



AISSMS

COLLEGE OF PHARMACY

IMPARTING EXCELLENCE IN EDUCATION & RESEARCH



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

Index

S. No.	Name of the Project/Endowments, Chairs	Name of the Principal Investigator/Co-investigator	Year of Award	Amount Sanctioned (Rs.)	Name of the Funding Agency	Type (Government/non-Government)	Proof
1.	Spray drying of pharmaceuticals	Dr. Mangesh Bhalekar	2021-22	9400.00 Paid (8000.00+1440.00 GST)	Novachem Drugs Pvt Ltd	Non-Government	View
2.	Formulation of Pheromone Tablet	Dr. Mangesh Bhalekar	2021-22	3630.00	Green Core Biosolutions, Baramati	Non-Government	View
3.	Synthesis of chromium amino acid nicotinic acid chelates	Mrs. K.D. Asgaonkar	2021-22	5900.00 +	Indus Biotech, Pune	Non-Government	View
4.	HPTLC estimation of Cinnamtannin B1 from powder extract and capsule blend	Dr. S.V. Gandhi	2021-22	17700.00 Paid 26000.00 (GST Included)	M.S. Indus Biotech Ltd. Pune	Non-Government	View

5.	Determination of Sun Protection Factor of cosmetic product	Dr. Mithun Bandivadekar	2021-22	2360.00 GST exclude amt. paid=2000.00	Parama Naturals, Satavayu Naturals LLP.	Non-Government	View
6.	Study of nootropic activity of THF polyherbal formulation in Rodents	S U Kolhe	2021-22	4000.00.	Anam Bagwan, Atharva Suryawanshi AyushiShaha, Aditya Lokhande	Non-Government	View
7.	Assessment of lethal effect of THF in lab animals	S U Kolhe	2021-22	4000.00	VidhiDagde, Apurva Pawar, Sonali Bhondve, R Bhagvat, P Devkate	Non-Government	View
8.	Formulation and evaluation of herbal dry shampoo	Mrs. Megha Shah	2021-22	4000.00	Rathod Namrata, Shah Ayushi, Siddhi sefalika, AtharvSuryavanhi	Non-Government	View

9.	Preliminary and analytical study of medicinal plant(radish)	Mrs. Megha Shah	2021-22	6000.00	Sanket Pujari, Patil Harshwardhan, Vaibhavi Mulley, Dhumal Anand	Non-Government	View
10.	Spray drying of Arjuna Ksheerapaka	Dr.Mithun Bandivadekar and Mr. Jitendra Gajbe	2020-21	4900.00	Ashutosh Todakari	Non-Government	View
11.	Evaluation of Aphrodisiac Activity of Artemisia nilagirica pamp in male albino rats	Dr S V Tembhurne	2020-21	10000.00 Paid 8200.00 Exclude of GST	Akash Chauhan	Non-Government	View

NovaChem Drugs
(Enclosed with Application)

C

AISSMS

College of Pharmacy (M.Pharm)

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

Challan No. 1107 C.No. 04510200000881 Date 02/07/21

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

Received from Mr./Miss Nova chem Drugs
pvt. Ltd.

Class Industry Year 2021 - 2022

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) Other Fee	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) <u>Industry project</u>	<u>8000/-</u>
13) <u>GST</u>	<u>1440/-</u>
14) <u>NEFT- 000106084698</u>	
15) <u>02/07/21</u>	
16)	
TOTAL Rs.	9,440/-

Total in words Rupees Nine thousand
four hundred forty only

Accept the amount as above 9,440/-

Checked By Dr. M.R. Bhalekar
Deposited By Shehamit



(For Candidates)

D

AISSMS

College of Pharmacy (M.Pharm)

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

Challan No. 1107 C.No. 04510200000881 Date 02/07/21

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

Received from Mr./Miss Nova chem Drugs
pvt. Ltd.

Class Industry Year 2021 - 2022

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) Other Fee	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) <u>Industry project</u>	<u>8000/-</u>
13) <u>GST</u>	<u>1440/-</u>
14) <u>NEFT- 000106084698</u>	
15) <u>02/07/21</u>	
16)	
TOTAL Rs.	9,440/-

Total in words Rupees Nine thousand
four hundred forty only

Accept the amount as above 9,440/-

Checked By Dr. M.R. Bhalekar
Deposited By Shehamit Guwade

NOVACHEM

ICICI Bank Advice Receipt

7/5/21 3:44 PM

Transaction Details

Account Number: 056405004327

Transaction Date: 02-07-2021 00:00:00

Transaction Amount: INR 9,440.00

Debit/Credit: Debit

Transaction Description: NEFT:000106084698/BAR
B0SHIPOO/PRINCIPAL

Note: This is an electronically generated receipt and
does not need any signature.

' सत्याला मरण नाही '

26058208
26058204



ALL INDIA SHRI SHIVAJI MEMORIAL SOCIETY'S
COLLEGE OF PHARMACY

(Approved by AICTE & PCI, New Delhi, Recognized by Govt. of Maharashtra
and Affiliated to Savitribai Phule Pune University)

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

www.aissmscop.com Email: contact@aissmscop.com College ID No.: PU/PN/Pharm/117/(1996)

Ref. No.:

Date : 25 JUN 2021

INVOICE

To, Ms Novachem Drugs Pvt Ltd, Pune 29/2, D2 block, Chinchwad MIDC, Pune- 411019 GST No-27AAACN9231H1ZG		
sr	Particulars	Amount (Rs)
1.	Spray Drying trail at our facility	8000=00
	GST@18%	1440=00
	Grand Total	9440=00

The payment should be made in favour of Principal, AISSMS College of Pharmacy, Pune.

GST no 27AAATA1675PSD001

Dr Ashwini R Madgulkar
Principal

AISSMS College of Pharmacy
Pune-1

GOPIN/2021-22/11-3

Date: 23-06-21

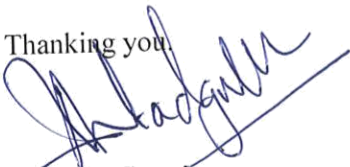
To,
Hon. Secretary
All India Shri Shivaji Memorial Society,
Shivaji Nagar
Pune- 411005.
Sub: Submission of proposal of sponsored research project for approval.

AISSMS College of Pharmacy Pune-1 Inward No: 15-19 Date: 15.07.2021


Respected Sir,

Please find enclosed research proposal titled, " **Spray drying of pharmaceuticals**" under Category Industry Project (Format A) for your approval. You are requested to do the needful at the earliest.

Thanking you


(Principal)
Principal
AISSMS College of Pharmacy
Pune-1


(M. D. Amle)
(Project Co-ordinator)


(Chief Investigator)
Dr. M. R. Bhalekar

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


Subject: Permission for Industry sponsored short term research project.

Respected Madam,

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

PROTOCOL FOR INDUSTRY RESEARCH PROJECT (Format-A)

Name of the Industry: Nova Chem Drugs Pvt, Ltd. Pune

Complete postal address:

29/2, DII BLOCK, MIDC CHINCHWAD, PUNE-411019 (MAHARASHTRA)

Title of Project: " Spray drying of pharmaceuticals"

Proposed duration of Project: 07 Days

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

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Total cost of actuals.(Details are mentioned below)	Nil
2	Infrastructure utility fees.(50% of actuals)	1800=00
3	Society processing fees. .(50% of actuals)	1800=00
4	Staff remuneration .(same as actuals)	
	Dr M R Bhalekar	2000=00
	Dr A R Madgulkar	1950=00
	Mr Sandip Patil	1000=00
	Mr M M Chopane	450=00
	Grand Total	8000=00

DETAILS OF ACTUALS

Sr. No.	Item(Consumables)	Qty. Required (Min. pack size)	Cost
	All ingredients provided by Nova Chem	—	—
Grand total			



(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

Dr Mangesh Bhalekar

UNDERTAKING

I undersigned hereby take responsibility of the project titled, “ Spray drying of pharmaceuticals”

to be conducted between 22 June -28 June 2021

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



(Name and signature of Chief Investigator)
Dr Mangesh Bhalekar

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, ““ Spray drying of pharmaceuticals”

”



(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 :

Amount : 9440 = 00

(Kindly enclose Xerox copies of Application and Challan)

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



(Name and signature of Project –Coordinator)

Dr MR I. Shalekar



Mangesh Bhaleker <mrhbhalekar@gmail.com>

Spray Dryer Trial

4 messages

Vinayak Jangam <vinayak.jangam@novachemdrugs.com>

Wed, Jun 16, 2021 at 5:25 PM

Reply-To: vinayak.jangam@novachemdrugs.com

To: mrhbhalekar@gmail.com

Cc: "vijay.patil@novachemdrugs.com" <vijay.patil@novachemdrugs.com>

Dear sir,

We want to do trial of our project on your spray dryer. We carry all the excipients will trial. Please let me know the availability as well as the per day charges for trial.

Thanks & Regards.

VINAYAK JANGAM

NOVA CHEM DRUGS (P) LTD

29/2, DII BLOCK, MIDC CHINCHWAD,

PUNE-411019 (MAHARASHTRA)

TEL: 91 20 66112991

91 20 66112992

Please do not print this mail unless you really need to - go green!*Mangesh Bhaleker** <mrhbhalekar@gmail.com>

Fri, Jun 18, 2021 at 5:44 PM

To: vinayak.jangam@novachemdrugs.com

Cc: "vijay.patil@novachemdrugs.com" <vijay.patil@novachemdrugs.com>

Dear Mr Vinayak

Thanks for your enquiry. As per our telephonic discussion we are doing trial of spray dryer to weed out some minor problems we found in working on Monday we will make final trial and confirm about availability of equipment. The charges for trials would be Rs 8000/- and our lab assistant and myself would assist you in this.

We suggest we can schedule the trials on Thursday and Friday however we are open to days of your convenience.

Regards

Dr Mangesh Bhalekar

[Quoted text hidden]

Vinayak Jangam <vinayak.jangam@novachemdrugs.com>

Wed, Jun 23, 2021 at 10:57 AM

Reply-To: vinayak.jangam@novachemdrugs.com

To: Mangesh Bhaleker <mrhbhalekar@gmail.com>

Cc: "vijay.patil@novachemdrugs.com" <vijay.patil@novachemdrugs.com>

Dear sir,

Tommaro we are to come for trial at your facility on mornig section.

Thanks & Regards.

VINAYAK JANGAM

NOVA CHEM DRUGS (P) LTD

29/2, DII BLOCK, MIDC CHINCHWAD,

PUNE-411019 (MAHARASHTRA)

TEL: 91 20 66112991

91 20 66112992

**Please do not print this mail unless you really need to - go green!*

From: "Mangesh Bhaleker" <mrhbhalekar@gmail.com>
Sent: Friday, June 18, 2021 5:45 PM
To: vinayak.jangam@novachemdrugs.com
Cc: "vijay.patil@novachemdrugs.com" <vijay.patil@novachemdrugs.com>
Subject: Re: Spray Dryer Trial
[Quoted text hidden]

Mangesh Bhaleker <mrhbhalekar@gmail.com>
To: vinayak.jangam@novachemdrugs.com

Wed, Jun 23, 2021 at 12:51 PM

Dear Mr Vinayak
As per our discussion the charges for your complete work are Rs 8000/-
and you can come at 9 am tomorrow.
Thanks for choosing us.
Regards
Dr Mangesh Bhalekar

On Wed, Jun 16, 2021 at 5:25 PM Vinayak Jangam <vinayak.jangam@novachemdrugs.com> wrote:
[Quoted text hidden]

[BACK TO INDEX](#)

(Enclosed with Application)

C

Satvayur Natural LLP

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

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

Challan No. **1294** 'c. No. 04510200000881 Date **03.12.2021**
Amount credited on A/C No. **540000000000** in the
BANK OF BARODA, Shivajinagar, Pune - 5

Received from Mr./Miss Satvayur
Natural L.L.P.
Class Company Year 2021 - 2022

Particulars	Amount Rs.
1) Interim Fee.....	-
2) Application Form Fees.....	-
3) Development Fees.....	-
4) Tuition Fees.....	-
5) Misc. & University Charges.....	-
6) Caution Money Deposit.....	-
7) Journal Fees.....	-
8) University / Board Eligibility Fee.....	-
9) Other Fee	-
10) Student Activity Fee.....	-
11) Insurance Fee.....	-
12) <u>Sample Fees</u>	<u>2,360/-</u>
13) <u>(P centus Dept)</u>	-
14) <u>UPI ID No.:-</u>	-
15) <u>13372515163</u>	-
16) <u>03.12.2021</u>	-
TOTAL Rs.	2,360/-

Total in words Rupees Two Thousands
Three Hundred Sixty
only - 2,360/-
Accept the amount as above



Deposited By [Signature]

AISSMS
College of Pharmacy
Pune - 1
Inward No: 97-15
Date: 03.02.2022



AISSMS

COLLEGE OF PHARMACY

IMPARTING EXCELLENCE IN EDUCATION & RESEARCH



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2F, 12B recognition by UGC, Affiliated to Savitribai Phule Pune University
Accredited by NAAC with A Grade

COP/PN/ 2021-22/125 - (1)

21 JAN 2022

To,
The Hon. Secretary
AISSMS, Shivaji Nagar
Pune-441105.



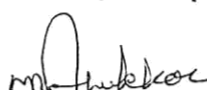

AISSMS SOCIETY
PUNE
Inward No. 8956
Date: 25/1/2022

8956
2/2/22

Sub: For Approval of Industry Sponsored Project.


Respected Sir,

We have been approached by Parama Natural Satavayur Natural LLP, Pune Cosmetic Industry for a project on "Invitro determination of Sun Protection Factor of Cosmetic Product ".The industry project expenditure is calculated as per format A, Which is based on Actual expenditure on project. Since there is no expenditure cost involved in this project. So you are requested to allow distribution of proposed charges of Rs.2000/- between Society and Principal Investigators equally.

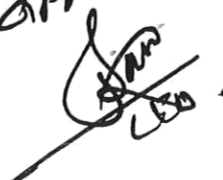

(Dr.M.M.Bandivadekar)  (Mr.Jitendra Gajbe)  (Dr.M.R.Bhalekar)  (Dr.M.C.Damle)
(Principal Investigator) (Project Co-ordinator)

Thanking you

Your Sincerely


Dr. Ashwini R Madgulkar

Principal
AISSMS College of Pharmacy
Pune-1

25/1/2022
Submitted
Recommended for
Approval


JG/MMB/MRB
07/02/2022




PROTOCOL FOR INDUSTRY RESEARCH PROJECT (Format-A)

Name of the Industry: ~~Paroma Natural~~ Satovayr Natural LLPComplete postal address: Panchsheel, Post Office Road, Shambhu Vihar Society,
Aurh, Pune, Maharashtra 411007.

Title of Project: Determination of sun protection factor of cosmetic product

Proposed duration of Project: 5 Months

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

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Total cost of actuals. (Details are mentioned below)	0.00
2	Infrastructure utility fees. (50% of actuals)	500/-
3	Society processing fees. (50% of actuals)	500/-
4	Staff remuneration. (same as actuals)	1000/-
	Grand Total	2000/-

360 (GST)

DETAILS OF ACTUALS

2360

Sr. No.	Item (Consumables)	Qty. Required (Min. pack size)	Cost
	NA	NA	0.00
	}	}	}
	}	}	}
	Grand total		0.00

read
Dr. Mithun Bordinadkar Mr. J.H. Goye

(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

(Accountant sign)

Date: 04/01/2022

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


Sub: Submission of proposal of ^{Industry} sponsored research project for approval.


Respected Sir,

Please find enclosed research proposal titled, "Determination of Sun protection Factor of Cosmetics Products of Paradma Naturals" under Category Industry Project (Format A) for your approval. You are requested to do the needful at the earliest.

Thanking you.


(Chief Investigator)


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


(Principal)

Dr. Mithun Bhandarkar
Mrs. Jitendra Gaikbe

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


Subject: Permission for Industry sponsored short term research project.

Respected Madam,

I / We the undersigned would like to undertake a short term ^{Industry} self supported research project under the guidance of Mr. / Mrs. / Prof. / Dr. Mithun Bhandarkar & Mrs. Jitendra Gaikbe. 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)

UNDERTAKING

I undersigned hereby take responsibility of the project titled, Determination of Sun protection Factor of Cosmetic product to be conducted between

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. Mithun Bendive Datar
(Name and signature of Chief Investigator)


Mr. Jitendra K. Gajjar

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, "Determination of Sun protection Factor of Cosmetic product"

(Hon. Secretary, AISSMS Pune)

Hon. Secretary

All India Shri Shivaji Memorial Societ

Pune-411 005.

POST APPROVAL DETAILS

Details of Payment : Online UPI Transaction 133725151163

Challan No. with Date : 1294 03/12/2021

Amount : 2,360/-

(Kindly enclose Xerox copies of Application and Challan)

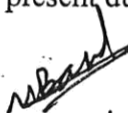
The requisite formalities have been completed and verified by the undersigned.

(Name and signature of Project -Coordinator)

UNDERTAKING

I undersigned hereby take responsibility of the project titled, Determination of Sun protection Factor of Cosmetic product to be conducted between Dec. 2024 to Feb 2025.

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. Mithun Bhandarkar
(Name and signature of Chief Investigator)


Mr. Jitendra H. Gayle

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, "Determination of Sun protection Factor of Cosmetic product"

(Hon. Secretary, AISSMS Pune)
Hon. Secretary

All India Shri Shivaji Memorial Society
Pune-411 005.

POST APPROVAL DETAILS


Details of Payment : Online UPI Transaction 133725157163

Challan No. with Date : 1294 03/12/2024

Amount : 2,860/-

(Kindly enclose Xerox copies of Application and Challan) yy

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


Mr. Jitendra H. Gayle
(Name and signature of Project -Coordinator)

D. M. R. Bhandarkar

[BACK TO INDEX](#)

Green Core Biosolutions

No. 04510200000881
(Enclosed with Application)

C

AISSMS
College of Pharmacy (M.Pharm)

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

Challan No.:

1245

Date: 07/10/2021

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

Received from Mr./Miss

Green Core

Biosolutions

Class _____ Year 201 - 201

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) Industry Project	3630.00
13)	
14) Ref. No. -	
15) IMPS 128015740187	
16)	
TOTAL Rs.	3630 /-

Total in words Rupees

Three Thousand
Six Hundred & Thirty Only

Accept the amount as above

Checked By

Dr. M.R. Bhulekar



Deposited By

Ms. Suvosna Jirande

(Enclosed with Application)

C

AISSMS
College of Pharmacy (M.Pharm)

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

Challan No.:

1245

Date: 01/10/2018

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

Received from Mr./Miss Green Care

Biocollections

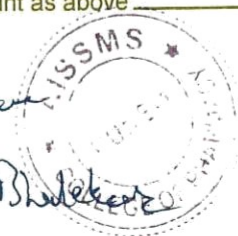
Class _____ Year 201 - 201

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) Industry Project	3636.00
13)	
14) Ref. No. -	
15) IMPSE 128015760187	
16)	
TOTAL Rs.	3636 /-

Total in words Rupees Three Thousand
Six Hundred & Thirty Only

Accept the amount as above _____

Checked By M. R. Bhulekar
Da M R Bhulekar



Deposited By M. Subhanshu Jirank

' सत्याला मरण नाही '

26058208
26058204

ALL INDIA SHRI SHIVAJI MEMORIAL SOCIETY'S
COLLEGE OF PHARMACY

(Approved by AICTE & PCI, New Delhi, Recognized by Govt. of Maharashtra
and Affiliated to Savitribai Phule Pune University)

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

www.aissmscop.com Email: contact@aissmscop.com College ID No.: PU/PN/Pharm/117/(1996)



Ref. No.:

INVOICE

Date :

22 SEP 2021

To, Ms Grencore Biosolutions
G 350, Katphal Road, MIDC, Baramati, Dist Pune.

sr	Particulars	Amount (Rs)
1.	Formulation of tablets	3630=00
	Grand Total	3630=00

The payment should be made in favor of Principal, AISSMS College of Pharmacy, Pune.

Dr Ashwini R Madgulkar

Principal
AISSMS College of Pharmacy
Pune-1

COP/1PN/2021-22/44-①

A.I.S.S.M. SOCIETY
PUNE
Inward No. 2187
Date: 20/8/2021

2187
21/8

To,

Hon. Secretary

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

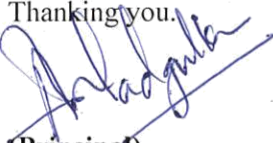
Sub: Submission of proposal of sponsored research project for approval.

20 AUG 2021
AISSMS
College of Pharmacy
Pune-01
Inward No. 64-①
Date: 22.10.2021

Respected Sir,

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

Thanking you.

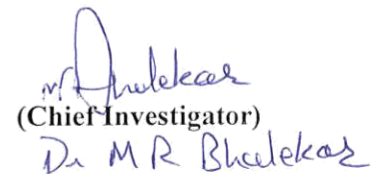


(Principal)

Principal

AISSMS College of Pharmacy
Pune-1


(Project Co-ordinator)


(Chief Investigator)
Dr. M R Bhalekar

To,

The Principal,

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

Subject: Permission for Industry sponsored short term research project.

Respected Madam,

I / We the undersigned would like to undertake a short term industry project under the guidance of Dr Mangsh 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.

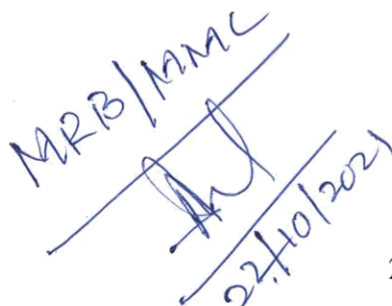
Thanking you.



Yours sincerely

(Name and signature of Industry Person)

Mr Ganesh Kadam

MRB/MMC

22/10/2021

PROTOCOL FOR INDUSTRY RESEARCH PROJECT (Format-A)

Name of the Industry: Greencore biosolutions

Complete postal address: G 350, Katphal Road, MIDC, Baramati, Dist Pune.

Title of Project: , "Formulation of pheromone tablet".

Proposed duration of Project: 30 days

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

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Total cost of actuals.(Details are mentioned below)	00=00
2	Infrastructure utility fees.(50% of actuals)	750=00
3	Society processing fees. .(50% of actuals)	750=00
4	Staff remuneration .(same as actuals)	
	Dr Ashwini Madgulkar	420=00
	Mr M M Chopane	210=00
	Dr M R Bhalekar	800=00
	Mr S R Patil	700=00
	Total	3630=00

DETAILS OF ACTUALS

Sr. No.	Item(Consumables)	Qty. Required (Min. pack size)	Cost
	All ingredients were supplied by Industry		
Grand total			

(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

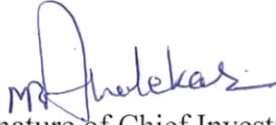
Dr M R Bhalekar

Mr M M Chopane

UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Formulation of pheromone tablet".. Will be conducted between 1 August 2021 to 30 August 2021.

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



(Name and signature of Chief Investigator)
Dr Mangesh Bhalekar

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, "Formulation of pheromone tablet".

”



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

POST APPROVAL DETAILS

Details of Payment : *FMPS. 7272908181.*
Challan No. with Date : *7-10-21, 1263-NO.*
Amount : *3630/-*

(Kindly enclose Xerox copies of Application and Challan)

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



(Name and signature of Project –Coordinator)

Dr M R Bhalekar

GUIDELINES FOR INDUSTRY SPONSORED PROJECTS (Format-A)

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. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-A) 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 shall put forward the summary report in the prescribed format to the society through principal 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 collect 100% amount as an advance from the sponsorer after approval from the society. In case, if the Chief Investigator takes responsibility of the sponsorer 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 against which the official receipt shall be issued the sponsor.



GREENCORE BIOSOLUTIONS

G-350, Katphal Road, M.I.D.C., Baramati, District-Pune, Maharashtra.

Email: info@greencore.in Website: www.greencore.in

Contact: +91 98 5070 4243 ; +91 7272 90 8181

Ref. No. : GreenCore/Letter/2021-08/01

August 05, 2021

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

Sub: Permission to use Tablet Compression Machine.

Respected Madam,

Let me take this opportunity to introduce GreenCore BioSolutions. We are providing various solutions to farmers to grow their produce without using harsh pesticides. We are promoting Integrated Pest Management using various pheromone traps. We are assisting farmers to control pests without using harsh chemicals.

We would like to use college facilities for compression of tablets to make pheromone based tablets. We would like to use the facility for two days.

Request you to allow us on 9th and 10th August on payment basis.

Look forward to your positive reply.

Thanks and Regards,
Ganesh Kadam
Contact: +91 7272908181

GreenCore BioSolutions
Baramati MIDC, Baramati, Pune
Maharashtra.

Email : info@greencore.in
Website : www.greencore.in

Atharva Suryawanshi

(Enclosed with Application)

C

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

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

Challan No.: **2433** Date: **27/12/2021**

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

Received from Mr./Miss **Atharva R. Suryawanshi**

Class **T.Y. B. Pharmacy** Year **2021 - 2022**

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) Fee (Project).....	4000/-
15) UPI Transaction ID.....	}
16) 1396199350742.....	
Date: 27/12/2021	
TOTAL Rs.	4000/-

Total in words Rupees **Four Thousand only/-**

Accept the amount as above **4000/-**

Checked By 


Deposited By **ASuryawanshi**

ALL INDIA SHRI SHIVAJI MEMORIAL SOCIETY
COLLEGE OF PHARMACY
Kennedy Road, Near R.T.O. Office,
Pune - 411 001.

AISSMS
College of Pharmacy
Pune-1
Inward No. 95-45
Date. 01.02.2022

8

COP/PM/2021-22/114-3

Date: 07 JAN 2022

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
Inward No. 8453
Date. 10/11/2022

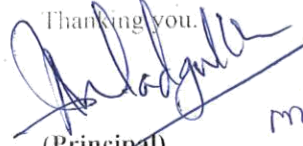
8453
3/1/22


Respected Sir,


Please find enclosed research proposal titled, "Study of Nootropic activity of PHF in Rodents."

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. ---4000/-

Thanking you.


(Principal)
Principal
AISSMS College of Pharmacy
Pune-1


(Project Co-ordinator)
Dr. Mayesh Bhalekar


(Chief Investigator)
Mrs. S.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.

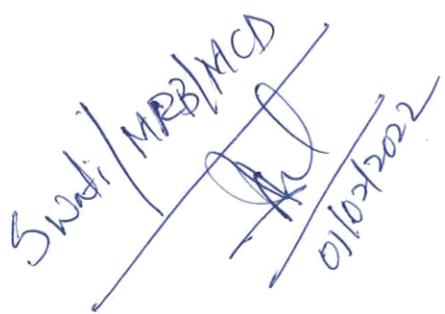
Respected Madam,


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

Yours sincerely
(Name and signature of Students)


Swati / MRB/MCD
01/10/2022

Aanam M. Bugwan.

ARSuryawanshi, Atharva. Suryawanshi


Astak
Ayushi Shah
Aditya Lokhande

UNDERTAKING

I undersigned hereby take responsibility of the project titled, *Study of Nocturnal activity of PHF in rodents.*
to be conducted between *Jan - Mar, 2022*

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. Kolhe

(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 : *2433 27/12/2021*

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)

Dr. M. R. Shelkar

[BACK TO INDEX](#)

(Enclosed with Application)

C

AISSMS
College of Pharmacy (B.Pharm)

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

Challan No.: **2456** Date: **3/1/22**

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

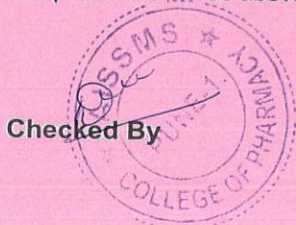
Received from Mr./Miss **Vidhi Anil**
Dagade

Class **T.Y B pharm** Year **2011 - 2012**

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 <i>In house project</i>	4000/-
14) Transaction ID - T22010312534016	
15) 9952259	
16) Date = 3/1/22	
TOTAL Rs.	4000/-

Total in words Rupees **Four thousand**
rupees only

Accept the amount as above **4000/-**



Checked By

Dagade
Deposited By

Vidhi Dagade

ALL INDIA SHRI SHIVAJI MEMORIAL SOCIETY
COLLEGE OF PHARMACY
Kennedy Road, Near R.T.O. Office,
Pune - 411 001.

AISSMS
College of Pharmacy
Pune-1
Inward No. 95-50
Date. 01-02-2022

9

COP/PM/2021-22/117 (2)

A.I.S.S.M.S. SOCIETY
PUNE
Inward No. 8454
Date: 10/1/2022

Date: **07 JAN 2022**

8454
3/1/22

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, "**Assessment of lethal effects of PHF in laboratory Animals.**"
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. 4000/-

Thanking you.

[Signature]
(Principal)
Principal
S.M.S. College of Pharmacy
Pune-1

[Signature]
(Project Co-ordinator)
M. B. Bhandarkar
Dr. M. B. Bhandarkar

[Signature]
(Chief Investigator)
(Mrs. S. V. 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. / Dr. S. V. 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]

Yours sincerely
(Name and signature of Students)

Apurva K Powar

[Signature]
Dagade

Vidhi Anil. Dagade.

[Signature]
Swati M. B. Bhandarkar

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

Name of Applicant: S.U. Kolhe
 Complete postal address: AISSMS college of Pharmacy, Near RTO, Pune- 411001

Title of Project: Assesment of lethol effects of PHF in laboratory animals.
 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
—	—	—	—
	Grand total		

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)	—
	Grand Total	4000/-

S.U. Kolhe 

(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, *Assesment of lethal effects of PHF in laboratory Animals.*
to be conducted between *1 Jan - 1 March 2022*

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. Kolhe 

(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 : *2456 31/1/2022*

Amount : *4000/-*

(Kindly enclose Xerox copies of Application and Challan)

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

 
D. M. R. Bhalekar *M. B. Amle*
(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.: **2433** Date: **27/12/2021**

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


Received from Mr./Miss **Atharva R. Suryawanshi**

Class **T.Y.B. Pharmacy** Year **2021** - **2022**

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) Fee (Project).....	4000/-
15) UPI Transaction ID- 1396199350742	}
16) Date: 27/12/2021	
TOTAL Rs.	4000/-

Total in words Rupees **Four Thousand only/-**

Accept the amount as above **4000/-**

Checked By 

Deposited By **A. Suryawanshi**

AISSMS
College of Pharmacy
Pune-01
Inward No. 18-24
Date: 05-05-2022

Date: 16/02/2022

60P1P/2021-22/133 (3)

To,

Hon. Secretary

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

Sub: Submission of proposal of Research project for approval.

A.I.S.S.M. SOCIETY
PUNE
Inward No. 9517
Date: 15/2/2022


9517
5/6/22


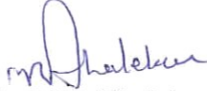
Respected Sir,

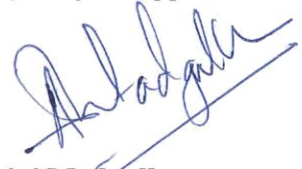
Please find enclosed Research proposal titled, "**Formulation and Evaluation of Herbal Dry Shampoo.**" under Category of In house project (Format C) for your approval.

You are requested to do the needful at the earliest.

Thanking you.


Mrs Megha S Shah
Chief Investigator

 
Dr M C Damle, Dr M.R Bhalekar
Project Co-ordinator


Dr Ashwini Madgulkar
Principal

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 Mrs. Megha S Shah from Pharmacognosy 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)

1. Ayushi Shah - 
2. Namrata Rathod - NRRathod
3. Siddhi Sefalika - Siddhi sefalika
4. Athaava. Suryawanshi ARSuryawanshi

M.S / MRB / MCD

06/05/2022

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

Name of Applicant: Rathod Namrata, Shah Ayushi, **Suryvanshi Atharv**

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

Title of Project: "Formulation and Evaluation of Herbal Dry Shampoo."

Proposed duration of Project: 03 Months

Proposed Expenditure:

Sr No.	Parameter	Amount
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/-

*Except water will not use any solvent and chemical from College.


Mrs Megha S Shah
(Name and Signature of Chief Investigator)


(Accountant Sign)

UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Formulation and Evaluation of Herbal Dry Shampoo." to be conducted between 01/03/2022 to 01/06/2022


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


Mrs Megha S Shah

(Name and signature of Chief Investigator)

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled. "Formulation and Evaluation of herbal dry shampoo."


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

POST APPROVAL DETAILS



Details of Payment:

Challan No. 1257

Amount: 4000

(Kindly enclose Xerox copies of Application and Challan)

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



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

GUIDELINES FOR INHOUSE STUDENT RESEARCH PROJECTS (Format-C)

1. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
2. Chemicals available in college store shall be issued upon approval. The catalogue price to be included in actuals. Chemicals not available in stores to be procured by the students.
3. To the above figure following charges shall be charged extra to the student: a Rs.1000/-: As infrastructure utility fees. b. Rs. 1 000/-: As processing charges to the society. 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.

Vaibhavi Mulley

(Enclosed with Application)

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

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

Challan No.: 2206

Date: 08/3/2022

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

Received from Mr./Miss Vaibhavi Mulley

Class T.Y.B.P. Year 2021 - 2022

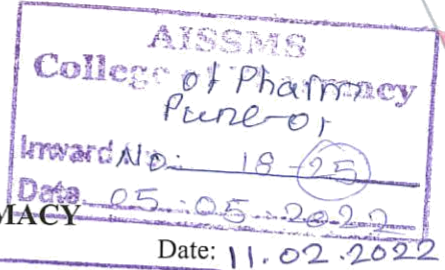
Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee	
13) Other Fee	
14) Transaction ID: 206706184631	
15) Inhouse Project Fees 6000/-	
16) Date: 8/3/22	
TOTAL Rs.	6000/-

Total in words Rupees Six Thousand.

Accept the amount as above 6000/-



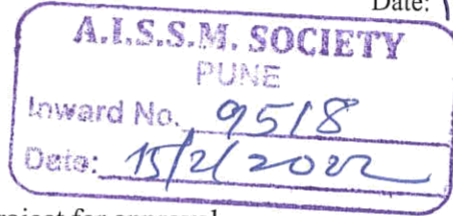
[Signature]
Deposited By



COP/PN/2021-22/133-4

AISSMS COLLEGE OF PHARMACY

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




Date: 11.02.2022.


Sub: Submission of proposal of Research project for approval.

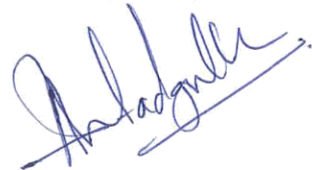
Respected Sir,

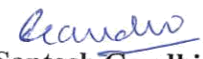
Please find enclosed Research proposal titled, "**Pharmacognostical and analytical study of medicinal plants**" under Category of In house project (Format C) for your approval. You are requested to do the needful at the earliest.

Thanking you.


Mrs Megha S. Shah
(Chief Investigator)


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


Dr Ashwini Madgulkar
(Principal)


Dr Santosh Gandhi
(Co-investigator)

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

Subject: Permission for Self supported short term research Project.

Respected Madam,

We the undersigned would like to undertake a short term self supported Research project under the guidance of **Mrs. Megha S Shah** from Pharmacognosy 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)

1. Vaibhavi Mulley - 
2. Sonket Pujari - 
3. Aneel dhumal - 
4. Harshwardhan Patil - 

M.S/MRB/MCD

06/05/2022

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

Name of Applicant: Patil Harshwardhan, Mulley Vaibhavi, Dhumal Anand, Pujari Sanket

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

Title of Project: "Pharmacognostical and analytical study of medicinal plants"

Proposed duration of Project: 03 Months

Proposed Expenditure:

Sr No.	Parameter	Amount
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	Methanol (AR Grade)	2.5 litre × 2 Unit	1200
2	HPTLC plate	4 Plates (20 × 20 cm)	800
		Grand Total	2000

Megha S Shah
Shah

Mrs Megha S Shah
(Name and Signature of Chief and Co-Investigator)

Santosh V Gandhi

Dr Santosh V Gandhi


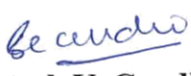
(Name and Signature of Chief and Co-Investigator)

[Signature]
(Accountant Sign)

UNDERTAKING


I undersigned hereby take responsibility of the project titled, "Pharmacognostical and analytical study of medicinal plants" to be conducted between 01/03/2022 to 31/05/2022

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


Mrs Megha S Shah 
Dr Santosh V. Gandhi
(Name and signature of Chief & Co-Investigator)

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled. *Pharmacognostical and analytical study of medicinal plants.*


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

POST APPROVAL DETAILS

Details of Payment:



Challan No. 2206

Date: 8/3/22

Amount: 6000/-

(Kindly enclose Xerox copies of Application and Challan)

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



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

GUIDELINES FOR INHOUSE STUDENT RESEARCH PROJECTS (Format-C)

1. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
2. Chemicals available in college store shall be issued upon approval. The catalogue price to be included in actuals. Chemicals not available in stores to be procured by the students.
3. To the above figure following charges shall be charged extra to the student: a Rs.1000/-: As infrastructure utility fees. b. Rs.1000/-: As processing charges to the society. 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)

Akash Chauhan

AISSMS

College of Pharmacy (M.Pharm)

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

Challan No. **1244**

Date: **04/10/2021**

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

Received from Mr./Miss Akash Chauhan

Class External Project Year **2020 - 2021**

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) Other Fee	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) <u>External project charges</u>	<u>10,000/-</u>
13)	
14) <u>Bank no.</u>	
15) <u>UTR-127711635383</u>	
16)	
TOTAL Rs.	10,000/-

Total in words Rupees Ten thousand only

Accept the amount as above 10,000/-

Checked By

Deposited By

(For Candidates) No. **04510200000881**

AISSMS

College of Pharmacy (M.Pharm)

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

Challan No. **1244**

Date: **04/10/2021**

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

Received from Mr./Miss Akash Chauhan

Class External project Year **2020 - 2021**

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) Other Fee	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) <u>External project charges</u>	<u>10,000/-</u>
13)	
14) <u>Bank no.</u>	
15) <u>UTR-127711635383</u>	
16)	
TOTAL Rs.	10,000/-

Total in words Rupees Ten thousand only

Accept the amount as above 10,000/-

Checked By

Deposited By

Akash chauhan external project

Transaction Successful
04:02 pm on 04 Oct 2021

Temburne sm

Transaction ID

T2110041602257014491916

COPY

Paid to



AISSMS COLLEGE OF
PHARMACY PUNE.

XXXXXXXXXX0881

Bank Of Baroda

₹10,000

PAY AGAIN

SHARE

Debited from



*****5914

UTR:127711635385

₹10,000



1st time in India: UPI SIP!

Set your SIP in less than 5 secs. Start Now!



Message

For Animal experiment study.



Contact PhonePe Support

Powered by



GOPIN/2020-21/35

Perce-01
No.: 74-11
Date: 03.03.2021

Date: 25/01/2021

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

ALL INDIA SHRI SHIVAJI MEMORIAL SOCIETY
Inward No. 4974
Date: 27/1/2021

4473
3/3/21

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

Respected Sir,

Please find enclosed research proposal titled, "Evaluation of Aphrodisiac activity (Vrushya Karma) of *Artemisia nilagirica* (Clarke) Pamp (Damanak) In male albino 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. Ashwini R. Madgulkar
(Principal)
Principal
AISSMS College of Pharmacy
Pune-1

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

Subject: Permission for self supported short term research project.

Respected Madam,

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

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

Thanking you.

Yours sincerely
(Name and signature of Students)

SVT/MMAC
03/03/2021

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

Name of Applicant: Dr. Akash Chavhan

Complete postal address: Maharashtra Arogya Mandal's Sumatibhai Shah Ayurvedic College, Pune

Title of Project: Evaluation of Aphrodisiac activity (Vrushya Karma) of *Artemisia nilagirica* (Clarke) Pamp (Damanak) In male albino rats

Proposed duration of Project: 03 Months

Ref. No. and date of application through proper channel: As per inquiry letter MAM/SS Ayu/893 dated 13.03.2020

Proposed Expenditure:

Sr. No.	Parameter	Amount
1.	Infrastructure utility fees. (10% of actuals)	1050.00
2.	Society processing fees. (10% of actuals)	1050.00
3.	Staff remuneration (20% of actuals)	2100.00
4.	Total cost of actuals.	10500.00
	Grand Total	14700.00

DETAILS OF ACTUALS

Details of consumables required for the project:

Sr. No.	Item(Consumables)	Cost
1	Chemicals	1000.00
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.	2000.00
3	Animals (Rats) * 250*30	7500.00
	Grand Total	10,500.00

(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.

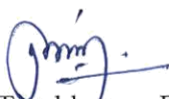
(Accountant sign)

UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Evaluation of Aphrodisiac activity (Vrushya Karma) of *Artemisia nilagirica* (Clarke) Pamp (Damanak) In male albino rats " to be conducted between

01 April 2021 to 30 July 2021

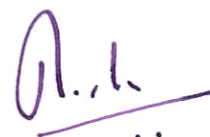
We will ensure that the chemical usage will not exceed the quantity mentioned on page 2. I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.



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

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, "Evaluation of Aphrodisiac activity (Vrushya Karma) of *Artemisia nilagirica* (Clarke) Pamp (Damanak) In male albino 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:

Amount:

(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)

Maharashtra Arogya Mandal's
Sumatibhai Shah Ayurved Mahavidyalaya

(an ISO 9001:2015 Certified Mahavidyalaya)

Malwadi, Hadapsar, Pune - 411028

Recognized by : Government of India, Ministry of Health & Family Welfare,
Department of AYUSH, New Delhi, C.C.I.M New Delhi & Government of Maharashtra.
Affiliated to Maharashtra University of Health Sciences, Nashik.



MAM/SS Ayu/893

Date: 13/03/2020

To,

All India Shri Shivaji Memorial Society's
College of Pharmacy,
Shivajinagar,
Pune.

Sub: - Permission to visit your University for Dissertation work.

Respected Sir/Madam,

Dr. Chavan Akash Prem is persuing M.D. (Ayu) course in Dravyagun subject in our college. He has requested to visit your College of Pharmacy in connection with Animal experiment, which is a part of Maharashtra University of Health Sciences, Nashik curriculum.

In view of the above, you are requested to kindly permit him to visit your College of Pharmacy in connection with Animal experiment.

Your kind co-operation on the subject is requested.

Thanking you,

Yours faithfully,

(Dr. Mrs. Nilakshi S. Pradhan)
Principal



[BACK TO INDEX](#)

☎ 020-26998937, 26999405 Fax: 020-26999467
www.ssayurved.org ✉ ssayu@rediffmail.com, ssayucollege@mam.org.in

(Enclosed with Application)

Ashutosh Todkari

AISSMS
College of Pharmacy (B.Pharm)

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

Challan No.: 1860 Date: 30/06/2021

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

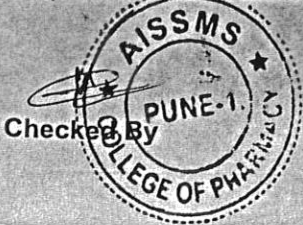
Received from Mr./Miss Todkari Ashutosh
Balasaheb

Class 3rd year PG Year 2020 - 2021

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) UTR: 118141134186	4900/-
15) Spray drier	-
16) Sample	-
TOTAL Rs.	4900/-

Total in words Rupees Four Thousand Nine
hundred only

Accept the amount as above



Bokari
Deposited By

Transaction Successful
12:03 PM on 30 Jun 2021

Transaction ID

T2106301203278335055966

COPY

Paid to



Ashutosh Todkari

XXXXXXXXXX0882

Bank Of Baroda

₹4,900

PAY AGAIN

SHARE

Debited from



*****1900

UTR:118141134186

₹4,900



Money sitting idle in your bank account?

Move it to Liquid Funds and give it a chance to grow



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COP/IN/2021-22/28

AISSMS
 Date: 23/06/2021
 Inward NO: 64
 Date: 22-10-2021
 (Format B)

A.I.S.S.M. SOCIETY
 PUNE - 6
 No. 1484
 Date 22/7/2021

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, "spray drying of *Arjuna beharopuka*" under Category ^{our side} ~~In house~~ Research Project (Format) for your approval. You are requested to do the needful at the earliest.

Thanking you.

M. B. Bordivodekar
 (Chief Investigator)
 Dr. Mithun Bordivodekar
 Mr. Jitendra Gaybe

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

S. S. 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. *Dr. Mithun Bordivodekar & Mr. J.H. Gaybe*
 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.

A. B. Todkari
 Yours sincerely
 (Name and signature of Students)
 (Dr. A. B. Todkari)

M. M. B.
[Signature]
 22/10/2021

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

Name of Applicant : Dr. A. B. Todkari
 Complete postal address : Sumatibhat Shah Ayurved Mahavidyalaya Hadapsar, Pune
 Title of Project : Spray Drying of Arijuna kesherapaka,
 Proposed duration of Project : months 3 days
 Ref. No. and date of application through proper channel :

Proposed Expenditure :

Sr. No.	Parameter	Amount
1	Infrastructure utility fees. (10% of actuals)	490
2	Society processing fees. (10% of actuals)	490
3	Staff remuneration (20% of actuals)	980
4	Total cost of actuals.	2940
	Grand Total	4900/-

DETAILS OF ACTUALS

Details of consumables required for the project:

Sr. No.	Item(Consumables)	Qty. Required (Min. pack size)	Cost
	Nil	Nil	Nil
	}	}	}
Grand total			0.00

(Name and Signature of Chief Investigator)

Mr. J. M. Goybe

* Cost of consumables shall be calculated using standard catalogue.

(Accountant sign)

UNDERTAKING

I undersigned hereby take responsibility of the project titled, *spray drying of Arjuna ksherop* to be conducted between

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. Band
Dr. Mithun B. Bordivadekar
(Name and signature of Chief Investigator)

[Signature]
Mr. Jitendra Gogbe

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled. *spray drying of Arjuna ksheropaka,*

[Signature]
(Hon. Secretary, AISSMS Pune)

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

POST APPROVAL DETAILS

Details of Payment : *online Transaction - T240630120327833505966*

Challan No. with Date : *1860 Date: 30/06/2021*

Amount : *4900/-*

(Kindly enclose Xerox copies of Application and Challan)

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

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

Indus Biotech

COP) PN/2022-23/167

AISSMS
College of Pharmacy
Pune-01
Inward No. 28-10
Date 26-05-2022

Date: 27 APR 2022

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
Inward No. 732
Date 4/5/2022

Respected Sir,

Please find enclosed research proposal titled, "Synthesis of chromium amino acid nicotinic acid chelates" under Category Industry Project (Format A) for your approval. You are requested to do the needful at the earliest.

Thanking you.

(Principal)

Principal
AISSMS College of Pharmacy
Pune-1

(Project Co-ordinator)

M. S. Sable
M. S. Sable
Dr. M. R. Bhulekar

(Chief Investigator)

K-D. Asgaonkar

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

Subject: Permission for Industry sponsored short term research project.

Respected Madam,

I / We the undersigned would like to undertake Industry sponsored short term research project under the guidance of Mrs. K.D Asgaonkar

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.

KA/MCD
M.B.B.
26/05/2022

Yours sincerely
(Name and signature of Industry Personel)
For Indus Biotech

PROTOCOL FOR INDUSTRY RESEARCH PROJECT (Format-A)

Name of the Industry: Indus Biotech

Complete postal address: Plant 1, Gate no. 351, Near Ghotawde Phata, Village Bhare,
Tal. Mulshi, Pirangut, Pune - 412111.

Title of Project: Synthesis of chromium- amino acid nicotinic acid chelates

Proposed duration of Project: 3 months

Ref. No. and date of letter through proper channel: Email dated 2nd march 2022(Copy enclosed)

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Total cost of actuals.(Details are mentioned below)	Chemicals are being provided by Indus Biotech
2	Infrastructure utility fees.(50% of actuals)	1250/-
3	Society processing fees. .(50% of actuals)	1250/-
4	Staff remuneration .(same as actuals)	2500/-
5.	GST 18%	900/-
	Grand Total	5900/-

DETAILS OF ACTUALS- NA

Sr. No.	Item(Consumables)	Qty. Required (Min. pack size)	Cost
Grand total			

K.D.Asgaonkar 
(Name and Signature of Chief Investigator)

* Cost of consumables shall be calculated using standard catalogue.


(Accountant sign)

UNDERTAKING

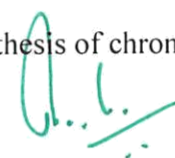
I undersigned hereby take responsibility of the project titled, "Synthesis of chromium amino acid chelates" to be conducted between June-Aug 2022.

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, "Synthesis of chromium amino acid nicotinic acid chelates"


(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 : 1697

Amount : 5900/- Rs

(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)  Damr. B.

27/04/2022, 16:02

aismsncop.com Mail - Metal Chelate



kalyani asgaonkar <kalyani_a@aismsncop.com>

Metal Chelate

2 messages

Sunil Ramdas <sunil.ramdas@indusbiotech.com>
To: kalyani asgaonkar <kalyani_a@aismsncop.com>
Cc: Bhushan Bhale <bhushan.bhale@indusbiotech.com>

2 March 2022 at 13:16

Dear Madam,

Greetings

As per our previous communication, we will initiate this assignment of Chromium Metal Chelate now. One Mr. Bhushan Bhale, M.Pharm will co-ordinate with you on the same. He will visit you tomorrow at 11 am to discuss and plan further line of action.

Since I am travelling from tomorrow till Sunday, we will discuss further.

Meantime if you could detail him and plan a reaction, will help us to expedite this project.

Scope :

1. Reaction : Chromium-AA-Nicotinate Chelate
2. Structural Elucidation
3. Elemental Analysis
4. Chelate confirmation report

Hope this is fine. If any suggestions or questions, you can speak to me any time to discuss.

(Enclosed with Application)

C

Indus Biotech

AISSMS

College of Pharmacy (M.Pharm)

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

Challan No.: **1542**

Date: 19/12/2022

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

Received from Mr./Miss **Indus Biotech Ltd**

Rohit Residency, Banbhurda, Pune

Class Industry Project Year 2022 - 2023

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) Other Fee	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Industry Project (KPTLC Project)	15,000/-
14) GST @ 18%	2,700/-
15) NEFT NO.	
16) KKKBK222948414703	
TOTAL Rs.	17,700/-

Total in words Rupees Seventeen thousand
seven hundred only

Accept the amount as above _____



Deposited By
Dr. S. V. Gundur



AISSMS
COLLEGE OF PHARMACY

AISSMS
College of Pharmacy
Pune - 1
Inward No. 12571
Date: 19/01/2023



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

COPI/PW/2022-23/123-5

Date: 20/12/2022

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

AISSMS SOCIETY
PUNE
Inward No. 8849
Date: 21/12/22

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

Respected Sir,

8849
19/1/23

Please find enclosed research proposal titled, **“HPTLC Estimation of Cinnamtannin B1 from Powder Extract and Capsule Blend”** under Category Industry Project (Format A1) for your approval. You are requested to do the needful at the earliest.

Thanking you.

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

M. R. Bhalekar *M. C. Damle*
Dr. M. R. Bhalekar Dr. M.C. Damle
(Project Co-ordinators)

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

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

Subject: Permission for Industry sponsored short term research project.

Respected Madam.

I / We the undersigned would like to undertake a short term self supported research project under the guidance of 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

Ankit Dugad
Ankit Dugad (Executive-F&D)
(Name and signature of Industry representative)

SVG/MRB/MCD
[Signature]
20/01/2023

PROTOCOL FOR INDUSTRY RESEARCH PROJECT (Format-A1)

Name of the Industry: **MS Indus Biotech Ltd**

Complete postal address: **Rahul Residency, Salunkhe Vihar, Kondhwa, Pune**


Title of Project: **HPTLC Estimation of Cinnamtannin B1 from Powder Extract and Capsule Blend**

Proposed duration of Project: **01 Month**

Ref. No. and date of letter through proper channel: **Email dated 24/08/2022**

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Society processing fees. (35% of project amount)	5,250 = 00
2	Staff remuneration.(40% of project amount)	6,000 = 00
3	Administrative Charges	
	The Principal (15% of project amount)	2,250 = 00
	The accountant (10% of project amount)	1,500 = 00
	Grand Total	15,000 = 00
	GST @ 18 %	2,700 = 00
	Grand Total	17,700 = 00


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


Mr. M. M. Chopane
(Accountant sign)

* Cost of consumables shall be calculated using standard catalogue.

UNDERTAKING

I undersigned hereby take responsibility of the project titled “HPTLC Estimation of Cinnamtannin B1 from Powder Extract and Capsule Blend”

to be conducted between 01/01/2023 to 31/01/2023

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

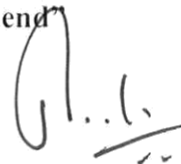


Dr. Santosh V. Gandhi

(Name and signature of Chief Investigator)

SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, “HPTLC Estimation of Cinnamtannin B1 from Powder Extract and Capsule Blend”



Honorary Secretary

**All India Shri Shivaji Memorial Society
55-56, Shivaji Nagar, Pune-411005**

POST APPROVAL DETAILS

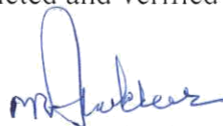
Details of Payment:

Challan No. with Date: 1542 dated 19/12/2022

Amount: RS. 17,700/-

(Kindly enclose Xerox copies of Application and Challan)

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



Dr. M. R. Bhalekar



Dr. M.C. Damle

(Name and signature of Project –Coordinators)

GUIDELINES FOR INDUSTRY SPONSORED PROJECTS (Format-A1)

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. In case, where all the consumables are provided by industry, the project cost will be calculated in terms of Society processing charges, administrative charges and remuneration to Principal investigator + support staff.
4. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-A1) 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 shall put forward the summary report in the prescribed format to the society through principal 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 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 against which the official receipt shall be issued the sponsor.



' सत्याला मरण नाही '

ALL INDIA SHRI SHIVAJI MEMORIAL SOCIETY'S
COLLEGE OF PHARMACY

(Approved by AICTE & PCI, New Delhi, Recognized by Govt. of Maharashtra
and Affiliated to Savitribai Phule Pune University)

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

www.aissmscop.com Email: contact@aissmscop.com College ID No.: PU/PN/Pharm/117/(1996)

☎ 26058208
26058204

Ref. No.: COP/PN/2022-23/85-①

Date : 6 OCT 2022

PROFORMA INVOICE

To
MS Indus Biotech Ltd
Rahul Residency, Salunkhe Vihar
Kondhwa, Pune

SN	Particulars	Amount
01	HPTLC Estimation of Cinnamtannin B1 from Powder Extract and Capsule Blend	15,000=00
	GST @ 18 %	2,700=00
		17,700=00

The payment should be made in favor of

Principal,
AISSMS College of Pharmacy, Pune
A/C No 04510200000881,
IFSC Code: BARB0SHIPOO (Fifth Letter is Zero),
GST No: 27AAATA1675TIZD


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

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