



# 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

## Index

S.No	Name of the Project/ Endowments, Chairs	Name of the Principal Investigator/Co- investigator	Year of Award	Amount Sanctioned	Name of the Funding Agency	Type (Government/non- Government)	Proof
1	Lipid Nanoparticles for Oral Targeted Drug Delivery of Disease Modifying Anti Rheumatoid Phytopharmaceuticals	Dr Mangesh Bhalekar	2018-19	2317647.00	Research Promotion Scheme All India Council for technical Education, New Delhi.	Government	<a href="#">View</a>
2	Development of moisture protective coating for herbal tablet	Dr Mangesh Bhalekar	2018-19	39000.00	Indus Biotech Private Ltd.	Non-Government	<a href="#">View</a>
3	Pharmacological screening of 2 amino 4 arylsubstituted phenyl quinoxaline derivatives for possible anti-inflammatory properties	Dr. S. V. Tembhurne	2018-19	16800.00	Sharda Mahavidyalaya, Parbhani	Non-Government	<a href="#">View</a>
4	Antiobesity activity of Orlistat liposomes to high fatty diet induced obese rats	Dr. S. V. Tembhurne	2018-19	55900.00	Nitesh Janabandhu	Non-Government	<a href="#">View</a>
5	Pharmacokinetic biodistribution and toxicity studies of nanoparticulates containing anticancer formulation	Dr S V Tembhurne	2018-19	40000.00	Dhairyasheel Ghadge	Non-Government	<a href="#">View</a>
6	Development and validation of HPTLC method for estimation of Etravirine	Dr. MC Damle	2018-19	5100.00	Pranav Uttekar	Non-Government	<a href="#">View</a>

7	Preparation of Mouth dissolving tablet of BCS II drug	Dr. MR Bhalekar	2018-19	4500.00	Dnyanada Bathe, SiddhantBhalerao	Non-Government	<a href="#">View</a>
8	Development and validation of spectrophotometric method for determination of Pharmaceuticals	Dr. SV Gandhi	2018-19	6000.00	Bhagyashree Patil, Shruti Khandave, Mayuri Pansare, Nishant Kolhe,	Non-Government	<a href="#">View</a>
9	Spectrophotometric method development and validation of for the estimation of Pharmaceuticals	Dr. SV Gandhi	2018-19	6000.00	Neha Sali, Shivam Jaiswal, Vipul Fegade, Vinod Gaikwad	Non-Government	<a href="#">View</a>
10	Formulation and evaluation of Herbal hard candy for Antitussive activity	Mrs.Amruta Avalaskar	2018-19	4200.00	Abhishek Joshi, Mahesh Aher, AvhadUttkarsha, Gaurav Mahajan	Non-Government	<a href="#">View</a>
11	Development and Validation of HPTLC method for Hesperidine	Dr. MC Damle	2018-19	7500.00	Neha Raka, Aishwarya Pawar, Pratiksha Undre, AkanskhaMarkad, Divya Mehta	Non-Government	<a href="#">View</a>
12	Evaluation of different polymers with respect to Donnon membrane effect	Dr. MR Bhalekar	2018-19	4620.00	Rohom Saurabh, Ashwini Deokar, RiddhiWarhal	Non-Government	<a href="#">View</a>
13	Development of Analytical method for drugs used in the treatment of Hepatitis C	Dr. MC Damle	2018-19	7500.00	Harshada Vanave, Pooja Auti, AshleshaWavhal, AnkitaBulani, VrushalDhengale	Non-Government	<a href="#">View</a>



**Dr. Mangesh Bhalekar**

**ALL INDIA COUNCIL FOR TECHNICAL EDUCATION**  
Nelson Mandela Marg, Vasant Kunj,  
New Delhi-110067,

Ref. No.: File No. 8-84/RIFD/RPS/POLICY-1/2016-17

Date: 4 August 2017

The Drawing and Disbursing Officer  
All India Council for Technical Education  
Nelson Mandela Marg,  
Vasant Kunj, New Delhi-110067,

**Sub:** Release of a sum of Rs.2317647/- being the 1<sup>st</sup> installment of the total grant of Rs.2352941/- for conduct of Project under Research Promotion Scheme (RPS) during the financial year 2017-18.

Sir,

With reference to the Proposal submitted by the institute, this is to convey the sanction of the Council for payment of Rs.2317647/- (Rupees Twenty Three Lakh Seventeen Thousand Six Hundred Forty Seven) as 1<sup>st</sup> installment out of a total approved grant-in-aid of Rs.2352941/- for conduct of a Project under the Research Promotion Scheme (RPS), as per details given below:-

I. Name of the Beneficiary Institution (University / College / Institution)	:	AISSMS COLLEGE OF PHARMACY KENNEDY ROAD, NEAR R.T.O., PUNE, MAHARASHTRA-411001
II. Principal Investigator's Name & Dept./Course	:	Dr. MANGESH BHALEKAR PHARMACY
III. Grant-in-aid Sanctioned	:	Rs.2352941/- (Rs. 2000000/- for non-recurring and Rs.352941/- for recurring expenditure)
IV. Amount to be Released during the year 2017-18	:	Rs.2317647/- (Full amount of non recurring & 90 % of recurring sanctioned)
V. Duration	:	3 Years
VI. Title of the Project	:	LIPID NANOPARTICLES FOR ORAL TARGETED DRUG DELIVERY OF DISEASE MODIFYING ANTI RHEUMATOID PHYTOPHARMACEUTICALS

1. The sanctioned grant-in-aid is debitible to the major "601.1(a) (RPS)" Gen. and is valid for Payment during the financial year 2017-18.
2. The grant-in-aid 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, KENNEDY ROAD, NEAR R.T.O., PUNE, MAHARASHTRA-411001 through RTGS.
3. The date of release of the grant by AICTE shall be taken as the date of commencement of the project. The Principal/Director/Registrar shall intimate about the receipt of the grant to AICTE. Any Expenditure, incurred prior to issuance of this Sanction Order, is not allowed to be adjusted in the grant and if the University/Institution do not take the project work within 6 months of the receipt of the grant, approval shall ipso facto lapse.

Contd...2/-

Documents to be submitted within two month of completion of the Project,

- The consolidated Utilization Certificate (UC), duly audited.
- Duly audited statement of expenditure, to the effect that the grant has been utilized for the purpose for which it has been sanctioned. It should contain the head-wise break up of expenditure made from the grant-in-aid provided by the Council.
- Project Completion Report duly signed & stamped by the PI & Head of the institution.

**Any deviation from the above said time schedule will cause serious action against the institute.**

13. The grantee shall follow the terms and conditions of Research Promotion Scheme (RPS) as laid down by the Council from time to time.
14. The Grantee shall fully implement to the Official Language policy of Union Government and comply with the official language Act, 1963 and official language (use of official purposes of the Union Rules, 1976 etc.)
15. The funds to the extent are available under the Scheme.
16. 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.
17. The budget allowed cannot be utilized for hiring temporary or permanent staff for the Project.
18. **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.**
19. The institute should strictly observe all the terms & conditions contain in the Scheme details under AICTE AQIS 2016-17.

Yours sincerely,



(Dileep N. Malkhede)  
Advisor (RIFD)

Note: The prescribed formats and Terms & Conditions are available in the application brochure.

Copy forwarded for information and necessary action to:

17 AUG 2017

1. Principal/Director/Registrar,  
AISSMS COLLEGE OF PHARMACY,  
KENNEDY ROAD, NEAR R.T.O., PUNE,  
MAHARASHTRA-411001
2. Dr. MANGESH BHALEKAR,  
DEPT. OF PHARMACY,  
AISSMS COLLEGE OF PHARMACY,  
KENNEDY ROAD, NEAR R.T.O., PUNE,  
MAHARASHTRA-411001
3. OFFICE OF DIRECTOR GENERAL OF AUDIT  
GENERAL REVENUES, AGCR BUILDING  
I.P. STATE, NEW DELHI-110002.
4. Guard File

[BACK TO INDEX](#)

**Indus Biotech**

(Enclosed with Application)

C

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

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

Challan No.: **159** Date: / /  
A/c. No. 04510200000881  
Amount credited on A/C No.: ~~04510200000881~~ in the  
**BANK OF BARODA, Shivajinagar, Pune - 5**

Received from Mr./Miss Indus Biotech  
Performance Sli Pvt Ltd

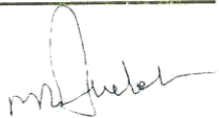
Class \_\_\_\_\_ Year **2018 - 2019**

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	27 SEP 2018
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) Other Fee .....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Industry Project.....	15340=00
13) .....	}
14) .....	
15) .....	
16) .....	
<b>TOTAL Rs.</b>	<b>15340 = 00</b>

Total in words Rupees Fifteen Thousand  
Three Hundred & Forty only

Accept the amount as above \_\_\_\_\_

Checked By



Deposited By

(Enclosed with Application)

C

**AISSMS**

**College of Pharmacy (M.Pharm)**

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

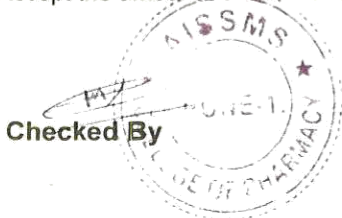
Challan No.: **223** Date: **24/08/18**  
A/c No. **04510200000881**  
Amount credited on A/C No.: **04510200000881** in the  
**BANK OF BARODA, Shivajinagar, Pune - 5**

Received from Mr./Miss Indubijesh Patil  
Seeraw Private Limited

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 <u>Project fee</u> .....	<u>12740</u>
10) Student Activity Fee.....	—
11) Insurance Fee.....	—
12) <u>24/08/18</u> <u>बँक ऑफ बरोडा, शिवाजीनगर शाखा, पुणे.</u> <u>Late For Today Clearing</u> <u>आज के समाशोधन के लिये देर हो चुकी है.</u>	—
13).....	—
14).....	—
15).....	—
16).....	—
<b>TOTAL Rs.</b>	<b>12740/-</b>

Total in words Rupees Twelve thousand  
seven hundred forty rupees only  
Accept the amount as above 12740/-



Deposited By UK

(For Candidates)

D

**AISSMS**

**College of Pharmacy (M.Pharm)**

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

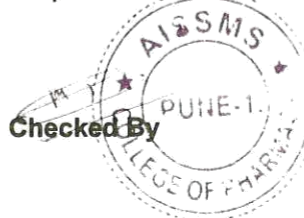
Challan No.: **223** Date: **24/08/18**  
A/c No. **04510200000881**  
Amount credited on A/C No.: **04510200000881** in the  
**BANK OF BARODA, Shivajinagar, Pune - 5**

Received from Mr./Miss Indubijesh Patil  
Seeraw Private Limited

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 <u>Project fee</u> .....	<u>12740</u>
10) Student Activity Fee.....	—
11) Insurance Fee.....	—
12) <u>24/08/18</u> <u>बँक ऑफ बरोडा, शिवाजीनगर शाखा, पुणे.</u> <u>Late For Today Clearing</u> <u>आज के समाशोधन के लिये देर हो चुकी है.</u>	—
13).....	—
14).....	—
15).....	—
16).....	—
<b>TOTAL Rs.</b>	<b>12740/-</b>

Total in words Rupees Twelve thousand  
seven hundred forty rupees only  
Accept the amount as above 12740/-



Deposited By UK



COP/PN/2018-19/55-①

**AISSMS**  
**College of Pharmacy**  
Pune 1  
Inward No. 46-9  
Date. 12.7.2018.

Date: **5 JUL 2018**

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

**A.I.S.S.M. SOCIETY**  
PUNE-5  
Inward No. 2767  
Date: 6/7/2018

*Handwritten initials*

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

Respected Sir,

Please find enclosed research proposal titled, **“Development of moisture protective coating for herbal tablet”** under Category Industry Project (Format A) for your approval. You are requested to do the needful at the earliest.

Thanking you.

*Handwritten signature of Principal*  
(Principal)

*Handwritten signature of Project Co-Ordinator*  
(Project Co-Ordinator)

*Handwritten signature of Chief Investigator*  
(Chief Investigator)

**Principal**  
**AISSMS College of Pharmacy**  
**Pune-1**

*Handwritten signature of Dr. M. R. Bhalekar*  
Dr. M. R. Bhalekar

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

Subject: Permission for Industry sponsored 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 Dr. Mangesh Bhalekar, Department of Pharmaceutics. The duly filled format has been enclosed for your kind information and approval.

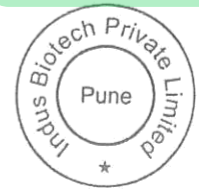
I / We will be obliged, if you consider my /our request and permit us for the same.

Thanking you.

*Handwritten signature of Dr. Amit D. Kandhare*  
29/6/18

Yours sincerely  
Dr. Amit D. Kandhare  
Indus Biotech Pvt. Ltd.

*Handwritten signature of MRB*  
12/7/18



## PROTOCOL FOR INDUSTRY RESEARCH PROJECT (Format-A)

Name of the Industry: Indus biotech, Pirangut, Pune

Complete postal address: Indus biotech, Pirangut, Pune - 412111, Ghotawade Phata Village Bhare Taluka Mulshi Pune

Title of Project: Development of moisture protective coating for herbal tablet

Proposed duration of Project: 03 Months

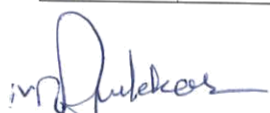
Ref. No. and date of letter through proper channel:

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Total cost of actuals.(Details are mentioned below)	11000
2	Infrastructure utility fees.(50% of actuals)	5500
3	Society processing fees. .(50% of actuals)	5500
4	Staff remuneration .(same as actuals)	11000
	Grand Total	33000

### DETAILS OF ACTUALS

Sr. No.	Item(Consumables)	Qty. Required (Min. pack size)	Cost
1.	Eudragit EPO	1 Kg	2000=00
2.	Acetone	5 Lit	2000=00
3.	Isopropanol	5 Lit	1400=00
4.	PEG 6000	500g	500=00
5.	Talc	500 g	100=00
6.	Machine utilization charges		5000=00
Grand total			11000=0

  
(Name and Signature of Chief Investigator)  
Dr Mangesh Bhalekar

\* Cost of consumables shall be calculated using standard catalogue.

## UNDERTAKING

I undersigned hereby take responsibility of the project titled, **Development of moisture protective coating for herbal tablet.**

to be conducted between 10 July – 10 Oct 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.

(Name and signature of Chief Investigator)

**Dr Mangesh Bhalekar**

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## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, "Development of moisture protective coating for herbal tablet"

(Hon. Secretary, AISSMS Pune)

Hon. Secretary  
All India Shri Shivaji Memorial Society  
Pune-411 005.

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## POST APPROVAL DETAILS

Details of Payment : cheque NO 000011, Kotak Mahindra Bank  
Dt 24-8-18

Challan No. with Date :

Amount : 6370/- (50% Advance) +

(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)

(For Candidates)

**Sharda Mahavidyalay**

**AISSMS**

**AISSMS**

**College of Pharmacy (M.Pharm)**

**College of Pharmacy (M.Pharm)**

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

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

Challan No.: **130** A/c. No. **04510200000881** Date: \_\_\_\_\_

Challan No.: **130** A/c. No. **04510200000881** Date: \_\_\_\_\_

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

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

Received from Mr./Miss Gangadhar B. Gundlewad

Received from Mr./Miss Gangadhar B. Gundlewad

Class \_\_\_\_\_ Year **2018** - 2019

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) <u>Project Fee</u> <u>16800/-</u>	
13).....	
14).....	
15).....	
16).....	
<b>TOTAL Rs.</b>	<b>16,800/-</b>

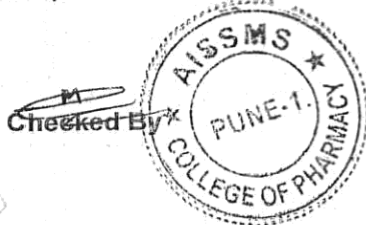
Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) Other Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) <u>Project Fee</u> <u>16800/-</u>	
13).....	
14).....	
15).....	
16).....	
<b>TOTAL Rs.</b>	<b>16,800/-</b>

Total in words Rupees sixteen thousand eight hundred only -

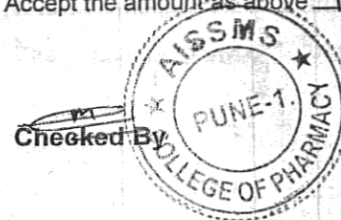
Total in words Rupees sixteen thousand eight hundred only -

Accept the amount as above 16800/-

Accept the amount as above 16800/-



Deposited By \_\_\_\_\_



Deposited By \_\_\_\_\_



COP/PM/2018-19/67-14

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

Date: 25/07/2018  
A.I.S.S.M.S. SOCIETY  
PUNE-6  
Inward No. 3347  
Date: 25/7/2018


3347  
1/8/18

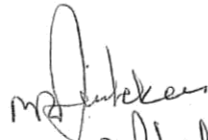
Sub: Submission of proposal of sponsored research project for approval.


Respected Sir,

Please find enclosed research proposal titled, "Pharmacological Screening of 2-Amino-4-Aryl Thiazole and 2-Phenyl-7-substituted Phenyl Quinoxaline Derivatives for Possible Anti-Inflammatory Properties" 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. Bhadekar (M.C.D.A.M.C.)  
(Project Co-ordinator)

  
Dr. Ashwini R. Madgulkar  
(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,

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)  
Mrs. Gangadhar Gundawar

SOT/MNC  
  
02/08/18

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

**Name of Applicant:** Mr. Gangadhar B. Gundlewad

**Complete postal address:** Sharda Mahavidyalaya (Art & Science) Parbhani

**Title of Project:** Pharmacological screening of 2-Amino-4-Aryl Thiazole and 2-Phenyl-7-substituted Phenyl Quinoxaline Derivatives for Possible Anti-Inflammatory Properties.

**Proposed duration of Project:** 03 Months

**Ref. No. and date of application through proper channel:** SMP/230/2017-1821/06/2018

**Proposed Expenditure:** Sixteen Thousand Eight Hundred

Sr. No.	Parameter	Amount
1.	Infrastructure utility fees. (10% of actuals)	1200/-
2.	Society processing fees. (10% of actuals)	1200/-
3.	Staff remuneration (20% of actuals)	2400/-
4.	Total cost of actuals.	12000/-
	<b>Grand Total</b>	<b>16,800/-</b>

**DETAILS OF ACTUALS**

**Details of consumables required for the project:**

Sr. No.	Item(Consumables)	Cost
	<b>Chemicals:</b> Diethyl Ether, Carrageenan	1000/-
	Stationary, Sanitizers and Disposables e.g. Syringes, tubes, mask, gloves and wide moth bottles	3000/-
	Animals and Histopathology	8000/-
	<b>Grand Total</b>	<b>12000/-</b>

(Name and Signature of Chief Investigator)

\* Cost of consumables shall be calculated using standard catalogue.

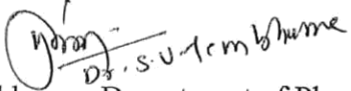
(Accountant sign)

## UNDERTAKING

I undersigned hereby take responsibility of the project titled, "**Pharmacological screening of 2-Amino-4-Aryl Thiazole and 2-Phenyl-7-substituted Phenyl Quinoxaline Derivatives for Possible Anti-Inflammatory Properties.**" to be conducted between

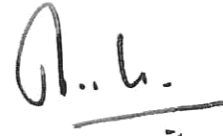
20 July 2018 to 19 Oct 2018

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, "**Pharmacological screening of 2-Amino-4-Aryl Thiazole and 2-Phenyl-7-substituted Phenyl Quinoxaline Derivatives for Possible Anti-Inflammatory Properties.**"

  
(Hon. Secretary, AISSMS Pune)  
**Hon. Secretary**

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

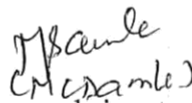
Details of Payment:

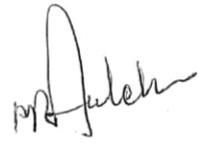
Challan No. with Date: 130

Amount: 16800/-

(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)



Model English Education Society's

**SHARDA MAHAVIDYALAYA ( Arts & Science ) PARBHANI.**

iated to Swami Ramanand Teerth Marathwada University, Nanded)

Near Govt. Hospital, Subhash Road, Parbhani-431 401,( Maharashtra ) India.

Ph. (02452) 227550 Fax : (02452)227558

Website- www.shardacollege.co.in

E-mail- [shardacollege\\_230@yahoo.co.in](mailto:shardacollege_230@yahoo.co.in)

NAAC 'B' Grade



Anil Hemraj Jain  
Secretary

Dr. Wamanrao Jadhav  
Principal

O.W. SMP/230/2017-18/

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

<b>AISSMS</b> <b>College of Pharmacy</b> Pune 1 Inward No. <u>14-2</u> Date. <u>25.07.2018</u>
--

Date:- 21/6/2018

**Subject: - Enquiry regarding *In Vivo* anti-inflammatory studies on mice. / Rat. *Patil***

Respected sir/ Madam,

With reference to subject cited above, I am to state for your kind consideration that, "Mr. Gundlewad G. B. is doing research under my guidance for Ph. D. degree in chemistry. He is needful about *the in vivo* anti-inflammatory studies of some compounds on mice." He is interested to outsource these studies. The animal study is exclusively for the academic purpose. He has earlier communicated with your faculty (Dr. S. V. Tembhurne) in this regard.

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

I request to analyze the samples for biological assay.

Thanking you.

Yours faithfully

*Patil*  
Dr. B. R. Patil,

Research Guide,  
Department of Chemistry,  
Sharda Mahavidyalaya, Parbhani

Encl. List of samples with data.

**BACK TO INDEX**



(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**

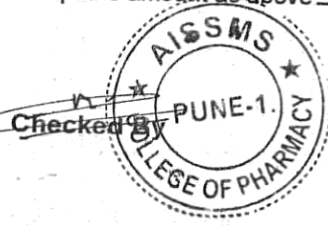
Received from Mr./Miss Nitesh Janbandhu  
Autos Life Sciences Pvt. Ltd.

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) <b>project Fee</b> .....	<b>35000/-</b>
13).....	
14).....	
15).....	
16).....	
<b>TOTAL Rs.</b>	<b>35,000/-</b>

Total in words Rupees Thirty five  
thousand only -

Accept the amount as above 35000/-



Deposited By [Signature]

(For Candidates)

**Nitesh Janbandhu**

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**

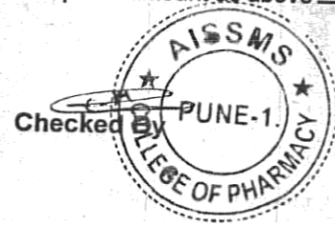
Received from Mr./Miss Nitesh Janbandhu  
Autos Life Sciences Pvt. Ltd.

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) <b>project Fee</b> .....	<b>35000/-</b>
13).....	
14).....	
15).....	
16).....	
<b>TOTAL Rs.</b>	<b>35,000/-</b>

Total in words Rupees Thirty five  
thousand only -

Accept the amount as above 35000/-



Deposited By [Signature]

COPIPN/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

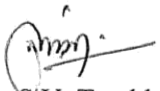
3342  
18

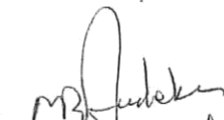
Sub: Submission of proposal of sponsored research project for approval.


Respected Sir,

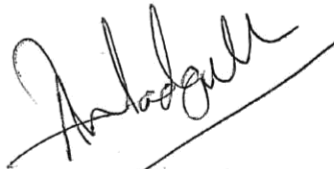
Please find enclosed research proposal titled, "Antiobesity Activity of Orlistat Liposomes in High Fatty Diet induced Obese Rats" under Category outside Research Project (Format B) for your approval. You are requested to do the needful at the earliest.

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.

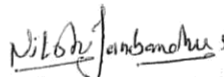
**Subject:** Permission for self supported short term research project.

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/MMK  
  
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:**

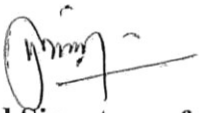
**Proposed Expenditure:** - Fifty Five Thousand nine Hundred only

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/-
	<b>Grand Total</b>	<b>55,900/-</b>

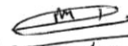
**DETAILS OF ACTUALS**

**Details of consumables required for the Project:**

Sr. No.	Item(Consumables)	Cost
1	<b>Chemicals:</b> 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/-
	<b>Grand Total</b>	<b>38500/-</b>

  
(Name and Signature of Chief Investigator)

\* Cost of consumables shall be calculated using standard catalogue.

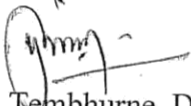
  
(Accountant sign)

## 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.

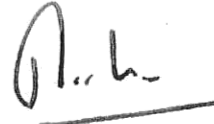


Dr. S.V. Tembhurne, Department of Pharmacology, AISSMS COP Pune  
(Name and signature of Chief Investigators)

---

## 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 Shivaji 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.

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



<b>AISSMS</b> <b>College of Pharmacy</b> 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.

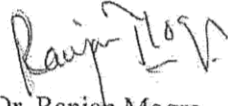
Dear Sir/ Madam,

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.

**[BACK TO INDEX](#)**

**Dharyashil Ghadge**

(Enclosed with Application)

C

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

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

Challan No.:

0308

Date: 08/03/2019

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

Received from Mr./Miss Dharyashil Ghadge

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) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee.....	
13) Other Fee.....	
14) Project Fee.....	40,000/-
15) (Tran. no. SAA 437826558)	
16) (Dt. 08/03/2019)	
<b>TOTAL Rs.</b>	

Total in words Rupees

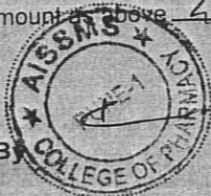
forty thousand

only

Accept the amount of above

40000/-

Checked By



Deposited By



Enclosed with Application)

C

# AISSMS College of Pharmacy (B.Pharm)

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

Challan No.: 962

Date: 28/12/2017

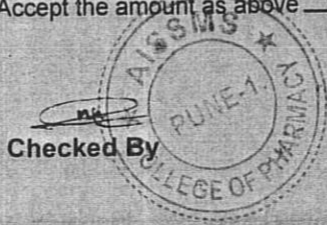
Amount credited on A/C No.: 04510200000882 in the  
**BANK OF BARODA**, Shivajinagar, Pune - 5

Received from Mr./Miss Dhairysheel mhadke

S. Ladge  
Class Ph.D. (Pursuing) Year 2017 - 2018

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) Other Fee..... <u>Project fee 65,100/-</u>	
13) .....	
14) .....	
15) .....	
16) .....	
<b>TOTAL Rs. <u>65,100/-</u></b>	

Total in words Rupees sixty five thousand  
& one hundred only  
Accept the amount as above 65100



Checked By

[Signature]  
Deposited By

To  
Acc  
Ch

**AISSMS**  
**College of Pharmacy**  
Pune-1  
Inward No. 52-11  
Date. 19/07/2017

cop/PN/2017-18/52-4

5 JUL 2017

**A.I.S.S.M. SOCIETY**  
PUNE-5  
Inward No. 2245  
Date. 5/7/2017

Date: 28/07/2017

2245  
18/7

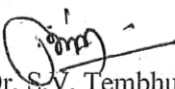
To,  
**Hon. Secretary**  
All India Shri Shivaji Memorial Society,  
Shivaji Nagar, Pune- 411005

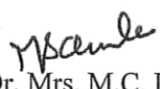
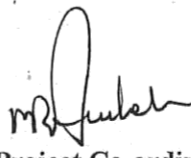
Sub: Submission of proposal of sponsored research project for approval.

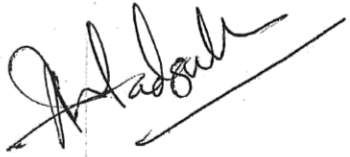
Respected Sir,

Please find enclosed research proposal titled, "Pharmacokinetic, Biodistribution and Toxicity Studies of Nanoparticulate Containing Anticancer Formulations." 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 & Dr. Mrs. M.C. Damle  
(Chief Investigator)

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

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

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

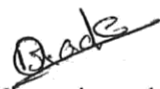
**Subject:** Permission for self supported short term research project.

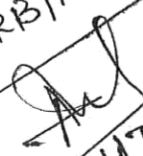
Respected Madam,

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 and Dr. Mrs. M.C. Damle from Quality Assurance 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)  
Dharyashil Gadge

SVT/MRB/MMC  
  
24/7/17

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

**Name of Applicant:** Mr. Dharyashil Gadge

**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:**

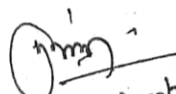
**Proposed Expenditure:** 65,100/- (Sixty Five Thousand and Hundred Only)

Sr. No.	Parameter	Amount
1.	Infrastructure utility fees. (10% of actuals)	4650/-
2.	Society processing fees. (10% of actuals)	4650/-
3.	Staff remuneration (20% of actuals)	9300/-
4.	Total cost of actuals.	46500/-
	<b>Grand Total</b>	<b>65,100/-</b>

**DETAILS OF ACTUALS**

**Details of consumables required for the project:**

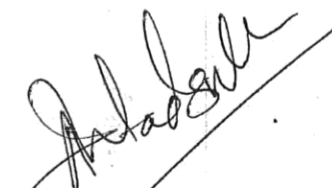
Sr. No.	Item(Consumables)	Cost
	<b>Chemicals: (12500 + 5000)</b>	17500/-
	Stationary, Sanitizers and Disposables e.g. Syringes, tubes, mask, gloves and wide moth bottles	5000/-
	Animals (35 Rats)	10000/-
	HPLC charges (Rs. 100 per inj. *120 Injections)	12000/-
	Other (Unknowing expenses)	2000/-
	<b>Grand Total</b>	<b>46500/-</b>

  
Dr. S.V. Tembhurne  
M. Banu  
(M.C. Dangle)

(Name and Signature of Chief Investigator)

\* Cost of consumables shall be calculated using standard catalogue.

  
(Accountant sign)



**Principal**  
**AISSMS College of Pharmacy**  
**Pune-1**

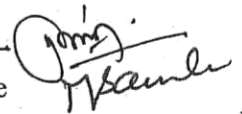
## UNDERTAKING

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

15 July 2017 to 14 Sept 2017

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.

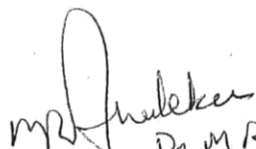
## POST APPROVAL DETAILS

Details of Payment:

Challan No. with Date: 962, 28-12-17

Amount: 65100/- 40,000/- 08-03-2019  
(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)

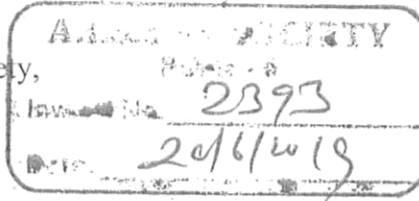
All India Shri Shivaji Memorial Society's College of Pharmacy,  
Kennedy Road, Near RTO, Pune- 411001

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

COP/PN/2019-20/27-2

Date: 20 JUN 2019

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



2393  
1/7

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

Respected Sir,

Please find enclosed summary report of project titled, "Preparation of mouth dissolve tablet of BCS II drug" sanctioned under category of inhouse project ( Format C)

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.

MRB/MMC  
02/07/19



**Pranav Uttekar**

(Enclosed with Application)

C

2018-19

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

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

Challan No.: 1494

Date: 318/18

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

Received from Mr./Miss Uttekar

Pranav

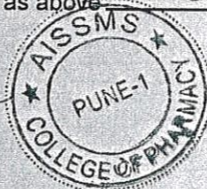
Class T.Y. Bpharm Year 2018 - 2019

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) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Other Fee.....	
13) Inhouse <u>Bank of Baroda</u>	5100
14) बैंक ऑफ बरोडा / Bank of Baroda शिवाजी नगर, पुणे / Shivajinagar, Pune	
15) <u>1 AUG 2018</u>	
16) <u>वसुली के लिए प्राप्त हुआ</u> <u>Received for Collection</u>	
<b>TOTAL Rs.</b>	<b>5100/-</b>

Total in words Rupees Five thousand  
and hundred rupees

Accept the amount as above 5100/-

Checked By [Signature]



Deposited By [Signature]



COP/PN/2018-19/47 (4)

AISSMS  
College of Pharmacy  
Pune 1

Date: 25 JUN 2018

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

Inward No. 41-11  
Date: 12/2/2018

A.I.S.S.M.S. SOCIETY  
PUNE-5  
Inward No. 2362  
Date: 28/6/2018

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

Respected Sir,

Please find enclosed research proposal titled, "Development & validation of HPTLC method for estimation of Efavirine" under Category In house Research Project (Format C) for your approval. You are requested to do the needful at the earliest.

Thanking you.

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

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

*A. S. S. S. S.*  
(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.  
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)

Utkarsh Poanav.

*Poanav*

1

*McDMMG*  
*[Signature]*  
12/7/18

28/6  
Submitted  
Recommended to  
sign on attached  
documents.  
*[Signature]*  
CEO

## UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Development and validation of HPTLC method for estimation of Etravirine" to be conducted between Aug to Oct 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.

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

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled. "Development and validation of HPTLC method for estimation of Etravirine."

*M. K.*  
(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 : 1494 dt 3/8/18

Amount : 5,100/-

(Kindly enclose Xerox copies of Application and Challan)

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

*M Damle* *M.R. Bhalerao*  
(M.C Damle) (Dr. M.R Bhalerao)  
(Name and signature of Project -Coordinator)

**BACK TO INDEX**

**Dhyanada Bate**

(Enclosed with Application)

2  
C

**AISSMS**

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

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

Challan No.:

1435

Date: 16/7/18

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

Received from Mr./Miss Dhyanada


Rajesh Bate

Class Final year B.Pharm 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) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Other Fee.....	
13) In-House Project fees	4500/-
14) Trans. I.D. No.:-	
15) NEFT 174538585	
16) Dt - 16/7/2018	
<b>TOTAL Rs.</b>	<b>4,500/-</b>

Total in words Rupees Four thousand  
five hundred only -

Accept the amount as above 4500/-

Checked By 

Deposited By Laxmi

Transaction Details

Account Number
Transaction Date
Transaction Amount
Transaction Type
Transaction Description

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

COP/PN/2018-19/34-1

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

**AISSMS**  
College of Pharmacy  
Pune 1  
Inward No. 40-5  
Date. 02.07.2018

Date: 5/6/18

**A.I.S.S.M. SOCIETY**  
PUNE-5  
Inward No. 1758  
Date: 5/6/18

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

Respected Sir,

Please find enclosed research proposal titled, "Preparation of mouth dissolving tablet of Bcs class II drug" under Category In house Research Project (Format C) for your approval. You are requested to do the needful at the earliest.

1758/96

Thanking you.

(Principal)

**Principal**  
AISSMS College of Pharmacy  
Pune-1

(Project Co-ordinator)

(Chief Investigator)

D. M. R. Bhulekar

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)

i) Siddhant Bhalekar

ii) Dnyanada Pathe

Pathe D.R.

TREASURER  
THE ALL INDIA SHRI SHIVAJI MEMORIAL SOCIETY  
PUNE - 411 005

HONORARY SECRETARY  
  
CEO

MRB/MANG  
  
02/02/18

**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: Preparation of Mouth dissolving tablet of BCS class II drug.  
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)	500/-
	Grand Total	4500/-

**DETAILS OF ACTUALS**

Sr. No.	Item(Consumables)	Qty. Required (min. pack size)	Approx. Cost
1	Ethyl Alcohol	1 lit	500=00
2	}	}	
3			
Grand total			500=00

M. Bhalekar

**(Name and Signature of Chief Investigator)**

\* Cost of consumables shall be calculated using standard catalogue.

Dr M.R. Bhalekar



## UNDERTAKING

I undersigned hereby take responsibility of the project titled, Preparation of mouth dissolving tablet of BCS class II drug." to be conducted between 15 June 2018-15 Sep 2018

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. preparation of mouth dissolving tablet of BCS class II drug.



(Hon. Secretary, AISSMS Pune)

---

## POST APPROVAL DETAILS

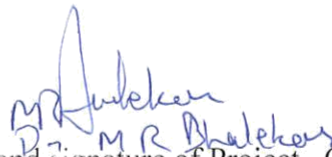
Details of Payment :

Challan No. with Date : 1435 dt 11-7-18

Amount : 4500/-

(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.



**Nishant Kolhe**

(Enclosed with Application)

C

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

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

Challan No.: **1508**

Date: **07/08/2018**

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

Received from Mr./Miss **Nishant Kolhe**

Class **T.Y.B.Pharm** Year **2018 - 2019**

Particulars	Amount Rs.
1) Interim Fee.....	
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) Other Fee.....	
<b>In House Project</b>	<b>6,000/-</b>
14) <b>ID No - 821923574854</b>	
15) <b>07.08.2018</b>	
16) <b>1) Nishant Kolhe</b>	
<b>2) Shrutika Khandare</b>	
<b>3) Mayuri Pansare</b>	
<b>4) Bhagyashree Patil</b>	
<b>TOTAL Rs.</b>	<b>6,000/-</b>

Total in words Rupees **Six thousand only**

Accept the amount as above **6,000/-**

Checked By



Deposited By

**Nishant**

Ref. No. CP/PN/18-19/65-①

③  
18-19

**AISSMS**  
**College of Pharmacy**  
Pune 1  
Inward No. 57-17  
Date. 01/08/2018

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

**AISSMS SOCIETY**  
PUNE-6  
Inward No. 3230  
Date: 24/8/2018

Date: 23/07/2018

3230  
18

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.

(Principal)

**Principal**  
**AISSMS College of Pharmacy**  
**Pune-1**

(Project Co-ordinator)

(Dr. M. R. Bhalekar)

*M. Gamle*

(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.

Yours sincerely  
(Name and signature of Students)

- NAME
- 1) Bhagyashree S. Patil
  - 2) Shrutika R. Khondave
  - 3) Mayuri M. Pansare
  - 4) Nishant S. Koike  
(T.Y.B. Pharm)

sign  
Bspatil  
S. Khondave  
Mayuri  
Nishant

S.V.G./M.M.C  
21/8/18

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

Name of Applicant: Dr. Santosh V. Gandhi

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 * 4	2,000/-
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--			
<b>Grand total</b>			2,000/-

Gandhi  
(Dr. Santosh V. Gandhi)  
**(Name and Signature of Chief Investigator)**

\* Cost of consumables shall be calculated using standard catalogue.


C

Chopane  
(Accountant Sign)  
(Mr. M.M. chopane)

## UNDERTAKING

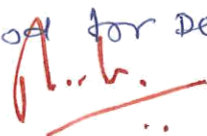
I undersigned hereby take responsibility of the project titled, "Development and Validation of Spectrophotometric method for Determination of Pharmaceuticals" to be conducted between 01/08/2018 to 31/10/2018

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.

  
(Name and signature of Chief Investigator)  
(Dr. Somesh V. Gandhe)

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled. "Development and validation of spectrophotometric method for Determination of Pharmaceuticals"

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

## POST APPROVAL DETAILS

Details of Payment: online payment to A/c 04510200000882  
or Bank of Baroda on 07/08/18  
(Transaction Id - 821923574854)  
Challan No. with Date: 1508 dated 07/08/18

Amount: 6000/-

(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)

(Dr. M. R. Bhalekar)

### **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.

**[BACK TO INDEX](#)**



Ref No. ESP/PN/18-19/65-2

Shivam Jaiswal

4  
18-19

Date: 23/07/2018

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

**A.I.S.S.M SOCIETY**  
PUNE - 6  
Inward No. 3231  
Date: 24/7/2018

**AISSMS**  
College of Pharmacy  
Pune 1  
Inward No. 576  
Date. 01.08.2018

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

Respected Sir,

Please find enclosed research proposal titled, "Spectrophotometric Method Development and Validation for Estimation 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]*  
(Principal)

*[Signature]*  
(Project Co-ordinator)

*[Signature]*  
(Chief Investigator)

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. Santosh V. Gandli. 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)

Nali

Santosh

[Signature]

[Signature]

- 1) Neha R. Sali
  - 2) Shivam S. Jaiswal.
  - 3) Vipul M. Fegade.
  - 4) Vinod V. Gaikwad.
- (T.Y. B-pharm).

Santosh  
[Signature]  
02/08/18



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

Name of Applicant: Dr. Santosh V. Gandhi  
Complete postal address: AISSMS college of Pharmacy, Near RTO, Pune- 411001

Title of Project: "Spectrophotometric Method Development and Validation for Estimation 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 * 4	2,000/-
--			
--			
--			
--			
<b>Grand total</b>			2,000/-

Gandhi  
(Dr. Santosh V. Gandhi)  
**(Name and Signature of Chief Investigator)**

\* Cost of consumables shall be calculated using standard catalogue.

M. M. Chopane  
**(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 **01/08/2018 to 31/10/2018**

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.

*Gandhu*

(Name and signature of Chief Investigator)

(Dr. Santosh V. Gandhu)

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled. "Spectrophotometric method development and validation for Estimation of Pharmaceuticals"

(Hon. Secretary, AISSMS Pune)

**Hon. Secretary**

Ali India Shri Shivaji Memorial Society,  
Shivajinagar, PUNE 411 005.

## POST APPROVAL DETAILS

online payment.  
Details of Payment: Bank of Baroda A/c No - 04510200000882  
(Transaction ID - UA87007132) on 14/08/18  
Challan No. with Date: 1523 dated 14/08/18

Amount: 6000/-

(Kindly enclose Xerox copies of Application and Challan)

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

*M. R. Bhalekar*

(Name and signature of Project -Coordinator)

(Dr. M. R. Bhalekar)

### **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. 1523

Date: 14/8/18

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

Received from Mr./Miss Shivam

Santosh Jaiswal.

Class T.Y. B-Pharm. 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) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Other Fee.....	
3) In Home Project	6,000/-
14) ID:- VAS7007132	
15) i) Shivam Jaiswal.	}
16) ii) Vinod Gaikwad	
iii) Vipul Hegade.	
iv) Neha Sal.	
TOTAL Rs.	6,000/-

Total in words Rupees Six thousand only

Accept the amount as above 6,000/-

Checked By [Signature]



Deposited By [Signature]



Enter OTP

Please enter OTP to proceed with transaction :

Enter OTP :

\*\*\*\*\* 



Quick transfer for Rs.6000.00 on  
14-Aug-2018 is successfully transferred.  
Please note this transaction number for  
future reference : UA87007132

OK

To Add this account in Beneficiary list,  
Please [Click here](#)

Shivam Jaiswal. - 9404470908  
T.Y Bpham.  
In House Project.

**Gaurav Mahajan**

(Enclosed with Application)

C

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

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

Challan No: 1677

Date: 08/02/19

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

Received from Mr./Miss Gaurav Arun  
Mahajan

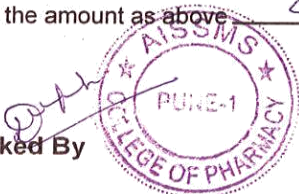
Class S.Y. B Pharm Year 2018 - 2019

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) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Other Fee.....	
13) <u>Inhouse Project</u>	<u>4200/-</u>
14) <u>TR. ID. -</u>	
15) <u>903909942801</u>	
16) <u>08.02.2019</u>	
<b>TOTAL Rs.</b>	<b><u>4200/-</u></b>

Total in words Rupees Four thousand two  
hundred only/-

Accept the amount as above 4200/-

Checked By



Deposited By

GAMahajan



5  
18-19

COP/PN/2018-19/206-5

Date: 4/4/2019

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

9/31  
Date 9/1/2019

AISSMS  
College of Pharmacy  
Pune-1  
Inward 143-11  
Date 05/09/2019

Respected Sir,

Please find enclosed research proposal titled, " Formulation and Evaluation of Herbal Hard Candy for Antitussive activity " 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. 4200/-

Thanking you.

*(Signature)*  
(Principal)

*(Signature)*  
R.M.R. Bhalekar

*(Signature)*  
M.C. Dcemele

*(Signature)*  
(Chief Investigator)  
A. N. Avalaskar

**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. Amruta N. Avalaskar. 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)*  
MRB  
06/02/19

Yours sincerely  
(Name and signature of Students)

Abhishek Mahesh Joshi *(Signature)*  
Maheshkumar Sayaji Aher *(Signature)*  
Anhad Uttarksha Nikas *(Signature)*  
Gayatri Arun Mahajan *(Signature)*

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

Name of Applicant: *Amruta N. Avalaskar*

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

Title of Project: *Formulation and Evaluation of Herbal Hard Candy for anti-bussh activity?*  
Proposed duration of Project: 03 Months - *15 Jan 2019 - 15 April 2019*

Ref. No. and date of application through proper channel: *COP/PN/2018-19/206(5)* 08-01-19.

Proposed Expenditure:

**DETAILS OF ACTUALS**

Sr. No.	Item(Consumables)	Qty. Required	Approx. Cost
1.	<i>Alcohol</i>	<i>500 ml</i>	<i>200/-</i>
<b>Grand total</b>			<i>200=00</i>

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>200/-</i>
	Grand Total	<i>4200/-</i>

*Avalaskar*  
*Amruta 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, "Formulation and Evaluation of Herbal Hard Candy for anti-tussive activity." to be conducted between 15 Jan 2019 - 15 April 2019

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

Shivalastkar  
Amruta N. Shivalastkar  
(Name and signature of Chief Investigator)

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, "Formulation and Evaluation of Herbal Hard Candy for anti-tussive activity!"

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

## POST APPROVAL DETAILS

Details of Payment : Online

Challan No. with Date : 1677

Amount : 4200/-

(Kindly enclose Xerox copies of Application and Challan)

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

Dr. M. K. Bhabekar Dr. M. C. Damle  
(Name and signature of Project -Coordinator)

**Divya Mehata**

(Enclosed with Application)

C

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

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

Challan No.: **1374** Date: **28/8/18**

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

Received from Mr./Miss **Divya Mehata**

Class **S.Y.B.Pharm** Year **2018 - 2019**

Particulars	Amount Rs.
1) Interim Fee.....	
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) Other Fee.....	
13) In house project	7500/-
14) Ref no- 10580223	
15) 28/8/18	
16) .....	
<b>TOTAL Rs.</b>	<b>7500/-</b>

Total in words Rupees **Seven Thousand  
Five Hundred only**

Accept the amount as above **7,500/-**

Checked By **[Signature]**



Deposited By **Divya Mehata**

COPIPN/2018-19/46-4

Date: = 7 AUG 2018

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

ALL INDIA SOCIETY  
PUNE-8  
Inward No. 3835  
Date: 8/8/2018

3835  
21/8/2018  
AISSMS  
College of Pharmacy  
Pune-1  
Inward No. 66-2  
Date: 22-08-2018

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

Respected Sir,

Please find enclosed research proposal titled, "Development and validation of HPTLC method for simultaneous determination of Metformin + Canagliflozin" under Category In house Research Project (Format C) for your approval. You are requested to do the needful at the earliest.

Thanking you.

*M Damle*  
(Chief Investigator)  
CDR - M - C. Damle)

*D. M. K. Bhulekar*  
(Project Co-ordinator)  
D. M. K. Bhulekar

*[Signature]*  
(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.

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)

- 1) NEHA RAKA *N.K. Raka*
- 2) Aishwarya Pawar *Pawar*
- 3) Pratiksha Undre *[Signature]*
- 4) Akanksha markad *Akanksha*
- 5) Divya Mehta *Divya Mehta*

*MCD/MMC*  
*[Signature]*  
22/8/18

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

Name of Applicant: *Dr. M. C. Damle*

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

Title of Project: *Development & validation of HPTLC method for simultaneous determination of Metformin & Canagliflozin.*

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>3500/-</i>
	Grand Total	<i>7500/-</i>

**DETAILS OF ACTUALS**

Sr. No.	Item(Consumables)	Qty. Required (min. pack size)	Approx. Cost
1.	<i>Methanol (HPLC)</i>	<i>4 x 2.5 Lts.</i>	<i>2500/-</i>
2.	<i>HPTLC plates</i>	<i>5 Nos.</i>	<i>1000/-</i>
	<b>Grand total</b>		<i>3,500/-</i>

*M. C. Damle*  
(Name and Signature of Chief Investigator)

*[Signature]*  
(Accountant Sign)

\* Cost of consumables shall be calculated using standard catalogue.



## UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Development & Validation of HPTLC method for simultaneous determination of Metformin & Canagliflozin" to be conducted between Sept. to 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.

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

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled. Development- & Validation of HPTLC method for simultaneous determination of Metformin & Canagliflozin"

*A. L.*  
(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 : 1374 dt 28/8/18

Amount : 7500/-

(Kindly enclose Xerox copies of Application and Challan)

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

*M. R. Bhadekar*  
(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.

Ashwini Deokar

(Enclosed with Application)

C

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

Challan No.: **1603**

Date : **20 / 11 / 2018**

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

Received from Mr./Miss **Deokar. Ashwini.**  
**Suresh.**

Class **T.Y. B.pharm** 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) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Other Fee.....	
13) <b>Inhouse project</b>	<b>4620/-</b>
14) <b>832315911938</b>	
15) <b>Transaction ID</b>	
16) <b>19/11/2018</b>	
<b>TOTAL Rs.</b>	<b>4620/-</b>

Total in words Rupees **four thousand**  
**six hundred twenty only**

Accept the amount as above





7

COP/1PN/2018-19/106-①

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.M.S. SOCIETY**  
Inward No. 5906  
Date: 4/10/2018

**AISSMS**  
**College of Pharmacy**  
Pune 1  
Inward No. 92-14  
Date: 17.10.2018  
5906  
570

Respected Sir,

Please find enclosed research proposal titled, " Evaluation of different polymers with respect to Donnan Membrane Effect!"

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]*

*[Signature]*  
(Chief Investigator)

**Principal**  
AISSMS College of Pharmacy  
Pune-1

(Project Co-ordinator)

Dr. M. R. Bhalekar (McDermott)

(Chief Investigator)

Dr. M. R. Bhalekar

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)

Rohom Saurabh

Ashwini S. Deokar

Riddhi Atul wadhwa

*[Signature]*

*[Signature]*

*[Signature]*

MRB  
*[Signature]*  
17/10/18



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

Name of Applicant: Ashwini Suresh Deokar

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

Title of Project: Evaluation of different polymers with respect to Donnan Membrane effect.

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)	620 /-
	Grand Total	<u>4620 = 00</u>

**DETAILS OF ACTUALS**

Sr. No.	Item(Consumables)	Qty. Required (min. pack size)	Approx. Cost
1	Sodium dihydrogen Phosphate	500g	390 = 00
2	Sodium Hydroxide	500g	230 = 00
3.	Chick intestine	Procured by students	
	<b>Grand total</b>		<u>620 = 00</u>


  
(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, "Effect of polymer on Donnan Membrane effect", to be conducted between "October 2018-Dec 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.



(Name and signature of Chief Investigator)

Dr. M. R. Bhalekar

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## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled. *Evaluation of different polymers with respect to Donnan membrane effect.*

*A.L.*  
(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 : *1603 20-11-18*

Amount : *4620*

(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)

Dr. M. R. Bhalekar

### **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.

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

AISSMS  
College of Pharmacy  
Pune-1  
Inward No. 39-9  
Date: 02.07.2019  
Date:

COP/PA/2019-20/27-3-R

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

AISSMS SOCIETY  
Inward No. 2387  
Date: 20/6/2019

20 JUN 2019

2387  
175

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

Respected Sir,

Please find enclosed summary report of project titled, "Evaluation of different polymers with respect to Donnan Membrane Effect" sanctioned under category of inhouse project (Format C)

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

Thanking you.

*Dr M R Bhalekar*

Prepared by

Dr M R Bhalekar

*Dr M C Damle*

Checked by

Dr M C Damle

*Mr. M.M. Chopane*

Accountant

Mr. M.M. Chopane

*Dr Ashwini R Madgulkar*

(Dr Ashwini R Madgulkar)

**Principal**  
AISSMS College of Pharmacy  
Pune-1

MRB/MC  
*Dr M R Bhalekar*  
20/07/19

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

*Dr. M.M. Chopane*

*Dr. M.M. Chopane*

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



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

AISSMS

College of Pharmacy  
Pune-1

Inward No. 39-9

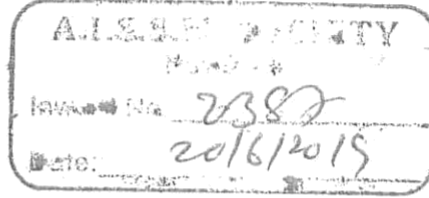
Date: 02.07.2019

Date:

20 JUN 2019

COP/PA/2019-20/27-3-R

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



2387  
175

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

Respected Sir,

Please find enclosed summary report of project titled, "Evaluation of different polymers with respect to Donnan Membrane Effect" sanctioned under category of inhouse project (Format C)

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

MRB/MC  
20/07/19

**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.

[BACK TO INDEX](#)

Pooja Auti

(Enclosed with Application)

9

C

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

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

Challan No.: 0107

Date: 08/03/2019

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

Received from Mr./Miss Pooja Trinabak  
Auti

Class TY (sem VI) 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) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee (NEET No) (906319151733) 08-03-2019	
13) Other Fee	
14) In house project	7500/-
15) TY B pharm	
16) 2018-2019	
Total no of students - 05	
<b>TOTAL Rs.</b>	<b>7500/-</b>

Total in words Rupees Seven thousand  
five hundred only /-

Accept the amount as above 7500 /-

## Transfer Details



Reference No. (UTR No./RRN)

**906319151733**

Date & Time

**4 Mar 2019-07:53 PM**

Transfer Amount

**₹7,500.00**

Beneficiary name

**AISSMS COLLEGE OF PHARMACY  
PUNE 411001**

Bank name

**BANK OF BARODA**

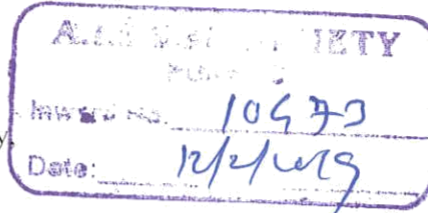
Account number

**04510200000882**

IFSC

**BARBOSHIPOO**

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



Date: 6<sup>th</sup> Feb 2019

10473  
26/2

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

Respected Sir,

Please find enclosed research proposal titled, "Development of analytical method for drugs used in the treatment of Hepatitis C" under Category In house Research Project (Format C ) for your approval. You are requested to do the needful at the earliest.

Thanking you.

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

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

*[Signature]*  
(Principal)

Principal  
AISSMS College of Pharmacy  
Pune-411001

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,

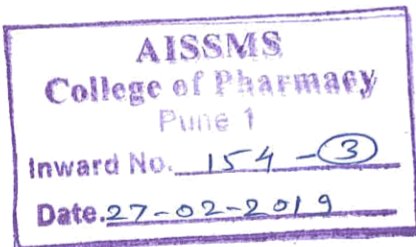
±/ We the undersigned would like to undertake a short term self supported research project under the guidance of ~~Mr./Mrs.~~ / Prof. /Dr. Mrinalini C. Damle  
The duly filled format has been enclosed for your kind information and approval

±/ 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)



- 1) Harshada R. Varare. *H.R. Varare*
- 2) **Prof. T. Auti** *Prof. T. Auti*
- 3) Kaverhal Ashlesha M. *Ashlesha*
- 4) Ankitq Bulani *Ankitq*
- 5) Vrushali Dhengale *Vrushali*

*MOD/AMC*  
*[Signature]*  
27/2/19



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

Name of Applicant: Dr. Mrinalini C. Damle

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

Title of Project: Development of analytical method for drugs used in the treatment of Hepatitis C.

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
1	Methanol HPLC grade	4 x 2.5 lts	2500/-
2	HPTLC plates	5 Nos.	1000/-
<b>Grand total</b>			3500/-

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)	3500/-
	Grand Total	7500/-

*M Damle*

(Dr. M-C. Damle)

**(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, "Development of analytical method for drugs used in the treatment of Hepatitis C" to be conducted between March to June 2019 (No work during exams in Apr-May)

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-C Damle)

---

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled "Development of analytical method for drugs used in the treatment of Hepatitis C"

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

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## POST APPROVAL DETAILS

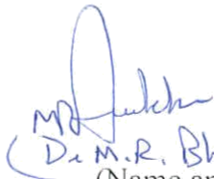

Details of Payment :

Challan No. with Date : 107 dt 4/3/2019

Amount : 7500/-

(Kindly enclose Xerox copies of Application and Challan)

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

  
(Dr. M.R. Bhalekar)   
(Dr. M-C Damle)  
(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.

[BACK TO INDEX](#)

**Akshay Punmiya**

(Enclosed with Application)

10  
C

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

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

Challan No.:

0288

Date: 11/10/2019

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

Received from Mr./Miss

Akshay Punmiya,

Ashwanga Mate, Pramod Uttakar

Class

T.Y. Dharm

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) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee.....	
13) Other Fee <u>Inhouse Project</u>	<u>6500/-</u>
14) <u>NEFT - SAA168430442</u>	
15) <u>Trans DA = 11/04/19</u>	
16) .....	
<b>TOTAL Rs.</b>	<b><u>6500/-</u></b>

Total in words Rupees

Six thousand

five hundred only/-

Accept the amount as above

6500/-



10

AISSMS  
College of Pharmacy  
Pune-1  
Inward No. 162 (9)  
Date 14.03.2019 Date: 8<sup>th</sup> March 2019

COP/PN/2018-19/249-5

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

Inward No. 11369  
Date 11/3/2019

11369  
11369  
13/3

Respected Sir,

Please find enclosed research proposal titled, "Development of analytical method for combination of drugs for Hepatitis treatment" under Category In house Research Project (Format C ) for your approval. You are requested to do the needful at the earliest.

Thanking you.

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

*M. R. Phalke*  
(Project Co-ordinator)  
D. M. R. Phalke

*A. Labankar*  
(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. Mrinalini 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.

Yours sincerely  
(Name and signature of Students)

Aishwarya A. Mate *Amate*  
Utkarsh Bansal *Bansal U*  
Akshay. H. Punmiya *Akshay H*

*MCD Damle*  
*[Signature]*  
14/3/19

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

Name of Applicant: Dr. Mrinalini C. Damle

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

Title of Project: "Development of analytical method for combination of drugs for Hepatitis treatment

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
1	Methanol HPLC grade	4 x 2.5 lts	2500/-
<b>Grand total</b>			2500/-

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)	2500/-
	Grand Total	6500/-

  
(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, "Development of analytical method for combination of drugs for Hepatitis treatment" to be conducted between March to June 2019 (No work during exams in Apr-May)

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*

(Name and signature of Chief Investigator)

( Dr. M.C. Damle )

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## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled "Development of analytical method for drugs used in the treatment of Hepatitis C"

*A.I.*

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

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## POST APPROVAL DETAILS

Details of Payment :

Challan No. with Date : 0288 dt 11/4/2019

Amount : 6500/-

(Kindly enclose Xerox copies of Application and Challan)

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

*M Damle*

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

