



Dayanand Education Society's

# DAYANAND COLLEGE OF PHARMACY

Barshi Road, Latur (Maharashtra) Pin - 413531 PH-(02382)-223299, 223199

Website: [www.dayanandpharmacy.org](http://www.dayanandpharmacy.org) E-mail : [dayanandpharmacy@rediffmail.com](mailto:dayanandpharmacy@rediffmail.com)

DTE CODE -2156, PCI CODE- PCI-408 [principaldcop@gmail.com](mailto:principaldcop@gmail.com)

## 5.2.1\_2 Placement of outgoing students and student progressing to higher education during the last five years

### Academic Year 2020-21

Sr. No.	Name of student placed / enrolled into higher education and contact details	Program graduated from	Name of the employer with contact details / Name of Institution joined	Pay package at appointment (In INR per annum) (applicable for students who got placement) / Name of program admitted to (applicable for students who progressed to higher education)
1	Shendkar Shahaji P. 8698331880	B. Pharmacy	Apotex Research Pvt Ltd Bangalore. TeamLease Services Ltd., Koramangala, Bangalore 560095. (91-80) 33002345.	300000/-
2	Raiphale Shriram B. 7758978830	B. Pharmacy	MSN Lab. Pvt. Ltd., Hyderabad, Telangana. Phone: 040 3043 8600	180000/-
3	Rajmane Minakshi K. 7083644623	B. Pharmacy	Episource India Pvt.Ltd.Mumbai. Phone: 022 6119 0808	211397/-
4	Sontakke Sachin S. 9146620956	B. Pharmacy	JSS Medical Research, Asia Pacific, Tower 2, 1st Floor, South Wing, L&T Business Park Plot no 12/4 Metro Station, Mathura Rd, near Sarai Khawja, Sector 27D, Faridabad, Haryana 121003 Phone: 0129 661 3500	204000/-
5	Shaikh Saif I. 7796066960	B. Pharmacy	India Medical Store, Latur Contact:- (02382) 245897	156000/-
6	Kadam Pawan S.9119552267	B. Pharmacy	Matoshree Medical Stores, Purna, Parbhani. Phone:- 9119552267	
7	Kotalwar Dipti B. 7448051237	B. Pharmacy	Visionary RCM Infotech, Hyderabad. Contact:- +91 44 6600 8400,	216000/-

8	Pathak Pooja D. 9975422426	B. Pharmacy	Clantha Corporate Ltd. Ahemadabad. Gujrat. Phone: 079 2685 3088	
9	Bele Saraswati H. 7741023239	B. Pharmacy	Pharmacist at Gayatri Madical Stores, Aurangabad.7875217777	
10	Gogade Viresh P. 8888313487	B. Pharmacy	Episource India Pvt.Ltd. Mumbai. Phone: 022 6119 0808	211397/-
11	Satish Bhise. 9689776312	B. Pharmacy	Innoplexus Consulting Privet Limited, 7th Floor, Midas Tower, Beside STPI Building, Rajiv Gandhi Infotech Park, Phase-1, Hinjewadi, Pune - 411057 T:- +91-20-66527300	178550/-
12	Shubham Zanwar 7058834046	B. Pharmacy	CRB Tech Solutions Pvt. Ltd. Pune.411001 (020 60604581)	178550/-
13	Chandak Rushikesh R. 8888233939	B. Pharmacy	Ishwar Medical & General Stores, Latur Contact-8600633199	180000/-
14	Mule Ayaj M 7020210625	B. Pharmacy	Sahara Medical and General Stores, Deep Jyoti Nagar Latur.413512 Phone: 070202 10625	
15	Jadhav Pradip U. 9850019218	B. Pharmacy	Chaitanya Medical And Surgical, Renapur Naka, Ambajogai Road, Latur. 9422959121	
16	Gaikwad Manjusha D 8605681187	B. Pharmacy	GeBBs Healthcare Solutions Pvt. Ltd.MIDC, Chikalhana Aurangabad. T- 0240-2479600	135708/-
17	Bulbule Ratik R. 9370782321	B. Pharmacy	NIPER Ahmadabad. Phone : +91 79 66745555, +91 79 66745501	MS
18	Halkude Pragati U. 8999722257	B. Pharmacy	NIPER Ahmadabad. Phone: +91 79 66745555, +91 79 66745501.	MS
19	Dhepe Rajesh R. 8308482485	B. Pharmacy	Sinhgad Institute of Pharmacy, Narhe, Pune Phone: 020 6683 1801	M.Pharmacy
20	More Aishwarya 7218223575	B. Pharmacy	Sinhgad Technical Education Society, Smt. Kashibai Navale College of Pharmacy, Kondhwa, (Bk.), Pune Phone: 020 2693 1322	M.Pharmacy
21	Golewar Prasad D. 8554091017	B. Pharmacy	MITCON Institute of Management, Pune. Ph:- 020 6628 9600	MBA
22	Kasat Yash K. 9403191920	B. Pharmacy	Lovely Professional University, Phagwara, Punjab. Phone: 0182 440 4404	M.Pharmacy
23	Anawade Geeta A. 9834550782	B. Pharmacy	PES's Modern College of Pharmacy, Nigdi, Pune. Phone: 020 2766 1315	M.Pharmacy
24	Shinde Namrata N. 9860892624	B. Pharmacy	PES's Modern College of Pharmacy, Nigdi, Pune. Phone: 020 2766 1315	M.Pharmacy

25	Vyavhare Radhika S. 9561032418	B. Pharmacy	PES's Modern College of Pharmacy, Nigdi, Pune. Phone: 020 2766 1315	M.Pharmacy
26	Waghmare Pradnya S. 7028609467	B. Pharmacy	PES's Modern College of Pharmacy, Nigdi, Pune. Phone: 020 2766 1315	M.Pharmacy
27	Chopde Dnyaneshwari R. 9420327818	B. Pharmacy	PES's Modern College of Pharmacy, Nigdi, Pune. Phone: 020 2766 1315	M.Pharmacy
28	Gaikwad Rutuja U. 7768940012	B. Pharmacy	PES's Modern College of Pharmacy, Nigdi, Pune. Phone: 020 2766 1315	M.Pharmacy
29	Godbharle Amrut. 9370180214	B. Pharmacy	PES's Modern College of Pharmacy, Nigdi, Pune. Phone: 020 2766 1315	M.Pharmacy
30	Suryawanshi Mayuri B. 9011055976	B. Pharmacy	PES's Modern College of Pharmacy, Nigdi, Pune. Phone: 020 2766 1315	M.Pharmacy
31	Jagtap Kedar A. 9172977745	B. Pharmacy	PES's Modern College of Pharmacy, Nigdi, Pune. Phone: 020 2766 1315	M.Pharmacy
32	Jogade Nikita N. 8087125578	B. Pharmacy	Government College of Pharmacy, Aurangabad Phone: 0240 234 6820	M.Pharmacy
33	Thorat Aniket G. 8856811561	B. Pharmacy	Bhartividyapeeth college of pharmacy, Kolhapur Phone: 0231 263 8894.	M.Pharmacy
34	Kamble Shital R. 7030216488	B. Pharmacy	Government College of Pharmacy, Amaravati. Phone: 0721 253 1690	M.Pharmacy
35	Shaikh Akhyar A.7218386880	B. Pharmacy	Maulana Azad Education Trust's Y.B. Chavan College of Pharmacy, Aurangabad. Phone: 0240 238 1129	M.Pharmacy
36	Sanap Shivam D. 9673070577	B. Pharmacy	R.C. Patel Institute of Pharmaceutical Sciences and Research, Shirpur. Phone: 02563 251 809	M.Pharmacy
37	Hole Ajay R. 9420638847	B. Pharmacy	Dayanand College of Pharmacy, Latur. Phone: 02382 223 199	M.Pharmacy
38	Tekale Puja V. 7420800296	B. Pharmacy	School of Pharmacy, S.R.T.M.U. Nanded. Ph: 02462-229153	M.Pharmacy
39	Hajare Amruta A. 9423878394	B. Pharmacy	School of Pharmacy, S.R.T.M.U. Nanded. Ph: 02462-229153	M.Pharmacy
40	Ingale Arvind S. 7620340040	B. Pharmacy	School of Pharmacy, S.R.T.M.U. Nanded. Ph: 02462-229153	M.Pharmacy
41	Mamale Kalpana B. 9146380773	B. Pharmacy	NIPER, Raebareli. Contact: 0522 - 2497903	M.Pharmacy
42	Patil Vrashali V. 8530965088	B. Pharmacy	AISSMS College of Pharmacy, Kennedy Road, Near R.T.O., Pune. Phone: 020 2605 8208	M.Pharmacy
43	Pawar Abhishek S. 7410188065	B. Pharmacy	AISSMS College of Pharmacy, Kennedy Road, Near R.T.O., Pune. Phone: 020 2605 8208	M.Pharmacy

44	Bhosale Shital R.7410539843	B. Pharmacy	SSS, Indira College of Pharmacy, Nanded Contact: 02462-229036	M.Pharmacy
45	Chame Aditya V. 8888580324	B. Pharmacy	Alard College of Pharmacy, Pune Phone: 098224 37729	M.Pharmacy
46	Dorle Shubhangi B. 9834854730	B. Pharmacy	Nanded Pharmacy College, Nanded. Phone: 02462 254 347	M.Pharmacy
47	Bidri Swati S. 7249300235	B. Pharmacy	Channabasweshwar Pharmacy College (Degree), Latur. Contact- 02382-243855/240192	M.Pharmacy
48	Khureshi Sameer K. 9156561943	B. Pharmacy	Channabasweshwar Pharmacy College (Degree), Latur. Contact- 02382-243855/240192	M.Pharmacy
49	Gurme Supriya Y 9511629054	B. Pharmacy	Dayanand College of pharmacy, Latur. Phone: 02382 223 199	M.Pharmacy

  
 IQAC Co-ordinator  
 IQAC Co-ordinator  
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 Dayanand Education Society's  
 Dayanand College of Pharmacy  
 LATUR-413531

## 01. Shendkar Shahaji P.



Date: 29 Nov 2021

Mr SHAHAJI PANDURANG SHENDKAR  
At Waigaon Ta Udgir Di Latur

Maharashtra 413517

Employee No: 2263236

Dear Mr SHAHAJI PANDURANG SHENDKAR

### Appointment Letter

We are pleased to appoint you in our organization as Trainee Clinical Research Associate subject to the following terms and conditions:

1. Your contract will commence from 29 Nov 2021 and expire on 28 Nov 2022 during which you will render services to our Client Apotex Research Pvt Ltd at Bangalore subject to the terms and conditions of the engagement letter executed by you on 29 Nov 2021 and in accordance to the instructions received by you from us or any other authorized person and will be bound by our rules and regulations.
2. You hereby agree to be liable for the following terms and conditions:
  - i. Fully perform the services, in a professional manner, at the Client's location until the completion of the term of the work assignment.
  - ii. During the term of the work assignment, render services exclusively to the Client and such performance shall not be inconsistent with any obligation you may have to other third parties.
  - iii. Not engage in any conduct which is detrimental to the interest of the Client or TeamLease.
  - iv. Not receive any payments of any nature directly or indirectly from the Client unless agreed to by TeamLease.
  - v. Neither directly nor indirectly offers you for employment with the Client or its affiliates during the period of the work assignment without prior permission of TeamLease.
  - vi. Extend all cooperation to the Client's employees, consultants, representatives, etc, and do all such things as may be necessary and comply with all terms of the Appointment letter so as to effectively undertake the work.
  - vii. Report and be present at the designated location during the working hours mentioned herein and abide by the rules and regulations as required by the Client.
  - viii. Comply with the safety, health and other rules and regulations of TeamLease and the TeamLease Client that you have been made aware of.
  - ix. During the course of your contract, you can be transferred to a location within the territory of India as and when required by TeamLease for executing the services provided herein.
3. Should you be selected to perform the Work Assignment, the nature of your relationship with TeamLease will be that of a Contract of Service for a fixed period. By executing this letter of engagement neither do we offer you employment with TeamLease nor do you become an employee of TeamLease. Upon expiry or termination of the Work Assignment, your employment with TeamLease shall stand terminated forthwith.
4. Except for expiry of a Work Assignment due to completion/expiry of the same or in respect of a Work Assignment of one week or a lesser period of time, either party may terminate this Work Assignment Letter by issuing 15 days notice in writing or payment thereof.
5. Termination of this letter of engagement shall not affect the obligations of the parties that have been incurred prior to such termination and TeamLease shall promptly settle all your dues after making the applicable deductions.
6. You agree to defend, indemnify and hold TeamLease or the Client harmless from any and all claims, damages, liability, attorneys fees and expenses on account of your failure to satisfy any of your obligations under this work assignment letter or for misconduct or for violation of any law or creation of any legal liability by you.
7. Any dispute between you and TeamLease shall be referred to a sole arbitrator appointed by TeamLease. The arbitration shall be conducted in English language, in accordance with the Arbitration and Conciliation Act 1996, at Bangalore, Karnataka, India. This Engagement Letter shall be governed by the laws of India.

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TeamLease Services Limited., CIN No. U74140MH2000PTC124003  
BMT Commercial Complex, 8th Floor, 80 Feet Road, Koramangala, Bangalore - 560095.  
Ph : (91-80) 33002345, Fax : (91-80) 33243001 www.teamlease.com  
Registered Office: No 6, 3rd Floor, C Wing, Laxmi Towers, Bandra Kurla Complex, Bandra (East), Mumbai - 400 051

8. Details of your salary breakup will be as per the Annexure attached herein. You hereby authorize TeamLease to make all salary payments required to be made to you by TeamLease including all reimbursements either by way of Cheque or by directly crediting the amounts to your bank account.
9. The salary payout will be made latest by 9<sup>th</sup> of the following month.
10. You will be entitled to an employer's contribution of Provident fund to the extent of 12% of your basic salary and applicable ESI contribution. You will also be covered under Medical and Accident Insurance and will be entitled to all other statutory benefits whichever is applicable during the contract period. It is hereby clarified that if you fail to submit the ESIC, PF, Gratuity nomination forms together with any other document as required under the applicable labour legislations, TeamLease shall not incur any liability with regards to any Claims under the said applicable labour legislations.
11. In addition to the terms contained herein, your relationship with TeamLease may be subject to such other additional terms and conditions as may be communicated to you from time to time in writing by TeamLease and you hereby agree to have read and clearly understood the terms of employment provided in the Service Rules, which is attached herein.
12. During your employment with TeamLease, if we find any irregularity or insufficiency in the documents submitted by you, this Appointment Letter would stand cancelled/revoked.

We at TeamLease would like to create an environment and culture committed to co-operation, quality and responsiveness that permeates every activity. As a new entrant we would like you to add value to this process. Please return the copy of the Offer Letter enclosed after affixing your signature at the appropriate place on the Office Copy in token of your having read, agreed, fully understood and accepted the terms and conditions of appointment. Please send across the signed acknowledged copy to ROPS Team, Bangalore TeamLease Address which is mentioned below. In case we do not receive your acknowledgement copy within a period of 15 days from the date of joining, your assignment at TeamLease with the acceptance of your first salary from TeamLease will be conclusive proof of your acceptance in accordance of terms and conditions.

TeamLease neither accepts any consideration in the form of any cash or kind nor supports any policy of accepting such consideration by any third party for providing employment to prospective candidates. In the event you have paid any such amount to any employee, Officer, representative of TeamLease kindly bring the same to the immediate notice of your superiors or report the same to Teamlease through email or through the toll free number which is provide to you.

ENDORSEMENT

I hereby confirm acceptance of the above assignment, on the terms and conditions stipulated therein.

**For TEAMLEASE SERVICES LIMITED**

Accepted and Agreed



\_\_\_\_\_  
(Authorized Signatory)

\_\_\_\_\_  
Signature and date:

Name: SHAHAJI PANDURANG SHENDKAR

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**Salary Annexure**

Employee No: 2263236

<b>Particulars</b>	<b>Amount</b>
Basic	10000
House Rent Allowance	4000
Conveyance	1600
Employer PF Contribution	1907
ESIC - Employer	686
Insurance	63
Medical Reimbursement	1250
Works Allowance	4288
Statutory Bonus	1206
<b>TotalAmount</b>	<b>25000</b>
Amount In Words(Rs)	Twenty Five Thousand Rupees

**Net Pay Annexure**

<b>EARNINGS</b>	<b>Amount</b>
Basic	10000
House Rent Allowance	4000
Conveyance	1600
Medical Reimbursement	1250
Works Allowance	4288
Statutory Bonus	1206
<b>Gross Earnings</b>	<b>22344</b>
<b>DEDUCTIONS *</b>	<b>Amount</b>
Employee ESI	159
Employee PF	1907
Professional Tax	200
<b>Total Deduction</b>	<b>2266</b>
<b>Net Salary</b>	<b>20078</b>

\* Income-tax deductions, if applicable, will be as per the Income-Tax Act, 1961

\*\* Annual components (like LTA, Medical Reimbursement) would be payable on claims and will be considered for exemption under Income Tax subject to receipt of valid bills for the Financial Year if applicable

Note : This statement is only for the purpose of information and is illustrative in nature

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**Mandatory Training Programme - Prevention of Sexual Harassment at Work Place - The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013 (Act)**

In accordance with the provisions of the above Act and the Policy of the Company to create awareness on prevention of sexual harassment at workplace, we urge you to undergo an online training programme, on the subject matter.

Please note that undergoing online training is mandatory for this engagement.

The link to undergo the programme and complete the evaluation is given below.

Link : <https://tconnect.teamlease.com/Learning> The training programme shall be conducted on a regular basis every year. Please complete the training programme within 15 days of receipt of this letter, after which it shall be treated as a deemed confirmation that you have understood your responsibilities in ensuring a safe workplace

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**TeamLease Services Limited.**, CIN No. U74140MH2000PTC124003  
BMTCC Commercial Complex, 8th Floor, 80 Feet Road, Koramangala, Bangalore - 560095.  
Ph : (91-80) 33002345, Fax : (91-80) 33243001 [www.teamlease.com](http://www.teamlease.com)  
Registered Office: No 6, 3rd Floor, C Wing, Laxmi Towers, Bandra Kurla Complex, Bandra (East), Mumbai - 400 051



**Principal**  
Dayanand College Of Pharmacy  
LATUR



## 02. Raiphale Shriram B.



### MSN Laboratories Private Limited

MSN House, Plot No.: C-24,  
Sanath Nagar Industrial Estate, Sanath Nagar,  
Hyderabad, Telangana, Pincode: 500018. India.  
CIN: U24239TG2003PTC041583  
Phone: +91-40-30438600 Fax: +91-40-30438798

January 27, 2022

**Mr. Shriram Balaji Raiphale**  
S/o Balaji Annarao Raiphale  
Bhaskhedda  
Taluka Udgir  
Latur 413512  
Mobile No: 9561854561

Dear Mr. Shriram Balaji Raiphale,

#### Sub: Offer and Appointment Letter

This has reference to your application and the subsequent interview you had with us, we are pleased to offer you an employment with the following Terms & Conditions:

#### 1. Designation:

You will be designated as "Junior Executive-Trainee", Grade "G01", in Production Department based at MSN Laboratories Private Limited - MSNF-II-Kothur-Oncology Location.

#### 2. Remuneration:

Detailed compensation structure as Total Cost to Company Rs.180000/- is mentioned in the Annexure-I.

#### 3. Documents to be Submitted:

Please bring all the following documents in original with Photostat copies of the same at the time of joining.

- Passport Size Color Photographs (Self) - 7 nos. and Dependent-family members photograph - 1 nos. each
- All Educational Certificates and any other Certificates related to specific Training and Skills
- Previous employment Service Certificate / Relieving Letter, if any
- Last Six Months Bank Statement
- Aadhaar Cards of self and dependent family members
- PAN Card
- Passport / Driving License
- A cancelled cheque leaf of active bank account
- Medical Certificate with Reports
- Non Judicial Stamp Paper worth Rs. 100/- in your name, for the purpose of Employment Agreement. You need to give us the Agreement of Employment on Non-Judicial Stamp paper, stating that, you will work with MSN Group of Companies for a minimum period of three years, from the date of joining.

Page 1 of 2

**Formulations Unit-II:** Sy No. 1277 & 1319 to 1324, Nandigama (Village & Mandal) Rangareddy District, Telangana, Pincode : 509 228, India. Phone: +91-40-30449200 Fax: +91-40-30449211 Alternate Fax: +91-40-30438799  
www.msnlabs.com



  
**Principal**  
Dayanand College Of Pharmacy  
LATUR

### 03. Rajmane Minakshi K.



30-05-2022

Employee ID: ESPM3300

**Minakshi Rajmane**

House No.179,

At post Wadgaon Dev ,Tq Tuljapur,Dist,

Osmanabad

Maharashtra - 413601

Dear Minakshi Rajmane,

**Sub: Appointment Letter**

A warm welcome to the Episource family.

Episource is an organization with Indian roots and a global vision. We are aware of the fact; we have a distinctive culture and would like to invite you to and enhance this culture. We are sure that you will contribute to the task ahead of us, in your own special way.

**With reference to our Offer Letter dated 30-05-2022, We are pleased to appoint you as Trainee - MCC effective 30-05-2022.**

Please note that the terms and conditions of your service contract as intimated here after, is to be treated as strictly confidential and you are not to divulge its content to any employee of the company/person connected with the company, who is not authorized by the management.

All information regarding your compensation, benefits and performance appraisal are to be treated as strictly confidential. Hence discussions or sharing of information with other employees either in public or private is strictly prohibited.

We congratulate you on this occasion and we hope you will render your good services with commitment and dedication.

You are advised to sign and return the duplicate of this letter as token of your acceptance.

We look forward to a long rewarding career with Episource.

With best Wishes,

For EpisourceIndia Pvt Ltd

**Manjulaa Palanisamy**

Vice President-HR

**Minakshi Rajmane**

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30-05-2022

Employee ID: ESPM3300

Compensation details of: Minakshi Rajmane

Designation: Trainee - MCC

Component	ANNUAL (INR)	MONTHLY (INR)
Basic	71,875	5,990
HRA	52,850	4,405
Statutory Bonus	7,000	583
Provident Fund	18,186	1,516
Gratuity	3,458	289
Mediclaime Insurance	7,044	584
ESIC	5,751	479
Other Allowances	45,234	3,770
<b>CTC</b>	<b>2,11,397</b>	<b>17,616</b>
<b>Total CTC</b>	<b>2,11,397</b>	

- All payments are subject to statutory deductions.
- Mediclaime Cover (Family floater - coverage includes employee, spouse, Children, Parents /Parents-in- laws. Restricted to members including employee) Sum Insured - INR 100000/- (INR One Lakh only)
- Life Insurance Cover - INR 200000/- (INR Two Lakhs Only)
- For detailed eligibility & benefits, employee is advised to refer to HR Handbook.

Minakshi Rajmane

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## OTHER TERMS AND CONDITIONS

### 1. RULES AND REGULATIONS:

You are governed by the service rules and regulations which may be brought in force / amended from time to time, as applicable to all employees of the company.

Various rules and regulations of the company such as HR policies, procedures, compliance & security policies must be adhered by you. All these policies and procedures are mentioned in the Employee handbook and Episource for which you agree and you abide to follow the same, by accepting this offer.

### 2. SERVICE RULES:

Probation period for Trainees & Medical Coders will be 4-6 months, Executive coder to Team coach/QA and support functions will be 6 months, TL to AM will be 6-9 months from their date of joining. Managers & above, there is no mandatory probation period.

### 3. TERMINATION RULES:

Your service is liable to get terminated with or without notice and assigning any reasons, if the performance standards and competencies delivered are below the expected performance standards.

Your services gets terminated with immediate effect by a notice in writing (without salary in lieu of notice), in the event of an employee's act of misconduct including but not limited to fraudulent, dishonest or breach of integrity, embezzlement or misappropriation or misuse of company's property or irregularity in attendance or unauthorized absence from place of work for more than about 12 consecutive days.

Company believes in the principal of natural justice and adequate opportunity is provided to employee to represent and provide justification for his delinquent action. Failing which or on concluding that the justification is unsatisfactory, appropriate action is taken, that may also lead to termination of employment.

### 4. GENERAL:

During the course of your employment, you shall employ yourself efficiently, honestly, faithfully and do the best of your ability and shall devote your whole time and attention to promote the interest of the company and generally carry out duties and work assigned to you and shall obey and comply with all the lawful orders and directions given to you by the concerned superiors in the company.

Episource is in the business of delivering services 24x7 to its clients. Hence, it is imperative for you to recognize that there may be occasions when you may need to work in varied shifts including night shifts and/or during weekend & declared holidays to meet customer requirements. Failure to oblige to the above-mentioned terms may be dealt as per the company disciplinary policy, as appropriate.

30-05-2022

Minakshi Rajmane

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#### 5.PLACE OF POSTING AND TRANSFER:

Your initial place of work will be **Pune**.

During employment, you may be posted or transfer/attached to any other company of Episource India Private Limited or to any of the offices/subsidiaries/units/associate offices of the company, at any town or city or overseas, at the sole discretion of the management. While working in another company on transfer/attachment you shall be governed by the principles and procedure laid down by the transfer/attached.

#### 6.MORAL RESPONSIBILITY AND HONESTY:

You are expected to deal with the company's money, material and documents with utmost honesty and professional ethics. Your service may be dispensed with any time without any previous notice if you are found of gross indiscipline, fraud, misappropriation or acting against the interest of the company.

#### 7.OTHER EMPLOYMENT:

During the period of your employment, you will not work directly or indirectly for any other person, firm, company or organisation whether with or without remuneration nor will you engage yourself or be interested or be interested directly or indirectly in any trade or business, either as employer or employee or partner or advisor or in any other capacity without the express permissions in writing from the Management.

#### 8.EXAM COURSES:

In case you intend to appear in an examination or wish to attend classes while working with Episource, you are required to obtain written permission for the giving full details including time frame involved.

#### 9. INVENTION & DISCOVERIES:

While in employment with Episource, you will promptly disclose to it and assigned to it your interest in any invention, improvement or discovery made or conceived by you either alone or jointly with others, which arises out of any proceedings relating to such invention, improvement or discovery and in obtaining domestic and foreign patent or other protection covering the same.

#### 10. DRESS CODE:

Employees to be dressed in formals on Monday & Tuesdays, applicable as per the appearance of our country. All other days in a week can be dressed in business Casual.

30-05-2022

Minakshi Rajmane

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**11. SECRECY:**

a.You will not give any one, by word of mouth, writing, facsimile, any devices or otherwise any particulars or details, which you acquire during course of your employment of our working systems, technical knowhow, security arrangements, administrative and/or organization matters of the company and its clients whether confidential, secret or otherwise, during your employment with company or afterwards.

b.Please note the terms and conditions of your service contract as stipulated here-to-fore or be intimated here after, or to be treated as strictly confidential and you are not to divulge its contract to any employee of the company/person connected with the company.

c.You will also be governed by the Information Security Roles & Responsibilities specific to your position. You are advised to refer to the same and comply in full.

**12. RELIEVING PROCEDURE:**

You will be relieved from the services of the company only after receiving a confirmation from your superiors that you have completed and handed over all project deliverables to any other staff, designated by your superiors / Management.

A Verbal and written intimation of your resignation is necessary for approval by Management. The notice period will be 60 days if you are a confirmed employee and 30 days in case you are on probation. The notice period will be computed from the date of written acceptance of your resignation letter.

**13. PROJECT DELIVERABLE:**

As a member of the project team, you will not leave the project assignment in between and you can do so only after completion of the project or bringing it to a logical completion, as approved / accepted by your supervisor / management.

**14. ANTECEDENTS VERIFICATION:**

This appointment letter is valid subject to satisfactory clearance of employment, education and address verifications, abiding by the HR policies and code of conduct. The joining stands cancelled at any point of employment, if this criterion is not met.

You are advised to read this letter carefully and if the terms and conditions are acceptable to you, please sign the duplicate copy as a token of your having understood and accepted the same.

30-05-2022

Minakshi Rajmane

Page 5 of 9

### HIPAA EMPLOYEE CONFIDENTIALITY AGREEMENT

I understand that as an employee of Episource India Pvt Ltd., health care BPO, the use and disclosure of patient information is governed by the rules and regulations established under. The Health Insurance Portability and Accountability Act (HIPAA) of 1996, and related policies and procedures of Episource India Pvt Ltd. Therefore, regarding Protected Health Information (PHI), I commit to the following obligations:

A. I will use and disclose confidential health information solely in accordance with the federal (USA Laws on Health Care) and Episource India Pvt Ltd policies set forth above or elsewhere. I also agree to familiarize myself with any periodic updates or changes to such policies in a timely manner.

B. Employee and/or agents shall use appropriate safeguards to prevent the use and/or disclosure of all PHI relating to patients, patient's family members, clients employees, company's employees and other healthcare providers-made available by or obtained from patient, client or company.

C. I will take reasonable care to properly secure confidential health information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users.

D. I will not disclose my personal password(s) to anyone without the written permission of my department head or record or post it in an accessible location and will refrain from performing any tasks using another's password.

E. Upon termination or resignation of employment, employee shall return all PHI that I maintain in any form and retain no copies of such PHI without the prior written approval of company and client.

I also understand and agree that my failure to fulfill any of the obligations set forth in this Agreement and/or my violation of any terms of this Agreement shall result in my being subject to appropriate disciplinary action, up to and including, termination of employment.

**Employee Name: Minakshi Rajmane**

**Employee ID: ESPM3300**

**Employee Department: Training**

**Witness Signature:**

**30-05-2022**

**Minakshi Rajmane**

**Page 6 of 9**





6. I hereby agree that I shall have no rights to receive any royalties, profits or right to use any confidential information that is considered proprietary, sensitive, or confidential by Episource, software and any application produced by me for the Company. The software, analysis, compilations, studies or options, written or oral or any other records or data of any nature if any developed or prepared by me during the course of employment with the Company shall be the absolute property of the Company and I shall have NO Ownership rights on the same.

7. I agree to execute, and causes the Company to execute, a written assignment of such rights in and to the Developments to the Company and any other documents necessary, as well as to provide any other lawful assistance reasonably required, for the Company to establish, preserve or enforce its Intellectual Property Rights in the Developments. I further hereby agree not to assert at any time, and otherwise waive, any "moral rights" that I may have in the Developments, and I hereby also assigns to the Company all moral rights therein. I further agree to provide to the Company complete copies of all Developments (regardless of the state of completion) as requested by the Company.

8. I further agree and acknowledge that a breach of my obligations under this Agreement could cause irreparable harm to the Company for which monetary damages may be difficult to ascertain or an inadequate remedy. I, therefore, agree that the Company will have the right, in addition to its other rights and remedies, to seek injunctive relief and damages for any violation of this Agreement.

9. I hereby agree that the rights and obligations hereunder, or pursuant to, this Agreement, shall be governed by and be subject to Indian law, and the Agreement shall be subject to the exclusive jurisdiction of the courts at Chennai.

For Episource: Compliance Department

Employee: **Minakshi Rajmane**



Signature: Vengadaraghavan R

Signature:

Date:

Date:

**Minakshi Rajmane**

Page 8 of 9

## UNDERTAKING

1. Having accepted the offer of Episource India Private Limited, Chennai (Episource) I, **Minakshi Rajmane** assure Episource that I will abide by its current and future policies and procedures in its entirety.
2. I have not signed any agreement, contract or bond that would disable, prohibit and restrain me to work for Episource or its clients.
3. I shall keep all the information that are passed to me or gathered by virtue of being an associate of Episource as strictly confidential and will not divulge the same to any person or in any media, at any point of time.
4. I am aware and agree that I am working for Episource directly and for its clients indirectly, for an adequate lawful consideration and that the Intellectual Property Rights of any thing that I may invent, discover, design or develop either alone or along with my colleagues will therefore be deemed to be work done for hire and that I shall have no claim / s over them.
5. I am aware and agree that all documents, correspondence, electronic communication sent or received by me using any facility of Episource will belong to Episource and that the organization has every Right to access them at any point of time.
6. I undertake not to misuse or abuse the facilities extended to me by Episource.
7. I undertake to sign the Confidentiality agreements, Non-disclosure agreements or the like when called upon by Episource at periodical interval, and / or when the Episource client or the representatives of the Episource clients so desire.
8. I undertake to submit myself to background security investigations about Premises.
9. I agree to for with indemnify and save harmless Episource from any loss, damages etc. , that it may sustain including such that may be claimed by any person whomsoever on account of my breach of any conditions mentioned herein or otherwise, from and out of any amount I may be entitled to from Episource and in case the same is insufficient to meet such payment, I shall make good such difference immediately upon demand by Episource.
10. I am aware that my service with Episource is transferable either at my request or as warranted by the business exigencies to any of Episource branches, subsidiaries, holding companies etc., or upon deputation to the clients of Episource or such other Group Company, as the case may be. In addition to such other conditions as may be applicable to me, I shall bind myself to the conditions stipulated as per this undertaking.
11. I am aware that the management reserves the right to deduct from my salary / terminal benefits / final settlement for any damages that I would have incurred on the company's properties etc.,
12. I hereby agree to give two months notice period on my resignation from the company. I also undertake to pay the company on any shortfall in the notice period. I understand that the acceptance of payment of notice period lasts with the discretion of the Management.
13. I am also aware that the company reserves its right to terminate my services at any point of time based on my performance.
14. I state that I have signed this undertaking voluntarily after having first read, understood and accepted the contents hereof. I have also taken a copy of this undertaking for my records for the purpose of reference and compliance.

**Minakshi Rajmane**

**Page 9 of 9**

## NON-DISCLOSURE AGREEMENT

This Non-Disclosure Agreement ("Agreement") is made at Chennai between and Episource(Company). The undersigned employee agrees to comply with the following terms and conditions.

The undersigned employee hereby agrees and acknowledges:

1. That during my employment, the Company may disclose to me certain Confidential Information of the Company; said Confidential Information consisting but not necessarily limited to tangible, intangible, visual, electronic, present, or future information:
  - a) Technical information: Methods, processes, formulae, compositions, systems, techniques, inventions, machines, computer programs, research projects and technical information including research, development, procedures, algorithms, data, designs, software code, application programs and know-how
  - b) Business information: Customer lists, Patient identifiable information, pricing data, sources of supply, financial data and marketing, training, production, or merchandising systems or plans and information acquired during any facilities tours.
2. I agree that I shall not during, or at any time after the termination of my employment with the Company, use for myself or others, or disclose or divulge to others including future employees/employers, any trade secrets, confidential information, or any other proprietary data of the Company in violation of this agreement.
3. That upon the termination of my employment from the Company that I shall return to the Company all documents and property of the Company, including but not necessarily limited to: Patient identifiable information, intellectual property, analytical data, financial, drawings, blueprints, Manuals, correspondence, customer lists, computer programs (Source code and Object code), Applications and all other materials and all copies thereof relating in any way to the Company's business, or in any way obtained by me during the course of employment. I further agree that I shall not retain copies, notes or abstracts of the foregoing.
4. I agree to use Confidential Information only during the term of my employment in the Company. I will take all reasonable degree of care to protect Confidential Information and to prevent any unauthorized use or disclosure of Confidential Information.
5. I also agree and acknowledge that all application, software (source code and object code), deliverables, technical data, specifications, intellectual property, documentation, products and inventions, as well as all papers, records and other materials, prepared or produced by me while working for the Company, including all modifications and additions thereto (collectively, the "Developments") shall be works made for hire and the Company shall own all copyright, patent, trade secret, trademark and any other intellectual property rights ("Intellectual Property Rights") in and to the Developments.

**Minakshi Rajmane**

### EMPLOYEE CODE OF CONDUCT

1. Employees are expected to conduct themselves in a proper and dignified manner without disturbing/attracting the attention of other employees during working hours within the office premises.
2. Appearance, behavior, language, etc. must be appropriate and meet the code of conduct as per the HR policy. Use of abusive language, sexual harassment in any form, misuse of office property and other such forms of misconduct will be actionable which may lead to suspension / termination.
3. Usage of mobile phones is strictly prohibited in the office premises except for authorized representatives.
4. No employee is permitted to enter the office premises/report to work under the influence of alcohol, intoxicating drugs or any banned drugs.
5. The Management will not permit any employee to take any job or occupation, whether full-time, part- time or casual which relates to activities of the company. The Management is also very particular that the interests of the Company should not be divested.
6. No employee should deal with the Company's customers, suppliers, contractors or any person having business dealings or seeking to do business with the Company without taking prior consent of the appropriate authority
7. Episource is a professional organization and believes that the workforce should not be discriminated on the grounds of community, caste, creed, color, religion, gender, language etc.
8. Episource insists, all company employees to adhere to the security and privacy policies practiced within the company.
9. I have read and understood the above code of conduct and agree to abide as per rules mentioned above.

### DECLARATION

I **Minakshi Rajmane** with the Employee No: **ESPM3300** hereby acknowledge that I have read and understood the Code of Conduct thoroughly and agree to abide by the terms and conditions as stated.

30-05-2022

Signature:

**Minakshi Rajmane**

 **Episource India Pvt. Ltd** | [www.episource.com](http://www.episource.com) | CIN - U72900TN2004PTC053347  
Registered Office: No. 18, Sathyanarayana Avenue, Boat Club Road, R.A. Puram, Chennai - 600 028.

**Corporate Office**  
2nd Floor, Prince Info City,  
No. 141, Rajiv Gandhi Salai (OMR),  
Kandanchavadi, Chennai - 600 096.  
Ph: +91 44 4910 1616

**Mumbai Office**  
5th Floor, E Wing, Corporate Avenue  
(Atul Projects), Opp. Solitaire Corporate Park,  
Chakala, Andheri-Ghatkopar Link Road,  
Andheri East, Mumbai - 400 093.

**Vijayawada Office**  
Door. No 54-15-5A, 3rd Floor,  
Lakshmi Avenue,  
Srinivasa Nagar Bank Colony,  
Ring Road, Vijayawada -520 008.



  
**Principal**  
Dayanand College Of Pharmacy  
LATUR

#### 04. Sontakke Sachin S.



Mr. Sachin Sontakke  
wanegaon tq &  
dist nanded  
431602

22<sup>nd</sup> November 2021

Ph: 9146620956

Dear Mr. Sachin,

This has reference to your application and subsequent interview with us. We are pleased to appoint you as **Clinical Research Coordinator** at **Nadiad** location in our company on contract basis for a period of six months with effect from 22<sup>nd</sup> November 2021 till 22<sup>nd</sup> May 2022 on the remuneration of Rs. 17,000/-per month. Your mentor will be **Dr Jyotika Manan**. The terms and conditions of your contract are as follows: -

1. The Management shall be free to terminate this contract any time even before the above-referred period being over by giving one month's notice or amount in lieu thereof. Similarly, you shall be free to terminate this contract any time by giving one month's notice or remuneration in lieu of the same to the Management.
2. You shall bind yourself to follow the rules and regulations of the company issued from time to time.
3. You can be transferred to any place in India and abroad in any of our Regional offices, associated Group Company or allied offices in existence or to be established hereafter and when necessary.
4. You shall not disclose any information regarding the affairs of the company, which comes to your knowledge during the period of your services, the disclosure of which is likely to be prejudicial to the company.

JSS Medical Research Asia Pacific

Tower 2, 1st Floor, South Wing, L&T Business Park, Plot no 12/4, Sector 27 D,  
Delhi Mathura Road, Near Sarai Khawaja Metro Station, Faridabad -121003, Haryana, India

[www.jssresearch.com](http://www.jssresearch.com)

5. It will be your duty to protect the Company's interest at all times and ensure that you do not engage in any business activity with the Company's competitors, at any time.
6. During the period of your contract, you shall not engage yourself in any other regular/part time services or work without permission in writing from the Management.
7. You will be eligible to 12 casual leaves in a financial year (non-encash able) & these leaves will be given on prorata basis. (i.e., 1 leave in a month)

In case the above terms and conditions are acceptable to you, please sign the duplicate copy of this letter indicating our acceptance and return the same to us.

Yours sincerely,

**AUTHORIZED SIGNATORY**

**KISHOR  
KUMAR**  
Digitally signed by KISHOR KUMAR  
DN: c=IN, ou=Personals,  
2.5.4.20=44431127ba37e58dda9dca6977e1  
48ce11e0cd3b120a7c35467e713ec3c286  
postalCode=110032, st=HR,  
serialNumber=4080eac59f50a6da0c28e6  
8d1eaa4c96c25a8f2c3c78b9a371a9a63962  
1, cn=KISHOR KUMAR, o=JSS EAST INDIA,  
title=3884,  
prasadnynm=388420212001124725772,  
email=KISHORSHARMA71@GMAIL.COM  
Date: 2021.11.30.20:32:57 +05'30'

**Kishor Kumar**

**Chief Financial Officer, India.**

**JSS MEDICAL RESEARCH ASIA PACIFIC**

I agree to the terms and conditions stated above and accept the contract appointment.

**Signature & Date**

JSS Medical Research Asia Pacific

Tower 2, 1st Floor, South Wing, L&T Business Park, Plot no 12/4, Sector 27 D,  
Delhi Mathura Road, Near Sarai Khawaja Metro Station, Faridabad -121003, Haryana, India

[www.jssresearch.com](http://www.jssresearch.com)



  
**Principal**  
**Dayanand College Of Pharmacy**  
**LATUR**

05. Shaikh Saif I.

india medical stores

Salary Slip (01 Nov, 2022 - 30 Nov, 2022)

Saif Shaikh Pharmacist	Phone No 7796066960	Monthly Gross Salary ₹ 13,000
------------------------	---------------------	-------------------------------

Payment & Salary (01 Nov, 2022 - 19 Nov, 2022)

Earnings	Activity Date	Amount
Present ₹ 419.35 x 17 Days	--	₹ 7,129.03
<b>Total Earnings</b>		<b>₹ 7,129.03</b>

Previous Month Closing Balance	₹ 13,000
<b>Net Payable (Earnings + Previous Balance)</b>	<b>₹ 20,129.03</b>

Attendance Summary (01 Nov, 2022 - 19 Nov, 2022)

Present - 17	Absent - 1	Half Day - 0	Not Marked - 1
Overtime - 0 Mins	Fine - 0 Mins	Leaves - 0	Payable Days - 17

Mon	Tue	Wed	Thu	Fri	Sat	Sun
	01 Nov Present	02 Nov Present	03 Nov Present	04 Nov Present	05 Nov Present	06 Nov -
07 Nov Present	08 Nov Present	09 Nov Absent	10 Nov Present	11 Nov Present	12 Nov Present	13 Nov Present
14 Nov Present	15 Nov Present	16 Nov Present	17 Nov Present	18 Nov Present	19 Nov Present	

P Present A Absent HD Half Day WO Weekly Off PL Paid Leave H Holiday

Payment & Salary (20 Nov, 2022 - 30 Nov, 2022)

For India Medical Stores  
*I. M. Shaikh*  
Proprietor



*[Signature]*  
Principal  
Dayanand College Of Pharmacy  
LATUR

## 06. Kadam Pawan S.

Through esign

(e-Letter)



### Intimation Letter

NO/PAR/Outward/  
Office of the Assistant Commissioner,  
Food & Drugs Administration, PARBHANI Circle  
Food & Drug Admn, Parbhani  
Food & Drug Admn, Parbhani  
PARBHANI  
Print Date: 30/01/2022

To,  
**MATOSHREE MEDICAL STORES**  
SHOP NO.01,GROUND FLOOR,PROPERTY NO.4-7-13  
MAHAVIR NAGAR  
PURNA - 431511  
Taluka: PURNA District: PARBHANI  
I/C Person: PAWAN SHIVAJI KADAM (Mobile: 9119552267)

Fresh License  
Firm Id : 211340



PAWAN SHIVAJI KADAM

**Subject :- Drugs & Cosmetics Act - 1940 & Rules there under**

Grant of License arising due to: Fresh License

Sir,

Ref :- Your Inward Application vide Inw No:- BF:-1029909, Dated:- 18/01/2022, Inw ID:- 1029909

With reference to your Inward application, we have to inform you that your said application is approved & below mentioned licences are granted / retained, whose retention Dates are mentioned below :-

Lic	License No.	Issue From	Retained From	Retained Upto	Old LIC No
20	459953	26/01/2022		25/01/2027	-
21	459954	26/01/2022		25/01/2027	-

Open 24 Hrs: NO

Cold Storage: YES

This licence shall remain valid if licensee deposits a licence retention fee before the expiry of a period of every succeeding five years from the date of its issue unless it is suspended or cancelled by Licencing Authority.

The above mentioned licences are sent herewith

**NOTE:** You are requested to provide new rent agreement after completion of its validity (Only applicable to those having rent agreement less than 5 years).

Kindly acknowledge the receipt of this letter.

**eSign**  
Digitally Sign

e-Signed on 26/01/2022 12:03:41

TPAV # 2309DY89P7



*Nimase*  
NIMASE MADHAV JAGANNATH  
Assistant Commissioner  
Food & Drugs Administration  
PARBHANI Circle

This License/Certificate is eSIGNED. Physical Signature is NOT Required

For online Third Party Approval Verification, Go to [fdamfg.maharashtra.gov.in](http://fdamfg.maharashtra.gov.in) & Click 30/01/22



*[Signature]*  
Principal  
Dayanand College Of Pharmacy  
LATUR



## 07. Kotalwar Dipti B

VISIONARY RCM

27-Apr-22

To

**Mrs. Dipti Balaji Kotalwar**

H.No 51, Rokada Sawargaon Ta. Ahmedpur, Latur, Maharasta - 413515,

Dear Mrs. Dipti Balaji Kotalwar,

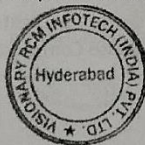
**Sub: Letter of Appointment**

We are pleased to offer you an appointment in our organization on the following terms and conditions:

- 1 Your date of commencement of service is: **27-Apr-2022**. Employee ID, Designation: **VRCMHYD3021** , **Trainee Executive - Coding Services**. File No , Place of posting: **# 5975, Hyderabad**
- 2 You will be entitled to a **CTC of Rs. 18000 (Rupees Eighteen Thousand Only)** per month till the confirmation, which would be subject to revision periodically on the basis of your performance. **Ref – Annexure A**
- 3 You will be eligible to other benefits in accordance with the company's rules and statutory benefits, if any, applicable to you from time to time. You will also be entitled to leave, ESIC, PF and Gratuity and as per Act. Your Performance Review will be done on yearly basis. Remuneration paid to you shall be subject to Tax Deduction at Source as per the rules applicable at the time of disbursement.
- 4 If you want to exit the organization for any cause, you need to formally resign, serve notice period, and complete exit formalities as per the HR policy and as per the employment documents that you sign while joining us. We waive off notice period only on serious medical conditions, which are substantiated with medical documents such as hospitalization records, discharge summary, scan report, blood test reports. We will send them to our medical panel and once they validate and approve the documents, immediate relieving will be initiated.
- 5 Otherwise, associates below AVP level have to serve Two months' notice while resigning from services. All the confirmed associates have to serve notice period according to their designation or they need to pay three/two (based on their designation) month's gross salary in lieu of notice while resigning from services. However the decision to accept gross salary in lieu of their notice period solely lies with your functional head based on the responsibilities they were handling and the availability of replacement for the position.

6

*J. Kotalwar*



**Accepted By - Mrs. Dipti Balaji Kotalwar**

- 7 **Employee's unauthorized absence:** Employee's unauthorized absence for a period of three consecutive days will make the employee loose his / her lien and his services with the company. The company will send a formal letter to the employee asking for explanation on the unauthorized absence and will request the

**Visionary RCM Infotech (India) Private Limited**

Regd. and Cor. Office: 35/16, Giri Road, T. Nagar, Chennai – 600017. Tel: +91-44-8345163 Fax: +91-44-28345162 CIN:

U72300TN2006PTC060301

SEZ Unit :Sy no.107(P) Laxmi Infobahn, Tower-2,12th Floor, Kokapet Village, Gandipet Mandal, Ranga Redy Dt, Hyderabad, Telangana -500075 E-mail: info@visionaryrcm.com URL: www.visionaryrcm.com

employee to come back to work within 2 working days from the receipt of the letter. Not responding for the formal HR letter will attract a legal letter from the company asking for explanation and compensation for absconding from work and the employee's service with the company will automatically come to end without company's notice or intimation.

- 8 At all times, you will abide and / or governed by the rules and regulations of the Company as amended or framed from time to time. Your hours of attendance will be regularized to suit the duties entrusted to you. Your whole time and attention shall be devoted to the interest of the Company and you shall not engage yourself in any capacity at any other enterprise or business part time or full time. You shall not engage in any studies or professional course without notifying the company.
- 9 You shall conduct yourself in such a manner, as to justify the trust and confidence reposed in you and act at all times in consistence with the position of responsibility you occupy. You may be required to work for any associate or subsidiary Company on transfer, either full time or part time, and to work for the Company or any associate or subsidiary Company in any part of India or abroad as directed by the management. Upon all such transfers the rules and regulations and also the terms and conditions of service applicable at such place of transfer shall automatically become applicable to you.
- 10 You will not disclose to any person, firm or corporate body, without approval from appropriate authority of the Company, such technical or managerial information and knowledge about its business, trade secrets, manufacturing process etc. as you may acquire in the course of this appointment. You will retire from the services of the Company at the end of the month in which you attain the age of 58 years or have completed 35 years of full time service in the company whichever is earlier .
- 11 Any communication sent by prepaid registered post at your address as intimated by you in writing to the Company from time to time shall be deemed under all circumstances to have been received by you within three days of the dispatch irrespective of whether the communication is received or not. Your address for the purpose of this clause has been noted in the records of the Company as per this letter. You must furnish any change in the said address in writing. In case any declaration or information furnished by you in your application for employment or otherwise, is found to be wrong or incorrect or it is found that you have willfully suppressed any material information, your services will be liable for termination without any notice.
- 12 Upon your ceasing to be employed by the Company, you shall forthwith return to the Company all the property belonging to the Company or any subsidiary or associate Company of the Company including all documents and memoranda (including records in hard and in soft copy thereof and extracts there from) compiled from the records of the Company or any of its subsidiary or associate Companies or prepared or taken in the course of employment.

13

*J. K. Reddy*



**Visionary RCM Infotech (India) Private Limited**

Regd. and Cor. Office: 35/16, Giri Road, T. Nagar, Chennai – 600017. Tel: +91-44-8345163 Fax: +91-44-28345162 CIN: U72300TN2006PTC060301

SEZ Unit :Sy no.107(P) Laxmi Infobahn, Tower-2,12th Floor, Kokapet Village,Gandipet Mandal,Ranga Redy Dt,Hyderabad,Telangana -500075 E-mail: info@visionaryrcm.com URL: www.visionaryrcm.com

VISIONARY RCM

**Accepted By - Mrs. Dipti Balaji Kotalwar**

- 14 You shall comply with the provisions of the Company's Industrial Relation Procedures. Any involvement in any illegal industrial action, acts of intimidation or incitement or acts, which may lead to disharmony of labour relations, will be considered as breach of this Employment Agreement and may lead to the Employee's dismissal. All disputes will be under the jurisdiction of Madras High Court at Chennai and for other matters at all other Courts and Authorities in other than writ jurisdiction.
- 15 Variable Compensation: If there is a variable component mentioned in your pay structure in the annexure-A, it will be contingent on the Company's overall performance and your personal goals being met. Specific individual goals shall be developed by your functional head. The company reserves the right to amend or withdraw the variable pay, at its absolute discretion.
- 16 Background verification: As per your assigned client's requirement, the Company might verify your background on previous employment history, education, residing address, police records, etc. to check on the authenticity of your provided information. Failure on any parameter here might lead to termination of your service or rejection of your appointment either at the initial stage or at any point of your service with the Company.

Please sign and return the duplicate copy of this letter as confirmation of your having accepted the terms and conditions for our records.

Yours faithfully,  
For Visionary RCM Infotech (India) Private Limited



17 *Rekha*  
Sasi Rekha K  
AVP - HR

**Accepted By - Mrs. Dipti Balaji Kotalwar**

**Visionary RCM Infotech (India) Private Limited**

Regd. and Cor. Office: 35/16, Giri Road, T. Nagar, Chennai - 600017. Tel: +91-44-8345163 Fax: +91-44-28345162 CIN: U72300TN2006PTC060301

SEZ Unit :Sy no.107(P) Laxmi Infobahn, Tower-2,12th Floor, Kokapet Village,Gandipet Mandal,Ranga Redy Dt.,Hyderabad,Telangana -500075 E-mail: info@visionaryrcm.com URL: www.visionaryrcm.com



*[Signature]*  
**Principal**  
Dayanand College Of Pharmacy  
LATUR

## 08. Pathak Pooja D.

cliantha  
research

CRL/HR/Rect/Offer Letter

8<sup>th</sup> October 2021

### Offer of Employment

Dear Pooja Pathak,

Congratulations on being selected as a part of Cliantha Family. We are pleased to offer you the position of **Jr. Officer in Central Contracts & Proposal**, based at **Cliantha Corporate, Ahmedabad**. We would like you to join us on or before **18<sup>th</sup> October 2021**.

This position is being offered to you with a presumption that you are a citizen of India / authorized to work in India. If it is not so, do bring it to our notice, at the time of accepting this offer.

We expect your arrival at **Cliantha Corporate, Ahmedabad** site at **9.30 am** on or before **18<sup>th</sup> October 2021**. You are requested to bring along the original documents as mentioned in **Annexure – A** and share scanned copy of Medical Reports as per **Annexure – B** on or before **15<sup>th</sup> October 2021**, at [dmirchandani@cliantha.com](mailto:dmirchandani@cliantha.com)

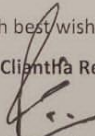
This offer has been made based on information furnished by you, however if there is an aberrancy in documents or certificates as per Annexure – A and Medical Fitness Certificate as per Annexure – B, the company reserves the right to revoke the Offer of Employment.

By accepting this Offer of Employment, it is presumed that you have agreed to join us on or before the due date. You will have to submit the copy of your resignation letter addressed to the present employer, within 3 days on receipt of this offer letter. The Offer stands withdrawn if you fail to report on or before the due date or the date communicated in written otherwise. The appointment letter shall be handed over to you at the end of induction process, post joining.

We look forward to your contribution to our aspiration of building Cliantha as a highly acclaimed CRO.

With best wishes,

For Cliantha Research Limited

  
Preeti Pathak  
General Manager – Human Resources

Cliantha Research Limited  
Office: Cliantha Corporate, TP 86, FP 28/1, Off S.P. Ring Road, Sarkhej, Ahmedabad - 382210, India | Phone: +91 2717 698500  
USA | CANADA | EUROPE | INDIA  
www.cliantha.com



  
Principal  
Dayanand College Of Pharmacy  
LATUR

**SELF DECLARATION FOR REGISTERED PHARMACIST**

Annexure B

To,  
Licensing Authority,  
Food & Drugs Administration  
AURANGABAD Circle



I undersigned Mr/Ms./Mrs. SARASWATI HARI BELE, date of joining 15/04/2022, living at \_\_\_\_\_

Mob. No. 8275387895 holding Degree / Diploma of Pharmacy / Experience, I am Registered Pharmacist having Registration No. 243832 Registration date \_\_\_\_\_ valid upto 31/12/2050 & I above named Pharmacist do hereby state on oath as under -

- 1) I am not working anywhere as Registered Pharmacist at present.
- 2) Prior to this I was working at \_\_\_\_\_ situated at \_\_\_\_\_ and I have left this job from date \_\_\_\_\_
- 3) Now I will work as Registered Pharmacist from date 15/04/2022 at M/s. GAYATRI MEDICAL STORES - SHOP NO.9 GR FLOOR, ANAND PLAZA,P.NO.F0066190.,CTS NO.1584,SUTGIRNI CHOWK ADITYA NAGAR ,GARKHEDA PARISAR,AURANGABAD-431001 Proprietor / Partnership / Pvt. Ltd. / Ltd. firm. My working hours are from \_\_\_\_\_ to \_\_\_\_\_. Currently I am not pursuing any further education & not doing job at any other place.
- 4) I will strictly follow the Drugs & Cosmetic Act, 1940 & Rules there under & I will take care of not to break any other rules & regulations related to drugs or medicines.
- 5) I will inform to the owner of the company & FDA Office / D.C.D / D.C.A immediately, at the time my resignation.
- 6) If any above stated information found to be false or misleading then you can inform to the MH state Pharmacy Council regarding cancellation of my Pharmacy Registration & I agree for the same.

I further affirm and declare that the information given above and in the enclosed documents is true and correct to the best of my knowledge and belief and nothing material has been concealed of facts and giving false information is punishable offence and incase im guilty of giving false information or concealment of facts herein, i will be liable to punished with imprisonment and / or fine as per the relevant provisional of law. I also undertake that the benefits availed by me by furnishing such false information or concealment of the facts shall be liable to be summarily withdrawn.

Date: 25/04/2022

Place: AURANGABAD Circle

Authorised Signatory of the FIRM

**GAYATRI MEDICAL STORES - SHOP NO.9 GR FLOOR, ANAND PLAZA,P.NO.F0066190.,CTS NO.1584,SUTGIRNI CHOWK ADITYA NAGAR ,GARKHEDA PARISAR,AURANGABAD-431001**

Signature

(As signed on Registration Certificate)  
SARASWATI HARI BELE (243832)

गायत्री मेडीकल स्टोअर्स  
शॉप नं.05,सुतगिरणी चौक,औरंगाबाद  
मो.7875217777

N I C



Principal  
Dayanand College Of Pharmacy  
LATUR

## 10. Gogade Viresh P.



08-02-2022

Employee ID: ESPM3073

**Viresh Gogade**  
At Post Bori Tq ,  
Latur,  
Latur  
Maharashtra - 413531

Dear Viresh Gogade,

**Sub: Appointment Letter**

A warm welcome to the Episource family.

Episource is an organization with Indian roots and a global vision. We are aware of the fact; we have a distinctive culture and would like to invite you to and enhance this culture. We are sure that you will contribute to the task ahead of us, in your own special way.

**With reference to our Offer Letter dated 08-02-2022, We are pleased to appoint you as Trainee - MCC effective 08-02-2022.**

Please note that the terms and conditions of your service contract as intimated here after, is to be treated as strictly confidential and you are not to divulge its content to any employee of the company/person connected with the company, who is not authorized by the management.

All information regarding your compensation, benefits and performance appraisal are to be treated as strictly confidential. Hence discussions or sharing of information with other employees either in public or private is strictly prohibited.

We congratulate you on this occasion and we hope you will render your good services with commitment and dedication.

You are advised to sign and return the duplicate of this letter as token of your acceptance.

We look forward to a long rewarding career with Episource.

With best Wishes,

For EpisourceIndia Pvt Ltd

**Manjula Palanisamy**

Vice President-HR

**Viresh Gogade**

Page 1 of 9

08-02-2022

Employee ID: ESPM3073

Compensation details of: Viresh Gogade

Designation: Trainee - MCC

Component	ANNUAL (INR)	MONTHLY (INR)
Basic	71,875	5,990
HRA	52,850	4,405
Statutory Bonus	7,000	583
Provident Fund	18,186	1,516
Gratuity	3,458	289
Mediclin Insurance	4,644	383
ESIC	5,827	486
Other Allowances	47,558	3,964
<b>CTC</b>	<b>2,11,397</b>	<b>17,616</b>
<b>Total CTC</b>	<b>2,11,397</b>	

- All payments are subject to statutory deductions.
- Mediclin Cover (Family floater - coverage includes employee, spouse, Children, Parents /Parents-in- laws. Restricted to members including employee) Sum Insured - INR 100000/- (INR One Lakh only)
- Life Insurance Cover - INR 200000/- (INR Two Lakhs Only)
- For detailed eligibility & benefits, employee is advised to refer to HR Handbook.

Viresh Gogade

Page 2 of 9

## OTHER TERMS AND CONDITIONS

### 1. RULES AND REGULATIONS:

You are governed by the service rules and regulations which may be brought in force / amended from time to time, as applicable to all employees of the company.

Various rules and regulations of the company such as HR policies, procedures, compliance & security policies must be adhered by you. All these policies and procedures are mentioned in the Employee handbook and Episource for which you agree and you abide to follow the same, by accepting this offer.

### 2. SERVICE RULES:

Probation period for Trainees & Medical Coders will be 4-6 months, Executive coder to Team coach/QA and support functions will be 6 months, TL to AM will be 6-9 months from their date of joining. Managers & above, there is no mandatory probation period.

### 3. TERMINATION RULES:

Your service is liable to get terminated with or without notice and assigning any reasons, if the performance standards and competencies delivered are below the expected performance standards.

Your services gets terminated with immediate effect by a notice in writing (without salary in lieu of notice), in the event of an employee's act of misconduct including but not limited to fraudulent, dishonest or breach of integrity, embezzlement or misappropriation or misuse of company's property or irregularity in attendance or unauthorized absence from place of work for more than about 12 consecutive days.

Company believes in the principal of natural justice and adequate opportunity is provided to employee to represent and provide justification for his delinquent action. Failing which or on concluding that the justification is unsatisfactory, appropriate action is taken, that may also lead to termination of employment.

### 4. GENERAL:

During the course of your employment, you shall employ yourself efficiently, honestly, faithfully and do the best of your ability and shall devote your whole time and attention to promote the interest of the company and generally carry out duties and work assigned to you and shall obey and comply with all the lawful orders and directions given to you by the concerned superiors in the company.

Episource is in the business of delivering services 24x7 to its clients. Hence, it is imperative for you to recognize that there may be occasions when you may need to work in varied shifts including night shifts and/or during weekend & declared holidays to meet customer requirements. Failure to oblige to the above-mentioned terms may be dealt as per the company disciplinary policy, as appropriate.

08-02-2022

Viresh Gogade

Page 3 of 9



#### 5.PLACE OF POSTING AND TRANSFER:

Your initial place of work will be **Pune**.

During employment, you may be posted or transfer/attached to any other company of Episource India Private Limited or to any of the offices/subsidiaries/units/associate offices of the company, at any town or city or overseas, at the sole discretion of the management. While working in another company on transfer/attachment you shall be governed by the principles and procedure laid down by the transfer/attached.

#### 6.MORAL RESPONSIBILITY AND HONESTY:

You are expected to deal with the company's money, material and documents with utmost honesty and professional ethics. Your service may be dispensed with any time without any previous notice if you are found of gross indiscipline, fraud, misappropriation or acting against the interest of the company.

#### 7.OTHER EMPLOYMENT:

During the period of your employment, you will not work directly or indirectly for any other person, firm, company or organisation whether with or without remuneration nor will you engage yourself or be interested or be interested directly or indirectly in any trade or business, either as employer or employee or partner or advisor or in any other capacity without the express permissions in writing from the Management.

#### 8.EXAM COURSES:

In case you intend to appear in an examination or wish to attend classes while working with Episource, you are required to obtain written permission for the giving full details including time frame involved.

#### 9. INVENTION & DISCOVERIES:

While in employment with Episource, you will promptly disclose to it and assigned to it your interest in any invention, improvement or discovery made or conceived by you either alone or jointly with others, which arises out of any proceedings relating to such invention, improvement or discovery and in obtaining domestic and foreign patent or other protection covering the same.

#### 10. DRESS CODE:

Employees to be dressed in formals on Monday & Tuesdays, applicable as per the appearance of our country. All other days in a week can be dressed in business Casual.

08-02-2022

Viresh Gogade

Page 4 of 9

**11. SECRECY:**

a.You will not give any one, by word of mouth, writing, facsimile, any devices or otherwise any particulars or details, which you acquire during course of your employment of our working systems, technical knowhow, security arrangements, administrative and/or organization matters of the company and its clients whether confidential, secret or otherwise, during your employment with company or afterwards.

b.Please note the terms and conditions of your service contract as stipulated here-to-fore or be intimated here after, or to be treated as strictly confidential and you are not to divulge its contract to any employee of the company/person connected with the company.

c.You will also be governed by the Information Security Roles & Responsibilities specific to your position. You are advised to refer to the same and comply in full.

**12. RELIEVING PROCEDURE:**

You will be relieved from the services of the company only after receiving a confirmation from your superiors that you have completed and handed over all project deliverables to any other staff, designated by your superiors / Management.

A Verbal and written intimation of your resignation is necessary for approval by Management. The notice period will be 60 days if you are a confirmed employee and 30 days in case you are on probation. The notice period will be computed from the date of written acceptance of your resignation letter.

**13. PROJECT DELIVERABLE:**

As a member of the project team, you will not leave the project assignment in between and you can do so only after completion of the project or bringing it to a logical completion, as approved / accepted by your supervisor / management.

**14. ANTECEDENTS VERIFICATION:**

This appointment letter is valid subject to satisfactory clearance of employment, education and address verifications, abiding by the HR policies and code of conduct. The joining stands cancelled at any point of employment, if this criterion is not met.

You are advised to read this letter carefully and if the terms and conditions are acceptable to you, please sign the duplicate copy as a token of your having understood and accepted the same.

08-02-2022

Viresh Gogade

Page 5 of 9

### HIPAA EMPLOYEE CONFIDENTIALITY AGREEMENT

I understand that as an employee of Episource India Pvt Ltd., health care BPO, the use and disclosure of patient information is governed by the rules and regulations established under. The Health Insurance Portability and Accountability Act (HIPAA) of 1996, and related policies and procedures of Episource India Pvt Ltd. Therefore, regarding Protected Health Information (PHI), I commit to the following obligations:

A. I will use and disclose confidential health information solely in accordance with the federal (USA Laws on Health Care) and Episource India Pvt Ltd policies set forth above or elsewhere. I also agree to familiarize myself with any periodic updates or changes to such policies in a timely manner.

B. Employee and/or agents shall use appropriate safeguards to prevent the use and/or disclosure of all PHI relating to patients, patient's family members, clients employees, company's employees and other healthcare providers-made available by or obtained from patient, client or company.

C. I will take reasonable care to properly secure confidential health information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users.

D. I will not disclose my personal password(s) to anyone without the written permission of my department head or record or post it in an accessible location and will refrain from performing any tasks using another's password.

E. Upon termination or resignation of employment, employee shall return all PHI that I maintain in any form and retain no copies of such PHI without the prior written approval of company and client.

I also understand and agree that my failure to fulfill any of the obligations set forth in this Agreement and/or my violation of any terms of this Agreement shall result in my being subject to appropriate disciplinary action, up to and including, termination of employment.

**Employee Name: Viresh Gogade**

**Employee ID: ESPM3073**

**Employee Department: Training**

**Witness Signature:**

**08-02-2022**

**Viresh Gogade**

**Page 6 of 9**

## NON-DISCLOSURE AGREEMENT

This Non-Disclosure Agreement ("Agreement") is made at Chennai between and Episource(Company). The undersigned employee agrees to comply with the following terms and conditions.

The undersigned employee hereby agrees and acknowledges:

1. That during my employment, the Company may disclose to me certain Confidential Information of the Company; said Confidential Information consisting but not necessarily limited to tangible, intangible, visual, electronic, present, or future information:
  - a) Technical information: Methods, processes, formulae, compositions, systems, techniques, inventions, machines, computer programs, research projects and technical information including research, development, procedures, algorithms, data, designs, software code, application programs and know-how
  - b) Business information: Customer lists, Patient identifiable information, pricing data, sources of supply, financial data and marketing, training, production, or merchandising systems or plans and information acquired during any facilities tours.
2. I agree that I shall not during, or at any time after the termination of my employment with the Company, use for myself or others, or disclose or divulge to others including future employees/employers, any trade secrets, confidential information, or any other proprietary data of the Company in violation of this agreement.
3. That upon the termination of my employment from the Company that I shall return to the Company all documents and property of the Company, including but not necessarily limited to: Patient identifiable information, intellectual property, analytical data, financial, drawings, blueprints, Manuals, correspondence, customer lists, computer programs (Source code and Object code), Applications and all other materials and all copies thereof relating in any way to the Company's business, or in any way obtained by me during the course of employment. I further agree that I shall not retain copies, notes or abstracts of the foregoing.
4. I agree to use Confidential Information only during the term of my employment in the Company. I will take all reasonable degree of care to protect Confidential Information and to prevent any unauthorized use or disclosure of Confidential Information.
5. I also agree and acknowledge that all application, software (source code and object code), deliverables, technical data, specifications, intellectual property, documentation, products and inventions, as well as all papers, records and other materials, prepared or produced by me while working for the Company, including all modifications and additions thereto (collectively, the "Developments") shall be works made for hire and the Company shall own all copyright, patent, trade secret, trademark and any other intellectual property rights ("Intellectual Property Rights") in and to the Developments.

**Viresh Gogade**



6. I hereby agree that I shall have no rights to receive any royalties, profits or right to use any confidential information that is considered proprietary, sensitive, or confidential by Episource, software and any application produced by me for the Company. The software, analysis, compilations, studies or options, written or oral or any other records or data of any nature if any developed or prepared by me during the course of employment with the Company shall be the absolute property of the Company and I shall have NO Ownership rights on the same.

7. I agree to execute, and causes the Company to execute, a written assignment of such rights in and to the Developments to the Company and any other documents necessary, as well as to provide any other lawful assistance reasonably required, for the Company to establish, preserve or enforce its Intellectual Property Rights in the Developments. I further hereby agree not to assert at any time, and otherwise waive, any "moral rights" that I may have in the Developments, and I hereby also assigns to the Company all moral rights therein. I further agree to provide to the Company complete copies of all Developments (regardless of the state of completion) as requested by the Company.

8. I further agree and acknowledge that a breach of my obligations under this Agreement could cause irreparable harm to the Company for which monetary damages may be difficult to ascertain or an inadequate remedy. I, therefore, agree that the Company will have the right, in addition to its other rights and remedies, to seek injunctive relief and damages for any violation of this Agreement.

9. I hereby agree that the rights and obligations hereunder, or pursuant to, this Agreement, shall be governed by and be subject to Indian law, and the Agreement shall be subject to the exclusive jurisdiction of the courts at Chennai.

For Episource: Compliance Department

Employee: **Viresh Gogade**



Signature: Vengadaraghavan R

Signature:

Date:

Date:

**Viresh Gogade**

Page 8 of 9

## UNDERTAKING

1. Having accepted the offer of Episource India Private Limited, Chennai (Episource) I, **Viresh Gogade** assure Episource that I will abide by its current and future policies and procedures in its entirety.
2. I have not signed any agreement, contract or bond that would disable, prohibit and restrain me to work for Episource or its clients.
3. I shall keep all the information that are passed to me or gathered by virtue of being an associate of Episource as strictly confidential and will not divulge the same to any person or in any media, at any point of time.
4. I am aware and agree that I am working for Episource directly and for its clients indirectly, for an adequate lawful consideration and that the Intellectual Property Rights of any thing that I may invent, discover, design or develop either alone or along with my colleagues will therefore be deemed to be work done for hire and that I shall have no claim / s over them.
5. I am aware and agree that all documents, correspondence, electronic communication sent or received by me using any facility of Episource will belong to Episource and that the organization has every Right to access them at any point of time.
6. I undertake not to misuse or abuse the facilities extended to me by Episource.
7. I undertake to sign the Confidentiality agreements, Non-disclosure agreements or the like when called upon by Episource at periodical interval, and / or when the Episource client or the representatives of the Episource clients so desire.
8. I undertake to submit myself to background security investigations about Premises.
9. I agree to for with indemnify and save harmless Episource from any loss, damages etc. , that it may sustain including such that may be claimed by any person whomsoever on account of my breach of any conditions mentioned herein or otherwise, from and out of any amount I may be entitled to from Episource and in case the same is insufficient to meet such payment, I shall make good such difference immediately upon demand by Episource.
10. I am aware that my service with Episource is transferable either at my request or as warranted by the business exigencies to any of Episource branches, subsidiaries, holding companies etc., or upon deputation to the clients of Episource or such other Group Company, as the case may be. In addition to such other conditions as may be applicable to me, I shall bind myself to the conditions stipulated as per this undertaking.
11. I am aware that the management reserves the right to deduct from my salary / terminal benefits /final settlement for any damages that I would have incurred on the company's properties etc.,
12. I hereby agree to give two months notice period on my resignation from the company. I also undertake to pay the company on any shortfall in the notice period. I understand that the acceptance of payment of notice period lasts with the discretion of the Management.
13. I am also aware that the company reserves its right to terminate my services at any point of time based on my performance.
14. I state that I have signed this undertaking voluntarily after having first read, understood and accepted the contents hereof. I have also taken a copy of this undertaking for my records for the purpose of reference and compliance.

**Viresh Gogade**

**Page 9 of 9**

### EMPLOYEE CODE OF CONDUCT

1. Employees are expected to conduct themselves in a proper and dignified manner without disturbing/attracting the attention of other employees during working hours within the office premises.
2. Appearance, behavior, language, etc. must be appropriate and meet the code of conduct as per the HR policy. Use of abusive language, sexual harassment in any form, misuse of office property and other such forms of misconduct will be actionable which may lead to suspension / termination.
3. Usage of mobile phones is strictly prohibited in the office premises except for authorized representatives.
4. No employee is permitted to enter the office premises/report to work under the influence of alcohol, intoxicating drugs or any banned drugs.
5. The Management will not permit any employee to take any job or occupation, whether full-time, part-time or casual which relates to activities of the company. The Management is also very particular that the interests of the Company should not be divested.
6. No employee should deal with the Company's customers, suppliers, contractors or any person having business dealings or seeking to do business with the Company without taking prior consent of the appropriate authority
7. Episource is a professional organization and believes that the workforce should not be discriminated on the grounds of community, caste, creed, color, religion, gender, language etc.
8. Episource insists, all company employees to adhere to the security and privacy policies practiced within the company.
9. I have read and understood the above code of conduct and agree to abide as per rules mentioned above.

### DECLARATION

I **Viresh Gogade** with the Employee No: **ESPM3073** hereby acknowledge that I have read and understood the Code of Conduct thoroughly and agree to abide by the terms and conditions as stated.

08-02-2022

Signature:

Viresh Gogade

 **Episource India Pvt. Ltd** | [www.episource.com](http://www.episource.com) | CIN - U72900TN2004PTC053347  
Registered Office: No. 18, Sathyanarayana Avenue, Boat Club Road, R.A. Puram, Chennai - 600 028.

**Corporate Office**  
2nd Floor, Prince Info City,  
No. 141, Rajiv Gandhi Salai (OMR),  
Kandanchavadi, Chennai - 600 096.  
Ph: +91 44 4910 1615

**Mumbai Office**  
5th Floor, E Wing, Corporate Avenue  
(Atul Projects), Opp. Solitaire Corporate Park,  
Chakala, Andheri-Ghatkopar Link Road,  
Andheri East, Mumbai - 400 093.

**Vijayawada Office**  
Door. No 54-15-5A, 3rd Floor,  
Lakshmi Avenue,  
Srinivasa Nagar Bank Colony,  
Ring Road, Vijayawada -520 008.



  
**Principal**  
Dayanand College Of Pharmacy  
LATUR



## 11. Mr.Satish Bhise.

Appointment Letter



www.crbtech.in

To,  
**Mr. Satish Bhise,**

A warm welcome to you!!

Following to our recent discussion, we are delighted to appoint you as **Consultant –Jr. Knowledge Associate** with our organization. We at CRB Tech believe in “work better, live better” policy and we are excited about the potential that you bring to our organization. We expect your personal accountability in all the products, actions, advice and results that you provide as a representative of CRB Tech Solutions. We are confident you will find this new opportunity challenging and rewarding.

Your Date of Commencement of service is 28<sup>th</sup> September 2021 .

### **Place / Transfer**

You will be posted at client (**Innoplexus Consulting Services Private Limited**) i.e. **Hinjewadi Phase – I** location.

However, your services are liable to be changed at the sole discretion of Management, in such other capacity as the company and client may determine, to any department / section, location, associate, sister concern or subsidiary, at any place in India or abroad, whether existing today or which may come up in future. In such a case, you will be governed by the terms and conditions of the service applicable at the new placement location.

### **Service Policy**

You shall provide fulltime services exclusively to the business and interests of the Client. You will not take up any other work for remuneration or work in an advisory capacity, or be interested directly or indirectly (except as shareholder / debenture holder), in any other trade or business during your service with the company and client, without permission in writing of the Board of Directors of the Company and client. You will also not seek membership of any local or public bodies without first obtaining specific permission from the Management.

### **Temporary Period**

We here by appoint you on temporary basis for the period of 3 months. Your professional service will be assessed during this period. If your services are found satisfactory during the temporary period, your service in our organization will be confirmed.

The Company and client has sole discretion to terminate your services without any prior intimation during the Temporary period if any act of irregularity in attendance or misconduct or neglect of duty, performance issues found by the organization. If you wish to discontinue your service during temporary period you are liable to serve a notice of 30 Days.

**CRB Tech Solutions Pvt. Ltd.**

9th Floor, Pride Parmar Galaxy, Sadhu Vaswani Circle, Pune 411001



**Confidentiality**

During the period of your service with the Company and client, you will devote Full Time to the work of the Company and client. Further, you will not take up any other service or assignment or any office, honorary or for any consideration, in cash or in kind or otherwise, without the prior written permission of the Company and client.

You will not (except in the normal course of the Company and client's business) publish any article or statement, deliver any lecture or broadcast or make any communication to the press, including magazine publication relating to the Company and client's products or to any matter with which the Company and client may be concerned, unless you have previously applied to and obtained the written permission from the Company and client.

You will be required to maintain utmost secrecy in respect of Project cost & Estimation, Technology, Software packages license, Company and client's polices, Company and client's patterns & Trade Mark and Company and client's Human assets profile. You will be required to comply with all such rules and regulations as the Company and client may frame from time to time.

Any of our technical or other important information which might come into your possession during the continuance of your service with us shall not be disclosed, divulged or made public by you even thereafter.

You will not accept any present, commission or any sort of gratification in cash or kind from any person, party or firm or Company and client having dealing with the company and client and if you are offered any, you should immediately report the same to the Management.

**Responsibilities & Duties**

Your services in the organization will be subject to the rules and regulations of the organization as laid down in relation to conduct, discipline and other matters. You will be governed by the Policies of the company and client as may be applicable to you from time to time.

**Medical Fitness**

This appointment is subject to your being, and remaining, medically fit.

**Termination of service**

Your notice of termination of service will be **30 Day's** notice in writing or **30 Days** compensation in lieu of notice. Notwithstanding the fore mentioned, the Company and client shall be entitled to terminate your service without notice, indemnities and compensation in any of the following events:

Any act of dishonesty, disobedience, insubordination, incivility, intemperance, irregularity in attendance or other misconduct or neglect of duty, or incompetence in the discharge of duty on your Full of the breach of any of the terms, conditions and stipulations contained herein.



You being adjudged an insolvent or applying to be adjudged an insolvent or making a compensation or arrangement with your creditors or being found guilty by a competent court of any offence involving moral turpitude.

The reconstruction or amalgamation of the Company and client whether by winding up of the Company and client or otherwise.

Any information provided to the company and client in the application for job or during the course of your service was found wrong and you have intentionally provided wrong information.

Absence for a continuous period of three days without prior approval of your superior, (including overstay on leave / training) would result in your losing your lien on the service and the same shall automatically come to an end without any notice or intimation.

This appointment letter is being issued to you on the basis of the information and particulars furnished by you in your application (including bio-data), at the time of your interview and subsequent discussions. If it transpires that you have made a false statement (or have not disclosed a material fact) resulting in your being offered this appointment, the Management may take such action as it deems fit in its sole discretion, including termination of your service.

You will be responsible for safekeeping and return in good condition and order of all Company and client property, which may be in your use, custody or charge.

Please confirm your acceptance of the appointment on the above terms and conditions by signing and returning a copy of this letter for our records.

Welcoming to CRB Tech, we wish you all the best!

Yours truly,

*Investpande*

HR Department

CRB Tech Solutions.



For any further assistance, you can contact HR Team.

#### ACCEPTANCE LETTER

I hereby understand, accept and agree to the terms of the Offer Letter. Further, I acknowledge and accept to not disclose the Offer Letter to any other company and client or any other organization and understand that by accepting the terms of the Offer Letter I am under the binding obligation of the NDA (Offer Letter), to not disclose the said Offer.

I acknowledge, declare and inform that I am aware of, and accept that I shall be on temporary for a period of 3 months or until such time that the Company and client may deem to evaluate my work to be at par with the working standards of the Company and client. Further, I have been explained by the Company and client that the Company and client's Employee on-boarding process shall involve executing several documents, the same including, but not limited to, the Employment Contract, Employee Handbook, Non-Disclosure Agreement and any other undertaking and/or verification or any other document as shall be considered necessary and significant by the Company and client.

Further, on being explained the structure of the salary to me, I hereby give my unconditional acceptance of the same and undertake to not raise any objections later at any point whatsoever.

Name: Satish Bhise

Signature



Date

25-10-2021



## Annexure

COMPONENTS	Monthly	Annually
BASIC	5,644	67,733
HRA	2,258	27,093
CONVEYANCE	800	9,600
MEDICAL ALLOWANCE	1,250	15,000
PERFORMANCE ALLOWANCE	4,159	49,906
<b>ADDITIONAL DEDUCTIONS</b>		
EMPLOYEES CONTRIBUTION TO PF	677	8,128
EMPLOYERS CONTRIBUTION TO PF	768	9,218
PROFESSIONAL TAX	200	
EMPLOYEES CONTRIBUTION TO ESIC	112	1,339
EMPLOYERS CONTRIBUTION TO ESIC	484	5,803
<b>TOTAL DEDUCTION ..... ( A )</b>	<b>1,757</b>	<b>21,085</b>
<b>TOTAL FIXED PAY ..... ( B )</b>	<b>14,111</b>	<b>169,332</b>
<b>TOTAL VARIABLE PAY..... ( C )</b>	<b>768</b>	<b>9,218</b>
<b>GROSS PAY ..... ( D ) = ( B ) + ( C )</b>	<b>14,879</b>	<b>178,550</b>
<b>NET PAY ( E ) = ( D ) - ( A ) - ( E )</b>	<b>13,122</b>	<b>157,465</b>



  
**Principal**  
Dayanand College Of Pharmacy  
LATUR

## 12. Mr. Shubham Zanwar.

### Appointment Letter

To,  
**Mr. Shubham Zanwar,**

A warm welcome to you!!

Following to our recent discussion, we are delighted to appoint you as **Consultant –Jr. Knowledge Associate** with our organization. We at CRB Tech believe in “work better, live better” policy and we are excited about the potential that you bring to our organization. We expect your personal accountability in all the products, actions, advice and results that you provide as a representative of CRB Tech Solutions. We are confident you will find this new opportunity challenging and rewarding.

Your Date of Commencement of service is 13<sup>th</sup> December 2021.

#### **Place / Transfer**

You will be posted at client (**Innoplexus Consulting Services Private Limited**) i.e. **Hinjewadi Phase – I** location.

However, your services are liable to be changed at the sole discretion of Management, in such other capacity as the company and client may determine, to any department / section, location, associate, sister concern or subsidiary, at any place in India or abroad, whether existing today or which may come up in future. In such a case, you will be governed by the terms and conditions of the service applicable at the new placement location.

#### **Service Policy**

You shall provide fulltime services exclusively to the business and interests of the Client. You will not take up any other work for remuneration or work in an advisory capacity, or be interested directly or indirectly (except as shareholder / debenture holder), in any other trade or business during your service with the company and client, without permission in writing of the Board of Directors of the Company and client. You will also not seek membership of any local or public bodies without first obtaining specific permission from the Management.

#### **Temporary Period**

We here by appoint you on temporary basis for the period of 3 months. Your professional service will be assessed during this period. If your services are found satisfactory during the temporary period, your service in our organization will be confirmed.

The Company and client has sole discretion to terminate your services without any prior intimation during the Temporary period if any act of irregularity in attendance or misconduct or neglect of duty, performance issues found by the organization. If you wish to discontinue your service during temporary period you are liable to serve a notice of 30 Days.

**Confidentiality**

During the period of your service with the Company and client, you will devote Full Time to the work of the Company and client. Further, you will not take up any other service or assignment or any office, honorary or for any consideration, in cash or in kind or otherwise, without the prior written permission of the Company and client.

You will not (except in the normal course of the Company and client's business) publish any article or statement, deliver any lecture or broadcast or make any communication to the press, including magazine publication relating to the Company and client's products or to any matter with which the Company and client may be concerned, unless you have previously applied to and obtained the written permission from the Company and client.

You will be required to maintain utmost secrecy in respect of Project cost & Estimation, Technology, Software packages license, Company and client's polices, Company and client's patterns & Trade Mark and Company and client's Human assets profile. You will be required to comply with all such rules and regulations as the Company and client may frame from time to time.

Any of our technical or other important information which might come into your possession during the continuance of your service with us shall not be disclosed, divulged or made public by you even thereafter.

You will not accept any present, commission or any sort of gratification in cash or kind from any person, party or firm or Company and client having dealing with the company and client and if you are offered any, you should immediately report the same to the Management.

**Responsibilities & Duties**

Your services in the organization will be subject to the rules and regulations of the organization as laid down in relation to conduct, discipline and other matters. You will be governed by the Policies of the company and client as may be applicable to you from time to time.

**Medical Fitness**

This appointment is subject to your being, and remaining, medically fit.

**Termination of service**

Your notice of termination of service will be **30 Day's** notice in writing or **30 Days** compensation in lieu of notice. Notwithstanding the fore mentioned, the Company and client shall be entitled to terminate your service without notice, indemnities and compensation in any of the following events:

Any act of dishonesty, disobedience, insubordination, incivility, intemperance, irregularity in attendance or other misconduct or neglect of duty, or incompetence in the discharge of duty on your Full of the breach of any of the terms, conditions and stipulations contained herein.

You being adjudged an insolvent or applying to be adjudged an insolvent or making a compensation or arrangement with your creditors or being found guilty by a competent court of any offence involving moral turpitude.

The reconstruction or amalgamation of the Company and client whether by winding up of the Company and client or otherwise.

Any information provided to the company and client in the application for job or during the course of your service was found wrong and you have intentionally provided wrong information.

Absence for a continuous period of three days without prior approval of your superior, (including overstay on leave / training) would result in your losing your lien on the service and the same shall automatically come to an end without any notice or intimation.

This appointment letter is being issued to you on the basis of the information and particulars furnished by you in your application (including bio-data), at the time of your interview and subsequent discussions. If it transpires that you have made a false statement (or have not disclosed a material fact) resulting in your being offered this appointment, the Management may take such action as it deems fit in its sole discretion, including termination of your service.

You will be responsible for safekeeping and return in good condition and order of all Company and client property, which may be in your use, custody or charge.

Please confirm your acceptance of the appointment on the above terms and conditions by signing and returning a copy of this letter for our records.

Welcoming to CRB Tech, we wish you all the best!

Yours truly,

**HR Department**

**CRB Tech Solutions.**



For any further assistance, you can contact HR Team.

#### ACCEPTANCE LETTER

I hereby understand, accept and agree to the terms of the Offer Letter. Further, I acknowledge and accept to not disclose the Offer Letter to any other company and client or any other organization and understand that by accepting the terms of the Offer Letter I am under the binding obligation of the NDA (Offer Letter), to not disclose the said Offer.

I acknowledge, declare and inform that I am aware of, and accept that I shall be on temporary for a period of 3 months or until such time that the Company and client may deem to evaluate my work to be at par with the working standards of the Company and client. Further, I have been explained by the Company and client that the Company and client's Employee on-boarding process shall involve executing several documents, the same including, but not limited to, the Employment Contract, Employee Handbook, Non-Disclosure Agreement and any other undertaking and/or verification or any other document as shall be considered necessary and significant by the Company and client.

Further, on being explained the structure of the salary to me, I hereby give my unconditional acceptance of the same and undertake to not raise any objections later at any point whatsoever.

Name:

Signature

Date

## Annexure

<b>COMPONENTS</b>	<b>Monthly</b>	<b>Annually</b>
BASIC	5,644	67,733
HRA	2,258	27,093
CONVEYANCE	800	9,600
MEDICAL ALLOWANCE	1,250	15,000
PERFORMANCE ALLOWANCE	4,159	49,906
<b>ADDITIONAL DEDUCTIONS</b>		
EMPLOYEES CONTRIBUTION TO PF	677	8,128
EMPLOYERS CONTRIBUTION TO PF	768	9,218
PROFESSIONAL TAX	200	
EMPLOYEES CONTRIBUTION TO ESIC	112	1,339
EMPLOYERS CONTRIBUTION TO ESIC	484	5,803
<b>TOTAL DEDUCTION ..... ( A )</b>	<b>1,757</b>	<b>21,085</b>
<b>TOTAL FIXED PAY ..... ( B )</b>	<b>14,111</b>	<b>169,332</b>
<b>TOTAL VARIABLE PAY ..... ( C )</b>	<b>768</b>	<b>9,218</b>
<b>GROSS PAY ..... ( D ) = ( B ) + ( C )</b>	<b>14,879</b>	<b>178,550</b>
<b>NET PAY ( E ) = ( D ) - ( A ) - ( E )</b>	<b>13,122</b>	<b>157,465</b>



  
**Principal**  
Dayanand College Of Pharmacy  
LATUR

**13. Chandak Rushikesh R.**



**ISHWAR MEDICAL'S**

DATE: 10<sup>TH</sup> JULY 2021

To,  
Mr. Rushikesh Chnadak.  
Signal camp, Latur

Subject: your appointment at Ishwar Medicals pharmaceuticals retail chain.

Dear,  
Mr. Rushi

We are glad to inform you that you have been selected for appointment as a pharmacist in our retail. Ishwar Medical and General Stores main branch located at signal camp near deshikendra high school. On the post of senior pharmacist and store manger you have been appointed on the whole time basis from 01 AUG 2021 on a monthly salary of 15000 fifteen thousand rupees only.

Your appointment has been made in compliance with the requirements prescribed under drugs and cosmetics act and the rules made under for the supervision of sale of Allopathic / Homeopathic / Ayurvedic drugs in our retail.

We wish you heartily all the best for success at your work.

Please record your acceptance of employment and joining here in.

Sincerely,

**ANUJ B PORWAL**  
MANAGING DIRECTOR.

+91-8600633199

anujbporwal@gmail.com

www.ishwarmedical.com



**Principal**  
Dayanand College Of Pharmacy  
LATUR

## 14. Mule Ayaj M

Through esign

(e-Letter)



### Intimation Letter

NO/LAT/Outward/  
Office of the Assistant Commissioner,  
Food & Drugs Administration, LATUR Circle  
Central Building Second Floor  
Shivaji Chowk, Collector Office  
Latur  
Print Date: 29/03/2022

To,  
SAHARA MEDICAL AND GENERAL STORES  
SHOP.NO. 1.H.NO. OLD R2/2606/A , NEW A5/6258  
DEEP JYOTI NAGAR, LATUR  
LATUR - 413512  
Taluka:LATUR District: LATUR  
I/C Person: MULE AYAJ MAHAMADRAFFEE (Mobile: 7020210625)

Fresh License  
Firm Id : 216091



MULE AYAJ MAHAMADRAFFEE

#### Subject : - Drugs & Cosmetics Act - 1940 & Rules there under

Grant of License arising due to: Fresh License

Sir,

Ref :- Your Inward Application vide Inw No:- BF:-1050093, Dated:- 12/03/2022, Inw ID:- 1050093

With reference to your Inward application, we have to inform you that your said application is approved & below mentioned licences are granted / retained , whose retention Dates are mentioned below :-

Lic	License No.	Issue From	Retained From	Retained Upto	Old LIC No
20	469407	29/03/2022		28/03/2027	-
20C	469409	29/03/2022		28/03/2027	-
21	469408	29/03/2022		28/03/2027	-

Open 24 Hrs: NO

Cold Storage: YES

This licence shall remain valid if licensee deposits a licence retention fee before the expiry of a period of every succeeding five years from the date of its issue unless it is suspended or cancelled by Licencing Authority.

The above mentioned licences are sent herewith.

NOTE: You are requested to provide new rent agreement after completion of its validity (Only applicable to those having rent agreement less than 5 years).

Kindly acknowledge the receipt of this letter.

eSign  
Digitally Sign

e-Signed on 29/03/2022 10:19:08

TPAV # 94AB4F5YNS



RUDERAMANI VIRBHADRAPPA  
PONGALE  
Assistant Commissioner  
Food & Drugs Administration  
LATUR Circle

**This License/Certificate is eSIGNED. Physical Signature is NOT Required**

For online Third Party Approval Verification; Go to [fdamfg.maharashtra.gov.in](http://fdamfg.maharashtra.gov.in) & Click TPAV button. 29/03/22

N I C



Principal  
Dayanand College Of Pharmacy  
LATUR

# 15. Jadhav Pradip U.



**FORM 20**

[See rule 61(1)]

Licence to sell, stock or exhibit (or offer) for sale, or distribute drugs by retail other than those specified in [Schedules C, C(1) and X]



SANTRAM CHIMAJI WAGHMARE

1.

**SANTRAM CHIMAJI WAGHMARE**

**PROPRIETOR of CHAITANYA MEDICAL & SURGICAL**

is hereby licensed to sell, stock or exhibit (or offer) for sale, or distribute by retail drugs other than those specified in [Schedules C, C (1) and X] of the Drugs and Cosmetics Rules 1945, \*and to operate a pharmacy on the premises situated at

**LGf SHOP NO.01 H.NO.(NEW)D-1/1656 AND D-1654,(OLD)R-3/211/2  
HALNIKAR HOSPITAL, OLD RENAPUR NAKA, AMABAJOGAI ROAD, LATUR. , LATUR  
Tal : LATUR ( LATUR )  
Pin : 413512 Phone: 9730649444 Mobile: 9422959121**

subject to the conditions specified below and to the provisions of the Drugs and Cosmetics Act, 1940 and the Rules thereunder

2.The licence unless sooner suspended or cancelled, shall remain valid perpetually. However, the compliance with the condition of licence and the provisions of the Drugs and Cosmetics Act, 1940(23 of 1940) and the Drugs and Cosmetics Rules, 1945 shall be assessed not less than once in three years or as needed as per risk based approach.

The licence shall be in force from : **07.Sep-2022** to **06.Sep-2027** \*\* Area : 33.68 SqMts

3.Name (s) of R.Ps & Competent Person(s) in charge (C.P NOT authorized to SIGN in Retailer Bills):

**RP-131778 - MAHADEV BABRUVAN KASALE (DPH), 309569 - PRADIP UDHAVRAO JADHAV (BPH,)**

4.Categories of Drugs : **Drugs covered under the license**

e-Signed on 07/09/2022 20:28:07

**TPAV # 66BG8155E1**



PRADIP UDHAVRAO JADHAV (R.P)

**Licence no: MH-LAT-118457**

**On: 07.Sep-2022**



**eSign**  
Digitally Sign

**RUDERAMANI VIRBHADRAPPA PONGALE**

Licensing Authority & Assistant Commissioner  
Food & Drugs Administration, LATUR

### Conditions of Licence

1. This licence shall be displayed in a prominent place in a part of the premises open to the public.
2. The licensee shall comply with the provisions of the Drugs and cosmetics Act, 1940 and the Rules thereunder for the time being in force.
3. The licensee shall report to the Licensing Authority any change in the qualified staff in charge within one month of such change.
4. No drug shall be sold unless such drug is purchased under cash or credit memo from a duly licensed dealer or a duly licensed manufacturer
5. The licensee shall inform the Licensing Authority in writing in the event of any change in the constitution of the firm operating under the licence. Where any change in the constitution of the firm takes place, the current licence shall be deemed to be valid for a maximum period of three months from the date on which the change takes place unless, in the meantime, a fresh licence has been taken from the Licensing Authority in the name of the firm with the changed constitution.

**\*\* The Licensee shall not Claim any equities or rights in the property under reference on strength of this licence.**

**\*\*This Licence shall remain valid if licensee deposits a licence retention fee before the expiry of a period of every succeeding five years from the date of its issue unless, it is suspended or cancelled by Licensing Authority.**

Note: Prev Dtls - 11955-CHAITANYA MEDICAL & SURGICAL-SANTRAM CHIMAJI WAGHMARE-SHOP NO.01 HOUSE NO.OLD R-3/212/3 NEW D-1/1660-HALNIKAR HO

**This License/Certificate is eSIGNED .**

**Physical Signature is NOT Required.**

District	FDA File No	Type:Change Premises	Form [20] Licence No	Old LIC No
LATUR	11955	C.P-1104084-31/08/2022	MH-LAT-118457	-

For online Third Party Approval Verification; Go to [fdamfg.maharashtra.gov.in](http://fdamfg.maharashtra.gov.in) & Click TPAV butto

07/09/22

**N I C**



**Principal**  
Dayanand College Of Pharmacy  
LATUR

## 16. Gaikwad Manjusha D



GeBBS Healthcare Solutions Pvt. Ltd.  
First floor, Building No. 1, Golden IT Business Park, Plot No. E-26/27, MIDC,  
Chikalthana, Aurangabad 431 210  
Tel: +91 0240 2479600

Date: \_\_\_\_\_

### LETTER OF INTENT

Dear Manjusha Gaikwad,

Further to your interview with us, we are pleased to offer you the position of Medical Coder Trainee.

Your Monthly CTC will be of : Rs 11,309

Your Monthly Gross will be of : Rs 10,860

Your Monthly Net will be : Rs 9,445

In Addition, you will have an Earning potential of;

- Min. Rs 0 and max. Rs 5000 as a performance incentive based on your floor performance with respect to the set parameters.
- Skill allowance of Rs 2000 will be eligible post training and after completing 3 months in the skill
- Certification allowance of Rs 3000 will be eligible post clearing the certification for CPC-A

You will be initially posted at First floor, Building No. 1, Golden IT Business Park, Plot No. E-26/27, MIDC, Chikalthana, Aurangabad-431210 You are requested to report on \_\_\_\_\_.

A formal letter of appointment will be issued to you at the time of your joining which will contain the detailed break up of your compensation along with the standard terms and conditions of your employment. The organization reserves the right to send your joining documents for background verification through a third party and the offer will remain valid subject to background verification clearance.

GeBBS promotes learning and certification. You need to undergo CPC certification within one year of joining. You can avail the training and support provided by GeBBS in clearing the certification post signing an undertaking and training agreement for a period of one year.

You are also requested to bring the following documents at the time of joining to ensure smooth completion of your joining formalities:

1. Certificates - Mark Sheets of SSC / HSC / Diploma / Graduation / Post Graduation (as applicable)
2. Relieving letter / Experience certificate from previous employer(s)
3. Last 3 month's pay slip / salary certificate from current employer
4. Address proof (Passport / Electricity Bill / Ration Card / Voter ID / Lease Agreement)
5. Photo ID Proof (Passport / Pan Card / Voter ID)
6. 5 passport size recent colour photographs

Please sign and return a copy of this letter as a token of your acceptance. We look forward to building a very long term relationship with you. Welcome to the winning team of GeBBS.

Thanking You,

For GeBBS Healthcare Solutions Pvt. Ltd.

Amit Nainani  
AVP - HR (Recruitments)

Candidate Signature Manjusha

#### Registered Office

"MindSpace", Building No.3, 1<sup>st</sup> Office Level, Thane - Belapur Road,  
Airoli, Navi Mumbai 400 708





Tel: +91-22-39487300  
www.gebbs.com





**Principal**  
Dayanand College Of Pharmacy  
LATUR

# 17. Mr. Bulbule Ratik R.

7/29/2021

		<b>NIPER JOINT ENTRANCE EXAMINATION - 2021</b> CONDUCTED BY NIPER, HYDERABAD			
HYDERABAD		AHMEDABAD   GUWAHATI   HAJIPUR   HYDERABAD   KOLKATA   RAEBARELI   SAS NAGAR		Department of Pharmaceuticals	
NIPER Joint Entrance Examination 2021 for Admission in MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/Ph.D.					
<b><u>Provisional Seat Allotment Letter</u></b>					
Dear Candidate, Congratulations! This is to inform that you have been allotted seat in <b>NIPER Ahmedabad</b> as per your AI Rank obtained in NIPER JEE-2021 for Admission in MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/Ph.D.					
<b>Application No</b>	11810007631				
<b>Secret Code</b>	9FD24274F42				
<b>Hall Ticket No</b>	2108110974				
<b>Candidate's Name</b>	BULBULE RATIK RAMESH				
<b>All India Rank</b>	94				
<b>Category Allotted</b>	GEN				
<b>Course Allotted</b>	M.S.(Pharm.) Pharmaceutical Analysis				
<b>Institute Allotted</b>	NIPER Ahmedabad				
<b>Undertaking:-</b>					
<ul style="list-style-type: none"><li>I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.</li><li>I declare, that in case I am unable to submit the above mentioned certificates / documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2021, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled &amp; all the fees deposited by me shall be forfeited.</li><li>I agree, that if any falsified records are detected at any stage of admission or during the course of study &amp; even after I pass out my course, my admission to the course shall liable to be cancelled or the degree awarded by the NIPER shall be taken back. Further, I will be debarred from attending any course at NIPER for the next 05 (Five) years and in addition, a criminal case under relevant section(s) of law in force may be initiated against me.</li><li>I undertake that I shall abide by the Rules &amp; Regulations of the NIPER. I also hereby undertake that I shall accept the decision of the NIPER- JEE Committee-2021 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non-submission of certificates within the duration of time allotted as above, to furnish the same.</li><li>I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying degree/certificate as stated above, before the commencement of Final Semester examination at respective NIPER, otherwise my provisional admission shall be cancelled and full fees deposited by me shall be forfeited and no claim will be made by me.</li><li>I have a knowledge that as per the norms of NIPER a fellowship is given to all successful candidates who are granted admission in different courses (except MBA (Pharm)) through NIPER JEE 2021 counseling. I understand if till the date I do not submit my result of qualifying examination and other required documents mentioned overleaf as per the NIPER JEE 2021 norms, I would not be eligible for fellowship and further till that date I will not claim any fellowship from the NIPER.</li></ul>					
(Signature of the Candidate)					

		<b>NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH AHMEDABAD (NIPER-A)</b>		Dept. of Pharmaceuticals, Ministry of Chemicals and Fertilizers, Govt. of India	
AHMEDABAD					
					
		<b>Bulbule Ratik Ramesh</b> M.S. (Pharm)			
<b>Student ID No.</b>	: NIPERA2123PA03				
<b>D.O.J.</b>	: 16/08/2021				
<b>Blood Group</b>	: O+				
<b>Validity</b>	: June 2023				
<b>Email Id:</b>	: ratikbulbule71@gmail.com				



  
**Principal**  
Dayanand College Of Pharmacy  
LATUR

# 18. Ms. Halkude Pragati U.



NIPER JOINT ENTRANCE EXAMINATION - 2021  
CONDUCTED BY NIPER, HYDERABAD

| AHMEDABAD | GUWAHATI | HAJIPUR | HYDERABAD | KOLKATA | RAEBARELI | SAS NAGAR |



## NIPER - 2021 ALLOTMENT FOR ADMISSION PAYMENT

Alloted College Name \* : **NIPER Ahmedabad**

Hall Ticket Number \* :

2108111117

Candidate Name \* (as in SSC Certificate) :

HALKUDE PRAGATI UTTRESHWAR

Date Of Birth \* :

28/04/1999

Mobile Number \* :

8999722257

CATEGORY TYPE \* :

OBC

PwBD \* :

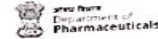
NO

EWS \* :



NIPER JOINT ENTRANCE EXAMINATION - 2021  
CONDUCTED BY NIPER, HYDERABAD



| AHMEDABAD | GUWAHATI | HAJIPUR | HYDERABAD | KOLKATA | RAEBARELI | SAS NAGAR |



NIPER Joint Entrance Examination 2021 for Admission in MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/Ph.D.

### Provisional Seat Allotment Letter

Dear Candidate,  
Congratulations! This is to inform that you have been allotted seat in NIPER Ahmedabad as per your AI Rank obtained in NIPER JEE-2021 for Admission in MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/Ph.D.

Application No	11810028168	  Candidate's Signature
Secret Code	DECD4AE17EC	
Hall Ticket No	2108111117	
Candidate's Name	HALKUDE PRAGATI UTTRESHWAR	
All India Rank	437	
Category Allotted	OBC	
Course Allotted	M.S.(Pharm.) Medicinal Chemistry	
Institute Allotted	NIPER Ahmedabad	

#### Undertaking:-

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.
- I declare, that in case I am unable to submit the above mentioned certificates / documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2021, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeited.
- I agree, that if any falsified records are detected at any stage of admission or during the course of study & even after I pass out my course, my admission to the course shall liable to be cancelled or the degree awarded by the NIPER shall be taken back. Further, I will be debarred from attending any course at NIPER for the next 05 (Five) years and in addition, a criminal case under relevant section(s) of law in force may be initiated against me.
- I undertake that I shall abide by the Rules & Regulations of the NIPER. I also hereby undertake that I shall accept the decision of the NIPER- JEE Committee-2021 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non-submission of certificates within the duration of time allotted as above, to furnish the same.
- I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying degree/certificate as stated above, before the commencement of Final Semester examination at respective NIPER, otherwise my provisional admission shall be cancelled and full fees deposited by me shall be forfeited and no claim will be made by me.
- I have a knowledge that as per the norms of NIPER a fellowship is given to all successful candidates who are granted admission in different courses (except MBA (Pharm)) through NIPER JEE 2021 counseling. I understand if till the date I do not submit my result of qualifying examination and other required documents mentioned overleaf as per the NIPER JEE 2021 norms, I would not be eligible for fellowship and further till that date I will not claim any fellowship from the NIPER.

(Signature of the Candidate)



  
Principal  
Dayanand College Of Pharmacy  
LATUR



19. Dhepe Rajesh R.



State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-  
400001.(M.S.)



Receipt-cum-Acknowledgement of Institute Reporting for  
Admission to First Year Of Two Year Full Time Post-Graduate  
Course In Pharmacy (M. Pharmacy / Pharm. D. (Post  
Baccalaureate) ) for the year 2021 - 2022

Application ID : MPH21103456

Mode of Admission : Non Sponsored

Personal Details

Full Name	DHEPE RAJESH ROHIDAS		
Nationality	Indian	Gender	Male
Date of Birth	10-01-1999	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	OPEN		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	Yes	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	1000/-	Payment Status	Successful	Transaction Id	order_ISwNwp1ZqG96AI
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Allotment Details

All India Merit Number	706
Allotted Choice Code	636381710
Allotted Seat Type	GOPEN
Preference No.	1

Reporting Details

Institute	Sinhgad Institute of Pharmacy, Narhe(Ambegaon), Pune		
Tuition Fees (₹)	40000/-	Course	636381710-Pharmaceutics
Development Fees (₹)	0/-	Admission Date	20-12-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	40000/-		
Remark	OK		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 20-12-2021

*Rajesh*  
Signature of The Candidate  
(DHEPE RAJESH ROHIDAS)



Place :

INSTITUTE USE ONLY

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2021 - 2022 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Sinhgad Institute of Pharmacy,  
Narhe(Ambegaon), Pune

*[Signature]*  
Signature of Institute Officer (6363)

Reported On : 20-12-2021 03:29:29 PM

NARHE, PUNE - 411 041  
Reported By: 6363

Printed On : 20-12-2021 03:29:32 PM

Printed By: 6363

Last Modified On : 20-12-2021 03:29:29 PM

Last Modified By: 6363



*[Signature]*  
Principal  
Dayanand College Of Pharmacy  
LATUR

SWAMI RAMANAND TEERTH MARATHWADA UNIVERSITY NARHE

Board of Examinations & Evaluation

PC : PERFORMANCE CANCELLED, WPC : WHOLE PERFORMANCE CANCELLED, CA : CONTINUOUS ASSESSMENT, ESE : END OF SEMESTER EXAMINATION

## 20. More Aishwarya.

### SINHGAD TECHNICAL EDUCATION SOCIETY, PUNE



#### PROVISIONAL FEES RECEIPT

**Smt. Kashibai Navale college of Pharmacy**

S.No 40/2/2/+3,Kondhwa - Saswad Road,  
Kondhwa (Bk) Pune 411048

Phone No. : 020-26931322

Email : steskaccounts@sinhgad.edu

**Date** : 12-11-2022

**Receipt No.** : KKNP/2022/432624

**Student Id** : 2122/KKNP/01153

**Received From** : More Aishwarya Vinayakrao

**Academic Year** : 2223

**Class** : MPHARM-II

**Course** : M.PHARM

**Branch** :

Description	Amount (Rs)
Regular Fees / 2223	46000.00
<b>Total</b>	<b>46,000.00</b>

**Mode of Payment** : e-Transfer

**Amounts in Words** : INR Forty Six Thousand Only

**Instrument No.** : pay\_Kf4ZaLeFLSobTI

\* Provisional receipt will be confirmed only after credit of amounts to our bank account. The final fees receipt corresponding the provisional fees receipt will be available under option Fees payment. Payment History-Fees Receipt.



  
**Principal**  
Dayanand College Of Pharmacy  
LATUR

21. Mr. Golewar Prasad D.



S. No. 33/1,  
Opp. Chhatrapati Shivaji Sports Complex, Balewadi,  
Pune 411045 India  
Ph.: 66289600 Fax No.: 020-66289601  
Web:

Receipt No.		MH/REC/22/000248
Date :		14/06/21
RECEIVED WITH THANKS FROM		Rs.
Prasad Devidas Golewar A/P- Kurunda Tal- Basmat Dist- Hingoli		20,000.00
THE SUM OF	**** TWENTY THOUSAND RUPEES AND ZERO PAISA ONLY	
ON ACCOUNT OF	Provisional Admission fees for PGDM PHM 21-23	
BY	NUMBER	DATE
NEFT	0000115920227271	08/06/21
DRAWN ON		
For MITCON Institute of Management		
Authorised Signatory		
Payment by Cheque/ DD is acknowledge subject to realisation & fees once paid will not be refunded. This is System generated receipt no signature required.		



  
Principal  
Dayanand College Of Pharmacy  
LATUR

**22. Mr. Kasat Yash K.**



**APPLICATION FORM: LPUNEST | PG  
AGRICULTURE, PHARMACY AND SCIENCES  
PROVISIONAL REGISTRATION NUMBER:  
12111022  
PROGRAMME NAME: M.PHARM.  
(PHARMACEUTICAL ANALYSIS)  
PROGRAMME CODE: P570-NNB-D**



General Information				
First Name	Yash	Surname	Kasat	
Mother's First Name	Beena	Mother's Surname	Kasat	
Father's First Name	Kishor	Father's Surname	Kasat	
Date Of Birth	26/03/2000	Aadhar Card Number	356168997115	
Category	General/OC			
Contact Information				
Address: Kaneri road, latur				
Country	India	State	Maharashtra	
District	Latur	City	Latur	
Pincode	413512			
WhatsApp Number	+91-9403191920	Alternate Contact Number	+91-9075857193	
Parent's Email ID	kishorkasat40@gmail.com	Parent's Contact Number	+91-7588421571	
Graduation Qualification Details				
Course	Status	Grade or Percentage	Course Commencement Year	Course Completion Year
Other Pharmacy	Appearing		2017	2021
Graduation Qualification From:India				
School/College State	School/College District	School/College City	School/College Name	University
Maharashtra	Latur	Latur	Other Dayanand college of pharmacy, Latur	Swami Ramanand Teerth Marathwada University, Nanded
Have You Attended Any Coaching? : No				
Coaching Centre State	Coaching Centre District	Coaching Centre City	Coaching Centre Name	



  
**Principal**  
Dayanand College Of Pharmacy  
LATUR

23. Ms. Anawade Geeta A.



State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-  
400001.(M.S.)

Receipt-cum-Acknowledgement of Institute Reporting for Admission  
to First Year Of Two Year Full Time Post-Graduate Course In  
Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the  
year 2021 - 2022

Application ID : MPH21100513

Mode of Admission : Non Sponsored

Personal Details

Full Name	GEETA ANIL ANAWADE		
Nationality	Indian	Gender	Female
Date of Birth	21-04-2000	Annual Family Income ( ₹ )	50,001 - 1,00,000
Category-Caste	NT 1 (NT-B)		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	N.A.	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount ( ₹ )	1000/-	Payment Status	Successful	Transaction Id	order_ISUE1sCff2AbiB
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Allotment Details

All India Merit Number	2485
Allotted Choice Code	637082210
Allotted Seat Type	GNTBS
Preference No.	6

Reporting Details

Institute	Progressive Education Society's Modern College of Pharmacy, Nigdi, Pune		
Tuition Fees ( ₹ )	0/-	Course	637082210-Pharmaceutical Chemistry
Development Fees ( ₹ )	13411/-	Admission Date	20-12-2021
Other Fees ( ₹ )	0/-	Admission Type	CAP Round
Total Fees ( ₹ )	13411/-		
Remark			

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 20-12-2021

Place :

*Geeta A.*  
Signature of The Candidate  
(GEETA ANIL ANAWADE)



INSTITUTE USE ONLY

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2021 - 2022 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Progressive Education Society's Modern  
College of Pharmacy, Nigdi, Pune

Reported On: 20-12-2021 03:20:39 PM

Printed On : 20-12-2021 03:21:04 PM

Last Modified On : 20-12-2021 03:20:39 PM

*Sunil M. Bahri*  
Signature of Institute Officer (6370)



**Sunil M. Bahri** By: 6370  
Office Superintendent  
E. S. Modern College of Pharmacy  
Sector No.21, Yamunanagar, Nigdi,  
Pune - 411 044.



*[Signature]*  
Principal  
Dayanand College Of Pharmacy  
LATUR

## 24. Ms. Shinde Namrata N.



State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001. (M.S.)  
Provisional Allotment for CAP Round - I for Admission to First Year Of Two Year Full  
Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post  
Baccalaureate) ) for the year 2021 - 2022



### Personal Details

Candidate's Full Name	SHINDE NAMRATA NARSINGRAO	Application ID	MPH21104458
Gender	Female	DOB (DD/MM/YYYY)	16-04-1998
Candidate Category	OPEN	Category for Admission	OPEN
Candidature Type	Maharashtra State Candidate - Type A	Person with Disability	N.A.
Religious Minority	N.A.	Linguistic Minority	N.A.
EWS Status	Yes	Orphan Status	NO
Home University	Swami Ramanand Teerth Marathwada University		

### Provisional Allotment Details

Institute Allotted	Progressive Education Society's Modern College of Pharmacy, Nigdi, Pune		
Choice Code Allotted	637082210 -		
Course Allotted	Pharmaceutical Chemistry		
Seat Type Allotted	EWS		
Preference No. Allotted	5		
CAP Round Allotted	1		
All India Merit No	355		
State General Merit No	345		
Merit Score	178		

### IMPORTANT INSTRUCTIONS :

1. Check the allotment made in the CAP Round I through candidate's Login & Verify the correctness of the credentials used in seat allotment made to him/her in CAP round I as per the Rules & Regulations.
2. Candidate shall ensure through login that his/her claims related with Qualifying Marks, category, gender, reservation, special reservation made by himself/herself in the applications form are correct and the relevant documents uploaded to substantiate his/her claims are authentic and correct.
3. After ensuring the correctness of the allotment, candidates shall pay the seat acceptance fee through online mode for the purpose of accepting the allotted seat.
4. Allotment is made to the candidate based on the claims made by him/her in the applications form. If candidate found that the claim made by him is not correct during self verification of the allotment, and if he wants to correct the error/discrepancy, the candidate shall report the grievance by e-Scrutiny center without fail.
5. In later stage, if it is found that the seat allotted to the candidate on the false claims made in the application by the candidate, then such allotment/admission taken in the allotted institute shall be cancelled automatically.
6. Reporting dates for admission in the allotted Institute **01-12-2021 to 03-12-2021 Upto 05.00 P.M**



Printed On: 30-11-2021 10:23:16 PM

Printed By: MPH21104458

URL: <https://cet21cap.mahacet.org.in/cet2021/mpharm21/index.php/AllotmentController/displayAllotment?id=MTA0NDU4&rnd=MQ==>




Published On: 30-11-2021

IP Address : 106.210.192.65



Principal  
Dayanand College Of Pharmacy  
LATUR

25. Ms. Vyavhare Radhika S.

Challan No.: 011 College Copy Date: 03/12/2021	Challan No.: 011 Student Copy Date: 03/12/2021	Challan No.: 011 Bank Copy Date: 03/12/2021																																				
Progressive Education Society's <b>Modern College of Pharmacy</b> Yamunanagar, Nigdi, Pune - 411 044. <b>IDBI Bank, Nigdi Branch</b> A/c No. 087104000195867	Progressive Education Society's <b>Modern College of Pharmacy</b> Yamunanagar, Nigdi, Pune - 411 044. <b>IDBI Bank, Nigdi Branch</b> A/c No. 087104000195867	Progressive Education Society's <b>Modern College of Pharmacy</b> Yamunanagar, Nigdi, Pune - 411 044. <b>IDBI Bank, Nigdi Branch</b> A/c No. 087104000195867																																				
Student Name: <u>Vyavhare Radhika S.</u> Roll No.: _____ Year: <u>2021-22</u> Course: M. Pharm - First Year <u>Ph. Chem</u>	Student Name: <u>Vyavhare Radhika S.</u> Roll No.: _____ Year: <u>2021-22</u> Course: M. Pharm - First Year <u>Ph. Chem</u>	Student Name: <u>Vyavhare Radhika S.</u> Roll No.: _____ Year: <u>2021-22</u> Course: M. Pharm - First Year <u>Ph. Chem</u>																																				
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1.	Tution Fee	36590/-																																				
2.	Development Fee	13410/-																																				
Total Rs.		50000/-																																				
DEPOSITED BY (Signature) 	DEPOSITED BY (Signature) 	DEPOSITED BY (Signature) 																																				
CASHIER (Bank)	CASHIER (Bank)	CASHIER (Bank)																																				



  
Principal  
Dayanand College Of Pharmacy  
LATUR

26. Ms. Waghmare Pradnya S.

20/21, 11:40 AM

State Common Entrance Test Cell, Maharashtra State, Mumbai



State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-  
400001. (M.S.)



Receipt-cum-Acknowledgement of Institute Reporting for Admission to  
First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M.  
Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2021 - 2022

Application ID : MPH21104665

Mode of Admission : Non Sponsored

Personal Details

Full Name	WAGHMARE PRADNYA SANGRAM		
Nationality	Indian	Gender	Female
Date of Birth	12-05-1999	Annual Family Income (₹ )	50,001 - 1,00,000
Category-Caste	SC		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	N.A.	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	1000/-	Payment Status	Successful	Transaction Id	order_ISYQxPR58xCnJ5
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Allotment Details	
All India Merit Number	1609
Allotted Choice Code	637082210
Allotted Seat Type	GOPEN
Preference No.	2

Reporting Details

Institute	Progressive Education Society's Modern College of Pharmacy, Nigdi, Pune		
Tution Fees (₹)	46700/-	Course	637082210-Pharmaceutical Chemistry
Development Fees (₹)	0/-	Admission Date	20-12-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	46700/-		
Remark			

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 20-12-2021

Place: Nigdi



*Pradnya*  
Signature of The Candidate  
(WAGHMARE PRADNYA SANGRAM)



Declaration by the College/Institute : We hereby declare that, we have admitted this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2021 - 2022 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Progressive Education Society's Modern  
College of Pharmacy, Nigdi, Pune

Reported On: 20-12-2021 11:40:14 AM

Printed On : 20-12-2021 11:40:16 AM

Last Modified On : 20-12-2021 11:40:14 AM

*[Signature]*  
Signature of Institute Officer (6370)

Reported By: 6370

Printed By: 6370

Last Modified By: 6370


*[Signature]*  
20/12/2021

**Sunil M. Dalvi**  
Office Superintendent  
P. E. S. Modern College of Pharmacy  
Sector No 21, Yashwanagar, Nigdi,  
Pune - 411 044



*[Signature]*  
**Principal**  
Dayanand College Of Pharmacy  
LATUR



  
सत्यमेव जयते

**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001. (M.S.)

**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2021 - 2022**

Mode of Admission : Non Sponsored

Application ID : MPH21105298

**Personal Details**

Full Name	CHOPA DE DNYANESHWARI RAVINDRA		
Nationality	Indian	Gender	Female
Date of Birth	06-11-1999	Annual Family Income (₹)	15,001 - 50,000
Category-Caste	OPEN		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	N.A.	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	order_1SbRv3lVng3Qh5
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**Allotment Details**

All India Merit Number	3571
Allotted Choice Code	225382210
Allotted Seat Type	GOPEN
Preference No.	23

**Reporting Details**


Institute	Channabasweshwar Pharmacy College ( Degree), Latur		
Tuition Fees (₹)	12273/-	Course	225382210-Pharmaceutical Chemistry
Development Fees (₹)	7727/-	Admission Date	21-12-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	20000/-		
Remark	Admission confirmed		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 21-12-2021

Place: Latur.

*(Signature)*  
Signature of The Candidate  
(CHOPA DE DNYANESHWARI RAVINDRA)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2021 - 2022 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Channabasweshwar Pharmacy College ( Degree) Latur	<i>(Signature)</i> Principal Channabasweshwar Pharmacy College (Degree) Latur
Reported On: 21-12-2021 03:57:26 PM	Printed By: 2253
Printed On: 21-12-2021 03:57:29 PM	<b>Principal</b> Printed By: 2253
Last Modified On: 21-12-2021 03:57:26 PM	Last Modified By: 2253



*(Signature)*  
**Principal**  
Dayanand College Of Pharmacy  
LATUR

28. Ms. Gaikwad Rutuja U.

Challan No. : 021 College Copy Date : / / 202	Challan No. : 021 Student Copy Date : / / 202	Challan No. : 021 Bank Copy Date : / / 202																																				
Progressive Education Society's <b>Modern College of Pharmacy</b> Yamunanagar, Nigdi, Pune - 411 044. <b>IDBI Bank, Nigdi Branch</b> A/c No. 087104000195867	Progressive Education Society's <b>Modern College of Pharmacy</b> Yamunanagar, Nigdi, Pune - 411 044. <b>IDBI Bank, Nigdi Branch</b> A/c No. 087104000195867	Progressive Education Society's <b>Modern College of Pharmacy</b> Yamunanagar, Nigdi, Pune - 411 044. <b>IDBI Bank, Nigdi Branch</b> A/c No. 087104000195867																																				
Student Name: <u>Gaikwad Rutuja Utkarsh</u> Roll No. _____ Year: <u>2021-22</u> Course : M. Pharm - First Year	Student Name: <u>Gaikwad Rutuja U.</u> Roll No. _____ Year: <u>2021-22</u> Course : M. Pharm - First Year	Student Name: <u>Gaikwad Rutuja Utkarsh</u> Roll No. _____ Year: <u>2021-22</u> Course : M. Pharm - First Year																																				
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Sr.No.	Particulars	Amount																																				
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Total Rs.		64206/-																																				
DEPOSITED BY (Signature) CASHIER (Bank)	DEPOSITED BY (Signature) CASHIER (Bank)	DEPOSITED BY (Signature) CASHIER (Bank)																																				



  
Principal  
Dayanand College Of Pharmacy  
LATUR

29. Mr. Godbharle Amrut.

Challan No. : 029

Student Copy

Date : / / 202

Progressive Education Society's  
**Modern College of Pharmacy**  
Yamunanagar, Nigdi, Pune - 411 044.

**IDBI Bank, Nigdi Branch**

**A/c No. 087104000195867**

Student Name : Godbharle Amrut M.

Roll No. : \_\_\_\_\_ Year : 2021-22

Course : M. Pharm - First Year Practicals

Sr.No.	Particulars	Amount
1.	Tution Fee	-
2.	Development Fee	13511/-
Total Rs.		13511/-

MBR

135484564812

DEPOSITED BY  
(Signature)



CASHIER  
(Bank)



  
**Principal**  
Dayanand College Of Pharmacy  
LATUR

**30. Mr. Suryawanshi Mayuri B.**

Student Copy


**PES MODERN COLLEGE OF  
PHARMACY ( M PHARM)**  
087104000195867  
IDBI BANK | IBKL0000087 | 0087 | 411259004

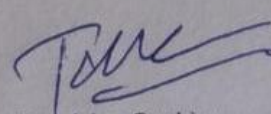
**Student Name :** Mayuri Suryawanshi  
**Father Name :** Bharat  
**Student Id :** STMCN21572  
**Group :** Second Year  
**Roll No :** CH-212  
**Sum of Rs. :** 50000  
**Rs. (In words) :** Fifty Thousand Only.  
**Challan No. :** MP 1904  
**Depositor's Sign :**  
**Date :** Thu, 08th Dec, 2022

Sr. No.	Head	Total
1	Development Fee	14576.00
2	Tuition Fee	35424.00
Total		50000

Date: Thu, 08th Dec, 2022  
Transaction ID/Cheque/DD/NEFT: 228811708331 /  
234245891410

Cash	Deposit	Rupees
2000		
500		
200		
100		
50		
-		
Total		

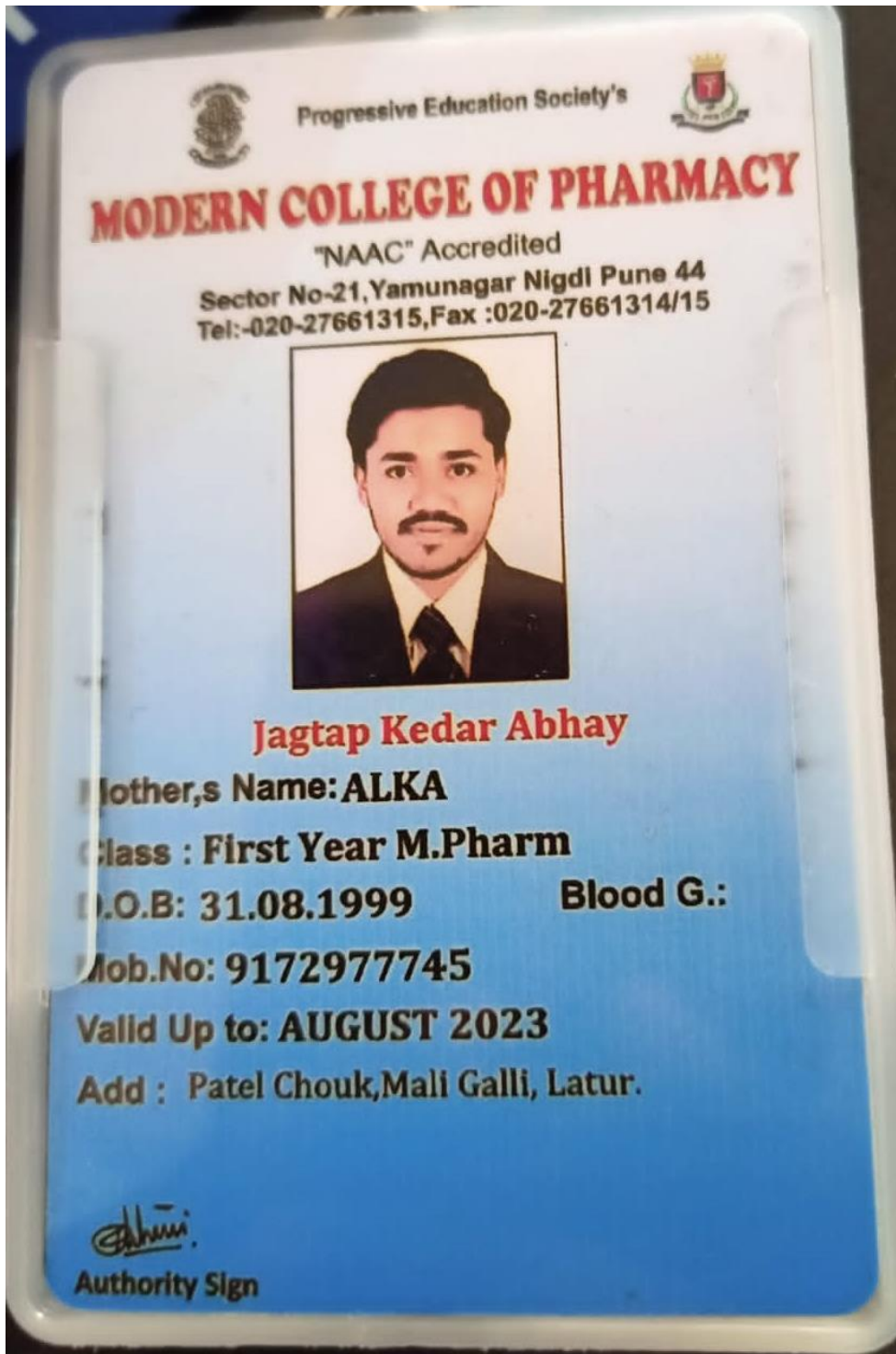
  
Institute Seal  
Date

  
Receiving Cashier



  
**Principal**  
Dayanand College Of Pharmacy  
LATUR

**31. Mr. Jagtap Kedar A.**






  
**Principal**  
Dayanand College Of Pharmacy  
LATUR

**32. Ms. Jogade Nikita N.**

12/19/21, 12:59 PM

State Common Entrance Test Cell, Maharashtra State, Mumbai

 सत्यमेव जयते		
	<b>State Common Entrance Test Cell, Maharashtra State, Mumbai</b> 8th Floor, New Excelsior Building, A.K. Naya Marg, Fort, Mumbai-400001. (M.S.) <b>Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2021 - 2022</b>	

**Application ID : MPH21102334** **Mode of Admission : Non Sponsored**

Personal Details	
<b>Full Name</b>	JOGADE NIKITA NARAYANRAO
<b>Nationality</b>	Indian
<b>Gender</b>	Female
<b>Date of Birth</b>	04-05-1999
<b>Annual Family Income (₹)</b>	7,00,001 - 8,00,000
<b>Category-Caste</b>	OPEN
<b>Religious Minority/Linguistic Minority</b>	N.A
<b>PWD Type</b>	N.A.
<b>Type of Candidature</b>	Maharashtra State Candidate - Type: A
<b>EWS Status</b>	N.A.
<b>Orphan Status</b>	N.A.

**Seat Acceptance Fee is filled by online payment of Rs. 1000/-**

<b>Paid Amount (₹)</b>	₹ 1000/-	<b>Payment Status</b>	Successful	<b>Transaction Id</b>	order_ISUUGj07Dzal07
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Allotment Details	
<b>All India Merit: Number</b>	55
<b>Allotted Choice Code</b>	200981710
<b>Allotted Seat Type</b>	GOPENS
<b>Preference No.</b>	1

Reporting Details	
<b>Institute</b>	Government College of Pharmacy, Aurangabad
<b>Tuition Fees (₹)</b>	15000/-
<b>Development Fees (₹)</b>	10000/-
<b>Other Fees (₹)</b>	9300/-
<b>Total Fees (₹)</b>	34300/-
<b>Remark</b>	
<b>Course</b>	200981710-Pharmaceutics
<b>Admission Date</b>	19-12-2021
<b>Admission Type</b>	CAP Round

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

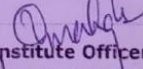
**Date:** 19-12-2021

**Place:** Aurangabad

  
 Signature of The Candidate  
 (JOGADE NIKITA NARAYANRAO)  


**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2021 - 2022 on verification of Candidate's Identity.The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

<b>Seal of Government College of Pharmacy, Aurangabad</b>	<b>Signature of Institute Officer (2009)</b>
<b>Reported On:</b> 19-12-2021 12:59:23 PM	 PRINCIPAL Reported By:2009 Gov College of Pharmac Aurangabad Printed By:2009 Last Modified By:2009
<b>Printed On :</b> 19-12-2021 12:59:27 PM	
<b>Last Modified On :</b> 19-12-2021 12:59:23 PM	



  
**Principal**  
 Dayanand College Of Pharmacy  
 LATUR

### 33. Mr. Thorat Aniket G.



State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-  
400001.(M.S.)



Receipt-cum-Acknowledgement of Institute Reporting for Admission to  
First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M.  
Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2021 - 2022

Application ID : MPH21104733

Mode of Admission : Non Sponsored

#### Personal Details

Full Name	THORAT ANIKET GOVIND	Gender	Male
Nationality	Indian	Annual Family Income (₹)	50,001 - 1,00,000
Date of Birth	27-07-1999	Category-Caste	OPEN
Religious Minority/Linguistic Minority	N.A.	PWD Type	N.A.
Type of Candidature	Maharashtra State Candidate - Type A	EWS Status	N.A.
Orphan Status	N.A.		

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	1000/-	Payment Status	Successful	Transaction Id	order_ISv7daQQAH4vwH
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#### Allotment Details

All India Merit Number	1667
Allotted Choice Code	625682210
Allotted Seat Type	GOPEN
Preference No.	7

#### Reporting Details

Institute	Bharati Vidyapeeth's College of Pharmacy, Kolhapur	Course	625682210-Pharmaceutical Chemistry
Tuition Fees (₹)	10000/-	Admission Date	20-12-2021
Development Fees (₹)	0/-	Admission Type	CAP Round
Other Fees (₹)	0/-		
Total Fees (₹)	10000/-		
Remark	Confirmed		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date:20-12-2021

Place :

Signature of The Candidate  
(THORAT ANIKET GOVIND)



#### INSTITUTE USE ONLY

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2021 - 2022 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Bharati Vidyapeeth's College of Pharmacy,  
Kolhapur

Reported On :20-12-2021 02:05:59 PM

Printed On :20-12-2021 02:06:01 PM

Last Modified On :20-12-2021 02:05:59 PM







Signature of Institute Officer (6256)

Admission Incharge  
Bharati Vidyapeeth  
College of Pharmacy,  
Kolhapur. Reported By:6256  
Printed By:6256  
Last Modified By:6256



Principal  
Dayanand College Of Pharmacy  
LATUR

### 34. Ms. Kamble Shital R.

 सत्यमेव जयते					
		<b>State Common Entrance Test Cell, Maharashtra State, Mumbai</b> <b>8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001. (M.S.)</b> <b>Provisional Allotment for CAP Round - II for Admission to First Year Of Two Year</b> <b>Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post</b> <b>Baccalaureate) ) for the year 2021 - 2022</b>			
<b>Personal Details</b>					
<b>Candidate's Full Name</b>	KAMBLE SHITAL ROHIDAS	<b>Application ID</b>	MPH21104408		
<b>Gender</b>	Female	<b>DOB (DD/MM/YYYY)</b>	10-10-1998		
<b>Candidate Category</b>	SC	<b>Category for Admission</b>	SC		
<b>Candidature Type</b>	Maharashtra State Candidate - Type A	<b>Person with Disability</b>	N.A.		
<b>Religious Minority</b>	N.A.	<b>Linguistic Minority</b>	N.A.		
<b>EWS Status</b>	N.A.	<b>Orphan Status</b>	NO		
<b>Home University</b>	Swami Ramanand Teerth Marathwada University				
<b>Provisional Allotment Details</b>					
<b>Institute Allotted</b>	Government College of Pharmacy, Amravati				
<b>Choice Code Allotted</b>	100382010 -2				
<b>Course Allotted</b>	Pharmacognosy and Physochemistry				
<b>Seat Type Allotted</b>	GSCS				
<b>Preference No. Allotted</b>	2				
<b>CAP Round Allotted</b>	2				
<b>All India Merit No</b>	1140				
<b>State General Merit No</b>	1119				
<b>Merit Score</b>	132				
<b>IMPORTANT INSTRUCTIONS :</b>					
1. Check the allotment made in the CAP Round II through candidate's Login & Verify the correctness of the credentials used in seat allotment made to him/her in CAP round II as per the Rules & Regulations.					
2. In later stage, if it is found that the seat allotted to the candidate on the false claims made in the application by the candidate, then such allotment/admission taken in the allotted institute shall be cancelled automatically.					
3. The allotment given in CAP Round II is final allotment;					
4. Reporting dates for admission in the allotted Institute <b>00-00-0000 to 00-00-0000 Up to 05.00 p.m.</b>					
					
<b>Printed On:</b> 18-12-2021 12:55:40 AM			<b>Printed By:</b> MPH21104408		
<b>URL:</b> <a href="https://cet21cap.mahacet.org.in/cet2021/mpharm21/index.php/AllotmentController/displayAllotment?id=MTA0NDA4&amp;rnd=Mg==">https://cet21cap.mahacet.org.in/cet2021/mpharm21/index.php/AllotmentController/displayAllotment?id=MTA0NDA4&amp;rnd=Mg==</a>					
<b>Published On:</b> 00-00-0000					



  
**Principal**  
**Dayanand College Of Pharmacy**  
**LATUR**



# 35. Mr. Shaikh Akhyar A.



State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak  
Marg, Fort, Mumbai-400001. (M.S.)  
Receipt-cum-Acknowledgement of Institute Level Admission  
as for Admission to First Year Of Two Year Full Time Post-  
Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post  
Baccalaureate) ) for the year 2021 - 2022

Application ID : MPH21103516

Personal Details :

**Full Name** SHAIKH AKHYAR AKBAR  
**Nationality** Indian  
**Gender** Male  
**Category-Caste** OPEN  
**Applied For EWS** No  
**PH Type** N.A.  
**Type of Candidature** Maharashtra State Candidate - Type A

**Date of Birth** 24-11-2001  
**Annual Family Income (₹)** 50,001 - 1,00,000



*Signature*

**English Medium** No

**Graduation Institute**

**Graduation Course**

Institute level Fee is filled by online payment of Rs. 1000/-

**Paid Amount (₹)** ₹ 1000/- **Payment Status** Successful **Transaction Id** order\_Iavsz3cf3QwWue

Institute Details :

**Institute Name** 2148 - Maulana Azad Education Trust's Y.B.Chavan College of Pharmacy,  
Aurangabad(Un-Aided - Non-Autonomous - Religious Minority - Muslim)  
**Tuition Fees (₹)** 60970/- **Course Name** 214882110-Pharmacology  
**Development Fees (₹)** 19030/- **Admission Date** 23-12-2021  
**Other Fees (₹)** 0/- **Admission Type** Against Minority Seat  
**Total Fees (₹)** 80000/- **Remark** Admitted

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Date:** 23-12-2021

**Place :** Aurangabad

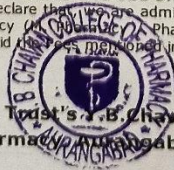
*Signature*  
**Signature of Candidate**  
(SHAIKH AKHYAR AKBAR)



INSTITUTE USE ONLY

**Declaration by the College/Institute :** We hereby declare that we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2021-2022 on verification of Candidate's Identity. The candidate has paid the fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Maulana Azad Education Trust's Y.B.Chavan College of Pharmacy, Aurangabad**



*Signature*  
**Signature of Institute Officer (2148)**

**Reported On:** 23-12-2021 07:00:24 PM

**Printed On :** 23-12-2021 07:00:26 PM

**Last Modified On :** 23-12-2021 07:00:24 PM

**Reported By::** 2148

**Printed By::** 2148

**Last Modified By:** 2148



*Signature*  
**Principal**  
Dayanand College Of Pharmacy  
LATUR

**36. Mr. Sanap Shivam D.**

Date: 09.09.2022

To,

**Dr. A A Shirkhedkar,**

Head, Department of Chemistry,

R.C.Patel Institute of Pharmaceutical Education & Research,

Shirpur, Maharashtra.

Dear Sir/Mam,

Subject: Internship Training for Six months of Mr. Shivam D. Sanap student of M. Pharm of your esteemed institute.

This has reference to your letter dated 01/09/2022 regarding the subject student internship training work with us for a period of **Six Months**.

We are pleased to give the subject student a project work for two months from **09<sup>th</sup> September' 2022** to **09<sup>th</sup> February' 2023**; student is requested to report to Mr. Manish Kadam (HR) on **09<sup>th</sup> March' 2022** at the following address.

**V-Ensure Pharma Technologies Pvt. Ltd., A-63, TTC Industrial Area, MIDC Khairne, Navi Mumbai 400 705.**

Student would not be provided any boarding or lodging during his tenure of Internship with V-Ensure Pharma Technologies Pvt. Ltd.

Student is also expected to act within the applicable laws and regulations and internal procedure both in letter and spirit.

This letter should not be constructed as an offer for employment in V-Ensure and at no point in time during the training period the trainee should represent to any person, firm or entity that he is an employee of V-Ensure.

**For V-Ensure Pharma Tech. Pvt. Ltd.**

  
**Pradeep Arya**  
Head – HR & Admin



Regd. & Corp. Off.: A-63, TTC Industrial Area, MIDC Khairne, Navi Mumbai - 400 705. Tel: +91 22 27630003 / 0007 CIN No.: U74990MH2010PTC205969

Mfg. Unit : Plot No. N-32, Additional Patalganga Industrial Area, Village/City: Karade Budruk, Taluka : Panvel, Dist.: Raigad, Pin - 410 206. Tel. No. 7030227304

www.v-ensure.com | info@v-ensure.com



  
**Principal**  
Dayanand College Of Pharmacy  
LATUR

## FEES RECEIPT

(Student Copy)

Dayanand Education Society's

**DAYANAND COLLEGE OF PHARMACY**

Barshi Road Latur 413512(Maharashtra)

Receipt No. : 133

Receipt Date : 2-Nov-2022

Student Name : HOLE AJAY RAMDASRAO

Academic Year : M PHARM II YEAR 22-23

Particulars	Amount
Alumni Association	500.00
Ashwmedh Fee	30.00
Development Fees	7,727.00
Emergency Fund	15.00
Gathering Fees	150.00
Govt. Five Program Fee	32.00
Health Check Up	100.00
NSS UNIT	10.00
Prospectus	10.00
Self Finance Unit	10.00
Student Safety Insurance	55.00
Student Welfare	150.00
Uni.Sports Fee	150.00
Youth Festival	150.00
Tution Fees	17,273.00

Received Thru : Cheque/DD no. 230612222904 drawn on  Not Applicable

Remarks : (Receipt Subject to Realisation of Cheque.)

Narration : BEING ADMISSION FEES REC NO 133

Amount in Words : INR Twenty Six Thousand Three Hundred Sixty Two only.

₹ 26,362.00

Student Signature



**Principal**  
 Dayanand College Of Pharmacy  
 LATUR

### 38. Ms. Tekale Puja V.

**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001. (M.S.)

**Receipt-cum-Acknowledgement of Institute Level Admission as for Admission to First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2021 - 2022**

Application ID : MPH21104959

<b>Personal Details :</b>	
<b>Full Name</b>	PUJA TEKALE
<b>Nationality</b>	Indian
<b>Gender</b>	Female
<b>Category-Caste</b>	OBC
<b>Applied For EWS</b>	No
<b>PH Type</b>	N.A.
<b>Date of Birth</b>	02-10-1997
<b>Annual Family Income (₹)</b>	50,001 - 1,00,000
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A
<b>English Medium</b>	No
<b>Graduation Institute</b>	
<b>Graduation Course</b>	

**Institute level Fee is filled by online payment of Rs. 1000/-**

<b>Paid Amount (₹)</b>	1000/-	<b>Payment Status</b>	Successful	<b>Transaction Id</b>	order_ISXkMbmMai8Uw
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**Institute Details :**

<b>Institute Name</b>	2029 - School of Pharmacy, Swami Ramanand Teerth, Marathwada University, Nanded (University Department - Non-Autonomous - Non-Minority)	<b>Course Name</b>	2029B2210-Pharmaceutical Chemistry
<b>Tuition Fees (₹)</b>	27000/-	<b>Admission Date</b>	28-12-2021
<b>Development Fees (₹)</b>	10000/-	<b>Admission Type</b>	Against CAP
<b>Other Fees (₹)</b>	12177/-	<b>Remark</b>	Admission confirmed
<b>Total Fees (₹)</b>	49177/-		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of the College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Date:** 28-12-2021

**Signature of Candidate (PUJA TEKALE)**

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2021-2022 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of School of Pharmacy, Swami Ramanand Teerth, Marathwada University, Nanded**

**Signature of Institute Officer (2029)**

**Reported On:** 28-12-2021 06:34:27 PM **Reported By:** 2029

**Printed On :** 28-12-2021 06:34:30 PM **Printed By:** 2029

**Last Modified On :** 28-12-2021 06:34:27 PM **Last Modified By:** 2029

**SWAMI RAMANAND TEERTH MARATHWADA UNIVERSITY,**  
66556 'DNYANTEERTH' VISHNUPURI, NANDED - 431606 Date 28/12/2021

Received from Shri / Smt / Ku / Dr. Tekale puja vijay


PARTICULARS	Rs.	Ps.
Registration Fees		
Affiliation Fees		
Security Deposit / E.M.D.		
Library Deposit / Laboratory Deposit		
Hostel Fees / Hostel Deposit		
Sale of Publication		
Mig. Cert. Fees / Passing Cert. / Marks Memo Fees / Transcript Cert. Fees		
Recovery of Advance Dated		
Recovery of Festival Advance		
PH.D. Fees		
Admission Fees M.A / M.B.A / M.Com / M.Sc / M.S.W / M.Ed / M.P.Ed / M.Lib.		
Tuition Fees		
Library Fees		
Laboratory Fees		
Univ. Sports Fees / Gymkhana Fees / Entry Fees		
Student Welfare Fees / Youth Festival Fees		
Ashwamedh Fees		
Magazine Fees		
Student Council Fees		
Internet Fees / E. Suvidha Fees		
Study Tour / Field Work / S.A.F. Fees		
University Exam Fees March/April - Oct/Nov. Late Fees / Fine		
Recounting / Revaluation Fees		
Convocation Fees (Scarf Fees)		
University / College Salary Grants		
Eligibility Fees / Fine		
Xerox Copy of Answer Book		
Grievance Redressal Fees (कागज विकार शुल्क)		
बहिष्कार शिवाय केंद्र शुल्क		
Library Dues / Laboratory Dues		
Inter University Sports & Cultural Activities Fees		
Miscellaneous Fees		
<b>Total (In Words)</b>	<b>49,177/-</b>	

**CASHIER**



**Principal**  
**Dayanand College Of Pharmacy**  
**LATUR**

39. Mr. Hajare Amruta A.

  
State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001.(M.S.)

**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Bacculaureate) ) for the year 2021 - 2022**

Application ID : MPH21105401 Mode of Admission : Non Sponsored

Personal Details

Full Name	HAJARE AMRUTA ASHOK	Gender	Female
Nationality	Indian	Annual Family Income (₹)	50,001 - 1,00,000
Date of Birth	28-10-1999	Category-Caste	OPEN
Religious Minority/Linguistic Minority	N.A.	PWD Type	N.A.
Type of Candidature	Maharashtra State Candidate - Type A	EWS Status	Yes
Orphan Status	N.A.		

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	1000/-	Payment Status	Successful	Transaction Id	order_ISewVAYNZf2oK
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Allotment Details


All India Merit Number 643  
Allotted Choice Code 202982210  
Allotted Seat Type GOPENS  
Preference No. 13


Reporting Details

Institute	School of Pharmacy, Swami Ramanand Teerth, Marathwada University, Nanded		
Tuition Fees (₹)	27000/-	Course	202982210-Pharmaceutical Chemistry
Development Fees (₹)	0/-	Admission Date	20-12-2021
Other Fees (₹)	3200/-	Admission Type	CAP Round
Total Fees (₹)	30200/-		
Remark	Admission confirm		

**Declaration by Candidate** : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/College will have rights to expel, rusticate me from the Institute, for any infringement of the rules prescribed by the College/Institute/University/Government and the undertaking given above.

Date: 20-12-2021

  
Signature of The Candidate  
(HAJARE AMRUTA ASHOK)

Place : 

INSTITUTE USE ONLY


**Declaration by the College/Institute** : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Bacculaureate) ) for the year 2021 - 2022 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of School of Pharmacy, Swami Ramanand Teerth, Marathwada University, Nanded

Reported On : 20-12-2021 05:48:40 PM

Printed On : 20-12-2021 05:48:42 PM

Last Modified On : 20-12-2021 05:48:40 PM

  
Signature of Institute Officer (2021)

Reported By: 2021  
Printed By: 2021  
Last Modified By: 2021



  
Principal  
Dayanand College Of Pharmacy  
LATUR

40. Mr. Ingale Arvind S.

**ORIGINAL**

SRTMUN/EPS/Acct./RB/2019/1,00,000  
Website : www.srtmun.ac.in

**Swami Ramanand Teerth Marathwada University,**  
"Dnyanteerth" Vishnupuri, Nanded . MS (India)  
Tel. Nos. (02462) 229242, 43, 50, Fax : (02462) 229572

Sr. No. : G **99085**

Date: 20-Dec-2021 12:46 PM  
Receipt No : F001580

**Receipt**

Name : **INGALE ARVIND SUDHIR ( M PHARM I YEAR )**

Sr.No	Particulars	Amount
1	Admission Fees M.Pharmacy	200.00
2	Tuition Fees	20000.00

By Cash : **Rupees Twenty Thousand Two Hundred Only.(20200.00)**

**Total Rupees Twenty Thousand Two Hundred Only. 20200.00**

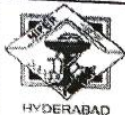
Received By **V.T.\_Hambarde** Cashier

Scanned with Oken Scanner

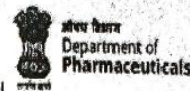


  
**Principal**  
Dayanand College Of Pharmacy  
LATUR

## 41. Ms. Mamale Kalpana B.



NIPER JOINT ENTRANCE EXAMINATION - 2021  
CONDUCTED BY NIPER, HYDERABAD



| AHMEDABAD | GUWAHATI | HAJIPUR | HYDERABAD | KOLKATA | RAEBARELI | SAS NAGAR |

NIPER Joint Entrance Examination 2021 for Admission in MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/Ph.D.

### Provisional Seat Allotment Letter

Dear Candidate,

Congratulations! This is to inform that you have been allotted seat in NIPER Raebareli as per your AI Rank obtained in NIPER JEE-2021 for Admission in MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/Ph.D.

Application No	11810033615	
Secret Code	744D8146ECC	
HallTicet No	2108111177	
Candidate's Name	MAMALE KALPANA BALU	
All India Rank	609	
Category Allotted	OBC	
Course Allotted	M.S.(Pharm.) Pharmacology and Toxicology	
Institute Allotted	NIPER Raebareli	Candidate's Signature

#### Undertaking:-

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.
- I declare, that in case I am unable to submit the above mentioned certificates / documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2021, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeited.
- I agree, that if any falsified records are detected at any stage of admission or during the course of study & even after I pass out my course, my admission to the course shall liable to be cancelled or the degree awarded by the NIPER shall be taken back. Further, I will be debarred from attending any course at NIPER for the next 05 (Five) years and in addition, a criminal case under relevant section(s) of law in force may be initiated against me.
- I undertake that I shall abide by the Rules & Regulations of the NIPER. I also hereby undertake that I shall accept the decision of the NIPER- JEE Committee-2021 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non-submission of certificates within the duration of time allotted as above, to furnish the same.
- I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying degree/certificate as stated above, before the commencement of Final Semester examination at respective NIPER, otherwise my provisional admission shall be cancelled and full fees deposited by me shall be forfeited and no claim will be made by me.
- I have a knowledge that as per the norms of NIPER a fellowship is given to all successful candidates who are granted admission in different courses (except MBA (Pharm)) through NIPER JEE 2021 counseling. I understand if till the date I do not submit my result of qualifying examination and other required documents mentioned overleaf as per the NIPER JEE 2021 norms, I would not be eligible for fellowship and further till that date I will not claim any fellowship from the NIPER.



Principal  
Dayanand College Of Pharmacy  
LATUR

42. Ms. Patil Vrashali V.

(For Candidates) D

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

Challan No.: 1236 G. No. 04510200000881 Date: 18/12/2021  
Amount of Rupees on A/C No. 0751020000000000 in the  
**BANK OF BARODA, Shivajinagar, Pune - 5**


Received from Mr./Miss PATIL VRASHALI  
VIVEKANAND

Class M.Pharmacy Ist yr Year 2021 - 2022  
Pharmaceutics

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	600 /-
3) Development Fees.....	20,125 /-
4) Tuition Fees.....	67,041 /-
5) Misc. & University Charges.....	500 /-
6) Caution Money Deposit.....	500 /-
7) Journal Fees.....	600 /-
8) University / Board Eligibility Fee.....	
9) Other Fee .....	
10) Student Activity Fee.....	400 /-
11) Insurance Fee.....	234 /-
12) Transaction ID -	
13) <u>135210398877</u>	
14) <u>date -</u>	
15) <u>18/12/2021</u>	
16) .....	
TOTAL Rs.	<u>90,000/-</u>

Total in words Rupees Ninety thousand rupees

Accept the amount as above 90,000/-

Checked By  Deposited By Vrashali



  
Principal  
Dayanand College Of Pharmacy  
LATUR



43. Ms. Pawar Abhishek S.

(For Candidates)

D

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

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

Challan No. **1334** Date: 18/12/2021  
No. 04510200000881

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

Received from Mr./Miss PAWAR ABHISHEK  
SATISH

Class M.Pharmacy 1<sup>st</sup> year Year 2021 - 2022  
P'centics

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	600 / -
3) Development Fees.....	20,125 / -
4) Tuition Fees.....	67,041 / -
5) Misc. & University Charges.....	500 / -
6) Caution Money Deposit.....	500 / -
7) Journal Fees.....	600 / -
8) University / Board Eligibility Fee.....	
9) Other Fee .....	
10) Student Activity Fee.....	400 / -
11) Insurance Fee.....	234 / -
12) <u>UTR Number</u>	
13) <u>SBIN521352060235</u>	
14) <u>18-Dec-2021</u>	
15) .....	
16) .....	
<b>TOTAL Rs.</b>	<b>90,000 / -</b>

Total in words Rupees Ninety Thousand  
Rupees.

Accept the amount as above 90,000 / -



Checked By

Abhishek  
Deposited By



  
**Principal**  
Dayanand College Of Pharmacy  
LATUR

**44. Ms. Bhosale Shital R.**

12/18/21, 3:23 PM

State Common Entrance Test Cell, Maharashtra State, Mumbai



**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001.**  
**(M.S.)**



**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2021 - 2022**

**Application ID : MPH21104202** **Mode of Admission : Non Sponsored**

Personal Details			
<b>Full Name</b>	BHOSLE SHITAL RAJESH		
<b>Nationality</b>	Indian	<b>Gender</b>	Female
<b>Date of Birth</b>	28-10-1998	<b>Annual Family Income (₹)</b>	50,001 - 1,00,000
<b>Category-Caste</b>	OPEN		
<b>Religious Minority/Linguistic Minority</b>	N.A.		
<b>PWD Type</b>	N.A.		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		
<b>EWS Status</b>	N.A.	<b>Orphan Status</b>	N.A.

**Seat Acceptance Fee is filled by online payment of Rs. 1000/-**

<b>Paid Amount (₹)</b>	₹ 1000/-	<b>Payment Status</b>	Successful	<b>Transaction Id</b>	order_ISW1FDF3VIpR3
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**Allotment Details**

<b>All India Merit Number</b>	459
<b>Allotted Choice Code</b>	215712510
<b>Allotted Seat Type</b>	GOPEN
<b>Preference No.</b>	3

**Reporting Details**

<b>Institute</b>	Sahyog Sewabhavi Sanstha's Indira College of Pharmacy, Nanded		
<b>Tution Fees (₹)</b>	25000/-	<b>Course</b>	215712510-Quality Assurance
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	18-12-2021
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round
<b>Total Fees (₹)</b>	25000/-		
<b>Remark</b>	Admitted		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Date:** 18-12-2021

**Place :**

*Shital*  
**Signature of The Candidate**  
 (BHOSLE SHITAL RAJESH)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2021 - 2022 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Sahyog Sewabhavi Sanstha's Indira College of Pharmacy, Nanded**

*B. B. B.*  
**Signature of Institute Officer (2157)**

**Reported On:** 18-12-2021 03:23:11 PM

**Reported By:** 2157

**Printed On :** 18-12-2021 03:23:13 PM

**Printed By:** 2157

**Last Modified On :** 18-12-2021 03:23:11 PM

**Last Modified By:** 2157



*Principal*  
**Principal**  
 Dayanand College Of Pharmacy  
 LATUR



Alard Charitable Trust's  
**Alard College of  
Pharmacy**

Campus : S. No. 50, Marunje, Near Rajiv Gandhi Infotech Park, Pune - 411057.  
Ph. : 020-66523712 / 14 | Telefax : +91-20-40068058  
Email : info@alardinstitutes.com | Web. : www.alardinstitutes.com

6374

**RECEIPT**

Date : 31-03-22

Chame Aditya

F.Y. M. Pharm

Div.

21-22

Sr. No.	Particular	Rs.	Ps.
1.	Tuition Fees	45000	- 00
2.	Development Fees		
3.	Caution Money Deposit		
4.	Other Fees		
5.			
6.			
7.			
Total Rs.		45000	- 00

Rupees : Forty five thousand Rs.

Only by Cash / Cheque / DD

No. \_\_\_\_\_ Date : 12-03-22

Drawn on : Cash deposited into Bank

Accountant



Principal  
Dayanand College Of Pharmacy  
LATUR



Shri Sharda Bhavan Education Society's  
**NANDED PHARMACY COLLEGE**

Opp. Kasturba Matru Seva Kendra, Shyam Nagar, Nanded - 431 605  
Phone : 02462-253347 Tele Fax No. (O) 02462-254445

No. **739** **FEES RECEIPT** Date: 12/9/2022

Received From Mr / Mrs Dorle Subhangi

of the Class B.Pharm/M.Pharm II

Roll No. \_\_\_\_\_ Following payments

Sr.No.	Particulars	Amount Rs.
1	Admission / Form fees	-
2	Tution Fees	7234/-
3	Development Fees	-
4	Social Gatharing Fees	-
5	Identy Card Fees	-
6	SRTMU Sports Fees	500/-
7	SRTMU Convocation Fees	}
8	SRTMU Exams Fees	
9	Other Fees	
	<b>TOTAL</b>	<b>7734/-</b>

Rs. In Word Seven Thousand Seven

Hundred Thirty Four only

225556910887

Note :-This receipt should be  
produced as & when demand.

Prasanna  
Receiver's Signature



Prasanna  
Principal  
Dayanand College Of Pharmacy  
LATUR

# 47. Ms. Bidri Swati S.

12/21/21, 3:13 PM

State Common Entrance Test Cell, Maharashtra State, Mumbai



State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak  
Marg, Fort, Mumbai-400001. (M.S.)

Receipt-cum-Acknowledgement of Institute Reporting for  
Admission to First Year Of Two Year Full Time Post-Graduate  
Course In Pharmacy (M. Pharmacy / Pharm. D. (Post  
Baccalaureate) ) for the year 2021 - 2022

Application ID : MPH21101674

Mode of Admission : Non Sponsored

### Personal Details

Full Name	BIDRI SWATI SANJAY	Gender	Female
Nationality	Indian	Annual Family Income (₹)	50,001 - 1,00,000
Date of Birth	07-06-1999	Category-Caste	SC
Religious	N.A	PWD Type	N.A.
Minority/Linguistic Minority	N.A.	Type of Candidature	Maharashtra State Candidate - Type A
EWS Status	N.A.	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	order_ISWpcqHJOmHSAB
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### Allotment Details

All India Merit Number	2197
Allotted Choice Code	225381710
Allotted Seat Type	GOPENS
Preference No.	6

### Reporting Details

Institute	Channabasweshwar Pharmacy College ( Degree), Latur	Course	225381710-Pharmaceutics
Tution Fees (₹)	0/-	Admission Date	21-12-2021
Development Fees (₹)	0/-	Admission Type	CAP Round
Other Fees (₹)	0/-	Remark	Admission Confirmed
Total Fees (₹)	0/-		

**Declaration by Candidate** : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 21-12-2021

Signature of The Candidate  
(BIDRI SWATI SANJAY)

Place: Latur



### INSTITUTE USE ONLY

**Declaration by the College/Institute** : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2021 - 2022 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Channabasweshwar Pharmacy College  
( Degree), Latur

Reported On: 21-12-2021 03:14:38 PM

Signature of Institute Officer (2253)

Principal  
Channabasweshwar Pharmacy College (Degree)  
LATUR



Principal  
Dayanand College Of Pharmacy  
LATUR

48. Mr. Khureshi Sameer K.

State Common Entrance Test Cell, Maharashtra State, Mumbai



State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001. (M.S.)



Receipt-cum-Acknowledgement of Institute Level Admission as for Admission to First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2021 - 2022

Application ID : MPH21103492

Personal Details :

**Full Name** KHURESHI SAMEER KHAJAMIYA  
**Nationality** Indian **Date of Birth** 30-12-1998  
**Gender** Male **Annual Family Income (₹)** 50,001 - 1,00,000  
**Category-Caste** OBC  
**Applied For EWS** No  
**PH Type** N.A.  
**Type of Candidature** Maharashtra State Candidate - Type A



*Signature*

**English Medium** No

**Graduation Institute**

**Graduation Course**

Institute level Fee is filled by online payment of Rs. 1000/-

**Paid Amount (₹)** ₹ 1000/- **Payment Status** Successful **Transaction Id** order\_IcpVJGz4S7ZG3q

Institute Details :

**Institute Name** 2253 - Channabasweshwar Pharmacy College ( Degree), Latur(Un-Aided - Non-Autonomous - Non-Minority)  
**Tuition Fees (₹)** 12273/- **Course Name** 225382110-Pharmacology  
**Development Fees (₹)** 7727/- **Admission Date** 28-12-2021  
**Other Fees (₹)** 0/- **Admission Type** Against CAP  
**Total Fees (₹)** 20000/- **Remark** Admission confirmed at against CAP round

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Date:** 28-12-2021

**Place :** Latur

*Signature*

Signature of Candidate  
(KHURESHI SAMEER KHAJAMIYA)



INSTITUTE USE ONLY

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2021-2022 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Channabasweshwar Pharmacy College ( Degree),  
Latur

*Signature*  
Signature of Institute Officer (2253)

**Reported On:** 28-12-2021 02:03:43 PM

**Printed On :** 28-12-2021 02:03:45 PM

**Last Modified On :** 28-12-2021 02:03:43 PM

**Reported By:** 2253

**Printed By:** 2253

**Last Modified By:** 2253


<https://cetusers21cap.mahacet.org.in/cet2021/mpharm21/index.php/InstituteLevelAdmissionsController/admitReceipt?id=140111>





*Signature*  
Principal  
Dayanand College Of Pharmacy  
LATUR

## 49. Gurme Supriya Y

State Common Entrance Test Cell, Maharashtra State, Mumbai



**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001.  
(M.S.)

**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time Post Graduation Technical Course In Pharmacy (M. Pharmacy/Pharm. D.(Post Baccalaureate)) for the year 2022 - 2023**

Application ID : MPH22101914 Mode of Admission : Non Sponsored

Personal Details			
Full Name	GURME SUPRIYA YELBA		
Nationality	Indian	Gender	Female
Date of Birth	24-04-1999	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	OBC		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	N.A.	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	order_KrjPFUR5UOztQ2
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Allotment Details	
All India Merit Number	611
Allotted Choice Code	215682110
Allotted Seat Type	GOPEN
Preference No.	1


Reporting Details			
Institute	Dayanand Education Society's Dayanand College of Pharmacy, Latur		
Tuition Fees (₹)	0/-	Course	215682110-Pharmacology
Development Fees (₹)	0/-	Admission Date	05-01-2023
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	0/-		
Remark	ADMITTED		

**Declaration by Candidate** : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 05-01-2023

Place :

Signature of The Candidate  
(GURME SUPRIYA YELBA)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute** : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post Graduation Technical Course In Pharmacy (M. Pharmacy/Pharm. D.(Post Baccalaureate)) for the year 2022 - 2023 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Signature of Institute Officer (2156)

Seal of Dayanand Education Society's Dayanand College of Pharmacy, Latur

Reported On: 05-01-2023 01:07:51 PM

Printed On :05-01-2023 01:16:03 PM

Last Modified On :05-01-2023 01:07:51 PM

Reported By: 2156

Printed By: 2156

Last Modified By: 2156

  
**IQAC Co-ordinator**  
**Dayanand College Of Pharmacy**  
**LATUR**



  
**PRINCIPAL**  
**Dayanand Education Society's**  
**Dayanand College of Pharmacy**  
**LATUR-413531**