details of Fabric	Cost of Stitched Blazer (including 5% GST)	Faculty Share (50%) (To be paid as an advance directly to the vendor upon measurement)	College Share (50%) (To be paid via account transfer upon successful delivery of blazer)
1.	Raymond Sapphire 09	(3000/- + 150/-) Rs. 3150/-	Rs. 1575/-	RS. 1575/-

You are requested to approve the same so that further process can be completed before NACC peer team visit to DYPCOE.

Thanking you.

Encl: Last year's approval

Remarks of CFO: Recommended

hulpatil
(Mr. U. R. Deshpande)

Yours Sincerely,

Dr. N. S. Vyawahare
Principal

Approved/Not Approved

Col (Retd) S K Joshi
(Campus Director)

Ref: 1) Discussion with Hon Campus Director after last demise of M/s. Waichal, Kolhapur.
2) The order to be given to Prachi Garments with same rate and terms-conditions.
3) Tax shall be applicable as per the

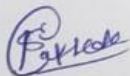
Dr.D.Y.Patil College of Pharmacy (B Pharm) 2015-16
Punjab National Bank -01411131002440 Book

Staff cloth.

1-Apr-2019 to 14-Jan-2023

Page 1
Credit

Date	Particulars	Vch Type	Vch No.	Debit	Credit
1-4-2019	Cr Opening Balance			18,96,294.01	
9-9-2019	Dr Laboratory Expenses Ch. No. 495580 dated 09.09.19 OBC Pune Mr. Sudhir Pandya for purchase Caps for Staff (QTY. 23) and Head gear for inspection and GMP standard purchase of cloth and stitching charges as per bill no. 25, 511 & 505. RTGS Amt. 30985/-	Payment			2,305.00
	Dr Entertainment & Staff Welfare Ch. No 495573 dt. 09.09.19 OBC Pune Prachi Garments cloth set for Lab. Assit. & Peon as per bill No. CR0032 dated 15.010.18 RTGS Amt. 1298480/-	Payment			2,520.00
	Dr Closing Balance			18,96,294.01	4,825.00
				18,96,294.01	18,91,469.01
1-4-2021	Cr Opening Balance			18,91,469.01	
4-3-2022	Dr Entertainment & Staff Welfare 04-03 -2022 NEFT_OUT:PUNBH22063721173 /Prachi Garments/BARBOSHIPOO /0451020000 1018 Prachi Garments 174 07.07. 2021 840 0 840 Payment made towards for purchase of staff uniform cloth staff driver as per bill no. 174 dated - 07.07.2021	Payment			840.00
	Dr Closing Balance			18,91,469.01	840.00
				18,91,469.01	18,91,469.01



ACCOUNTANT
Dr. D. Y. Patil College of Pharmacy
Akurdi, Pune - 411044



OFFICE SUPERINTENDENT
Dr. D. Y. Patil College of Pharmacy
Akurdi, Pune - 411044



PRINCIPAL
Dr. D. Y. Patil Pratishthan's
Dr. D. Y. Patil College of Pharmacy
Akurdi, Pune-411 044.

Insurance for Faculty and non teaching staff

Dr. D. Y. Patil Pratishthan's
Dr. D. Y. Patil college of Pharmacy (B.Pharm.)

AKURDI, PUNE - 411044.

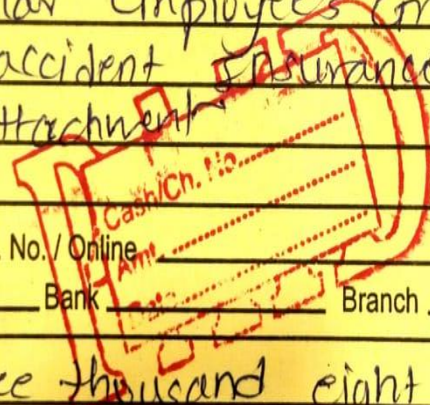
DEBIT VOUCHER


DEBIT A/C. Insurance A/c

Pay to Mr. / Mrs. / M/s. Yourself


C. B. No.	
V. R. No.	
Date	<u>28/03/2024</u>

Particulars	Amount	
	Rs.	Ps.
On Account <u>Regular Employees Group</u> <u>personal accident insurance policy</u> <u>as per attachment</u>	<u>3876</u>	<u>00</u>
By Cash / Cheque / D.D. No. / Online		
Dated _____ Bank _____ Branch _____		
Rs. in words <u>Three thousand eight hundred</u> <u>seventy-six only</u>	<u>3876</u>	<u>00</u>




Accountant


Asst. Registrar


Principal


C.F.O.

Trustee


Receiver's Sign.

27/3/24
absen

Dr. D. Y. Patil Pratishthan's
Dr. D. Y. Patil College of Pharmacy,
Akurdi, Pune - 411 044.

1343

Ref.No.: DYPCOP/DIR/508/2024

Date: 26/03/2024

To,
The Campus Director,
D.Y. Patil Educational complex,
Sect. No. 29, Akurdi, Pune-411 044.

Subject: Permission for continuation of regular employee's Group personal accident insurance policy

Respected Sir,

From last eight years, we are providing coverage towards personal accident via specific insurance policy to all regular employees as a part of staff welfare activity. Every year, we need to continue it by paying annual premium. In this regard, Mr. Amit Kalburge, a representative of Bajaj Allianz General Insurance Co Ltd sent quotation via email having quoted premium Rs.68/- per employee only for Panjab National Bank holders with coverage of 04 lakhs/employee.

On the other hand, the Indumati employees are associated with Thane Kanata Sahakari Bank Ltd and the premium of these employee will be paid by the Indumati under our supervision Dr. D. S. Shirode who is faculty coordinator through to our regular insurance agent Mr. Yogesh Modani from New India Assurance Co. Ltd (Govt. of India).

On this background, we request you to kindly permit us for the same and sanction amount Rs: 3876/- (Rs: Three thousand eight hundred seventy-six rupees only) for 57 regular employees (i.e. Rs: 68/- employee). The amount will be paid as an advance by online mode from the college account in the account of "Bajaj Allianz General Insurance Co Ltd".

This insurance facility will be considered as unique practice by various statutory bodies & for various awards as well as competitions.

Thanking you,

Dr. D. S. Shirode
Faculty co-ordinator

Enclosed:

1. List of eligible staff
2. Quotation
3. Receipt of last year payment
4. Last year's Approval letter

Remarks of FO: Recommended

Rs 3876/-
26/03/2024

Remark of CFO: Recommended for GPA policy for 57 employees (renewal) for Rs. 3876/-
26.03.24.

Mr. B. H. Sharma

Yours,

26/3/24
Dr. N. S. Vyawahare
Principal

Approved/ Not Approved

RAdm Amit Vikram (Retd.)
Campus Director

Dr DSS
Immediately initiate
expn

Bajaj Allianz General Insurance Company Ltd.

1st Floor, Tower 1, Commer Zone, Samrat Ashok Path, Jail Road, Yerwada, Pune - 411006 Contact
No: 66240100; Fax No: 66240111

(3)

RECEIPT

Receipt Number 2001-01719189
Receipt Date 14/03/2023
Business Channel BA

Received with thanks from PUNJAB NATIONAL BANK
(Intermediary Code : 10048101) a total sum of Rupees Three Thousand Nine Hundred Forty Four Only by,

Instrument Type	Inst./Ref No	Instrument Date	Bank Name	Branch Name	Amount
Bank Advice/Direct Credit	18413032023	13/03/2023	Punjab National Bank - Delhi	Delhi	3,944

Total Amount Rs. 3,944.00

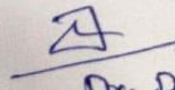
Note : Cr Date-18413032023/S20267558/DR.D.Y. PATIL COLLEGE OF PHARMACY AKURDI (B.PHARM) BANK ADVICE Loader

Issuance of this receipt does not amount to acceptance of the risk by Bajaj Allianz General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and conditions of the Insurance Policy if and when issued.

* Cheque/DD/PO receipt is valid subject to realisation of the instrument.

This is a computer generated document,hence does not require any signature.

Regd.Office: Bajaj Allianz House, Airport Road, Yerawada, Pune, Maharashtra 411006
CIN:U66010PN2000PLC015329; E-mail: bagichelp@bajajallianz.co.in; Website:www.bajajallianz.com

Last year's payment receipt 
Dr. D.S. Skhade
Faculty coordinator

Bajaj Allianz General Insurance Company Ltd.

Bajaj Allianz General Insurance Co. Ltd., Bajaj Allianz House, 291-Xtrium, 4th Floor, Next to Holy Family Church, Andheri Kurla Road, Chakala, Andheri (East), Mumbai - 400093
Contact No: Contact No: 022- 66027777, 022-66027777; Fax No: 56480179

RECEIPT

Receipt Number 1904-01490922
Receipt Date 13/07/2023
Business Channel DI

Received with thanks from DR DY PATIL PRATISHTAN

(Customer ID : 396152478) a total sum of Rupees Ninety Three Thousand Eight Hundred Ninety Six Only by,

Instrument Type	Instrument No.	Instrument Date	Bank Name	Branch Name	Amount
Bank Advice/Direct Credit	6205194D2H8 1	13/07/2023	Bank Of America_Direct Credits	Mumbai	93,896

Total Amount Rs. 93,896.00

Note : /REF-6205194D2H81 /ENTRY-13 JUL POSTED=19:01 TRSF BOOK TRANSFER CREDIT
SND=NOREF ORG=D Y PATIL PRATISHTAN IN OBI=1904C0396152478 BANK ADVICE Loader
Issuance of this receipt does not amount to acceptance of the risk by Bajaj Allianz General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and conditions of the Insurance Policy if and when issued.

* Cheque/DD/PO receipt is valid subject to realisation of the instrument.

For & on behalf of

Bajaj Allianz General Insurance Company Ltd.



Authorised Signatory

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006

Fee Concession Facility to the Wards of Employee



DR. D. Y. PATIL PRATISHTHAN

Sector 29, Higdi-Pradhikaran, Akurdi, Pune- 411044, Tel. : (020)24657868,27659001, Fax : (020) 271

Padmashree, Dr. D. Y. Patil M.A., B.A., Ph.D.

Founder

Dr. D. Y. Patil
President

Shri Satej alias Bunty D. Patil
Vice President & Chairman

Col (Retd) S K Joshi
Director

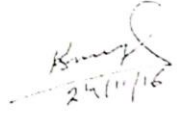
Ref. No. Dr DYPP/ PR :
Date: 24/11/16

CIRCULAR

Subject: Fee Concession Policy

1. 50% Fee Concession as per Campus Policy will be granted to wards of Permanent Teaching & Non Teaching staff of Degree & Diploma Colleges of the Campus in First Year of PG/UG/Diploma Courses. To claim fee concession for subsequent years the ward/child of the concerned campus employee has to score 50% and above marks to become eligible for further fee Concession.
2. All the Principals are requested to take meeting of all their Teaching and Non Teaching staff members and communicate this policy to everyone in person.
3. Principals are also requested to display this policy on all the notice boards of their respective colleges in **Bold and Capital letters**.
4. Any of the eligible staff members of this campus seeking fee concession is also required to submit written undertaking for the condition mentioned in Para 1 above and also that particular staff member will never indulge in any of the "Anti Pratishthan Activities" in future:

- ② in Pet -
- a) Keep one copy as a office record
 - b) Display on NBS on each floor
 - c) one copy to be submitted to Dy. Pr. to discuss in next faculty meeting
- To in the presence of under signed
- All Principals:
Dr D Y Patil Educational Complex,
Akurdi, Pune


24/11/16
Col (Retd) S K Joshi,
Campus Director

Dr.D.Y.Patil College of Pharmacy (B Pharm) 2015-16

Fee Concession

Fees Concession
Ledger Account

1-Apr-2019 to 14-Jan-2023

Page 1
Credit

Date	Particulars	Vch Type	Vch No.	Debit	Credit
30-11-2019	Cr (as per details) Development Fees 2019-20 Tuition Fees 2019-20 Fees Concession for Patil Ratnjit Satish approval of Hon. Satej D. Patil Second Year	Journal		1,12,500.00	
				11,603.00 Cr	
				1,00,897.00 Cr	
					- Economically weaker (EWS)
	Cr Tuition Fees 2019-20 Fee Concession 50 % for employee daughter for Miss. Darade Snehal Mahadeo First Year approval of Col. S. K. Joshi	Journal		62,781.00	
					wards of faculty
				1,75,281.00	
	Dr Closing Balance				1,75,281.00
				1,75,281.00	1,75,281.00
4-2020	Cr Opening Balance			1,75,281.00	
31-3-2021	Cr (as per details) Tuition Fees Development Fees PATIL RATNAJIT SATISH Fees Concession Given By Hon. Satej Patil sir Third Year B. Pharm Student	Journal		1,12,500.00	
				1,00,897.00 Cr	
				11,603.00 Cr	
					- EWS
	Cr Tuition Fees Jagruti Sharad Narkhede Fees Concession Given By Hon. Satej Patil sir First Year B. Pharm Student 2020-21	Journal		62,781.00	
				3,50,562.00	
	Dr Closing Balance				3,50,562.00
				3,50,562.00	3,50,562.00
1-4-2021	Cr Opening Balance			3,50,562.00	
31-3-2022	Cr (as per details) Tuition Fees Development Fees Jagruti Sharad Narkhede Fees Concession Given By Hon. Satej Patil sir Second Year B.Pharm Student 2021-2022	Journal		70,000.00	
				62,781.00 Cr	
				7,219.00 Cr	
					- wards of faculty
	Cr (as per details) Tuition Fees Development Fees PATIL RATNAJIT SATISH Fees Concession Given By Hon. Satej Patil sir Final Year B. Pharm Student	Journal		1,12,500.00	
				1,00,897.00 Cr	
				11,603.00 Cr	
					- EWS
	Cr (as per details) Tuition Fees Development Fees DARADE SNEHAL MAHADEO Fees Concession Given By Hon. Satej Patil sir Third Year B.Pharm Student 2021-2022	Journal		70,000.00	
				62,781.00 Cr	
				7,219.00 Cr	
					- wards of faculty
	Carried Over				6,03,062.00

ACCOUNTANT

Dr. D. Y. Patil College of Pharmacy
Akurdi, Pune - 411044

OFFICE SUPERINTENDENT

Dr. D. Y. Patil College of Pharmacy
Akurdi, Pune - 411044

PRINCIPAL

Dr. D. Y. Patil Pratishtan's
Dr. D. Y. Patil College of Pharmacy,
Akurdi, Pune-411 044.

continued ...

Dr.D.Y.Patil College of Pharmacy (B Pharm) 2015-16

Fees Concession Ledger Account : 1-Apr-2019 to 14-Jan-2023

Page 2

Date	Particulars	Vch Type	Vch No.	Debit	Credit
	Brought Forward			6,03,062.00	
31-3-2022	Cr (as per details)	Journal		1,12,500.00	
	Tuition Fees	1,00,897.00 Cr			
	Development Fees	11,603.00 Cr			
	PATIL SATYAJEET UDAY Fees				
	Concession Given By Hon. Satej Patil sir	— Economically weaker			
	Final Year B.Pharm Student				
				7,15,562.00	
Dr	Closing Balance				7,15,562.00
				7,15,562.00	7,15,562.00



ACCOUNTANT

Dr. D. Y. Patil College of Pharmacy
Akurdi, Pune - 411044



OFFICE SUPERINTENDENT

Dr. D. Y. Patil College of Pharmacy
Akurdi, Pune - 411044



PRINCIPAL

Dr. D. Y. Patil Pratishthan's
Dr. D. Y. Patil College of Pharmacy,
Akurdi, Pune-411 044.

दिनांक:- 26-02-2022

प्रति,

मा. श्री. ना. सतेज ऊर्फ बंगी पाटील साहेब,
ग्रहशास्त्रमंत्री,
महाराष्ट्र राज्य

सर्जदार - सत्यजित उदय पाटील

विषय - कॉलेज फी मध्ये सवलत मिळणेबाबत

महोदय,

मी डॉ. डी. वार. पाटील कॉलेज ऑफ फार्मसी
आकुर्डी, येथे बी. फार्मसीच्या चौथ्या वर्षात शिकत आहे.
मी मागील तीन वर्षांची फी पूर्ण भरली आहे. परंतु
या वर्षाची फी आर्थिक अडचणीमुळे भरू शकत नाही.
तरी या वर्षाची फी माफ करावी ही विनंती.

Neeraj (Dip)
Pl give 100% concession
for last year in fee

24.2.22

कळोवे,

आपला विश्वासू

~~सत्यजित~~

सत्यजित उदय पाटील

श्री दशडे महादेव दादाराव
अॅडमिन ऑफिसर
डॉ. डी. वास. पाटील शैक्षणिक
संस्कृत, आकुडी, पुणे ४११०४४
दिनांक : २९/०६/२०२१-२२

प्रति,
आदरणीय श्री सतेज पाटील साहेब,
डॉ. डी. वास. पाटील प्रतिष्ठाण,
आकुडी, पुणे -४११०४४.

विषय :- माझी मुलगी कु. दशडे स्नेहल महादेव हिचे बी फार्मसी कोर्सच्या ५०% परी माफिचढल.

आदरणीय महोदय,

मी श्री. दशडे महादेव दादाराव आपल्या संस्थेत मागील ४ वर्षांपासून अॅडमिन ऑफिसर म्हणून काम करत असून माझी कन्या कु. दशडे स्नेहल महादेव हीवा प्रवेश आपल्या संस्थेच्या महाविद्यालयात डी फार्मसी री अभ्यासक्रमस आला आहे. सध्या ती तृतीय वर्ष बी फार्मसी मध्ये प्रवेशीत आहे.

महोदय मी आपल्या संस्थेत प्रामाणिकपणे सेवा करीत असून, माझ्यावर माझ्या कुटुंबाची संपूर्ण जबाबदारी असून मला मिळणा-या मासिक वेतनातून माझ्या कन्येची वार्षिक फी भरणे आर्थिकदृष्ट्या परवडणारे नाही.

सबब आपल्याला विनंती करण्यात येते की, माझी कन्या कु. दशडे स्नेहल महादेव हिला तृतीय वर्षाची ५०% परी माफ व्हावी ही नम्र विनंती करतावे.

आपला कृपाशिलाधी

Dashadem

दशडे महादेव दादाराव

Recommended for the year 21-22.

(Dr. N. S. Vyawar)

For the year
(Signature)

To,

The Chairman

Dr. D. Y. Patil Educational Complex,

Akurd, Pune

Subject - Request for 50% concession in Daughter's fees (B. Pharm)

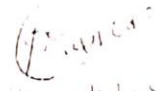
Respected sir,

Myself Mrs. Charushila Sharad Narkhede is working as an accountant (Contractual) at Dr. D. Y. Patil College of Pharmacy, Akurd. I am rendering my services in this campus from 1st July 2009.

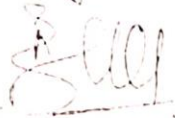
I am fortunate that my daughter namely Miss Jagruti Sharad Narkhede got admission in Dr. D. Y. Patil College of Pharmacy for B. Pharm Course (2020-21) under institute level quota. I am very much thankful to the management for the same.

Here, I humbly request you to kindly extend the benefit in term of 50% concession in her fees and oblige me.


Thanking you.


Mrs. Charushila S. Narkhede
(Accountant)

Recommended being old Contractual
Loyal employee


(Dr. N. S. Vyawahare)

Approved: Not Approved


Hon. Shri. Satej D. Patil
Chairman

श्री बंडोपंत गणपती भोसले
कॅम्पस विभाग,
वा. डी. पाटील कॉलेज,
आकुडी, पुणे - ४११०४४
दिनांक : / / २०२४

प्रति,
आदरणीय श्री सतेज पाटील साहेब,
डॉ. डी. वा. पाटील प्रतिष्ठाण,
आकुडी, पुणे - ४११०४४.

विषय :- माझी मुलगी कु. ऐश्वर्या बंडोपंत भोसले हिचे फार्म डी कोर्सच्या ५०% फी माफिचवत.

आदरणीय महोदय,

मी श्री. बंडोपंत गणपती भोसले आपल्या संस्थेत मागील २२ वर्षांपासून कॅम्पस विभागात द
करत असून माझी कन्या कु. ऐश्वर्या बंडोपंत भोसले हीवा प्रवेश आपल्या संस्थेच्या महाविद्यालयात फार्म डी
अर्जासक्यास आला आहे.

महोदय मी आपल्या संस्थेत प्रामाणिकपणे सेवा करीत असून, माझ्यावर माझ्या कुटुंबाची सं
जबाबदारी असून मला मिळणा-या मासिक वेतनातून माझ्या कन्येची वार्षिक फी भरणे आर्थिकदृष्ट्या परवड
नाही.

सबब आपल्याला विनंती करण्यात येते की, माझी कन्या कु. ऐश्वर्या बंडोपंत हिला प्रथम वर्ष ते अं
वध ५०% फी माफ व्हावी ही नम्र विनंती.
कळते

Principal
50% Concession is
granted as per Campus
Policy for this year.
[Signature]

आपला कृपाभिलाषी
[Signature]
बंडोपंत गणपती भोसले

पति,

Pravin

आदरणीय सतेज डी पाटील साहेब,

चेअरमन, डी वाय पाटील शैक्षणिक संकुल आकुर्डी,

आकुर्डी पुणे-४११०४४.

विषय: फी मध्ये 50 टक्के सवलत मिळणे...

आदरणीय साहेब,

माझा मुलगा चिरजीव ओमकार सहाणे हा आपल्या संस्थेच्या डी वाय पाटील फार्मसी कॉलेज येथे फार्म डी अभ्यासक्रमाची पदवी शिक्षण घेत आहे.

माझी आर्थिक परिस्थिती हलाखीची असलेने मला सदर अभ्यासक्रमाची फी भरणे कठीण जात आहे (सोबत

आर्थिक दृष्ट्या दुर्बल प्रमाणपत्र जोडत आहे).

तरी माझ्या अजांचा सहानुभूतीपूर्वक विचार करून माझ्या मुलाच्या फार्म डी अभ्यासक्रमाच्या एकूण फी मध्ये 50% सवलत मिळावी ही नम्र विनंती

कळावे

Director
As per Policy
21/06/22

आपली नम्र



रंजना सहाणे

पालक: ओमकार सहाणे

प्रथम वर्ष फार्म डी

Patent MOU and Financial support

INTELLECT IPR SOLUTIONS

Patent/TRADEMARK/COPYRIGHT

Intellect IPR Solutions, Yashodanand Bungalow, Near Ram Mandir, Ambegaon pathar,
Ambegaon Bk, Pune-411046, Maharashtra, Mob No: 7083086554

Email: tmindia123@gmail.com

Ref: PERE22/191

INVOICE

To

Dr Devendra Shirote
DR. D. Y. PATIL COLLEGE OF
PHARMACY AKURDI, PUNE

Sr No	Date	Particulars	Official Fee (INR)	Service Fee (INR)
01	20.10.2022	Professional and official Fees for filing and Patent application in India	4600.00	7900.00
Total			4600.00	12500.00
Grand Total: Twelve thousand five hundred only			12500.00	

The amount is net of all taxes and payment is due in 30 days from the date of invoice.

RTGS/NEFT Transfer to: **Mahesh Madanrao Jadhav**
Account No: 20118849883
Bank Name: State Bank of India
Branch Address: Ambegaon Bk, Pune
IFSC Code: SBIN0011648



Intellect IPR Solutions,
Address: Yashodanand Bungalow, Near Ram Mandir, Ambegaon pathar, Ambegaon Bk, Pune-
411046, Maharashtra, Mob No : 7083086554
Email: tmindia123@gmail.com

MOU with Intellectual Property Intellect Services (IPIS)



महाराष्ट्र MAHARASHTRA

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अनु. 420009 20/2/21 यत्न 400
प्राप्तकर्ता दधिपत्र
श्री. डी. व्हाय चौबीस वॉ. नं. 1
पुणे-411 001
शक्ति वीत इन्वॉन्सि
श्री. डी. व्हाय चौबीस वॉ. नं. 1
पुणे-411 001

15 FEB 2021
मौल्य मानक
अखिल भारतीय लिपिक
पुणे



MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING IS MADE AT PUNE ON THIS 27th DAY OF AUGUST, IN THE YEAR 2021


Principal
Dr. D. Y. Patil College of Pharmacy
Akurdi, Pune - 411 044



BETWEEN

Dr. D. Y. Patil Pratishthan's

Dr. D. Y. Patil College of Pharmacy,
Akurdi, Pune, Maharashtra, Pin. 411044

Through its Principal

Dr. N. S. Vyawahare

AGE: 45 YEARS, OCC: SERVICE,

RESIDING AT: A/2/10. Elite Garden, Near Wireless Colony, D. P. Road, Aundh, Pune- 411007

(Hereinafter for the sake of convenience and brevity shall be referred to as "First Party".)

... PARTY OF THE FIRST PART

AND

Intellectual Property Intellect Services (IPIS)

Pune, Maharashtra, India

Proprietor Firm having its registered office at:

Shop No 02, Sr No 27/2, Near Ram mandir, Ambegaon Bk, Pune-411046

Through its Proprietor

Mahesh Madanrao Jadhav

AGE: 37 YEARS, OCC: BUSINESS,

RESIDING AT:

Yashodanand Bungalow, Sr No 26/2/2, Near Ram mandir,

Ambegaon Bk, Pune-411046.

(Hereinafter for the sake of convenience and brevity shall be referred to as "Second Party".)



... PARTY OF THE SECOND PART

WHEREAS

The 'First Party' is Educational Institute/College named as above. First Party is the amongst the premium Pharmacy institutes imparting quality education in a sector of Pharmaceutical Sciences as well as carrying out research in Pharmaceutical Sciences. First Party is recognized by the All India Council for Technical Education (AICTE), New Delhi and Pharmacy Council of India (PCI). It offers D. Pharm., Undergraduate (B. Pharm.) and Postgraduate (M. Pharm.) programs.

With the relentless efforts of dedicated and competent faculty, up-dated curriculum, innovative

Page 2 of 8



methods of instructions top end infrastructure and sturdy support of management, it has emerged as a center of academic excellence and attracting students from all over India. Whereas the second party is also engaged in teaching and research in Pharmaceutical Sciences.

WHEREAS

Second Party is at present an IP-Law firm actively involved in training and importing education in the field of intellectual property. It also provides all kinds of IP services like drafting, filing of application, prosecution, renewal and patent valuation & strengths of patent, and commercialization guidance, and litigation etc.

WHEREAS both the parties being in the field of importing knowledge have agreed to collaborate to with following objects:

1. The purpose of this MOU is to continue to develop and expand a framework of cooperation between the First Party and Second party to develop mutually beneficial programs and projects.
2. Both the parties agree to work together with a view to making complete and better-quality patent information available to their Students and faculties.
3. Recognizing the mutual interests in the fields of research, education, training, transfer of technology and dissemination of knowledge on long term noncommercial basis, and to jointly organize short-term continuing education programs, seminars, conferences, or workshops on topics of mutual interest and to invite each other's faculty to participate therein.
4. Recognizing the importance of institutes of higher education's role in promoting Intellectual collaboration and increased contribution of social economic development



WHEREAS both the parties hereby covenant to adhere with following terms for entering into this Memorandum of Understanding:

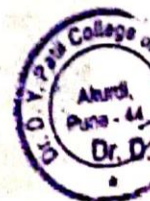
1. Both the parties shall maintain permanent channels of communication for the exchange of information relating to patents with First Party.
2. Both the parties shall explore possibilities of updating the respective information technology systems if required.
3. Both the parties may co-operate in the IP awareness and innovation, creation and implementation of services which will raise consciousness of the importance of industrial property in all sectors of society.
4. The quotation for patent filing is mentioned in annexure.
5. Fees quoted in the Annexure shall be paid in slots as patent drafting, filing and application fees as per government norms and predefined rates at the time of application. And the remaining fees viz. early publication, if required and other necessary fees, shall be paid as per the requirement. Both the parties agree that they will not quote any other price of the required services, than mentioned in the annexure.

NOW THEREFORE THIS MEMORANDUM OF UNDERSTANDING WITNESSETH AS UNDER

1. Field of Co-Operation:

Co-operation between both the parties may be established within any field related to science and technology of mutual interest and in particular in the fields of research, development, education, training, and transfer of technology.

Both the Parties shall:



Principal
Dr. D. Y. Patil College of Pharmacy
Akurdi, Pune - 411 044

- a. cooperate in the exchange of information relating to their activities in teaching and research in fields of mutual interests;
- b. promote appropriate joint research projects and joint courses of study, with particular emphasis on Intellectual property studies;
- c. Exchange of best practices, experiences and knowledge on IP awareness among public, authorities, businesses and research and educational institution;
- d. Exchange of information and best practices on processes for disposal of applications for patents, trademarks, industrial designs and Geographical Indications, as also the protection, enforcement and use of IP rights;
- e. Cooperate to understand how Traditional Knowledge is protected; including the use of traditional knowledge related databases and awareness raising of existing IP systems.

Management and Administration:

Negotiation, implementation and co-operation of the Memorandum of Understanding fall under the responsibility of both the parties.

3. General Provisions:

- a. Both the parties will carry out research activities, as a follow up to this Memorandum of Understanding. The activities must be carried out in accordance with appropriate laws of India for the time being in force.
- b. Both the parties shall initiate and exchange research facilities and other relevant things required to carry out research projects.

4. Intellectual Property:

Both the parties hereby agree to respect each other's rights to intellectual property. Further, the intellectual property rights that arise as a result of any collaborative research



[Signature]
Principal
 Dr. D. Y. Patil College of Pharmacy
 Akurdi, Pune - 411 044



or activity under this MOU will be worked out on a case-by-case basis, and will be consistent with the officially laid down IPR policies of the two institutions.

5. Amendments:

This Memorandum of Understanding may be amended, if required, by mutual agreement between both the parties, formalized by an exchange of letters specifying the date of entry into force.

6. Settlement of Disputes:

Any dispute which may arise in connection with the interpretation or enforcement of this Memorandum of Understanding shall be strived to be settled by mutual consultation between both the parties and for the purpose of settlement of dispute the jurisdiction shall be within the limits of Pune.

7. Termination:

Either Party may terminate this Memorandum of Understanding at any time with at least 90 days prior written notice to the other Party. The early termination of this Memorandum of Understanding will not affect the completion of any co-operation measures that were agreed under the annual work programs whilst it was in force.





8. This MOU shall take effect from the date of its signing and shall be valid for the period of 2 (Two) years from the date on which it came into force.

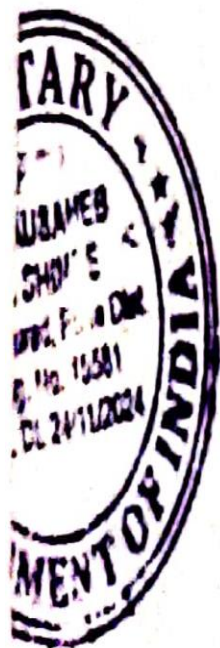
Signed in Pune on 27 /08/2021 in two original in English language.



[Handwritten Signature]

Principal
Dr. D. Y. Patil College of Pharmacy
Akurdi, Pune - 411 044

For Party of the First Part	Dr. D. Y. Patil Pratishthan's Dr. D. Y. Patil College of Pharmacy, Akurdi, Pune, Maharashtra, Pin. 411044	For Party of the Second Part	IPIS Pune IP Intellect Services, Pune
Signature with seal	 	Signature with seal	 
Designation	Principal	Designation	Founder
Name	Dr. N. S. Vyawahare Principal	Name	Mahesh Jadhav
Date	Dr. D. Y. Patil College of Pharmacy Akurdi, Pune - 411 044 27/03/2021	Date	27/03/2021



पेटेंट कार्यालय
शासकीय जर्नल

**OFFICIAL JOURNAL
OF
THE PATENT OFFICE**

निर्गमन सं. 22/2022
ISSUE NO. 22/2022

शुक्रवार
FRIDAY

दिनांक: 03/06/2022
DATE: 03/06/2022

पेटेंट कार्यालय का एक प्रकाशन
PUBLICATION OF THE PATENT OFFICE

The Patent Office Journal No. 22/2022 Dated 03/06/2022

33329

[P.T.-0]

(12) PATENT APPLICATION PUBLICATION
(19) INDIA
(22) Date of filing of Application :23/04/2022

(21) Application No.202221023986 A
(43) Publication Date : 03/06/2022

(54) Title of the invention : "HUGONIA MYSTAX EXTRACT ACT AS ANTIULCER AND ANTIOXIDANT"

(51) International classification :A01K0067027000, C07D0401120000, A61K0008420000, A61K0038000000, G06Q0010000000
(86) International Application No :NA
Filing Date :NA
(87) International Publication No : NA
(61) Patent of Addition to Application Number :NA
Filing Date :NA
(62) Divisional to Application Number :NA
Filing Date :NA

(71)Name of Applicant :

1)Dr. Devendra S. Shirode

Address of Applicant :Dr. D. Y. Patil College of Pharmacy,Akurdi, Pune - 411044 -----

2)Dr. N. S. Vyawahare

3)Dr. Ashish Vilas Kulkarni

4)Dr.Brijendra Brajmohan Jain

Name of Applicant : NA

Address of Applicant : NA

(72)Name of Inventor :

1)Dr. Devendra S. Shirode

Address of Applicant :Dr. D. Y. Patil College of Pharmacy,Akurdi, Pune - 411044 -----

2)Dr. N. S. Vyawahare

Address of Applicant :Dr. D. Y. Patil College of Pharmacy, Akurdi, Pune- 411044 -----

3)Dr. Ashish Vilas Kulkarni

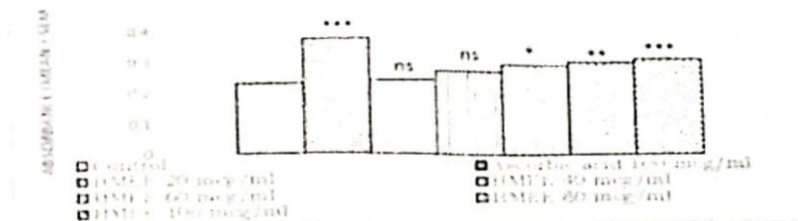
Address of Applicant :Dr D Y Patil College of Pharmacy Akurdi Pune- 411044 -----

4)Dr.Brijendra Brajmohan Jain

Address of Applicant :IVMs Indrayani institute of Pharmaceutical Education and Research,Talegaon Dabhade, Tal Maval, Dist Pune. -----

(57) Abstract :

The goal of the study is to see if an ethanol extract of Hugoniamystax leaves having anti-ulcer properties. The rat model of acetic acid-induced ulceration is chosen because it is the most appropriate model for evaluating the effect of possible medications or extracts on the healing process of chronic peptic ulcers, as well as for screening for antisecretory and cytoprotective activities. In comparison to the acetic acid-treated rats, administration of the extracts Hugoniamystax and omeprazole (30 mg/kg) resulted in a considerable restoration of reduced GSH levels, suggesting its efficiency in avoiding oxidative stress-induced damage.



5 Fig 1 - Reducing power activity of HUGONIA MYSTAX

No. of Pages : 21 No. of Claims : 5

Special leave for the Sad Demise



Dr. D.Y.Patil Educational Complex, Akurdi, Pune

Name of College: DYPCOP
Applicant: Principal
Designation:- Dr. N S. Vyawahare
Department: Academic - Admin.
Date:- 02/11/24.

To, Campus Director
DYPEC., Akurdi

Respected Sir,

I request you to grant me leave, the details of which are as mentioned below:

Category: CL EL ML OD COff Any Other (please specify) Specil leave. (Ref: DYPP/PR/335/22 dtd 21/10/22)

Duration: From: 26/12/23 to 29/12/23.

Total No. of days of leave applied (Including Holiday)
(Including Holiday): ~~04~~ 04 days.

Dates of holidays included during leave: - NA -

Reason for Leave: Sad demise of my beloved father

Address & Contact Number during Leave period: Sammreddhi Nagar
c. Sambhaji nagar (Aurangabad)

Documents to be submitted upon rejoining:

: Medical Certificate : Participation Certificate and Report : Duty Certificate
Any other document (Please Specify) Death Certificate *

* It will be submitted once received. (usually it take 30-45 days).

RECORD FROM ESTABLISHMENT SECTION/OS/ASST REGISTRAR / REGISTRAR

Sr.No.	Type of Leave	Leaves Availed	Balance Leaves
1	CL	-	01
2	EL	-	248
3	ML	-	96
4	Special leave	04 days	01 day

Establishment Section Estd. Clerk/OS/Asst.Registrar/Registrar

ACADEMIC/ CO-ACADEMIC/ADMINISTRATIVE WORKLOAD ADJUSTMENT
(Whichever Applicable)

Dr./Mr./Mrs./ Miss S.P. Chaudhari will be taking care of my Academic/ Co-Academic/Administrative Work in my absence.

Name & Sign of the Person incharge during my absence.

Ex Post facto Chaudhari
Telephonic information was provided to Dr. S.P. Chaudhari.

Name & Dated Signature of the Applicant

APPROVAL REMARKS OF THE CAMPUS DIRECTOR

Dr./Mr./Mrs./Miss. N.S. Vyawahare has been/ ~~has not been~~ granted the leave from 26/12/23 to 29/12/23.

703

Date: 02/01/24.

CAMPUS DIRECTOR

