



AISSMS

COLLEGE OF PHARMACY

IMPARTING EXCELLENCE IN EDUCATION & RESEARCH



Approved by AICTE & PCI New Delhi, Recognized by the Government of Maharashtra,
2F,12B recognition by UGC, Affiliated to Savitribai Phule Pune University
Accredited by NAAC with A Grade

2019-20

3.1.1 – Research funds sanctioned and received from various agencies, industry and other organisations during 2019-20 =Total funding-1.79 Lakh

3.1.1 Research funds sanctioned and received from various agencies, industry and other organisations				
Nature of the Project	Duration	Name of the funding Agency	Total grant sanctioned	Amount received during the Academic year
Major projects	-	-	-	-
Minor Projects	-	-	-	-
Interdisciplinary Projects	-	-	-	-
Industry sponsored Projects	-	-	-	-
Projects sponsored by the University/ College	3 months	Separate list attached	114800.00	114800.00
Students Research Projects (other than compulsory by the College)	3 months	Separate list attached	63860.00	63860.00
International Projects	-	-	-	-
Any other(Specify)	-	-	-	-
Total Funds (Rs.)			178660.00	178660.00

Summary

Outside Research Projects

Name of the Project/ Endowments, Chairs	Name of the Principal Investigator/Co- investigator	Department of Principal Investigator	Year of Award	Amount Sanctioned	Duration of the project	Name of the Funding Agency	Type (Government/no n-Government)
Estimation of bis phenol A content in the given samples by HPLC	Dr.M C Damle	Department of Quality Assurance	2019-20	8900	03 Month	Dr SaquibPawaskar	Non-Government
Pharmacokinetic biodistribution and toxicity studies of nanoparticulates containing anticancer formulation	Dr S V Tembhone and Dr.M C Damle	Pharmacology and Quality assurance	2019-20	50000	03 Month	Dhairyasheel Ghadge, Bharati Vidyapith Kolhapur	Non-Government
Antiobesity activity of Orlistat liposomes to high fatty diet induced obese rats	Dr S V Tembhone	Pharmacology Department	2019-20	55900	03 Month	Nitesh Janabandhu	Non-Government
Total Fund=				114800.00			

In-house Research Project

Name of the Project/ Endowments, Chairs	Name of the Principal Investigator/Co- investigator	Department of Principal Investigator	Year of Award	Amount Sanction ed	Duration of the project	Name of the Funding Agency	Type (Government/non -Government)
Exploring immunoregulatory activity of some thiazolidine derivative using insilico tools	Mrs.Kalyani Asgaonkar, Mrs. Shital Patil	Pharmaceutical Chemistry	2019-20	4000		K Abhang, BhairaviBakhle, Ayush Khater	Non-Government
Formulation and evaluation of antifungal nail lacquer	Mrs. S H Rao Dr. M R Bhalekar	Pharmaceutics	2019-20	7600	03 Months	Shivani Godbole, S Kelkar, Riddhesh Kharche	Non-Government
Microbial limit of conventional oral Ayurvedic formulations	Mrs. S H Rao	Pharmaceutics	2019-20	3000	03 Months	Unmesh Mahajan, R Khirnar, AkankshaMarkad, M Upadhya, RuchiraTakale	Non-Government
Microbial limit of conventional oral Ayurvedic formulations	Mrs. S H Rao, Mrs.Amruta Avalaskar	Pharmaceutics	2019-20	3000	03 Months	Suda Jain, AbhishekGalgate, TusharJadhav, SaurabhMunde, BhairaviBakhle, KshitijaAbhang	Non-Government
Formulation of co-crystals	Dr. M R Bhalekar	Pharmaceutics	2019-20	5080	03 Months	P Gholap, Nikita Dhurde, Aditya Phatak, RoshanGudale,	Non-Government

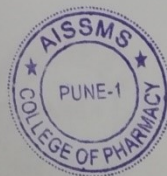
						Siddharth Killedar	
Preparation of formulation from cow urine minerals	Mr. P Sonawane	Pharmacognosy	2019-20	5000	03 Months	Y Avhad, M Gedam, Suyash Chaudhari, Dhanashri Jadhav	Non-Government
Development and validation of spectrophotometric method for deerrmination of pharmaceuticals	Dr. S V Gandhi	Quality Assurance	2019-20	6000	03 Months	Abhishek Joshi, Utkarsha Avhad, Gaurav Mahajan, Prajwal Hogade	Non-Government
Molecular modeling studies of N (12a]Pyridine-3 carboamid as antiTB agent	Mrs.V N Wable, Mrs. KS Sonawane	Quality Assurance	2019-20	5500	03 Months	Anjali Ahir, Shivanjali Jadhav, Mayuri Gaikwad, Shruti Gaikwad	Non-Government
Formulation and invitro ealuation of herbal cream containing Helictorus isora	Priyanka Khandare	Quality Assurance	2019-20	6180	03 Months	Vinay Londe, Shashikant Lohare, Komal lahoti and Saloni Kirad	Non-Government
Total fund received =				63860.00			

**ALL INDIA SHRI SHIVAJI MEMORIAL SOCIETY'S
COLLEGE OF PHARMACY (B. PHARM.)
KENNEDY ROAD , NEAR R. T.O , PUNE -411 001.**

SCHEDULE FORMING PART OF THE RECEIPT & PAYMENT ACCOUNT
FOR THE YEAR ENDED OF 31ST MARCH 2020.

SCHEDULE " D" OTHER RECEIPTS AND PAYMENTS

NO.	PARTICULARS	RECEIPTS	PAYMENT
A	FOR 2018-2019		
6	ST Freeship 2018-2019	4,24,294.00	4,24,294.00
7	ST Scholarship 2018-2019	46,425.00	46,425.00
8	VJNT Freeship 2018-2019	4,28,585.50	4,28,585.50
9	VJNT Scholarship 2018-2019	8,55,445.00	8,55,445.00
B	FOR 2019-2020		
1	OBC Freeship 2019-20	5,68,588.50	5,68,588.50
2	OBC Scholarship 2019-2020	6,67,305.75	6,67,305.75
3	SBC Freeship 2019-2020	46,129.50	46,129.50
4	SC Freeship 2019-2020	3,77,165.50	3,77,165.50
5	SC Scholarship 2019-2020	13,38,418.50	13,38,418.50
6	ST Freeship 2019-2020	2,00,891.00	2,00,891.00
7	ST Scholarship 2019-2020	3,58,644.00	3,58,644.00
8	VJNT Freeship 2019-2020	3,78,998.00	3,78,998.00
9	VJNT Scholarship 2019-2020	9,07,645.00	9,07,645.00
VII	UNIVERSITY RESEARCH PROJECT		
1	Dr. Mrinalini Chintamani Damle	-	2,713.00
2	Dr. Trupti Sameer Chitre	-	3,446.00
VIII	OTHERS		
1	TDS (Non-Salary)	1,27,909.00	1,15,533.00
2	In-House Project ←	1,19,960.00	42,589.00
3	Two Day National Level Seminar-2018-19	70,423.00	-
4	A I S H E Remuneration	3,500.00	3,500.00
5	Caution Money Deposit	-	1,93,000.00



ALL INDIA SHRI SHIVAJI MEMORIAL SOCIETY'S

COLLEGE OF PHARMACY (M. PHARM.)
KENNEDY ROAD , NEAR R. T.O , PUNE -411 001.

SCHEDULES FORMING PART OF THE **RECEIPT & PAYMENT** ACCOUNT
FOR THE YEAR ENDED 31ST MARCH 2020.

SCHEDULE " D" OTHER RECEIPTS AND PAYMENTS

SR. NO.	PARTICULARS	RECEIPTS Rs.	PAYMENT Rs.
VI	OTHERS		
1	TDS (Non-Salary)	1,17,253.00	1,02,245.00
2	Industrial Project	20,900.00	26,179.00
3	Project of In-House	10,600.00	19,128.00
4	University Exam. fee	5,230.00	5,230.00
5	Advance to Staff & Suppliers	5,91,828.00	5,05,735.00
6	Grant from AICTE Research Promotion Scheme 2017-18	-	73,658.00
7	Grant from AICTE Skill And Personality Development Centre	3,11,650.00	-
8	Earn & Learn Scheme	6,500.00	7,425.00
9	CAP M. Pharm. April/May 2019	48,454.00	48,454.00
10	Student Aid Fund	16,000.00	-
11	Misc. Advance	2,37,299.50	-
12	Pre-Paid Affiliation Fees for PCI	2,00,000.00	2,00,000.00
13	Pre-Paid University Affiliation Fees	-	51,200.00
14	Pre-Paid Repaire & Maintenance- Machinery	23,602.00	1,62,821.25
15	E B C Scholarship-2018-2019	1,80,455.00	1,80,455.00
16	E B C Scholarship-2019-2020	4,84,372.50	4,84,372.50
	TOTAL	233,47,333.03	250,68,110.00

SCHEDULE " E" INTER INSTITUTIONAL

SR. NO.	PARTICULARS	RECEIPTS Rs.	PAYMENT Rs.
1	All India Shri Shivaji Memorial Society	170,30,157.60	107,46,000.00
2	AISSMS College of Pharmacy (B.Pharmacy)	4,38,108.25	28,65,724.50
	TOTAL	174,68,265.85	136,11,724.50



ALL INDIA COUNCIL FOR TECHNICAL EDUCATION

Nelson Mandela Marg, Vasant Kunj,
New Delhi-110070

RPS - Sanction Letter

File No. 8-120/FDC/RPS (POLICY-1) /2019-20

Date: 14 Aug 2020

The Drawing and Disbursing Officer
All India Council for Technical Education
Nelson Mandela Marg,
Vasant Kunj, New Delhi-110070,

Sub: Release of a sum of Rs.1313333/- being the 1st installment of the total grant of Rs.1333333/- for conduct of Project under Research Promotion Scheme (RPS) during the financial year 2020-21.

Sir,

With reference to the proposal submitted by the institute, this is to convey the sanction of the Council for payment of Rs.1313333/- (Rupees Thirteen Lakh Thirteen Thousand Three Hundred Thirty Three Only) as 1st installment out of a total approved grant-in-aid of Rs.1333333/- for conduct of a Project under the Research Promotion Scheme (RPS), as per details given below:-

I.	Name and address of the Beneficiary Institution (University / College / Institution)	: Registrar / Director / Principal, AISSMS College of Pharmacy, Pune, Maharashtra-411001
II.	Principal Investigator's Name & Dept./Course	: Dr. Shashikant Bhandari (Pharmacy)
III.	Grant-in-aid Sanctioned	: Rs.1333333/- (Rs. 1133333/- for non-recurring and Rs.200000/- for recurring expenditure)
IV.	Amount to be Released during the year 2019-20 (as 1 st installment)	: Rs.1313333/- (Rs. 1133333/- Full amount of non-recurring & Rs.180000/- 90 % of recurring sanctioned)
V.	Project Duration	: 3 Years
VI.	Title of the Project	: Design and Development (synthesis and evaluation of biological activity of potential anticancer agents containing Curcumin using the pharmacophore optimization by molecular modeling studies.

I. Release of funds:

1. The amount of the grant shall be drawn by the Drawing and Disbursing Officer (DDO), All India Council for Technical Education, New Delhi on the Grants-in-aid bill and shall be disbursed to and credited to the account of AISSMS College of Pharmacy, Pune, Maharashtra-411001 through RTGS/PMFS.
2. The sanctioned grant-in-aid is debit to the Major Head "601.12.a (RPS Plan)" Gen. and is valid for payment during the financial year 2020-21.
3. The sanction issues in exercise of the powers delegated to the Council. It is also certified that grant-in-aid is being released in conformity with the rules and principles of the Scheme.
4. The grant-in-aid is being released in conformity with the Terms & Conditions as well as norms of the scheme as already communicated and also being communicated in this letter.

II. Maintenance of account by the Institute/PI:

1. Funds covered by this grant shall be kept separately and would not be mixed up with other funds so as to know the amount of interest accrued on the grant.
2. The grant is intended to cover items of expenditure/equipment approved by AICTE.
3. Acknowledgement of receipt of grant and letter of acceptance of terms and conditions is to be submitted to AICTE within 15 days from the receipt of the grant to the following address:

Director (Faculty Development Cell), AICTE, Nelson Mandela Marg, Vasant Kunj, New Delhi-110070

Contd...2/-

4. The accounts of the grantee will be opened for test check by the Council or Comptroller & Auditor General of India or by any officer designated by them.
5. The Principal and PI of the institute are requested to verify the correctness of the undermentioned bank account/RTGS/PFMS details submitted by them alongwith the Proposal, in which the grant is being released. In case of any omission, the same should be reported to AICTE immediately along with refund of entire grant: -

Institute Pan No.	Bank Name	Bank Branch	Bank Branch Add.	Account Name	Holder	Account Type	Account Number	IFSC Code
AAATA16 75P	Bank of Baroda	Shivajinagar	J.M. Road, Pune-411005	Principal		Saving Account	04510100017272	BARBOSHIPOO

6. The grantee Institution shall observe all financial norms and guidelines as prescribed by the AICTE/Government of India from time to time. Grantee institution must follow GFR guidelines in procuring the sanctioned items and maintain an audited record of assets acquired wholly or substantially out of the grant-in-aid and a register for assets shall be maintained by the Institute in the prescribed form i.e. GFR-19.
7. **Interest accrued on the sanctioned grant-in-aid will be reported and refunded to AICTE and not adjusted against the subsequent installment.**

III. General Instructions:

1. It should be ensured that no RPS project in favour of the same P.I. has been sanctioned during the last 03 years before utilizing this amount and the matter be brought to the notice of this Council immediately in case a faculty is sanctioned multiple RPS Projects.
2. The duration of Project is 03 years and the **date of release of the grant by AICTE shall be taken as the date of commencement of the project.** The Registrar/Director/Principal shall intimate about the receipt of the grant to AICTE. Any Expenditure, incurred prior to issuance of this Sanction Order, would not allowed to be adjusted in the grant and if the University/Institution do not take-up the project work **within 6 months** of the receipt of the grant, approval shall *ipso facto* lapse and the Institute has to necessarily refund the entire grant to AICTE along with interest within a month. In case the grant is not refunded within said duration 18% interest will be levied on it. The grant has to be refunded to AICTE, through RTGS as per details given below:

Account Number	55113199952
Name of the Account Holder	Member Secretary, AICTE, New Delhi
Bank Name	State Bank of India
Branch Name	Shashtri Bhawan, New Delhi
IFSC Code	SBIN0050203

3. The Institute may constitute a Project Monitoring Committee (PMC). The composition of the PMC shall be as under:
 - i. Principal/Director of the institution (Chairperson)
 - ii. Two HODs from institute (Members)
 - iii. In case of private institute one subject expert from government institute, not below the rank of Associate Professor (Member)
 - iv. Coordinator of the project (Member Secretary)
4. The grant shall be utilized strictly for the purpose as specified in the sanction letter. Re-appropriation of funds from one Head to another is strictly not permitted viz. Recurring and non-recurring Heads. Further, the equipment(s)/item(s) purchased should be as per the specifications and individual item-wise costs sanctioned by AICTE, and not taking the total grant sanctioned as one entity. Item-wise purchase cost shall be matched with the sanctioned cost, and the cost of item purchased below the sanction cost shall be restricted as actual cost. If the item purchase cost is higher than its sanctioned cost, the cost shall be restricted to the sanctioned cost and the additional amount shall be met by the Institute from its own resources.
5. Similarly, the recurring grant shall be used for the items sanctioned by the AICTE. No money be used for going abroad to attend Conference / seminars. However, for presenting a Paper in a Seminar / Conference **within the country**, the travel expenses may be met from the recurring grant.

Contd...3/-

Approved list of items under Non-recurring grant:

S. No.	Approved Item (As per proposal)	No. of Units	Amount recommended
A.	Non-recurring		
i)	Various chemotherapeutic agents in single, in combination and in conjunction with surgery, radiotherapy and immunotherapy are used widely for the treatment of variety of neoplastic diseases. Many chemotherapeutic approaches to the range of diseases that f	1	Rs.1133333/-
B.	Recurring (i.e. 90% of total approved recurring grant) for Contingencies & Consumables only		Rs.180000/-
	Grand Total (A)+(B)		Rs.1313333/-

1. Registrar/Director/Principal,
AISSMS College of Pharmacy,
Pune, Maharashtra-411001
2. Name of Principal Investigator,
Dr. Shashikant Bhandari,
AISSMS College of Pharmacy,
Pune, Maharashtra-411001
3. Office of Director General of Audit
General Revenues, AGCR Building
I.P. Estate, New Delhi-110002.
4. Guard File

(Col. B. Venkat)
Director (FDC)
21 AUG 2020



AISSMS
College of Pharmacy
 Pune-1
 Award No. 71-15
 Date: 04.09.2019

AISSMS
COLLEGE OF PHARMACY
 IMPARTING EXCELLENCE IN EDUCATION & RESEARCH



COP/PN/2019-20166-1

To,
Hon. Secretary
 All India Shri Shivaji Memorial Society,
 Shivaji Nagar, Pune- 411005.

ALL INDIA SOCIETY
 PUN-6
 Award No. 4382
 Date: 13/8/2019

Date: 9th Aug. 2019

4382
 4/19

Sub: Submission of proposal of sponsored research project for approval.

Respected Sir,

Please find enclosed research proposal titled, "Estimation of Bisphenol A content in the given Samples by HPLC" under Category Outside Research Project (Format B) for your approval. You are requested to do the needful at the earliest.

Thanking you.

M. C. Damle

(Chief Investigator)
 (Dr. M.C. Damle)

M. R. Bhalekar

(Project Co-ordinator)
 (Dr. M.R. Bhalekar)

S. S. Pawaskar

(Principal)
Principal

AISSMS College of Pharmacy
Pune-1

To,
The Principal,
 AISSMS College of Pharmacy,
 Kennedy Road, Near R.T.O., Pune-411001.

Subject: Permission for self supported short term research project.

Respected Madam,

I / We the undersigned would like to undertake a short term self supported research project under the guidance of Mr. / Mrs. / Prof. / Dr. M.C. Damle
 The duly filled format has been enclosed for your kind information and approval

I / We will be obliged, if you consider my /our request and permit us for the same.

Thanking you.

S.S. Pawaskar

Yours sincerely
 (Name and signature of Students)
 (Dr. Saquib Pawaskar)

M.C.D.
[Signature]
 04/9/19

**PROTOCOL FOR OUT SIDE INSTITUTE
RESEARCH PROJECT (Format-B)**

Name of Applicant : Dr. Saquib Pawaskar
Complete postal address : BVDU's Dental College and Hospital, Sangli
Title of Project : Estimation of Bisphenol A content in the given Samples by HPLC

Proposed duration of Project : 1.5 month
Ref. No. and date of application through proper channel : BD(DU)/DCH/Sangli received through email on 9th Aug. 2019

Proposed Expenditure :

Sr. No.	Parameter	Amount
1	Infrastructure utility fees. (10% of actuals)	630
2	Society processing fees. (10% of actuals)	630
3	Staff remuneration (20% of actuals)	1260
4	Total cost of actuals.	6,300
	Grand Total	8,820/-

DETAILS OF ACTUALS

Details of consumables required for the project:

Sr. No.	Item(Consumables)	Qty. Required (Min. pack size)	Cost
1.	Acetonitrile HPLC grade	2.5 Lts	1500
2.	HPLC charges INR 100 per injection	12 per day x 4 days	4800
Grand total			6300

M. Saquib
(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

[Signature]
(Accountant sign)

UNDERTAKING

I undersigned hereby take responsibility of the project titled, " Estimation of Bisphenol A content in the given Samples by HPLC " to be conducted between 26th Aug to 30th Sept. 2019

I will ensure that the chemical usage will not exceed the quantity mentioned on page 2. I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work

M Damle
Dr. M.C. Damle
(Name and signature of Chief Investigator)

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, " Estimation of Bisphenol A content in the given Samples by HPLC "

A. S. S.
(Hon. Secretary, AISSMS Pune)
Hon. Secretary
All India Shri Shivaji Memorial Society
Pune-411 005.

POST APPROVAL DETAILS

Details of Payment :

Challan No. with Date : P19083145422759 dt 31/8/2019

Amount : 8900/-

(Kindly enclose Xerox copies of Application and Challan)

The requisite formalities have been completed and verified by the undersigned.

M Damle (M C Damle)
(Name and signature of Project -Coordinator)



Bharati Vidyapeeth
(Deemed to be University)
Pune, India.

Founder Chancellor : Dr. Patangrao Kadam
DENTAL COLLEGE AND HOSPITAL, SANGLI

★ Accredited with 'A' Grade (2017) by NAAC ★
★ Category-I University Status by UGC ★
★ NIRF Ranking - 97 ★

"Social Transformation Through Dynamic Education"

Prof. Dr. Shivajirao Kadam
M.Sc., Ph.D.
Chancellor

Prof. Dr. M. M. Salunkhe
M.Sc., Ph.D., FRSC
Vice Chancellor

Celebrating
75
and Beyond
BHARATI VIDYAPEETH

Dr. Vishwajeet Kadam
Ph.D., M.A., M.P.A.
Pro Vice Chancellor
Dr. Vidya M. Dodwad
M.Sc., Ph.D.
Principal

Ref. No. : BV(DU) / DCH / SANGLI /

Date:

To,

Director/Head of the Institute
AISSMS, College of Pharmacy
Pune

Sub-: Request Letter to Perform the Sample Testing Using High Performance Liquid Chromatography (HPLC)


Respected Sir/Madam,

With reference to the above mentioned subject, Dr. Mohd Saquib Iqbal Pawaskar, our post graduate student from department of Orthodontics, Bharati Vidyapeeth (Deemed to be University) Dental College & Hospital, Sangli under the guidance of Dr. Lalita Nanjannawar would like to perform the analysis of samples for his thesis research work at AISSMS, College of Pharmacy, Pune. Also the student is ready to pay the charges for the same.

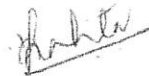
Please do the needful as per the requirement of his proposed post graduate research work.

Thanking You,

Yours Faithfully,


H.O.D

Dr. Jiwanaasha Agrawal
Dept. of Orthodontics



P.G GUIDE
Dr. Lalita Nanjannawar
Dept. of Orthodontics



P.G STUDENT
Dr. Saquib Pawaskar
Dept. of Orthodontics

पास बुक PASS BOOK

Customer Acknowledgement

31/8/19

P190 83

Reference No.

Am: 8900L

P1908316542275



GUIDELINES FOR OUTSIDE STUDENT RESEARCH PROJECTS (Format B)

1. The chief investigator who wishes to carry out any research project shall receive a formal letter from the sponsor.
2. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
3. The aforementioned cost shall be prepared by the Chief Investigator as per the requirement of the sponsor.
4. To the above figure following charges shall be charged extra to the student:
 - a. 10% of the Actuals: As infrastructure utility fees
 - b. 10% of the Actuals: As processing charges to the society.
 - c. 20% of the Actuals: As staff remuneration
5. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-B) to the society thru principal for approval.
6. The actual experimental work shall be started only after approval from the society.
7. The student investigator/s shall be appointed by the Chief Investigator.
8. The outside student can utilise the facilities until the duration of the project provided under the supervision of the Chief Investigator.
9. After completion of the approved research project, Chief Investigator shall put forward the summary report to the society for the disbursement of remuneration to the staff.
10. The staff remuneration disbursement ratio shall be prepared by the Chief Investigator.
11. Chief Investigator shall be solely responsible for the maintenance of discipline and completion of other formalities like CPCSEA and Ethical committee approval etc and the project completion in due course of time.

Note: Chief Investigator shall collect 100% amount as an advance from the sponsor after approval from the society. In case, if the Chief Investigator takes responsibility of the sponsor then 50% amount can be collected as advance. The remaining 50% amount shall be received after completion of the project but before hand over of the result to the sponsor. Total amount received shall be deposited in the College account (A/c No. 421546) against which the official receipt shall be issued to the sponsor.

A/c. No. 04510200000881
(Enclosed with Application)

C

AISSMS

College of Pharmacy (M.Pharm)

Kennedy Road, Near R.T.O., Pune - 411 001.

Challan No.: 611

Date: 16/10/19

Amount credited on A/C No.: 04510200000881 in the
BANK OF BARODA, Shivajinagar, Pune - 5

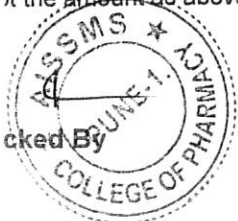
Received from Mr./Miss Dr. Sagunb Pawaske

Year 2019 - 2020

Particulars	Amount Rs.
Interim Fee.....	
Application Form Fees.....	
Development Fees.....	
Tuition Fees.....	
Misc. & University Charges.....	
Caution Money Deposit.....	
Journal Fees.....	
University / Board Eligibility Fee.....	
Other Fee.....	
Student Activity Fee.....	
Insurance Fee.....	
Project fees	1700/-
	/
TOTAL Rs.	1700/-

Total in words Rupees One Thousand seven hundred only

Accept the amount as above 1700/-



Checked By

Sagunb Pawaske
Deposited By

A/c. No. 04510200000881 C
(Enclosed with Application)

AISSMS

College of Pharmacy (M.Pharm)

Kennedy Road, Near R.T.O., Pune - 411 001.

Challan No.: 612

Date: 31/08/19

Amount credited on A/C No.: 04510200000881 in the
BANK OF BARODA, Shivajinagar, Pune - 5

Received from Mr./Miss Dr. Sagunb Pawaske

Year 2019 - 2020

Particulars	Amount Rs.
Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) Other Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Project Fee	8900/-
13).....	
14).....	/
15).....	
16).....	
TOTAL Rs.	8900/-

Total in words Rupees Eight thousand Nine hundred only

Accept the amount as above 8900/-



Checked By

Sagunb Pawaske
Deposited By

(Enclosed with Application)

C

AISSMS
College of Pharmacy (B.Pharm)

Kennedy Road, Near R.T.O., Pune - 411 001.

Challan No.:

1039

Date: 29 / 01 / 2020

Amount credited on A/C No.: 04510200000882 in the
BANK OF BARODA, Shivajinagar, Pune - 5

Received from Mr./Miss Dhanyshil Ghadge

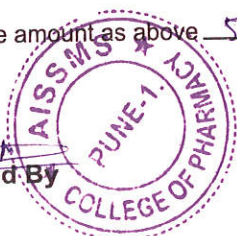
Class PhD Year 2019 - 2020

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee	
13) Other Fee	
14) Project fee	50,000/-
15) CHEFT - 600078611673)	
16)	
TOTAL Rs.	50,000/-

Total in words Rupees Fifty thousand only

Accept the amount as above 50000/-

Checked By



Deposited By

ALL INDIA SHRI SHIVAJI MEMORIAL SOCIETY'S
COLLEGE OF PHARMACY
Kennedy Road, Near R.T.O. Pune-411001

AISSMS
College of Pharmacy
Pune-01
Inward No. 156-16
Date: 13-03-2020

Ref. No. COP/PN/2019-20/172(8)

Date: 5 MAR 2020

To,
Hon. Secretary
All India Shri Shivaji Memorial Society,
Shivaji Nagar, Pune- 411005

AISSMS SOCIETY
Inward No. 11791
Date: 6/3/2020

11791
12/3

Sub: - Submission of proposal of continuation research project for approval with request to waive-off Society processing charges and Infrastructure utility fees.

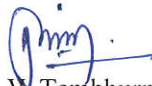
Respected Sir,

Please find enclosed research proposal titled, "**Pharmacokinetic, Biodistribution and Toxicity Studies of Nanoparticulate Containing Anticancer Formulations**" for continuation of work under outside Research Project (Format B) for your approval.

Previously candidate has deposited Rs. 65100/- (05/07/2017) and Rs. 40,000/- (08/03/2019) for above said research project work, but he wanted to perform some additional studies at our college (Proposal enclosed). However this is continuation work the candidate has requested us to waive off the Society processing charges and Infrastructure utility fees.

You are requested to permit continuation work of research project and waive off the Society processing charges and Infrastructure utility fees, as per the request by the candidate.


Thanking You.


Dr. S.V. Tembhumne & Dr. Mrs. M.C. Damle

(Chief Investigator)

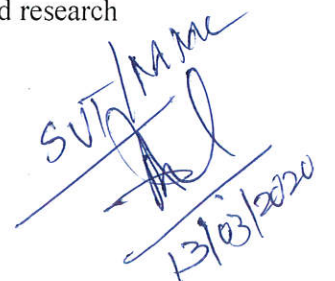

Mr. M.M. Chopane

Accountant


Dr. Ashwini R. Madgulkar
Principal
AISSMS College of Pharmacy
Pune-1

6/3/2020 Encl:
Submitted
Recommended
for approval
1. Protocol for research project for additional studies; 2. Approved sanctioned research project; 3. Payment receipt




13/03/2020


To,
Hon. Secretary
All India Shri Shivaji Memorial Society,
Shivaji Nagar, Pune- 411005

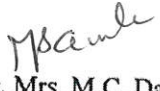
Sub: Submission of proposal of continuation research project for approval with request to waive-off Society processing charges and Infrastructure utility fees.


Respected Sir,

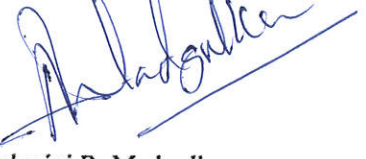
Please find enclosed research proposal titled, "Pharmacokinetic, Biodistribution and Toxicity Studies of Nanoparticulate Containing Anticancer Formulations." under Category outside Research Project (Format B) for your approval. You are requested to permit continuation work of project sanctioned in 2017 and waive off the Society processing charges and Infrastructure utility fees, as per the request by the candidate.

Thanking You.


Dr. S.V. Tembhurne & Dr. Mrs. M.C. Damle
(Chief Investigator)


(Project Co-ordinator)


Dr. Ashwini R. Madgulkar
(Principal)


Dr. Ashwini R. Madgulkar
(Principal)

To,
The Principal,
AISSMS College of Pharmacy,
Kennedy Road, Near R.T.O., Pune-411001.

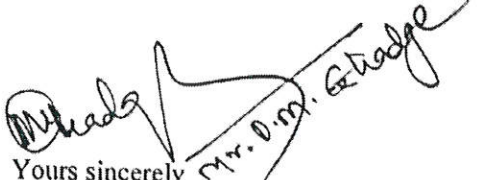
Subject: Permission to do continuation self-supported research project.

Respected Madam,

I the undersigned would like to continue to perform self-supported research project under the guidance of Dr. S. V. Tembhurne from Pharmacology Department and Dr. Mrs. M.C. Damle from Quality Assurance Department. The duly filled format has been enclosed for your kind information and approval.

I will be obliged, if you consider my /our request to waive-off Society processing charges and Infrastructure utility fees and permit me for the same.

Thanking you.


Yours sincerely
(Name and signature of Students)

**PROTOCOL FOR OUT SIDE INSTITUTE
RESEARCH PROJECT (Format-B)**

Name of Applicant: Mr. Dharyashil Ghadge

Complete postal address: Bharati Vidyapeeth's College Pharmacy Kolhapur

Title of Project: Pharmacokinetic, Biodistribution and Toxicity Studies of Nanoparticulate Containing Anticancer Formulations.

Proposed duration of Project: 03 Months

Ref. No. and date of application through proper channel: Permission for continuation of work for proposal of Mr. Dharyashil Ghadge Ref. no. COP/PN/2017-18/52-4 dated 05/07/2017.

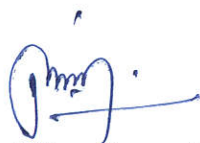
Proposed Expenditure: Eighty six thousand five hundred sixty only.

Sr. No.	Parameter	Amount
1.	Infrastructure utility fees. (10% of actuals)	Wave off
2.	Society processing fees. (10% of actuals)	Wave off
3.	Staff remuneration (20% of actuals)	12760/-
4.	Expertise charges	10,000/-
4.	Total cost of actuals.	63,800/-
	Grand Total	86,560/-

DETAILS OF ACTUALS

Details of consumables required for the project:

Sr. No.	Item(Consumables)	Cost
1	Chemicals	10,000/-
2	Chemical, Anesthesia, Stationary, Sanitizers and Sterile Disposables e.g. Syringes, tubes, mask, gloves and wide moth bottles, sterile cotton, Appendoff, EDTA and Plain tubes, Heparin injection etc.	13,000/-
3	Animals	21,800/-
4	HPLC charges (Rs. 100 per inj. *190 Injections)	19,000/-
	Grand Total	63,800/-



(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

Dr. S.V. Tembhurne



(M.C. Damle)



(Accountant sign)

UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Pharmacokinetic, Biodistribution and Toxicity Studies of Nanoparticulate Containing Anticancer Formulations." to be conducted between

01 Feb 2020 to 30 April 2020

We will ensure that the chemical usage will not exceed the quantity mentioned on page 2. I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.

Dr. S.V. Tembhurne, Department of Pharmacology, AISSMS COP Pune

Dr. Mrs. M.C. Damle, Department of Quality Assurance, AISSMS COP Pune

(Name and signature of Chief Investigators)

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, "Pharmacokinetic, Biodistribution and Toxicity Studies of Nanoparticulate Containing Anticancer Formulations."

(Hon. Secretary, AISSMS Pune)

Hon. Secretary

All India Shri Shivaji Memorial Society

Pune-411 005.

POST APPROVAL DETAILS

Details of Payment: Rs. 86,960/- Paid, NEFT-000076611673

Challan No. with Date: 1039 dt. 29/01/2020

Amount: Paid Rs. 50,000/-

(Kindly enclose Xerox copies of Application and Challan)

The requisite formalities have been completed and verified by the undersigned.


Dr. M.R. Bhalekar

(Name and signature of Project -Coordinator)

**All India Shri Shivaji Memorial Society's College of Pharmacy,
Kennedy Road, Near RTO, Pune- 411001**

COP/PN/2022-23/05-①

Date : 71 MAY 2022

To,
The Hon. Secretary
All India Shri Shivaji Memorial Society,
Shivaji Nagar
Pune- 411005.

Sub: Submission of summary report for disbursement of remuneration to the staff.

Respected Sir,

Please find enclosed summary report of project titled, "Formulation and Evaluation of liposomes for caner targeting" sanctioned under category of inhouse project (Format B)

You are requested to kindly sanction the disbursement of remuneration of Rs. 2000/- to the staff at earliest.

Thanking you.



Prepared by

Dr M R Bhalekar



Checked by

Dr M C Damle



Accountant

Mr. M.M. Chopane



(Dr Ashwini R Madgulkar)

Principal

**AISSMS College of Pharmacy
Pune-1**

TREASURER HONORARY SECRETARY
The All India Shri Shivaji Memorial Society
Pune - 411005

Enclosed : Summary report / Xerox of receipt of payment / Xerox set of sanctioned proposal.

(Enclosed with Application)

C

AISSMS

College of Pharmacy (M.Pharm)

Kennedy Road, Near R.T.O., Pune - 411 001.

Challan No.: 224 Date: 29/08/2018

A/c. No. 04510200000881

Amount credited on A/C No.: 04510200000881 in the BANK OF BARODA, Shivajinagar, Pune - 5

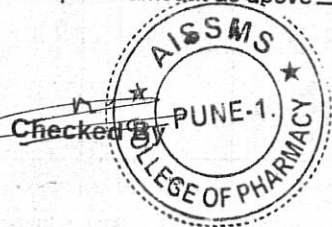
Received from Mr./Miss Nitesh Janbandhu Autos Life Sciences Pvt. Ltd.

Class _____ Year 2018 - 2019

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) Other Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) project Fee 35000/-	
13).....	
14).....	
15).....	
16).....	
TOTAL Rs.	35,000/-

Total in words Rupees Thirty five thousand only -

Accept the amount as above 35000/-



Deposited By [Signature]

(For Candidates)

D

AISSMS

College of Pharmacy (M.Pharm)

Kennedy Road, Near R.T.O., Pune - 411 001.

Challan No.: 224 Date: 29/08/2018

A/c. No. 04510200000881

Amount credited on A/C No.: 04510200000881 in the BANK OF BARODA, Shivajinagar, Pune - 5

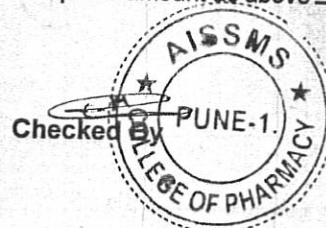
Received from Mr./Miss Nitesh Janbandhu Autos Life Sciences Pvt. Ltd.

Class _____ Year 2018 - 2019

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) Other Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) project Fee 35000/-	
13).....	
14).....	
15).....	
16).....	
TOTAL Rs.	35,000/-

Total in words Rupees Thirty five thousand only -

Accept the amount as above 35000/-



Deposited By [Signature]

COP/PM/2018-19/67-5

Date: 25/07/2018

To,
Hon. Secretary
All India Shri Shivaji Memorial Society,
Shivaji Nagar, Pune- 411005

A.I.S.S.M. SOCIETY
PUNE - 6
Inward No. 3342
Date: 25/7/2018

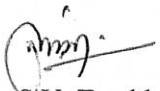
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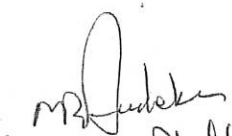
Sub: Submission of proposal of sponsored research project for approval.


Respected Sir,

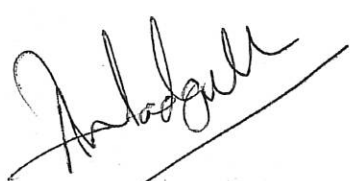
Please find enclosed research proposal titled, "Antiobesity Activity of Orlistat Liposomes in High Fatty Diet induced Obese Rats" under Category outside Research Project (Format B) for your approval. You are requested to do the needful at the earliest.

Thanking You.


Dr. S.V. Tembhurne
(Chief Investigator)


Dr. M. R. Bhalkar
(Project Co-ordinator)


Dr. Ashwini R. Madgulkar
(Principal)


Dr. Ashwini R. Madgulkar
(Principal)
AISSMS College of Pharmacy
Pune-1

To,
The Principal,
AISSMS College of Pharmacy,
Kennedy Road, Near R.T.O., Pune-411001.

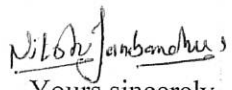
Subject: Permission for self supported short term research project.

Respected Madam,

We the undersigned would like to undertake a short term self supported research project under the guidance of Dr. S. V. Tembhurne from Pharmacology Department. The duly filled format has been enclosed for your kind information and approval.

We will be obliged, if you consider my /our request and permit us for the same.

Thanking you.


Yours sincerely
(Name and signature of Students)
(Nitesh Janbandhu)

SVT/MMC

02/08/18

**PROTOCOL FOR OUT SIDE INSTITUTE
RESEARCH PROJECT (Format-B)**

Name of Applicant: Mr. Nitin Janbandhu

Complete postal address: AVTOS Life Sciences, Navi Mumbai

Title of Project: "Antiobesity Activity of Orlistat Liposomes in High Fatty Diet induced Obese Rats"

Proposed duration of Project: 03 Months

Ref. No. and date of application through proper channel:

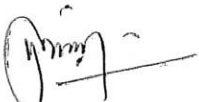
Proposed Expenditure: - Fifty Five Thousand nine Hundred only

Sr. No.	Parameter	Amount
1.	Infrastructure utility fees. (10% of actuals)	3850/-
2.	Society processing fees. (10% of actuals)	3850/-
3.	Staff remuneration (20% of actuals)	7700/-
4.	Total cost of actuals.	38500/-
5.	IAEC Charges	2000/-
	Grand Total	55,900/-

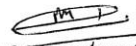
DETAILS OF ACTUALS

Details of consumables required for the Project:

Sr. No.	Item(Consumables)	Cost
1	Chemicals: Diethyl Ether, Cholesterol, Casein, Cholic acid, Propyl thiouracil	20000/-
2	Animal + Food and Husk	5,000/-
3	Stationary, Injection Heparin, Sanitizers and Disposables e.g. Syringes, tubes, mask, gloves and wide moth bottles, Vegetable oil, Coconut oil and Lard oil	5,000/-
5	Biochemical Estimation and Histopathology	8,500/-
	Grand Total	38500/-


(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

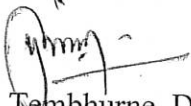

(Accountant sign)

UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Antiobesity Activity of Orlistat Liposomes in High Fatty Diet induced Obese Rats" to be conducted between

01 Aug 2018 to 01 Nov 2018

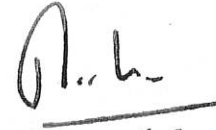
I will ensure that the chemical usage will not exceed the quantity mentioned on page 2. I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.



Dr. S.V. Tembhurne, Department of Pharmacology, AISSMS COP Pune
(Name and signature of Chief Investigators)

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, "Antiobesity Activity of Orlistat Liposomes in High Fatty Diet induced Obese Rats"



(Hon. Secretary, AISSMS Pune)
Hon. Secretary

All India Shri Shivalji Memorial Society,
Shivajinagar, PUNE 411 005.

POST APPROVAL DETAILS

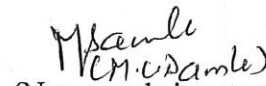
Details of Payment:

Challan No. with Date: 224 Dt 31/08/2018

Amount: 35,000/-

(Kindly enclose Xerox copies of Application and Challan)

The requisite formalities have been completed and verified by the undersigned.


(Name and signature of Project -Coordinator)

AISSMS College of Pharmacy Pune 1 Inward No. <u>14-1</u> Date. <u>25.07.2018</u>
--

Date: 13.06.2018

To,
The Principal,
AISSMS College of Pharmacy,
Pune, Maharashtra- 411 001

Subject: Enquiry regarding animal studies of Orlistat liposomal dispersion.

Attention to Dr. S. V. Tembhurne.

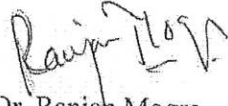
Dear Sir/ Madam,

With reference to the above subject, Mr. Nitesh Vithoba Janbandhu is a Ph.D. research scholar working under my guidance at AVTOS Life Sciences Pvt. Ltd., Navi Mumbai and doing Ph.D. from ITM University, Raipur. His topic for dissertation work is on Orlistat liposomal drug delivery systems and interested to outsource In-vivo animal studies on mice. The animal study is exclusively for academic purpose. He has earlier communicated with your faculties (Dr. S. V. Tembhurne) in this regard.

Kindly assist him by performing the mentioned studies at your college and do the needful.

Thanking you.

Regards,


Dr. Ranjan Mogre

Director,

AVTOS Life Sciences Pvt. Ltd., Navi Mumbai.

(Enclosed with Application)

C

**AISSMS
College of Pharmacy (B.Pharm)**

Kennedy Road, Near R.T.O., Pune - 411 001.

Challan No.:

Date: 02/01/2020

0961

Amount credited on A/C No.: 04510200000882 in the
BANK OF BARODA, Shivajinagar, Pune - 5

Received from Mr./Miss Shivani Godbole

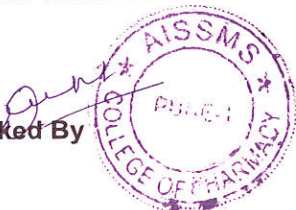
Class J-4-B-Pharm Year 2019 - 2020

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee	
13) Other Fee (Project fee).....	4000/-
14) Ref No-000210314201.....	
15) 02.01.2020.....	
16)	
TOTAL Rs.	4000/-

Total in words Rupees Four thousand only

Accept the amount as above 4,000/-

Checked By



Godbole
Deposited By

COPY/PN/2019-20/109-①

AISSMS
College of Pharmacy
Pune-1
Inward NO. 113-18
Date: 12-12-2019

Date: 14/11/19

To,
Hon. Secretary
All India Shri Shivaji Memorial Society
Shivaji Nagar
Pune- 411005.

ALL INDIA SOCIETY
PUNE-6
Inward No. 7630
Date: 19/11/19

7630
11/12

②

Sub: Submission of proposal of sponsored research project for approval.

Respected Sir,

Please find enclosed research proposal titled, "*Formulation and evaluation of antifungal nail lacquer*" under Category In house Research Project (Format C) for your approval. You are requested to do the needful at the earliest.

Thanking you.

[Signature]
(Principal)

[Signature]

[Signature]
(Project Co-ordinator)

[Signature]
(Chief Investigator)

Principal
Dr. M.R. Bhalekar,
AISSMS College of Pharmacy
Pune-1

Dr. M.R. Bhalekar, (S.H. Rao)

To,
The Principal,
AISSMS College of Pharmacy,
Kennedy Road, Near R.T.O., **Pune-411001.**

Subject: Permission for self supported short term research project.

Respected Madam,

I / We the undersigned would like to undertake a short term self supported research project under the guidance of Mr. / Mrs. / Prof. /Dr. Mangesh Bhalekar *and Mrs. Shivani Rao*. The duly filled format has been enclosed for your kind information and approval

We will be obliged, if you consider my /our request and permit us for the same.

Thanking you.

Yours sincerely
(Name and signature of Students)

Samnuddhi kelkar - *[Signature]*

Shivani Godbole - *[Signature]*

Riddhesh A. Kharche - *[Signature]*

[Signature]
12/12/19

**PROTOCOL FOR INHOUSE STUDENT'S
RESEARCH PROJECT (Format-C)**

Name of Applicant: Shivani Rao,

Complete postal address: AISSMS college of Pharmacy, Near RTO, Pune- 411001

Title of Project: Formulation and evaluation of antifungal Nail Lacquer.

Proposed duration of Project: 03 Months

Ref. No. and date of application through proper channel:

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Infrastructure utility fees.	1000/-
2	Society processing fees.	1000/-
3	Staff remuneration	2000/-
4	Total cost of actuals.(Details are mentioned below)	0/-
	Grand Total	4000/-

DETAILS OF ACTUALS

Sr. No.	Item(Consumables)	Qty. Required (min. pack size)	Approx. Cost
1.	NIL		
2			
Grand total			


Dr. Mangesh Bhoktan
(Name and Signature of Chief Investigator)


S.H. Rao.


Mr M M Chopane

* Cost of consumables shall be calculated using standard catalogue.



Accountant

UNDERTAKING

I undersigned hereby take responsibility of the project titled, "*Formulation and Evaluation of antifungal nail lacquer*" to be conducted between

Jan 2020 to Mar 2020

I will ensure that the chemical usage will not exceed the quantity mentioned on page 2. I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.

 
(Name and signature of Chief Investigator)

Dr. M. R. Bhalkekar

(S. H. Rao)

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled. "*Formulation and evaluation of antifungal nail lacquer*"



(Hon. Secretary, AISSMS Pune)

Hon. Secretary
All India Shri Shivaji Memorial Society,
Shivajinagar, PUNE 411 005.

POST APPROVAL DETAILS

Details of Payment :

Challan No. with Date : *0961 dat 2-1-20*

Amount : *4000 + 3600 (online) organism*

(Kindly enclose Xerox copies of Application and Challan)

The requisite formalities have been completed and verified by the undersigned.



Dr. M. R. Bhalkekar

(Name and signature of Project -Coordinator)

COP/PN/2019-20/25-(2)-(R)

Date: 27 JUN 2019

To,
Hon. Secretary
All India Shri Shivaji Memorial Society,
Shivaji Nagar
Pune- 411005.
Sub: Submission of proposal of sponsored research project for approval.

A.I.S.S.M. SOCIETY
PUNE-2
Inward No. 2286
18/6/2019

AISSMS
College of Pharmacy
Pune-1
Inward No. 39-(24)
Date. 02.07.2019

Respected Sir,

Please find enclosed research proposal titled, *Exploring immunoregulatory activity of some thiazotidinone derivatives using insilico tools.* under Category In house Research Project (Format C) for your approval. You are requested to do the needful at the earliest.

Thanking you.

(Chief Investigator) *S.M. Patil*
K.D. Asgaonkar
(Project Co-ordinator) *D.M.P. Bhulekar*

(Principal) *J. Phadgule*
Principal
AISSMS College of Pharmacy
Pune-1

To,
The Principal,
AISSMS College of Pharmacy,
Kennedy Road, Near R.T.O., **Pune-411001.**

Subject: Permission for self supported short term research project.

Respected Madam,

We the undersigned would like to undertake a short term self supported research project under the guidance of *Mr. / Mrs. / Prof. / Dr. S.M. Patil, Mrs. K.D. Asgaonkar*

The duly filled format has been enclosed for your kind information and approval

We will be obliged, if you consider my /our request and permit us for the same.

Thanking you.

Yours sincerely
(Name and signature of Students)

S.M.P./K.A.
[Signature]
02/07/19

Kshitija Abhang
Bhairavi Bakhle
Ayush Khater
[Signature]
[Signature]
[Signature]

**PROTOCOL FOR INHOUSE STUDENT'S
RESEARCH PROJECT (Format-C)**

Name of Applicant: *Kshitiya Abhang, Bhaisavi Bakhle, Ayush Khater*
Complete postal address: AISSMS college of Pharmacy, Near RTO, Pune- 411001

Title of Project: *Exploring immunoregulatory activity of some thiazolidinone derivatives using insilico ~~studies~~ tools.*
Proposed duration of Project: 03 Months

Ref. No. and date of application through proper channel:

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Infrastructure utility fees.	1000/-
2	Society processing fees.	1000/-
3	Staff remuneration	2000/-
4	Total cost of actuals.(Details are mentioned below)	<i>3000/-</i>
	Grand Total	<i>7000/-</i>

DETAILS OF ACTUALS

Sr. No.	Item(Consumables)	Qty. Required (min. pack size)	Approx. Cost
<i>1.</i>	<i>v-life software</i>	<i>30 hrs</i>	
		<i>30 x 100 =</i>	<i>3000/-</i>
	Grand total		<i>3000/-</i>

(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

S.M. Patil
K.D. Asgaonkar

(Accountant Sign)

UNDERTAKING

I undersigned hereby take responsibility of the project titled, *Exploring immunoregulatory activity of some thioglycidinone derivatives using insilico tools* to be conducted between *July - Sept. 2019*

I will ensure that the chemical usage will not exceed the quantity mentioned on page 2. I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.

S. M. Patil
K. D. Asgavkar
(Name and signature of Chief Investigator)
S. M. Patil *K. D. Asgavkar*

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.

A. L.
(Hon. Secretary, AISSMS Pune)
Hon. Secretary
All India Shri Shivaji Memorial Society
Pune-411 005.

POST APPROVAL DETAILS

Details of Payment : *Kshitija Abhang - S.Y.B. Pharm. Inhouse project*
Challan No. with Date : *0492 dated 10/7/19 Ref No - N19190873719790*

Amount : *7000/-*

(Kindly enclose Xerox copies of Application and Challan)

The requisite formalities have been completed and verified by the undersigned.

M. C. Damle
(M. C. Damle)
(Name and signature of Project - Coordinator)
M. R. Bhaskar
M. R. Bhaskar

(Enclosed with Application)

C

**AISSMS
College of Pharmacy (B.Pharm)**

Kennedy Road, Near R.T.O., Pune - 411 001.

Challan No.: **0492** Date: **10 / 7 / 19**

Amount credited on A/C No.: **04510200000882** in the
BANK OF BARODA, Shivajinagar, Pune - 5



Received from Mr./Miss **Kshitiya
Ghanuham Ashang**

Class **SYB Pharm** Year **2019 - 2020**
Inhouse Project

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee	
13) Other Fee	
14) N191190873719790	7000/-
15) 10/7/19	
16)	
TOTAL Rs.	7000/-

Total in words Rupees **Seven Thousand**

Accept the amount as above **7000/-**

Checked By 


Deposited By 

COP/PM/2019-20/114(3)

4

Date: 27.11.19

To,
Hon. Secretary
All India Shri Shivaji Memorial Society,
Shivaji Nagar
Pune- 411005.

8005
28/11/2019

8005
12/12/2019
AISSMS
College of Pharmacy
Pune-1
Inward NO. 113-(29)
Date. 12.12.2019

Sub: Submission of proposal of sponsored research project for approval.

Respected Sir,

Please find enclosed research proposal titled, " *MLT of Conventional Ayurvedic Formulation*".

under Category In house Research Project (Format C) for your approval.
You are requested to do the needful at the earliest.

Thanking you.

[Signature]
(Principal)

[Signature]
(Project Co-ordinator)

[Signature]
(Chief Investigator)

[Signature]
Mus S.H. Rao
[Signature]
Mus. A.N. Avastha
(Chief Investigator)

Principal *P. M.R. Bhalekar*
AISSMS College of Pharmacy
Pune-1

To,
The Principal,
AISSMS College of Pharmacy,
Kennedy Road, Near R.T.O., Pune-411001.

Subject: Permission for self supported short term research project.

Respected Madam,

I / We the undersigned would like to undertake a short term self supported research project under the guidance of Mr. / Mrs. / Prof. / ~~Dr. Mangesh Bhalekar~~ **SHRao**
The duly filled format has been enclosed for your kind information and approval

I / We will be obliged, if you consider my /our request and permit us for the same.

Thanking you.

[Signature]
SHR/AA/MNC
[Signature]
12/12/19

Yours sincerely

(Name and signature of Students)

Suda Jain
Abhishek Galgate
Tushar Jadhav
Saurav Munde
Bhairavi Bakhle
Kshitija Abhang
[Signatures]

**PROTOCOL FOR INHOUSE STUDENT'S
RESEARCH PROJECT (Format-C)**

Name of Applicant:

Complete postal address: AISSMS college of Pharmacy, Near RTO, Pune- 411001

Title of Project: , "~~Evaluation of carboxymethyl xyloglucan as suspending agent.~~ *MLT of Conventional Ayurvedic Formulation*" .

Proposed duration of Project: 03 Months

Ref. No. and date of application through proper channel:

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Infrastructure utility fees.	1000/-
2	Society processing fees.	1000/-
3	Staff remuneration	2000/-
4	Total cost of actuals.(Details are mentioned below)	<i>2000/-</i>
	Grand Total	<i>6000/-</i>

DETAILS OF ACTUALS

Sr. No.	Item(Consumables)	Qty. Required (min. pack size)	Approx. Cost
<i>1</i>	<i>Multisient agar</i>	<i>500gm</i>	<i>2000</i>
	Grand total		<i>6000/-</i>

1) *Sri. S.H. Rao* 2) *Mrs A.N. AVALASKAR*
(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

UNDERTAKING

I undersigned hereby take responsibility of the project titled, " *MLT of Conventional Ayurvedic Formulation* " to be conducted between *Jan 2020 to Mar 2020*

I will ensure that the chemical usage will not exceed the quantity mentioned on page 2. I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.

1) *Siv*
Ms. S.H. Rao
2) *Atvalakar*
A.N. Atvalakar
(Name and signature of Chief Investigator)

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.

A. L.

(Hon. Secretary, AISSMS Pune)
Hon. Secretary
All India Sanskrit Memorial Society,
Shivajinagar, PUNE 411 005.

POST APPROVAL DETAILS

Details of Payment :

Challan No. with Date : *0964 dated 6/1/2020*

Amount : *6000/-* (Jointly paid for inhouse project Ref no
COP/PM/2019-20/114 ③ & COP/PM/2019-20/114 ②)

(Kindly enclose Xerox copies of Application and Challan)

The requisite formalities have been completed and verified by the undersigned.

M. Atvalakar
(Name and signature of Project -Coordinator)

Enclosed with Application)

C

AISSMS
College of Pharmacy (B.Pharm)

Kennedy Road, Near R.T.O., Pune - 411 001.

Challan No.: **0964** Date: **06.10.20**

Amount credited on A/C No.: **0451020000882** in the
BANK OF BARODA, Shivajinagar, Pune - 5

Received from Mr./Miss Abhishek. Ashok

Galgate.


Class T.Y. B.Pharm. Year 2019 - 2020.

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee.....	
13) Other Fee.....	
14) <u>In-House Fees</u>	<u>12,000/-</u>
15) U.P.I. ID.....	
16) <u>000612018307</u>	
TOTAL Rs.	12,000/-

Total in words Rupees Twelve Thousand

Rupees Only.

Accept the amount as above 12,000/-

Checked By [Signature]


Deposited By [Signature]

Enclosed with Application)

C

**AISSMS
College of Pharmacy (B.Pharm)**

Kennedy Road, Near R.T.O., Pune - 411 001.

Challan No.: **0964** Date: **06.10.20**

Amount credited on A/C No.: **04510200000882** in the
BANK OF BARODA, Shivajinagar, Pune - 5

Received from Mr./Miss Abhishek. Ashok
Galgate.

Class T.Y. B.Pharm. Year 2019 - 2020.

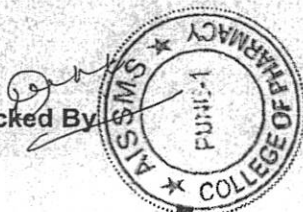
Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee.....	
13) Other Fee.....	
14) <u>In-House Fees</u>	<u>12,000/-</u>
15) U.P.I. I.D.:	
16) <u>000612018307.</u>	
TOTAL Rs.	12,000/-

Total in words Rupees Twelve Thousand

Rupees Only.

Accept the amount as above 12,000/-

Checked By



Deposited By

(Signature)

6

COP/PN/2019-20/62

AISSMS
College of Pharmacy
 Pune-1

Inward No.: 71-16
 Date: 04.09.2019

7 AUG 2019

ALL INDIA SHRI SHIVAJI MEMORIAL SOCIETY
 PUNE-5

Inward No. 4/80
 Date: 8/8/2019

4/80
8/8/19

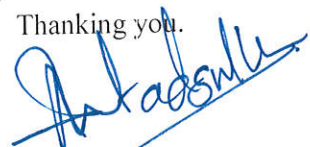
To,
Hon. Secretary
 All India Shri Shivaji Memorial Society,
 Shivaji Nagar
 Pune- 411005.
 Sub: Submission of proposal of sponsored research project for approval.

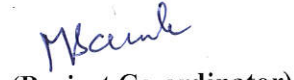
Respected Sir,

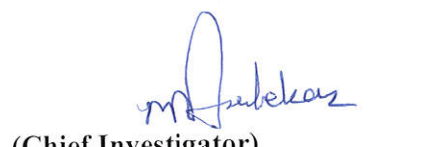
Please find enclosed research proposal titled, "Formulation of cocrystals"

under Category In house Research Project (Format C) for your approval.
 You are requested to do the needful at the earliest.

Thanking you.


 (Principal)


 (Project Co-ordinator)
 (M.C.Damle)


 (Chief Investigator)
 (D.M.R. Bhalekar)

Principal
 AISSMS College of Pharmacy
 Pune-1

To,
The Principal,
 AISSMS College of Pharmacy,
 Kennedy Road, Near R.T.O., **Pune-411001.**

Subject: Permission for self supported short term research project.

Respected Madam,



I / We the undersigned would like to undertake a short term self supported research project under the guidance of Mr. / Mrs. / Prof. /Dr. Mangesh Bhalekar
 The duly filled format has been enclosed for your kind information and approval




I / We will be obliged, if you consider my /our request and permit us for the same.

Thanking you.

Yours sincerely
 (Name and signature of Students)


 MRB
 06/9/19

Punshottam Ghelap - 
 Nikita Dhunde - 

Aditya Phatak - 
 Roshan Lyudate - 
 Siddharth Killedar - 

UNDERTAKING


I undersigned hereby take responsibility of the project titled, " Formulation of cocrystals"
to be conducted between September 2019- November 2019"

I will ensure that the chemical usage will not exceed the quantity mentioned on page 2. I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.


(Name and signature of Chief Investigator)

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.


(Hon. Secretary, AISSMS Pune)
Hon. Secretary
All India Shri Shivaji Memorial Society,
Shivajinagar, PUNE 411 005.

POST APPROVAL DETAILS

Details of Payment :

Challan No. with Date : 0965, dt 7-1-20

Amount : 5080/-

(Kindly enclose Xerox copies of Application and Challan)

The requisite formalities have been completed and verified by the undersigned.



(Name and signature of Project –Coordinator)

(Enclosed with Application)

C

**AISSMS
College of Pharmacy (B.Pharm)**

Kennedy Road, Near R.T.O., Pune - 411 001.

Challan No.:

0965

Date: 7 / 1 / 2020

Amount credited on A/C No.: 04510200000882 in the
BANK OF BARODA, Shivajinagar, Pune - 5

Received from Mr./Miss Puroshotam Gholap

Class T.Y B.Pharm Year 2019 - 2020

Particulars	Amount Rs.
1) Merit Fee.....	5080/-
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee	
13) Other Fee	
14) In house Project Transaction id-000716121813 7.1.120	5080/-
15)	}
16)	
TOTAL Rs.	5080

Total in words Rupees Five thousand
and eighty rupees only

Accept the amount as above 5080/-

Checked By

[Signature]



Deposited By

[Signature]

COP/PN/2019-20/62 (2)

AISSMS
College of Pharmacy
Pune-1

Inward No. 71-14
Date: 04/09/2019

PUNE-1

Inward No. 4179
Date: 8/8/2019

AUG 2019

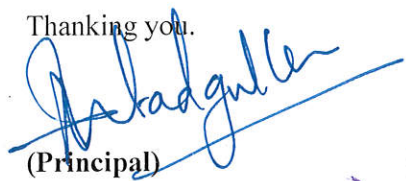
4179
419


To,
Hon. Secretary
All India Shri Shivaji Memorial Society,
Shivaji Nagar
Pune- 411005.
Sub: Submission of proposal of sponsored research project for approval.


Respected Sir,

Please find enclosed research proposal titled, " Evaluation of carboxymethyl xyloglucan as suspending agent." under Category In house Research Project (Format C) for your approval. You are requested to do the needful at the earliest.

Thanking you.


(Principal)


(Project Co-ordinator)
CM-CDamke


(Chief Investigator)
Dr. M. R. Bhalekar

Principal
AISSMS College of Pharmacy
Pune-1

To,
The Principal,
AISSMS College of Pharmacy,
Kennedy Road, Near R.T.O., Pune-411001.

Subject: Permission for self supported short term research project.


Respected Madam,


I / We the undersigned would like to undertake a short term self supported research project under the guidance of Mr. / Mrs. / Prof. /Dr. Mangesh Bhalekar
The duly filled format has been enclosed for your kind information and approval

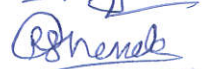
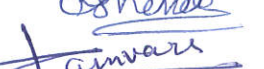
I / We will be obliged, if you consider my /our request and permit us for the same.



Thanking you.

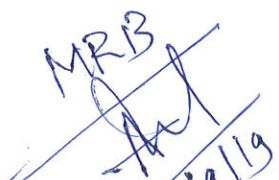
Yours sincerely
(Name and signature of Students)

Ram Anilkumar Polawar 

Venkatesh Surykant Rohile 

Rutuja Sharad Shende 
Shital Suril Ranvare 

Ayushi Shailesh 
Biyani 

MRB

06/9/19

22

**PROTOCOL FOR INHOUSE STUDENT'S
RESEARCH PROJECT (Format-C)**

Name of Applicant: Dr Mangesh Bhalekar

Complete postal address: AISSMS college of Pharmacy, Near RTO, Pune- 411001

Title of Project: , “ Evaluation of carboxymethylxyloglucan as suspending agent.”

Proposed duration of Project: 03 Months

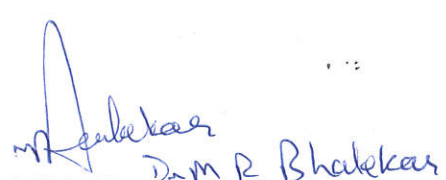
Ref. No. and date of application through proper channel:

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Infrastructure utility fees.	1000=00
2	Society processing fees.	1000=00
3	Staff remuneration	2000=00
4	Total cost of actuals.(Details are mentioned below)	1200 =00
	Grand Total	5200=00

DETAILS OF ACTUALS

Sr. No.	Item(Consumables)	Qty. Required (min. pack size)	Approx. Cost
1	Sodium carboxy methyl cellulose	500 g	1200=00
Grand total			1200=00


(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Evaluation of carboxymethyl xyloglucan as suspending agent" to be conducted between September 2019- November 2019"

I will ensure that the chemical usage will not exceed the quantity mentioned on page 2. I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.



(Name and signature of Chief Investigator)

Dr. M. R. Bhalekar

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.

Evaluation of carboxy methyl xyloglucan as suspending agent.

(Hon. Secretary, AISSMS Pune)

Hon. Secretary
All India Shri Shivaji Memorial Society,
Shivajinagar, PUNE 411 005.

POST APPROVAL DETAILS

Details of Payment :

Challan No. with Date : 965 - DV 71-2020

Amount : 5080/-

(Kindly enclose Xerox copies of Application and Challan)

The requisite formalities have been completed and verified by the undersigned.



(Name and signature of Project -Coordinator)

COPI/PN/2019-20/134-6

Inward No. 185-9

Date: 22.01.2020

Date: 8/01/2020

To,
Hon. Secretary
All India Shri Shivaji Memorial Society,
Shivaji Nagar
Pune- 411005.
Sub: Submission of proposal of sponsored research project for approval.

A.I.S.S.E.M.S.
Sub: S
Inward No. 9507
Date: 8/1/2020

9507/211

Respected Sir,

Please find enclosed research proposal titled, "preparation of formulations from cow urine minerals." under Category In house Research Project (Format C) for your approval. You are requested to do the needful at the earliest. Total Project cost Rs. 5000/-

Thanking you.

[Signature]
(Principal)

[Signature]
(Project Co-ordinator)
Z MR Bhadke

[Signature]
(Chief Investigator)
Mr. Sonwane P.P.
(P' cognosy Dept)

Principal
AISSEMS College of Pharmacy
Pune-1

To,
The Principal,
AISSEMS College of Pharmacy,
Kennedy Road, Near R.T.O., **Pune-411001.**

Subject: Permission for self supported short term research project.

Respected Madam,

I / We the undersigned would like to undertake a short term self supported research project under the guidance of Mr. / Mrs. / Prof. / Dr. pradeep. p. sonwane
The duly filled format has been enclosed for your kind information and approval

I / We will be obliged, if you consider my /our request and permit us for the same.

Thanking you.

S. Y. B. Pham
Acad. yr. 2019-20

- Yunraj Arhad *[Signature]*
Yours sincerely
(Name and signature of Students)
- 1) Yunraj Arhad *[Signature]*
 - 2) Mrunal Gredam *[Signature]*
 - 3) Suyash chaudhari *[Signature]*
 - 4) Dhanashree Jadhav *[Signature]*

PPS / MACD / MRB / NMC
[Signature]
22/01/2020

**PROTOCOL FOR INHOUSE STUDENT'S
RESEARCH PROJECT (Format-C)**

Name of Applicant: Mr. Pradeep Pandurang Sonwane
Complete postal address: AISSMS college of Pharmacy, Near RTO, Pune- 411001

Title of Project: Preparation of formulations from cow urine minerals
Proposed duration of Project: 03 Months

Ref. No. and date of application through proper channel:

Proposed Expenditure:

DETAILS OF ACTUALS

Sr. No.	Item(Consumables)	Qty. Required	Approx. Cost
01	Starch	45 gm	200/-
02	DCP	4.5 gm	200/-
03	Other excipients like MCC	50 gm	400/-
04	Talc	50 gm	200/-
Grand total			1000/-

Sr. No.	Parameter	Amount (Rs)
1	Infrastructure utility fees.	1000/-
2	Society processing fees.	1000/-
3	Staff remuneration	2000/-
4	Total cost of actuals.(Details are mentioned below)	1000/-
	Grand Total	5000/-

Sonwane

(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

(Mr. Sonwane Pradeep Pandurang)

UNDERTAKING

I undersigned hereby take responsibility of the project titled, "preparation of formulations from con' uine minerals" to be conducted between 09 Jan to 31 March - 2020.

I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.



(Name and signature of Chief Investigator)

(Mr. Sonwane Pradeep Pandurang)

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.



(Hon. Secretary, AISSMS Pune)
Hon. Secretary
All India Shri Shivaji Memorial Society
Pune-411 005.

POST APPROVAL DETAILS

Details of Payment : online payment

Challan No. with Date : 0981 (P200127135-7436301873599)
Transaction I.D. -
dated - 27 Jan 2020.

Amount : 5000/-

(Kindly enclose Xerox copies of Application and Challan)

The requisite formalities have been completed and verified by the undersigned.



(Name and signature of Project -Coordinator)

GUIDELINES FOR INHOUSE STUDENT RESEARCH PROJECTS (Format-C)

1. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
2. Chemicals available in college store shall be issued upon approval. The catalogue price to be included in actuals. Chemicals not available in store s to be procured by the students.
3. To the above figure following charges shall be charged extra to the student:
 - a. Rs.1000/-: As infrastructure utility fees.
 - b. Rs.1000/-: As processing charges to the society.
 - c. Rs.2000/-: As staff remuneration
4. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-C) to the society through principal for approval.
5. The actual experimental work shall be started only after approval from the society.
6. The student investigator/s shall be appointed by the Chief Investigator.
7. After completion of the approved research project, Chief Investigator will put forward the summary report to the society for the disbursement of remuneration to the staff.
8. The staff remuneration disbursement ratio shall be prepared by the Chief Investigator.
9. Chief Investigator shall be solely responsible for the maintenance of discipline and completion of other formalities like CPCSEA and Ethical committee approval etc and the project completion in due course of time.

Note: Chief Investigator shall ensure that 100% amount as an advance from the students after it is deposited in the college bank account.

(Enclosed with Application)

C

**AISSMS
College of Pharmacy (B.Pharm)**

Kennedy Road, Near R.T.O., Pune - 411 001.

Challan No.: **0981**

Date: **27/1/20**

Amount credited on A/C No.: **04510200000882** in the
BANK OF BARODA, Shivajinagar, Pune - 5

Received from Mr./Miss **Yuvraj Shivaji
Arhad**

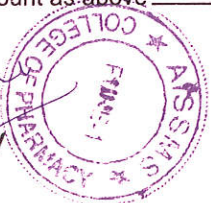
Class **Sy B Pharm** Year **2019 - 2020**
P2001271357436301873599

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee	
13) Other Fee <u>In home project - 5000/-</u>	
14) <u>P200127135743630187</u>	
15) <u>3599</u>	
16) <u>D.L. 27/01/20</u>	
TOTAL Rs.	5000/-

Total in words Rupees **five thousand
only**

Accept the amount as above **5,000/-**

Checked By



Deposited By

Yuvraj

1:59 PM

4G 49



Transaction Successful

01:57 PM on 27 Jan 2020

Transaction ID

P2001271357436301873599

COPY

Paid to



Aissms Collage Of Pharmacy
XXXXXXXXXX0882

₹5,000

Bank Of Baroda

PAY AGAIN

SHARE

Debited from



*****1595

₹5,000

UTR:002752690392

Message

Pharmacognosy project sy b pharmacy



Contact PhonePe Support



Certificate of Publication



This is to confirm that

Mr. Pradeep Sonawane, Mrunal Gedam, Yuvraj Avhad, Suyash Chaudhari,
Dhanashree Jadhav. Mr. Pradeep Sonawane

Published following article

COW URINE The Future of Medicine

Volume 6, Issue 5, pp: 634-637

www.ijprajournal.com

A Peer Reviewed and refereed Journal

International Journal of Pharmaceutical Research
and Applications

ISSN: 2249-7781

Pradeep Sonawane
08/10/2021

Publication Head

Outance
Publication
Pradeep Sonawane

(Enclosed with Application)

C

**AISSMS
College of Pharmacy (B.Pharm)**

Kennedy Road, Near R.T.O., Pune - 411 001.

Challan No.:

0980

Date: 22/01/2020

Amount credited on A/C No.: 04510200000882 in the
BANK OF BARODA, Shivajinagar, Pune - 5

Received from Mr./Miss Gauryan Arun

Mahajan

Class T.Y. B.Pharm Year 2019 - 2020

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee <u>In house</u>	
13) Other Fee <u>IB reference</u>	
14) <u>No-200223</u>	
15) <u>642531</u>	<u>6000/-</u>
16) <u>Date: 22/01/2020</u>	
TOTAL Rs.	<u>6000/-</u>

Total in words Rupees Six Thousand
only

Accept the amount as above 6000/-

Checked By

[Signature]



[Signature]

Deposited By

AISSMS
College of Pharmacy
Pune-1
Inward No. 145-17
Date: 20.02.2020

8

COP/PNT/2019-20/142-2

7

22 JAN 2020

To,
Hon. Secretary
All India Shri Shivaji Memorial Society,
Shivaji Nagar
Pune- 411005.

AISSMS
10086
Date: 22/1/2020

10086
18/12

Sub: Submission of proposal of sponsored research project for approval

Respected Sir,

Please find enclosed research proposal titled, "Development and Validation of Spectrophotometric method for Determination of Pharmaceuticals" under Category In house Research Project (Format C) for your approval. You are requested to do the needful at the earliest. Total Project cost Rs. 6,000/-

Thanking you.

[Signature]

[Signature]

[Signature]

(Principal)
Principal
AISSMS College of Pharmacy
Pune-1

(Project Co-ordinator)
(Dr. M. R. Bholekar) (M. C. Damle)

(Chief Investigator)
(Dr. S. V. Gandhi)

To,
The Principal,
AISSMS College of Pharmacy,
Kennedy Road, Near R.T.O., Pune-411001.

Subject: Permission for self supported short term research project.

Respected Madam,

I / We the undersigned would like to undertake a short term self supported research project under the guidance of Mr. / Mrs. / Prof. /Dr. Santosh V. Gandhi. The duly filled format has been enclosed for your kind information and approval

I / We will be obliged, if you consider my /our request and permit us for the same.

Thanking you.

SVG/MMC
[Signature]
20/02/2020

Yours sincerely
(Name and signature of Students)

- 1) Abhishek Mahesh Joshi *[Signature]*
- 2) Utkarsha Anhad *[Signature]*
- 3) Gaurav A. Mahajan *[Signature]*
- 4) Pranjwal P. Hogade *[Signature]*

**PROTOCOL FOR INHOUSE STUDENT'S
RESEARCH PROJECT (Format-C)**

Name of Applicant:

Complete postal address: AISSMS college of Pharmacy, Near RTO, Pune- 411001

Title of Project: **"Development and Validation of Spectrophotometric method for Determination of Pharmaceuticals"**

Proposed duration of Project: 03 Months

Ref. No. and date of application through proper channel:

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Infrastructure utility fees.	1000/-
2	Society processing fees.	1000/-
3	Staff remuneration	2000/-
4	Total cost of actuals.(Details are mentioned below)	2000/-
	Grand Total	6,000/-

DETAILS OF ACTUALS

Sr. No.	Item(Consumables)	Qty. Required	Approx. Cost
01	Methanol (AR Grade)	2.5 lit * 5	2,000/-
--			
--			
--			
--			
Grand total			2,000/-

(Dr. S.V. Gamelhi)
(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

(M)
(Accountant Sign)

(Mr. M.M. Chopane)

UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Development and Validation of Spectrophotometric method for Determination of Pharmaceuticals" to be conducted between 01/02/2020 to 30/04/2020

I will ensure that the chemical usage will not exceed the quantity mentioned on page 2. I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.

Beaudw
CDR S.V. Gandli
(Name and signature of Chief Investigator)

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.

Pr.
(Hon. Secretary, AISSMS Pune)
Hon. Secretary
All India Shri Shivaji Memorial Society
Pune-411 005.

POST APPROVAL DETAILS

Details of Payment: Net Banking through Bank of Maharashtra
(IB Ref. No. 200223642531)
Challan No. with Date: 0980 dated 22/01/2020
Amount: 6000/-

(Kindly enclose Xerox copies of Application and Challan)

The requisite formalities have been completed and verified by the undersigned.

M. J. Jadhav

Beaudw
(Name and signature of Project -Coordinator)

CDR S.V. Gandli

GUIDELINES FOR INHOUSE STUDENT RESEARCH PROJECTS (Format-C)

1. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
2. Chemicals available in college store shall be issued upon approval. The catalogue price to be included in actuals. Chemicals not available in stores to be procured by the students.
3. To the above figure following charges shall be charged extra to the student:
 - a. Rs.1000/-: As infrastructure utility fees.
 - b. Rs.1000/-: As processing charges to the society.
 - c. Rs.2000/-: As staff remuneration
4. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-C) to the society through principal for approval.
5. The actual experimental work shall be started only after approval from the society.
6. The student investigator/s shall be appointed by the Chief Investigator.
7. After completion of the approved research project, Chief Investigator will put forward the summary report to the society for the disbursement of remuneration to the staff.
8. The staff remuneration disbursement ratio shall be prepared by the Chief Investigator.
9. Chief Investigator shall be solely responsible for the maintenance of discipline and completion of other formalities like CPCSEA and Ethical committee approval etc and the project completion in due course of time.

Note: Chief Investigator shall ensure that 100% amount as an advance from the students after it is deposited in the college bank account.



बैंक ऑफ महाराष्ट्र
Bank of Maharashtra
एक परिवार एक बैंक

Receipt for IMPS P2A

IB Reference No	:	200223642531
From Account No	:	68018019235
Beneficiary Name	:	AISSMS COLLEGE OF PHARMACY, PUNE-01
Beneficiary Account No	:	04510200000882
Transaction Amount	:	6,000.00
Receipt Txn Amount In Words	:	Six Thousand Rupees Only.
Remarks	:	PA Inhouse Project Fees

(Enclosed with Application)

C

**AISSMS
College of Pharmacy (B.Pharm)**

Kennedy Road, Near R.T.O., Pune - 411 001.

Challan No.: **0968** Date: **08/01/2020**

Amount credited on A/C No.: **04510200000882** in the
BANK OF BARODA, Shivajinagar, Pune - 5

Received from Mr./Miss Shivanjali jadhav

Class T.Y B - pharm . Year 2019 - 2020

Particulars	Amount Rs.
1) Admission Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee	
13) Other Fee	
14) <u>inhouse project</u>	<u>5,500/-</u>
15) <u>UPI transaction ID</u>	
16) <u>000816405166</u>	
<u>8-1-2020</u>	
TOTAL Rs.	5,500/-

Total in words Rupees Five thousand
and five hundred /-

Accept the amount as above 5,500/-

Checked By



Deposited By

[Handwritten Signature]

COP/PM/2019-20/134-5

10

Date: .8/11/2020

To,

Hon. Secretary

All India Shri Shivaji Memorial Society,

Shivaji Nagar

Pune- 411005.

Sub: Submission of proposal of sponsored research project for approval.



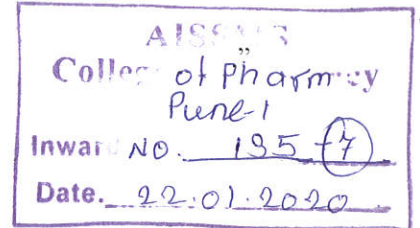
9639
21/1/20

Respected Sir,

Please find enclosed research proposal titled, "Molecular modeling studies of N-(2-phenoxy) ethyl imidazo[1,2-a]pyridine-3-carboxamides as antitubercular agents"

under Category In house Research Project (Format C) for your approval.

You are requested to do the needful at the earliest.



Thanking you.

[Signature]
(Principal)

[Signature] M. S. Damle
D. N. R. Bhadkekar M.C. Damle
(Project Co-ordinator)

[Signature]
V. N. Wable
(Chief Investigator)

Principal
AISSMS College of Pharmacy
Pune-1.

co-investigator.
[Signature]
(K.S. Sonawane)

To,

The Principal,

AISSMS College of Pharmacy,

Kennedy Road, Near R.T.O., **Pune-411001.**

Subject: Permission for self supported short term research project.

Respected Madam,

I / We the undersigned would like to undertake a short term self supported research project under the guidance of Mr. / Mrs. / Prof. / Vidya Nitin Wable The duly filled format has been enclosed for your kind information and approval

I / We will be obliged, if you consider my /our request and permit us for the same.

Thanking you.

VN W / MRB / MMC
[Signature]
22/01/2020

Yours sincerely
(Name and signature of Students)

Anjali Athir
Shivanjali Jadhav
Mayuri Gaikwad
Shreuti Gaikwad

UNDERTAKING

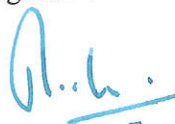
I undersigned hereby take responsibility of the project titled, "Molecular modeling studies of N-(2-phenoxy) ethyl imidazo[1,2-a]pyridine-3-carboxamides as antitubercular agents". to be conducted between "January 2020- March 2020"

I will ensure that the chemical usage will not exceed the quantity mentioned on page 2. I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.


(Name and signature of Chief Investigator)

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled , "Molecular modeling studies of N-(2-phenoxy) ethyl imidazo[1,2-a]pyridine-3-carboxamides as antitubercular agents".


(Hon. Secretary, AISSMS Pune)
Hon. Secretary
All India Shri Shivaji Memorial Society
Pune-411 005.

POST APPROVAL DETAILS

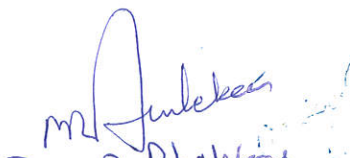
Details of Payment : VPT transaction ID - 000816405166 .


Challan No. with Date : 0968 / 08 -1-2020 .

Amount : 5,500/- .

(Kindly enclose Xerox copies of Application and Challan)

The requisite formalities have been completed and verified by the undersigned.


D. M. R. Bhalekar
(Name and signature of Project -Coordinator)


M. Samle
(M. Samle)

GUIDELINES FOR INHOUSE STUDENT RESEARCH PROJECTS (Format-C)

1. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
2. Chemicals available in college store shall be issued upon approval. The catalogue price to be included in actuals. Chemicals not available in store s to be procured by the students.
3. To the above figure following charges shall be charged extra to the student:
 - a. Rs.1000/-: As infrastructure utility fees.
 - b. Rs.1000/-: As processing charges to the society.
 - c. Rs.2000/-: As staff remuneration
4. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-C) to the society through principal for approval.
5. The actual experimental work shall be started only after approval from the society.
6. The student investigator/s shall be appointed by the Chief Investigator.
7. After completion of the approved research project, Chief Investigator will put forward the summary report to the society for the disbursement of remuneration to the staff.
8. The staff remuneration disbursement ratio shall be prepared by the Chief Investigator.
9. Chief Investigator shall be solely responsible for the maintenance of discipline and completion of other formalities like CPCSEA and Ethical committee approval etc and the project completion in due course of time.

Note: Chief Investigator shall ensure that 100% amount as an advance from the students after it is deposited in the college bank account.

(Enclosed with Application)

C

**AISSMS
College of Pharmacy (B.Pharm)**

Kennedy Road, Near R.T.O., Pune - 411 001.

Challan No.: 1064

Date: 2/3/2020

Amount credited on A/C No.: **04510200000882** in the
BANK OF BARODA, Shivajinagar, Pune - 5

Received from Mr./Miss 1 Mrs Jas Jadhav

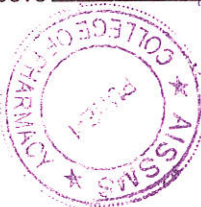
Class S.4.B.Pharm Year 2019 - 2020

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee	
13) Other Fee (Inhouse)	4000/-
14) Reference ID	
15) 006221564904	
16) 02.03.2020	
TOTAL Rs.	4000/-

Total in words Rupees Four thousand only

Accept the amount as above 4,000/-

Checked By [Signature]



Deposited By [Signature]

AISSMS
College of Pharmacy
Pune

Inward NO. 145-14
Date: 20/1/2020

AISSMS
10085
Date: 22/1/20

9

COP/PM/2019-20/142 - ①

JAN 2020

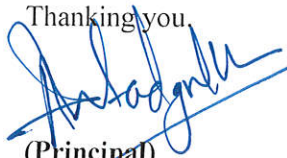
10085
1872


To,
Hon. Secretary
All India Shri Shivaji Memorial Society,
Shivaji Nagar
Pune- 411005.
Sub: Submission of proposal of sponsored research project for approval.

Respected Sir,

Please find enclosed research proposal titled, "Preclinical evaluation of hydrochloric acid of sesbania sesban leaves in gastric ulcer in experimental Rats .

under Category In house Research Project (Format C) for your approval.
You are requested to do the needful at the earliest.

Thanking you,


 M. R. Bhalekar
M. P. Damle
(Project Co-ordinator)


(Chief Investigator)
C.S.U. Kolhe

Principal
AISSMS College of Pharmacy
Pune-1

To,
The Principal,
AISSMS College of Pharmacy,
Kennedy Road, Near R.T.O., **Pune-411001.**

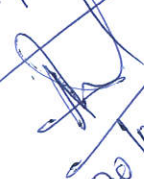
Subject: Permission for self supported short term research project.

Respected Madam,




I / We the undersigned would like to undertake a short term self supported research project under the guidance of Mr. / Mrs. / Prof. / Swati Ujwal Kolhe The duly filled format has been enclosed for your kind information and approval .

I / We will be obliged, if you consider my /our request and permit us for the same.

Thanking you.

Swati / MRR/MCS/KAMC

20/1/2020

Yours sincerely
(Name and signature of Students)

Ishan Dixit 
Ojas Jadhav 
Sachin Mehta 

UNDERTAKING


I undersigned hereby take responsibility of the project titled, "Preclinical evaluation of hydrochloric acid of sesbania sesban leaves in gastric ulcer in experimental Rats .

I will ensure that the chemical usage will not exceed the quantity mentioned on page 2. I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.


S-U. Kolke
(Name and signature of Chief Investigator)

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled , "Preclinical evaluation of hydrochloric acid of sesbania sesban leaves in gastric ulcer in experimental Rats .


(Hon. Secretary, AISSMS Pune)
Hon. Secretary
All India Shri Shivaji Memorial Society
Pune-411 005.

POST APPROVAL DETAILS

Details of Payment :

Challan No. with Date : 1064 Dt 2/3/20

Amount : 4000/-

(Kindly enclose Xerox copies of Application and Challan)

The requisite formalities have been completed and verified by the undersigned.



(Name and signature of Project -Coordinator)

GUIDELINES FOR INHOUSE STUDENT RESEARCH PROJECTS (Format-C)

1. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
2. Chemicals available in college store shall be issued upon approval. The catalogue price to be included in actuals. Chemicals not available in stores to be procured by the students.
3. To the above figure following charges shall be charged extra to the student:
 - a. Rs.1000/-: As infrastructure utility fees.
 - b. Rs.1000/-: As processing charges to the society.
 - c. Rs.2000/-: As staff remuneration
4. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-C) to the society through principal for approval.
5. The actual experimental work shall be started only after approval from the society.
6. The student investigator/s shall be appointed by the Chief Investigator.
7. After completion of the approved research project, Chief Investigator will put forward the summary report to the society for the disbursement of remuneration to the staff.
8. The staff remuneration disbursement ratio shall be prepared by the Chief Investigator.
9. Chief Investigator shall be solely responsible for the maintenance of discipline and completion of other formalities like CPCSEA and Ethical committee approval etc and the project completion in due course of time.

Note: Chief Investigator shall ensure that 100% amount as an advance from the students after it is deposited in the college bank account.

(Enclosed with Application)

C

AISSMS
College of Pharmacy (B.Pharm)
 Kennedy Road, Near R.T.O., Pune - 411 001.

Challan No.: 1060

Date: 3/3/20

Amount credited on A/C No.: **04510200000882** in the
BANK OF BARODA, Shivajinagar, Pune - 5

Received from Mr./Miss Prityanka Candhare
CDM House project

Class S.Y.B.Pharm Year 2019 - 2020

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee	
13) Other Fee	6180/-
14) <u>Transaction ID</u>	
15) <u>006360959353</u>	
16) <u>03-03-2020</u>	
TOTAL Rs.	6180/-

Total in words Rupees Six thousand and one
hundred eighty only

Accept the amount as above 6,180/-

Checked By [Signature]



Deposited By [Signature]

COP/PNT/2019-20/161-6

College of Pharmacy

Pune-01

Inward No: 156-3

Date: 13.03.2020

Date: 12 Feb 2020

21-22 21-22

56

To,
Hon. Secretary
All India Shri Shivaji Memorial Society,
Shivaji Nagar
Pune- 411005.

AISSMS SOCIETY
PUNE - 6
Inward No: 11082
Date: 19/2/2020

11082
12/3

Sub: Submission of proposal of sponsored research project for approval.

Respected Sir,

Please find enclosed research proposal titled, Formulation & in-vitro study of herbal cream containing Helictus isora plant extract

under Category In house Research Project (Format C) for your approval.
You are requested to do the needful at the earliest.

Thanking you.

[Signature]
(Principal)

Principal
AISSMS College of Pharmacy
Pune-1

[Signature]
(Project Co-ordinator)
[Signature]
Dr. M. R. Bhalekar

[Signature]
(Chief Investigator)

To,
The Principal,
AISSMS College of Pharmacy,
Kennedy Road, Near R.T.O., Pune-411001.

Subject: Permission for self supported short term research project.

Respected Madam,

I / We the undersigned would like to undertake a short term self supported research project under the guidance of Mr. / Mrs. / Prof. /Dr.

The duly filled format has been enclosed for your kind information and approval

I / We will be obliged, if you consider my /our request and permit us for the same.

Thanking you

[Signature]
13/03/2020

Yours sincerely
(Name and signature of Students)

- [Signature]* 1) Vinay. Londhe
- [Signature]* 2) Shashikant. Lohare
- [Signature]* 3) Saloni. Kirad
- [Signature]* 4) Komal. Lohoti

**PROTOCOL FOR INHOUSE STUDENT'S
RESEARCH PROJECT (Format-C)**

Name of Applicant: Priyanka Kandhare / Dr. R. N. Minajkar
Complete postal address: AISSMS college of Pharmacy, Near RTO, Pune- 411001

Title of Project: , " Formulation & in-vitro study of herbal cream containing Helictens isora plant extract

Proposed duration of Project: 03 Months

Ref. No. and date of application through proper channel: 1212120

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Infrastructure utility fees.	1000/-
2	Society processing fees.	1000/-
3	Staff remuneration	2000/-
4	Total cost of actuals.(Details are mentioned below)	<u>2180/-</u>
	Grand Total	<u>6180</u>

DETAILS OF ACTUALS

Sr. No.	Item(Consumables)	Qty. Required (min. pack size)	Approx. Cost
1.	<u>(cetostory) alcohol</u>	<u>500gm</u>	<u>380</u>
2.	<u>Liquid paraffin</u>	<u>500me</u>	<u>403</u>
3.	<u>white petroleum</u>	<u>500gm</u>	<u>383</u>
4.	<u>Glycerin</u>	<u>500me</u>	<u>320</u>
5.	<u>methanol AR 99.8%</u>	<u>2.5 l</u>	<u>694</u>
Grand total			<u>2180</u>

Priyanka
Mis. Priyanka. D. Kandhare
(Name and Signature of Chief Investigator)

Mr M M Chopane
Accountant

* Cost of consumables shall be calculated using standard catalogue.

Accountant

UNDERTAKING

I undersigned hereby take responsibility of the project titled, *Formulation & in-vitro study of herbal cream containing Helicteres isora Plant extract* to be conducted between *12 Feb 2020 - 12 May 2020*

I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.

Priyanka
Miss. Priyanka D. Kaudhare
(Name and signature of Chief Investigator)

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.

[Signature]
(Hon. Secretary, AISSMS Pune)
Hon. Secretary
All India Shri Shivaji Memorial Society
Pune-411 005.

POST APPROVAL DETAILS

Details of Payment :

Challan No. with Date : *1060 Dr 3/3/20*

Amount : *6180/-*

(Kindly enclose Xerox copies of Application and Challan)

The requisite formalities have been completed and verified by the undersigned.

[Signature]
Dr. M. R. Phadkar
(Name and signature of Project -Coordinator)

GUIDELINES FOR INHOUSE STUDENT RESEARCH PROJECTS (Format-C)

1. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
2. Chemicals available in college store shall be issued upon approval. The catalogue price to be included in actuals. Chemicals not available in store s to be procured by the students.
3. To the above figure following charges shall be charged extra to the student:
 - a. Rs.1000/-: As infrastructure utility fees.
 - b. Rs.1000/-: As processing charges to the society.
 - c. Rs.2000/-: As staff remuneration
4. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-C) to the society through principal for approval.
5. The actual experimental work shall be started only after approval from the society.
6. The student investigator/s shall be appointed by the Chief Investigator.
7. After completion of the approved research project, Chief Investigator will put forward the summary report to the society for the disbursement of remuneration to the staff.
8. The staff remuneration disbursement ratio shall be prepared by the Chief Investigator.
9. Chief Investigator shall be solely responsible for the maintenance of discipline and completion of other formalities like CPCSEA and Ethical committee approval etc and the project completion in due course of time.

Note: Chief Investigator shall ensure that 100% amount as an advance from the students after it is deposited in the college bank account.