



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 Sanctione d (Rs.)	Name of the Funding Agency	Type (Government/non -Government)	Proof
1.	Estimation of bis phenol A content in the given samples by HPLC	Dr. M C Damle	2019-20	10600.00	Dr Saquib Pawaskar	Non-Government	View
2.	Antiobisity activity of Orlistat liposomes to high fatty diet induced obese rats	Dr S V Tembhurne	2019-20	20900.00	Nitesh Janabandhu	Non-Government	View
3.	Pharmacokinetic biodistribution and toxicity studies of nanoparticulates containing anticancer formulation	Dr S V Tembhurne and Dr. M C Damle	2019-20	50000.00	Dhairyasheel Ghadge, Bharati Vidyapith Kolhapur	Non-Government	View
4.	Exploring immunoregulatory activity of some thiazolidine derivative using insilico tools	Mrs. Kalyani Asgaonkar, Mrs. Shital Patil	2019-20	7000.00	K Abhang, BhairaviBakhle, Ayush Khater	Non-Government	View
5.	Formulation and evaluation of antifungal nail lacquer	Mrs. S H Rao Dr. M R Bhalekar	2019-20	4000.00	Shivani Godbole, S Kelkar, Riddhesh	Non-Government	View

					Kharche		
6.	Microbial limit of conventional oral Ayurvedic formulations	Mrs. S H Rao	2019-20	6000.00	Unmesh Mahajan, R Khirnar, AkankshaMarkad, M Upadhya, RuchiraTakale	Non-Government	View
7.	Microbial limit of conventional oral Ayurvedic formulations	Mrs. S H Rao, Mrs. Amruta Avalaskar	2019-20	6000.00	Suda Jain, AbhishekGalgate, TusharJadhav, SaurabhMunde, BhairaviBakhle, KshitijaAbhang	Non-Government	View
8.	Formulation of co-crystals	Dr. M R Bhalekar	2019-20	5080.00	P Gholap, Nikita Dhurde, Aditya Phatak, RoshanGudale, SiddharthKilledar	Non-Government	View
9.	Preparation of formulation from cow urine minerals	Mr. P Sonawane	2019-20	5000.00	Y Avhad, M Gedam, Suyash Chaudhari, Dhanashri Jadhav	Non-Government	View
10.	Development and validation of spectrophotmetric method for deerrmination of pharmaceuticals	Dr. S V Gandhi	2019-20	6000.00	Abhishek Joshi, UtkarshaAvhad, Gaurav Mahajan, PrajwalHogade	Non-Government	View

11.	Molecular modeling studies of N (12a)Pyridine-3 carboamid as antiTB agent	Mrs.V N Wable, Mrs. KS Sonawane	2019-20	5500.00	Anjali Ahir, ShivanjaliJadhav, MayuriGaikwad, ShrutiGaikwad	Non-Government	View
12.	Formulation and invitro ealuation of herbal cream containning Helictorus isora	Priyanka Khandare	2019-20	6180.00	Vinay Londe, Shashikant Lohare, Komal lahoti and SaloniKirad	Non-Government	View
13.	Development of Analytical method for combination of drugsfor Hepatitis treatment	Dr. MC Damle	2019-20	6500.00	Aishwarya Mate, Pranav Uttekar, Akshay Punmiya	Non-Government	View
14.	Study of nootropic activity of THF polyherbal formulation in Rodents	Mr. O.A. Devade	2019-20	4200.00	Mrs. Shinde Rucha, VijapuraGautami, SakateNisarga, RanpisePallavi, RandiveUtkarsh	Non-Government	View
15.	Preclinical Evaluation of Hydrochloric acid of Sesbania sesban leaves in gastric ulcer induced in experimental rats	Mrs. Swati Kolhe	2019-20	4000.00	Mr. Ojas Jadhav	Non-Government	View
16.	Application of pastalization to improve dissolution of drugs	Dr. M R Bhalekar	2019-20	4500.00	Ria Keskar	Non-Government	View

Dr Saquib Pawaskar



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

AISSMS
COLLEGE OF PHARMACY
IMPARTING EXCELLENCE IN EDUCATION & RESEARCH



COP/PN/2019-20166-1

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

ALL INDIA SOCIETY
PUNE-6
Word No. 4382
Date: 13/8/2019

Date: 9th Aug. 2019

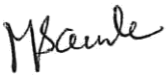
4382
/19

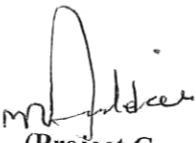
Sub: Submission of proposal of sponsored research project for approval.


Respected Sir,

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

Thanking you.


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


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


(Principal)
Principal
AISSMS College of Pharmacy
Pune-1

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


Subject: Permission for self supported short term research project.

Respected Madam,

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

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

Thanking you.


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

MCD

04/9/19

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

Name of Applicant : **Dr. Saquib Pawaskar**

Complete postal address : BVDU's Dental College and Hospital, Sangli

Title of Project : Estimation of Bisphenol A content in the given Samples by HPLC

Proposed duration of Project : 1.5 month

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

Proposed Expenditure :

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

DETAILS OF ACTUALS

Details of consumables required for the project:

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

M. D. D. D.
(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

[Signature]
(Accountant sign)

UNDERTAKING

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

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

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

SANCTION CERTIFICATE

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

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

POST APPROVAL DETAILS

Details of Payment :

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

Amount : 8900/-

(Kindly enclose Xerox copies of Application and Challan)

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

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



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



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

Prof. Dr. M. M. Salunkha
M.Sc., Ph.D., F.R.S.C.
Vice Chancellor

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

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

"Social Transformation Through Dynamic Education"

Dr. Vishwajeet Kulkarni
Ph.D., M.B.B.S.
Pro Vice Chancellor
Dr. Vidya M. Dodewadkar
Ph.D.
Principal

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

Date

To,

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

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


Respected Sir/Madam,

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

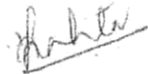
Please do the needful as per the requirement of his proposed post graduate research work.

Thanking You,

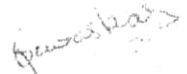
Yours Faithfully,


H.O.D

Dr. Jiwanaasha Agrawal
Dept. of Orthodontics



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



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

पास बुक PASS BOOK

31/8/19

Customer Acknowledgement

P19083

Reference No.:

Ant: 89001

P1908314542275



GUIDELINES FOR OUTSIDE STUDENT RESEARCH PROJECTS (Format B)

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

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

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

C

AISSMS

College of Pharmacy (M.Pharm)

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

Challan No.: **611**

Date: 16/10/19

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

Received from Mr./Miss Dr. Sagunb Pawaske

Year 2019 - 2020

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

Total in words Rupees One Thousand seven hundred only

Accept the amount as above 1700/-



Checked By

Sagunb Pawaske
 Deposited By

[BACK TO INDEX](#)

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

AISSMS

College of Pharmacy (M.Pharm)

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

Challan No.: **612**

Date: 31/08/19

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

Received from Mr./Miss Dr. Sagunb Pawaske

Class _____ Year 2019 - 2020

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

Total in words Rupees Eight thousand Nine hundred only

Accept the amount as above 8900/-



Checked By

Sagunb Pawaske
 Deposited By

Dharyashil Ghadge

(Enclosed with Application)

C

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

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

Challan No.: **1039** Date: **29 / 01 / 2020**

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

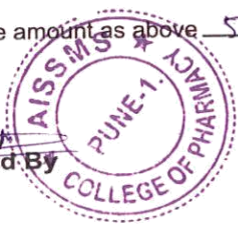
Received from Mr./Miss **Dharyashil Ghadge**

Class **Ph.D.** Year **2019 - 2020**

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

Total in words Rupees **Fifty thousand only**

Accept the amount as above **50000/-**

Checked By 

Deposited By 

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

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

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

Date: 5 MAR 2020

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

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

11791
12/03

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

Respected Sir,

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

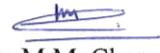
Previously candidate has deposited Rs. 65100/- (05/07/2017) and Rs. 40,000/- (08/03/2019) for above said research project work, but he wanted to perform some additional studies at our college (Proposal enclosed). However this is continuation work the candidate has requested us to waive off the Society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

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

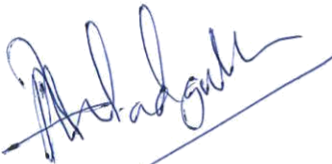
Thanking You.



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

(Chief Investigator)


Mr. M.M. Chopane

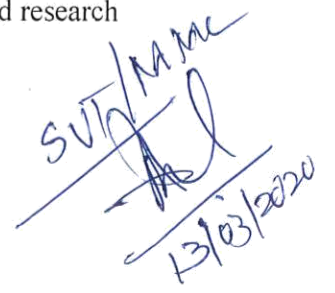
Accountant


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

6/3/2020 Encl:
Submitted
Recommended
for approval

CEO

1. Protocol for research project for additional studies; 2. Approved sanctioned research project; 3. Payment receipt


A.P.


S.V. M.M.
13/03/2020

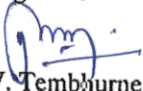
To,
Hon. Secretary
All India Shri Shivaji Memorial Society,
Shivaji Nagar, Pune- 411005

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

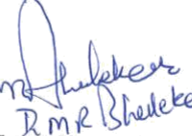
Respected Sir,

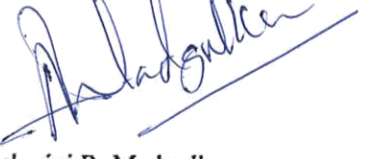
Please find enclosed research proposal titled, "**Pharmacokinetic, Biodistribution and Toxicity Studies of Nanoparticulate Containing Anticancer Formulations.**" under Category outside Research Project (Format B) for your approval. You are requested to permit continuation work of project sanctioned in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

Thanking You.


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


(Project Co-ordinator)


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


Dr. Ashwini R. Madgulkar
(Principal)

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

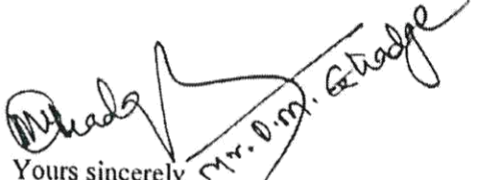
Subject: Permission to do continuation self-supported research project.

Respected Madam,

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

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

Thanking you.


Yours sincerely
(Name and signature of Students)

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

Name of Applicant: Mr. Dharyashil Ghadge

Complete postal address: Bharati Vidyapeeth's College Pharmacy Kolhapur

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

Proposed duration of Project: 03 Months

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

Proposed Expenditure: Eighty six thousand five hundred sixty only.

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

DETAILS OF ACTUALS

Details of consumables required for the project:

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

(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

Dr. S.V. Tembhurne

M. C. Damle
(M.C. Damle)

(Accountant sign)

UNDERTAKING

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

01 Feb 2020 to 30 April 2020

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

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

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

(Name and signature of Chief Investigators)

SANCTION CERTIFICATE

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

(Hon. Secretary, AISSMS Pune)

Hon. Secretary

All India Shri Shivaji Memorial Society

Pune-411 005.

POST APPROVAL DETAILS

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

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

Amount: Paid Rs. 50,000/-

(Kindly enclose Xerox copies of Application and Challan)

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


Dr. M.R. Bhalekar

(Name and signature of Project -Coordinator)

[BACK TO INDEX](#)

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

COP/PN/2022-23/05-①

Date : 11 MAY 2022

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

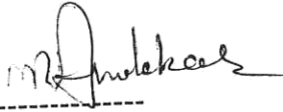
Sub: Submission of summary report for disbursement of remuneration to the staff.

Respected Sir,

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

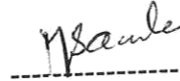
You are requested to kindly sanction the disbursement of remuneration of Rs. 2000/- to the staff at earliest.

Thanking you.



Prepared by

Dr M R Bhalekar



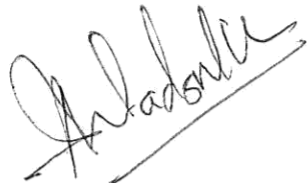
Checked by

Dr M C Damle



Accountant

Mr. M.M. Chopane



(Dr Ashwini R Madgulkar)

Principal

**AISSMS College of Pharmacy
Pune-1**

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

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

(Enclosed with Application)

C

AISSMS

College of Pharmacy (M.Pharm)

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

Challan No.: 224

Date: 29/08/2018

A/C No. 04510200000881

Amount credited on A/C No.: 35000/- in the BANK OF BARODA, Shivajinagar, Pune - 5

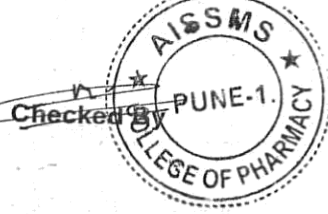
Received from Mr./Miss Nitesh Janbandhu Autos Life Sciences Pvt. Ltd.

Class _____ Year 2018 - 2019

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

Total in words Rupees Thirty five thousand only -

Accept the amount as above 35000/-



Deposited By [Signature]

(For Candidates)

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.: 35000/- in the BANK OF BARODA, Shivajinagar, Pune - 5

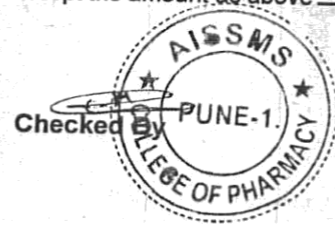
Received from Mr./Miss Nitesh Janbandhu Autos Life Sciences Pvt. Ltd.

Class _____ Year 2018 - 2019

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

Total in words Rupees Thirty five thousand only -

Accept the amount as above 35000/-



Deposited By [Signature]

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

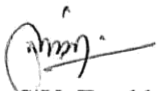
3342
18

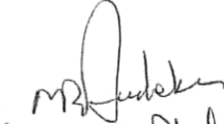
Sub: Submission of proposal of sponsored research project for approval.

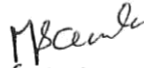
Respected Sir,

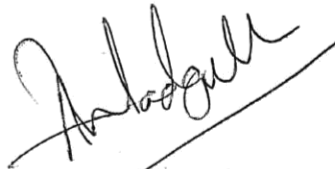
Please find enclosed research proposal titled, "**Antiobesity Activity of Orlistat Liposomes in High Fatty Diet induced Obese Rats**" under Category outside Research Project (Format B) for your approval. You are requested to do the needful at the earliest.

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.

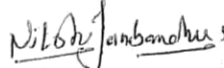
Subject: Permission for self supported short term research project.


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:

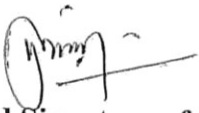
Proposed Expenditure: - Fifty Five Thousand nine Hundred only

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/-
	Grand Total	55,900/-

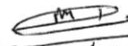
DETAILS OF ACTUALS

Details of consumables required for the Project:

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


(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

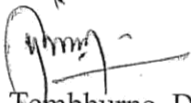

(Accountant sign)

UNDERTAKING

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

01 Aug 2018 to 01 Nov 2018

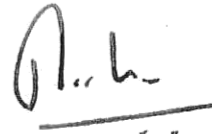
I will ensure that the chemical usage will not exceed the quantity mentioned on page 2. I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.



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

SANCTION CERTIFICATE

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



(Hon. Secretary, AISSMS Pune)
Hon. Secretary

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

POST APPROVAL DETAILS

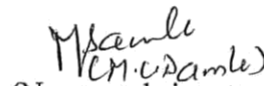
Details of Payment:

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.


(Name and signature of Project -Coordinator)

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

Date: 13.06.2018

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

Subject: Enquiry regarding animal studies of Orlistat liposomal dispersion.

Attention to Dr. S. V. Tembhurne.

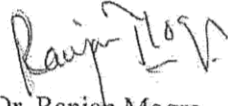
Dear Sir/ Madam,

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

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

Thanking you.

Regards,


Dr. Ranjan Mogre

Director,

AVTOS Life Sciences Pvt. Ltd., Navi Mumbai.

Shivani Godbole

(Enclosed with Application)

C

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

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

Challan No.:

Date: 02/01/2020

0961

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

Received from Mr./Miss

Shivani Godbole

Class

B.Pharm

Year

2019 - 2020

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

Total in words Rupees

Four thousand only

Accept the amount as above

4000/-

Checked By



Godbole
Deposited By

COPY/PN/2019-20/109 - (1)

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

Date: 14/11/19

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

ALL INDIA SOCIETY
PUNE - 6
Inward No. 7630
Date: 14/11/19

7630
11/12

(2)

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

Respected Sir,

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

Thanking you,

[Signature]
(Principal)

[Signature]

[Signature]
(Project Co-ordinator)

[Signature]
(Chief Investigator)

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

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

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

Subject: Permission for self supported short term research project.

Respected Madam,

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

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

Thanking you.

Yours sincerely
(Name and signature of Students)

[Signature]
12/12/19

Samuddhi kelkar - *[Signature]*

Shivani Godbole - *[Signature]*

1 Riddhesh A. Kharche - *[Signature]*

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

Name of Applicant: Shivani Rao ,

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

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

Proposed duration of Project: 03 Months

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

Proposed Expenditure:

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

DETAILS OF ACTUALS

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


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


S.H. Rao.


Mr M M Chopane

* Cost of consumables shall be calculated using standard catalogue.


Accountant

UNDERTAKING


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

Jan 2020 to Mar 2020.

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



(Name and signature of Chief Investigator)

Dr. M. R. Bhalkekar


(S. H. Rao)

SANCTION CERTIFICATE

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


(Hon. Secretary, AISSMS Pune)

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

POST APPROVAL DETAILS

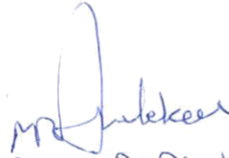
Details of Payment :

Challan No. with Date : 0961 dt 2-1-20

Amount : 4000 + 3600 (online) organism.

(Kindly enclose Xerox copies of Application and Challan)

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



Dr. M. R. Bhalkekar

(Name and signature of Project -Coordinator)

Kshitija Abhang

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

(1)

Date: **27 JUN 2019**

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

A.I.S.S.M. SOCIETY
PUNE - 3
Inward No. 2286
18/6/2019

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

Respected Sir,

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

Thanking you.

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

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

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

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

Thanking you.

Yours sincerely
(Name and signature of Students)

Kshitija Abhang
Bhairavi Bakhle
Ayush Khater

[Signature]
[Signature]
Amr

SMP/KCA
[Signature]
02/07/19

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

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

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

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

Proposed Expenditure:

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

DETAILS OF ACTUALS

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

(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

S.M. Patil S.M. Patil
 K.D. Asgaonkar K.D. Asgaonkar

Hex T
(Accountant Sign)

UNDERTAKING

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

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

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

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.

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

POST APPROVAL DETAILS

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

Amount : *7000/-*

(Kindly enclose Xerox copies of Application and Challan)

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

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

(Enclosed with Application)

C

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

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

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

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

Received from Mr./Miss **Kshitiya**

Ghanuham Ashang

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

Inhouse Project

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

Total in words Rupees **Seven Thousand**

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

Checked By 
BACK TO INDEX


Deposited By 

Abhishek Galgate

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

4

Date: 27.11.19

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

8005
28/11/2019

8005
12/12/2019
AISSMS
College of Pharmacy
Pune-1
Inward NO. 113-(23)
Date. 12.12.2019

Respected Sir,

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

Thanking you.

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

(Project Co-ordinator)
M. Samli

(Chief Investigator)
Mrs S.H. Rao
Mrs A.V. Avastha

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~~ **SH Rao**
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.

SHR/AA/MNC
12/12/19

Yours sincerely

(Name and signature of Students)

Suda Jain

Abhishek Galgate

Tushar Jadhav

Saurav Munde

Bhairavi Bakhle

Kshitija Abhang

Slari

Budha
Sumit
B. B. Bakli
Abhang

1

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

Name of Applicant:

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

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

Proposed duration of Project: 03 Months

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

Proposed Expenditure:

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

DETAILS OF ACTUALS

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

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

* Cost of consumables shall be calculated using standard catalogue.

UNDERTAKING

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

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

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

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.

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

POST APPROVAL DETAILS

Details of Payment :

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

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

(Kindly enclose Xerox copies of Application and Challan)

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

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

Enclosed with Application)

C

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

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

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

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

Received from Mr./Miss **Abhishek. Ashok**

Galgate.

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

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

Total in words Rupees **Twelve Thousand**

Rupees Only.

Accept the amount as above **12,000/-**

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.: **0964** Date: **06.10.20.**

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

Received from Mr./Miss **Abhishek. Ashok**

Galgate.

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



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

Total in words Rupees **Twelve Thousand**

Rupees Only.

Accept the amount as above **12,000/-**

BACK TO INDEX

Checked By 


Deposited By 

Purushottam Gholap

COP/PN/2019-20/62

AISSMS
College of Pharmacy
Pune-1

Inward No.: 71-16
Date: 04.09.2019

6

7 AUG 2019

ALL INDIA SHRI SHIVAJI MEMORIAL SOCIETY
PUNE-5

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

4/80
4/19

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

Respected Sir,

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

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

Thanking you.

[Signature]
(Principal)

[Signature]
(Project Co-ordinator)
(M.C.Damble)

[Signature]
(Chief Investigator)
(Dr M R Bhalekar)

Principal
AISSMS College of Pharmacy
Pune-1

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

Subject: Permission for self supported short term research project.

Respected Madam,

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

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

Thanking you.

Yours sincerely
(Name and signature of Students)

[Signature]
MRB
06/9/19

Purushottam Gholap - *[Signature]*
Nikita Dhunde - *[Signature]*

Aditya Phatak - *[Signature]*
Roshan Gyudale - *[Signature]*
Siddharth Killedar - *[Signature]*

**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: , "Formulation of cocrystals."

Proposed duration of Project: 03 Months

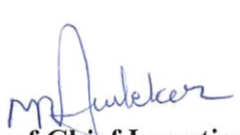
Ref. No. and date of application through proper channel:

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)	1080/-
	Grand Total	5080/-

DETAILS OF ACTUALS

Sr. No.	Item(Consumables)	Qty. Required (min. pack size)	Approx. Cost
1	Tartaric Acid	100 g	770=00
2	Citric Acid	500 g	310=00
Grand total			1080=00


(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

UNDERTAKING


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

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


(Name and signature of Chief Investigator)

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.


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

POST APPROVAL DETAILS

Details of Payment :

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

Amount : 5080/-

(Kindly enclose Xerox copies of Application and Challan)

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



(Name and signature of Project –Coordinator)

(Enclosed with Application)

C

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

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

Challan No.: 0965 Date: 7 / 1 / 2020

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

Received from Mr./Miss Puroshotam Gholap

Class T.Y B.Pharm Year 2019 - 2020

Particulars	Amount Rs.
1) Merit Fee.....	}
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee	
13) Other Fee	
14) In house Project Transaction id-000716121813 7.1.20	
15)	}
16)	
TOTAL Rs.	5080

Total in words Rupees Five thousand
and eighty rupees only

Accept the amount as above 5080/-

Checked By [Signature]



Deposited By PRGholap

[BACK TO INDEX](#)

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

AISSMS
College of Pharmacy
Pune-1

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

Inward No. 4139
Date: 8/8/2019

17 AUG 2019

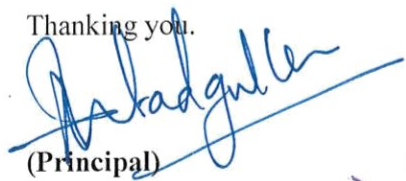
4139
419


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


Respected Sir,

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

Thanking you.


(Principal)


(Project Co-ordinator)
CM-CDamke


(Chief Investigator)
Dr. M. R. Bhalekar

Principal
AISSMS College of Pharmacy
Pune-1

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

Subject: Permission for self supported short term research project.


Respected Madam,


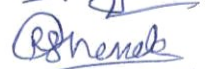
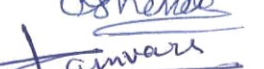
I / We the undersigned would like to undertake a short term self supported research project under the guidance of Mr. / Mrs. / Prof. /Dr. Mangesh Bhalekar
The duly filled format has been enclosed for your kind information and approval

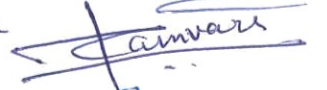

I / We will be obliged, if you consider my /our request and permit us for the same.

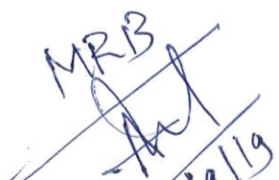
Thanking you.

Yours sincerely
(Name and signature of Students)

Ram Anilkumar Polawar 

Venkatesh Surykant Rohile 
Rutuja Sharad Shende 
Shital Suril Ranvare 

Ayushi Shailesh 
Biyani 

MRB

06/9/19

MRB

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

Name of Applicant: Dr Mangesh Bhalekar

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

Title of Project: , " Evaluation of carboxymethylxyloglucan as suspending agent."

Proposed duration of Project: 03 Months

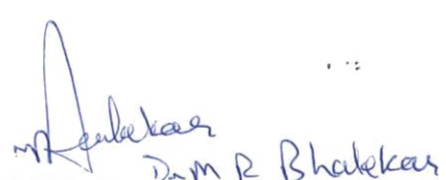
Ref. No. and date of application through proper channel:

Proposed Expenditure:

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

DETAILS OF ACTUALS

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


(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

UNDERTAKING

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

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



(Name and signature of Chief Investigator)

Dr. M. R. Bhalekar

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.

Evaluation of carboxy methyl xyloglucan as suspending agent.

(Hon. Secretary, AISSMS Pune)

Hon. Secretary

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

POST APPROVAL DETAILS

Details of Payment :

Challan No. with Date : 965 - DV 7-1-2020

Amount : 5080/-

(Kindly enclose Xerox copies of Application and Challan)

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



(Name and signature of Project -Coordinator)

Yuvraj Avhad

AISSMS
College of Pharmacy
Pune-01
Inward No. 185-9
Date: 22-01-2020

7

COP/PM/2019-20/134-6

8/01/2020

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

AISSMS SOCIETY
Pune-01
Inward No. 9507
Date: 8/1/2020

9507/211

Respected Sir,

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

Thanking you.

(Signature)

(Principal)

Principal

AISSMS College of Pharmacy
Pune-1

(Signature)
Mr. Munde
(Project Co-ordinator)

(Project Co-ordinator)

(Signature)
Mr. Munde
B.M.R. Bhambhani

(Signature)

(Chief Investigator)

(Mr. Sonwane P.P.)
(P' cognosy Dept)

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. pradeep. p. sonwane
The duly filled format has been enclosed for your kind information and approval

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

Thanking you.

S. Y. B. Pham
Acad. yr. 2019-20
1) **Yuvraj Avhad**
Yours sincerely
(Name and signature of Students)

- 2) Mrunal Gredam
- 3) Suyash chaudhari
- 4) Dhanashree Jadhav

PPS / MCD / MRB / MMC
(Signature)
22/01/2020

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

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

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

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

Proposed Expenditure:

DETAILS OF ACTUALS

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

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

Sonwane

(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

(Mr. Sonwane Pradeep Pandurang)

UNDERTAKING

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

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



(Name and signature of Chief Investigator)

(Mr. Sonwane Pradeep Pandurang)

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.



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

POST APPROVAL DETAILS

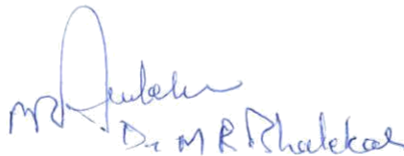
Details of Payment : online payment

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

Amount : 5000/-

(Kindly enclose Xerox copies of Application and Challan)

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



(Name and signature of Project -Coordinator)

GUIDELINES FOR INHOUSE STUDENT RESEARCH PROJECTS (Format-C)

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

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

(Enclosed with Application)

C

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

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

Challan No.: **0981**

Date: **27/1/20**

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

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

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

P2001271357436301873599

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

Total in words Rupees **five thousand
only**

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

Checked By



Deposited By

Yuvraj Arhad

1:59 PM

4G 49



Transaction Successful

01:57 PM on 27 Jan 2020

Transaction ID

P2001271357436301873599

COPY

Paid to



Aissms Collage Of Pharmacy
XXXXXXXXXX0882

Bank Of Baroda

₹5,000

PAY AGAIN

SHARE

Debited from



*****1595

UTR:002752690392

₹5,000

Message

Pharmacognosy project sy b pharmacy



Contact PhonePe Support



Certificate of Publication



This is to confirm that

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

Published following article

COW URINE The Future of Medicine

Volume 6, Issue 5, pp: 634-637

www.ijprajournal.com

A Peer Reviewed and refereed Journal

International Journal of Pharmaceutical Research
and Applications

ISSN: 2249-7781

[BACK TO INDEX](#)

Publication Head

Pradeep Sonawane
08/10/2021

Outcome
Publication
Dr. No. Nagesh

Gaurav Mahajan

(Enclosed with Application)

C

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

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

Challan No.: **0980** Date: 22/01/2020

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

Received from Mr./Miss Gaurav Arun

Mahajan

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

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

Total in words Rupees six Thousand
only

Accept the amount as above 6000/-

Checked By

[Signature]



Deposited By

[Signature]

⑧

AISSMS
College of Pharmacy
Pune-1

Forward No. 145-17
Date: 20.02.2020

7

22 JAN 2020

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

A.I.S.S.M.S.

10086

Date: 22/1/2020

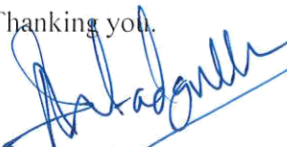
10086
1812


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. Bholekar) (M. C. Damle)


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

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

Subject: Permission for self supported short term research project.


Respected Madam,



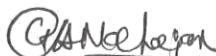

I / We the undersigned would like to undertake a short term self supported research project under the guidance of Mr. / Mrs. / Prof. / **Dr. Santosh V. Gandhi**. The duly filled format has been enclosed for your kind information and approval

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

Thanking you.

Yours sincerely
(Name and signature of Students)

SVG/MMC

20/02/2020

- 1) Abhishek Mahesh Joshi 
- 2) Utkarsha Anhad 
- 3) Gaurav A. Mahajan 
- 4) Peajwal P. Hogade 

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

Name of Applicant:

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

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

Proposed duration of Project: 03 Months

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

Proposed Expenditure:

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

DETAILS OF ACTUALS

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

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

* Cost of consumables shall be calculated using standard catalogue.

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

UNDERTAKING

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

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

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

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.

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

POST APPROVAL DETAILS

Details of Payment: Net Banking through Bank of Maharashtra
(IB Ret. No. 200223642531)

Challan No. with Date: 0980 dated 22/01/2020

Amount: 6000/-

(Kindly enclose Xerox copies of Application and Challan)

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

M. J. Chakraborty

Beaudw
(Name and signature of Project -Coordinator)

C Dr. S.V. Gandli

GUIDELINES FOR INHOUSE STUDENT RESEARCH PROJECTS (Format-C)

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

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



बैंक ऑफ महाराष्ट्र
Bank of Maharashtra
एक परिवार एक बैंक

Receipt for IMPS P2A

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

[BACK TO INDEX](#)

Shivanajali Jadhav

(Enclosed with Application)

C

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

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

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

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

Received from Mr./Miss **Shivanajali jadhav**

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

Particulars	Amount Rs.
1) Admission Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee	
13) Other Fee	
14) inhouse project	5,500/-
15) UPI transaction ID	
16) 000816405168	
8-1-2020	
TOTAL Rs.	5,500/-

Total in words Rupees **Five thousand
and five hundred /-**

Accept the amount as above **5,500/-**

Checked By



Deposited By

[Handwritten Signature]

GOP/PR/2019-20/134-5

10

Date: 8/11/2020

To,

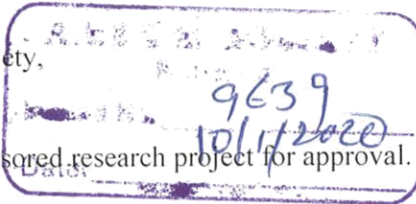
Hon. Secretary

All India Shri Shivaji Memorial Society,

Shivaji Nagar

Pune- 411005.

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



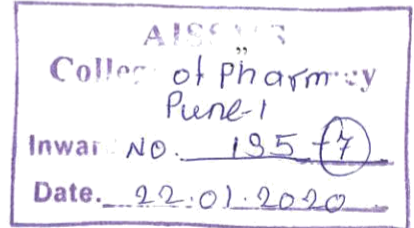
9639
21/11/20

Respected Sir,

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

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

You are requested to do the needful at the earliest.



Thanking you.

(Signature)
(Principal)

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

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

Principal
AISSMS College of Pharmacy
Pune-1.

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

To,

The Principal,

AISSMS College of Pharmacy,

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

Subject: Permission for self supported short term research project.

Respected Madam,

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

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

Thanking you.

VN W / MRB / MMC
(Signature)
22/01/2020

Yours sincerely
(Name and signature of Students)

Anjali Athir
Shivanjali Jadhav
Mayuri Gaikwad
Shreuti Gaikwad

UNDERTAKING

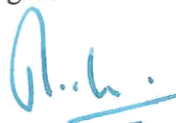
I undersigned hereby take responsibility of the project titled, "Molecular modeling studies of N-(2-phenoxy) ethyl imidazo[1,2-a]pyridine-3-carboxamides as antitubercular agents". to be conducted between "January 2020- March 2020"

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


(Name and signature of Chief Investigator)

SANCTION CERTIFICATE

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


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

POST APPROVAL DETAILS

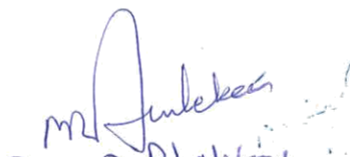
Details of Payment : VPT transaction ID - 000816405166 .

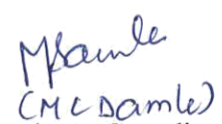
Challan No. with Date : 0968 / 08 -1-2020 .

Amount : 5,500/- .

(Kindly enclose Xerox copies of Application and Challan)

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


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


M. S. Damle
(M. S. Damle)

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.

[BACK TO INDEX](#)

Ojas Jadhav

(Enclosed with Application)

C

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

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

Challan No.: **1064**

Date: **21/3/2020**

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

Received from Mr./Miss **Ojas Jadhav**

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

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

Total in words Rupees **Four thousand only**

Accept the amount as above **4,000/-**

Checked By *[Signature]*



Deposited By *[Signature]*

AISSMS
College of Pharmacy
Pune

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

A.I.S.S.M.S.
10085
Date: 20/1/20

9

COP/PM/2019-20/142 - ①

20 JAN 2020

10085/1872

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

Respected Sir,

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

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

Thanking you,

[Signature]

(Principal)

Principal

AISSMS College of Pharmacy
Pune-1

[Signature] *[Signature]*
M.R. Bhalekar (Project Co-ordinator)
C.M. Damle

①
[Signature]
(Chief Investigator)
CS.U. Kolhe

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

Subject: Permission for self supported short term research project.

Respected Madam,

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

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

Thanking you.

[Signature]
Swati / MRR/MCS/MAC
20/1/2020


Yours sincerely
(Name and signature of Students)

Ishan Dixit *[Signature]*
Ojas Jadhav *[Signature]*
Sachin Mehta *[Signature]*

UNDERTAKING


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

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


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

SANCTION CERTIFICATE

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


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

POST APPROVAL DETAILS

Details of Payment :

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

Amount : 4000/-

(Kindly enclose Xerox copies of Application and Challan)

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



(Name and signature of Project -Coordinator)

GUIDELINES FOR INHOUSE STUDENT RESEARCH PROJECTS (Format-C)

1. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
2. Chemicals available in college store shall be issued upon approval. The catalogue price to be included in actuals. Chemicals not available in 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.

[BACK TO INDEX](#)

Priyanka Khandare

(Enclosed with Application)

C

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

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

Challan No.: 1060

Date: 3/3/20

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

Received from Mr./Miss Priyanka Khandare
CGM House project

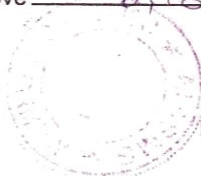
Class S.Y.B-Pharm Year 2019 - 2020

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

Total in words Rupees Six thousand and one
hundred eighty only

Accept the amount as above 6,180/-

Checked By [Signature]



Deposited By [Signature]

COP/PMT/2019-20/161-

Collegⁿ of Pharmacy

Pune-01

Inward No: 156-3

Date: 13.03.2020

Date: 12 Feb 2020

21-22 21-22

56

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

AISSMS SOCIETY
PUNE - 8
Inward No: 11082
Date: 19/2/2020

11082
12/3

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

Respected Sir,

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

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

You are requested to do the needful at the earliest.

Thanking you.

[Signature]
(Principal)

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

[Signature]
(Chief Investigator)

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.

[Signature]
13/03/2020

Yours sincerely
(Name and signature of Students)

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

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

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

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

Proposed duration of Project: 03 Months

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

Proposed Expenditure:

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

DETAILS OF ACTUALS

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

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

Mr M M Chopane
Accountant

* Cost of consumables shall be calculated using standard catalogue.

Accountant

UNDERTAKING

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

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

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

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.

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

POST APPROVAL DETAILS

Details of Payment :

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

Amount : *6180/-*

(Kindly enclose Xerox copies of Application and Challan)

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

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

GUIDELINES FOR INHOUSE STUDENT RESEARCH PROJECTS (Format-C)

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

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

[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, Pranav Uttakar

Class

T.Y. 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) Eligibility Fee.....	
13) Other Fee <u>Innovative Project</u>	<u>6500/-</u>
14) <u>NEFT-SAA168430442</u>	
15) <u>Trans.Dt = 11/04/19</u>	
16)	
TOTAL Rs.	6500/-

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: 8th 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. J. Patil
(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 P.*

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/-
Grand total			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)

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.

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. Bhaltekar)

(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.

[BACK TO INDEX](#)

(Enclosed with Application)

C

Riya Keskar

AISSMS

College of Pharmacy (B.Pharm)

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

Challan No.: 0486 Date: 18/7/19

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


Received from Mr./Miss Riya S. Keskar

Class B.Pharm Year 2019 - 2020

Particulars	Amount Rs.
1) Merit Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee.....	
13) Other Fee (Project).....	4500/-
14) Transaction ID:.....	}
15) 919920419073.....	
16) Transaction date:.....	
18 Jul 2019.....	
TOTAL Rs.	4500/-

Total in words Rupees four thousand five hundred only

Accept the amount as above 4500/-

Checked By 

Deposited By Riya

COP/PN/2018-19/76-3

AISSMS
College of Pharmacy
Pune-1

Inward No. 66-6
Date: 22-08-2018

A.I.S.S.M. SOCIETY
PUNE-8

Inward No. 6054
Date: 13/8/2018

8

7 AUG 2018

6054
2/8

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, "Application of postillation to improve dissolution of drug."
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. 45000/-

Thanking you

[Signature]

(Principal)
Principal
AISSMS College of Pharmacy
Pune-1

[Signature]
(Project Co-ordinator)
(M.C. Dangle)

[Signature]
(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 Bhulekar
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)

[Signature]
Atharva Sudhakar Kulkarni

Brinda Gunashekaran Nadar
[Signature]

Ria Sandeep Kestkar *[Signature]*

Omkar Ramchandra more *[Signature]*

Arushikesh D. Sambare *[Signature]*

MRB/MNC
[Signature]
22/8/18

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

Name of Applicant:

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

Title of Project: "Application of pastillation to improve dissolution of drug"

Proposed duration of Project: 03 Months

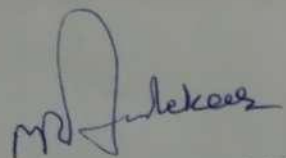
Ref. No. and date of application through proper channel:

Proposed Expenditure:

DETAILS OF ACTUALS

Sr. No.	Item(Consumables)	Qty. Required	Approx. Cost
1	PEG 6000	2500g	500=00
Grand total			500=00

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=00

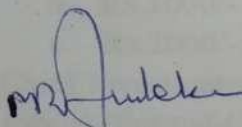

(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Application of Pastillation to improve dissolution of drug." to be conducted between 1 Aug 2018-1 Oct 2018.

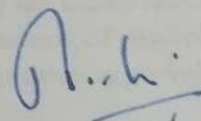
I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.



(Name and signature of Chief Investigator)

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.



(Hon. Secretary, AISSMS Pune)

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

POST APPROVAL DETAILS

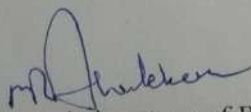
Details of Payment :

Challan No. with Date : 486 18-7-19

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)