

Date: 15/09/2022

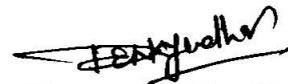
Financial Support Request Letter

1. Name of the Staff Member : Dr. (Mrs.) Nilam Kailas Jadhav
2. Designation : Professor
3. Department : Reproductive & Case taking
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

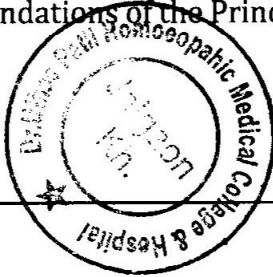
- i. Registration charges: 1000/-
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

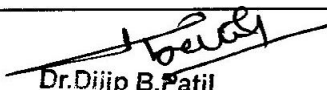
Date: 15/09/2022



Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 15/09/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Anunesh B Shinde
2. Designation : Lecturer
3. Department : Physiology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
Conference Participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/-
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 15/09/2022

Shinde
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dillip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 15/9/22

Financial Support Request Letter

1. Name of the Staff Member : Dr. Mugdha Shashikant Nakhare
2. Designation : Lecturer
3. Department : Pathology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

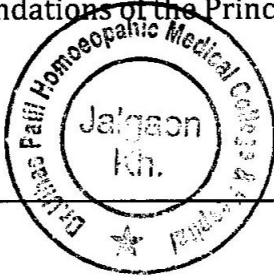
5. Financial Support Particulars (Rs)

i. Registration charges: 1000/-
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 15/9/22

Mugdha
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Dilip B. Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 15/09/2022

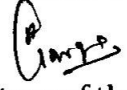
Financial Support Request Letter

1. Name of the Staff Member : Dr. Pradeep Ramdas Gorge
2. Designation : Reader
3. Department : Homeopathic materia medica
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

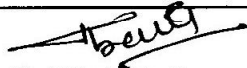
i. Registration charges: 1500/-
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 15/09/2022


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 15/09/2022

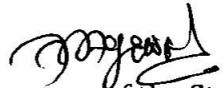
Financial Support Request Letter

1. Name of the Staff Member : Dr. Madhu Jagdishprasad Agrawal
2. Designation : Professor
3. Department : Homeopathic Materia Medica.
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference Participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/-
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 15/09/2022


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 15/9/2022

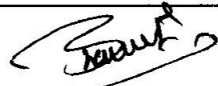
Financial Support Request Letter

1. Name of the Staff Member : Dr. Bharti M Bai's
2. Designation : Professor
3. Department : Organon of Medicine
4. ~~Conference~~ / Publication / Membership fee / Workshop / FDP Details : National
Conference participation.

5. Financial Support Particulars (Rs)

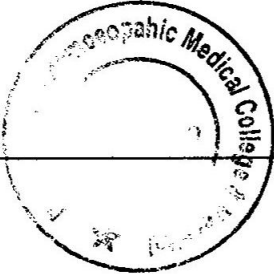
i. Registration charges: 1500/-
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

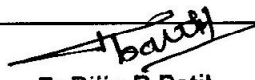
Date : 15/9/2022



Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned / Not Sanctioned

Account Department

Accountant:

Date: 15/9/22

Financial Support Request Letter

1. Name of the Staff Member : Dr. Vikram Uddhav Dhaneshwar
2. Designation : Reader
3. Department : Anatomy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

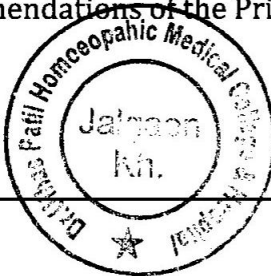
5. Financial Support Particulars (Rs)

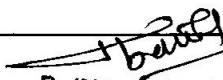
i. Registration charges: 1000/-
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 15/9/22


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 15/09/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Bhuyhan S Jain
2. Designation : Reader
3. Department : Obstetrics & Gynaecology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/-
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 15/09/2022

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



[Signature]
Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 15/09/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sachin D Patil
2. Designation : Reader
3. Department : Surgery
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference Participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/-
ii. Travelling Allowances :
iii. Membership fee :
iv. Other if any :

Date: 15/09/2022

Signature
Signature of the Staff Members

1. Recommendations of the HOD :
2. Recommendations of the Principal :



Signature
Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 15/9/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Alkesh Bishanchand Agrawal.
2. Designation : Reader
3. Department : Practice of Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation.

5. Financial Support Particulars (Rs)

- i. Registration charges: 1000/-
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 15/9/2022

AB Agrawal
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal

Dr. Dilip B. Patil, Dr. B. S. Patil Medical College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 15/9/22

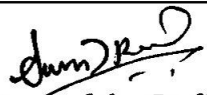
Financial Support Request Letter

1. Name of the Staff Member : Dr. Sunil J. Bursase
2. Designation : Professor
3. Department : Practice of Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

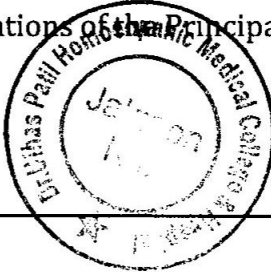
5. Financial Support Particulars (Rs)

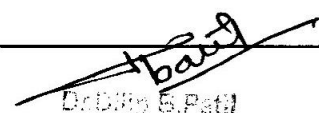
i. Registration charges: 1500/-
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 15/9/22


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Dr. Ulhas Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned / ☐ Not Sanctioned

Account Department

Accountant:

Date: 15/09/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ruprekha G Sankade
2. Designation : Reader
3. Department : Physiology with biochemistry
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/-
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 15/09/2022

Sankade
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 15/09/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Suresh V Thambare
2. Designation : Reader
3. Department : Repertory
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National conference
Participation

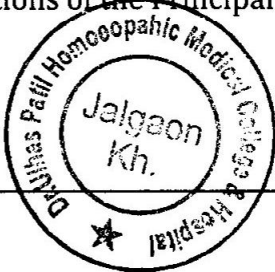
5. Financial Support Particulars (Rs)

- i. Registration charges: 1500/-
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 15/09/2022

Thambare
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 15/9/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Indrayani N. Badhe
2. Designation : Professor
3. Department : Pathology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation.

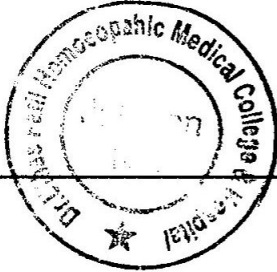
5. Financial Support Particulars (Rs)

- i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 15/9/2022

J. Badhe
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 15/9/22

Financial Support Request Letter

1. Name of the Staff Member : Dr. Preeti Manoharrao Kame
2. Designation : Reader
3. Department : Forensic Medicine & Toxicology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 15/9/22

Bshams
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 15/9/2022

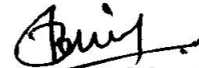
Financial Support Request Letter

1. Name of the Staff Member : Dr. Manjusha V. Ahire
2. Designation : Lecturer
3. Department : Homoeopathic Pharmacy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation.

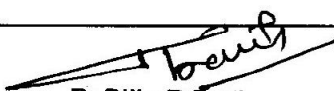
5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- (One thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 15/9/2022


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____


Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 27/12/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ulka K Hiray
2. Designation : Lecturer
3. Department : OBGY
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
conference participation

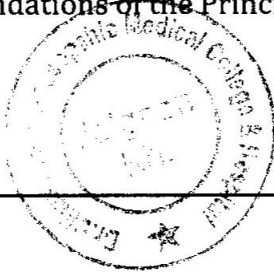
5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- (One thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 27/12/2022

Ulka K Hiray
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



baui

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 15/9/22

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sachin E. Patil
2. Designation : Lecturer
3. Department : Organon of Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 15/9/22

Sachin
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dilip B. Patil
Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 15/09/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Priyanka A Lunkad (Gugale)
2. Designation : Lecturer
3. Department : Homeopathic materia medica
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
Conference participation

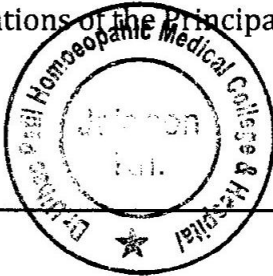
5. Financial Support Particulars (Rs)

- i. Registration charges: 1000/- (one thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 15/09/2022

Pugale
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kti.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 27/12/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sayali A. Gurjal
2. Designation : Lecturer
3. Department : Forensic Medicine & Toxicology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
conference Participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- (one thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 27/12/2022

Dr. Gurjal
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Ulhas Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 27/12/22

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ashwini Shripad Kulkarni
2. Designation : Lecturer
3. Department : Practice of medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
Conference participation

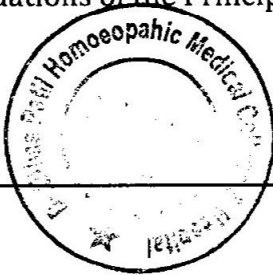
5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- (One thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 27/12/22

Bunno
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 27/12/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Pankaj Tarachand Sharma
2. Designation : Reader
3. Department : Homeopathic pharmacy.
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
Conference participation

5. Financial Support Particulars (Rs)

- i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 27/12/2022

Sharma
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Patil
Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

Sanctioned / Not Sanctioned

Account Department

Accountant:

Date: 27/12/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Rutuja Suresh Ninawe
2. Designation : Lecturer
3. Department : Repertory
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
conference Participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (one thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 27/12/2022

R. Ninawe
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil

Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 27/12/2022

Financial Support Request Letter

1. Name of the Staff Member : Dr. Gayatri Ashish Deshmukh
2. Designation : Lecturer
3. Department : Homoeopathic Materia Medica
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (one thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 27/12/2022

Deshmukh
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Patil
Dr. Dilip B. Patil
Principal
Dr. Dilip B. Patil, Homoeopathic Medical
College, Jalgaon Kh.

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/8/2021

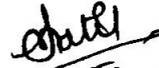
Financial Support Request Letter

1. Name of the Staff Member : Dr. Sachin D. Patil
2. Designation : Reader
3. Department : Surgery
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
Conference participation

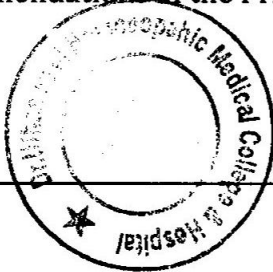
5. Financial Support Particulars (Rs)

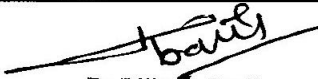
i. Registration charges: 1000/- (One thousand only)
ii. Travelling Allowances :
iii. Membership fee :
iv. Other if any :

Date : 12/8/2021


Signature of the Staff Members

1. Recommendations of the HOD :
2. Recommendations of the Principal :




Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/8/21

Financial Support Request Letter

1. Name of the Staff Member : Dr. Bharti M. Bais
2. Designation : Professor
3. Department : Organon of medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : I. conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 12/8/21



Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____





Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Medical College & Hospital
Jalgaon, Dist. Jalgaon, Kh.

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/8/2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Vikram Uddhav Dhaneshwar
2. Designation : Reader
3. Department : Anatomy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
Conference participation.

5. Financial Support Particulars (Rs)

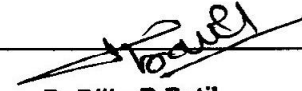
- i. Registration charges: 1500/- One thousand five hundred only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 12/8/2021


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/08/2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Bhushan S Jain
2. Designation : Reader
3. Department : obstetrics & Gynaecology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
Conference Participation

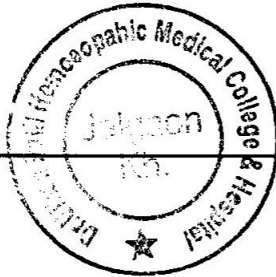
5. Financial Support Particulars (Rs)

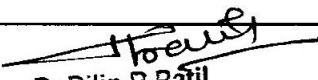
i. Registration charges: 1000/- (One thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 12/08/2021


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Dr. Dilip B. Patil
Principal
Dr. Ulhas Prati Morhenpathic Medical
College & Hospital, Jaigaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/8/21

Financial Support Request Letter

1. Name of the Staff Member : Dr. Atkesh Bishanchand Agrawal
2. Designation : Reader
3. Department : Practice of Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
conference participation

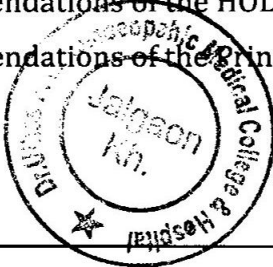
5. Financial Support Particulars (Rs)

- i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 12/8/21

AB Agrawal
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/8/2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sunil J. Buray
2. Designation : Professor
3. Department : Practice of medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International conference participation.

5. Financial Support Particulars (Rs)

- i. Registration charges: 1500/- (One Thousand Five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 12/8/2021

Sunil J. Buray
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical College & Hospital, Jalgaon Kh. ☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/08/2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ruprekha G San Kade
2. Designation : Reader
3. Department : Physiology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
conference Participation

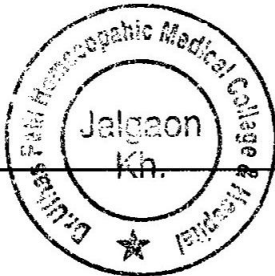
5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (One Thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 12/08/2021

San Kade
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Patil
Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/8/2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Suresh V. Thombare
2. Designation : Reader
3. Department : Repertory & case taking
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
conference participation

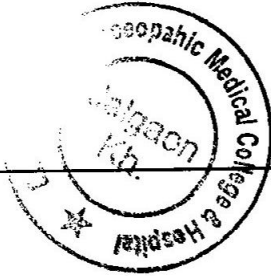
5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (One thousand Five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 12/8/2021

S. Thombare
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Uhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/8/21

Financial Support Request Letter

1. Name of the Staff Member : Dr. Indrayani N. Badhe
2. Designation : Professor
3. Department : Pathology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
conference participation

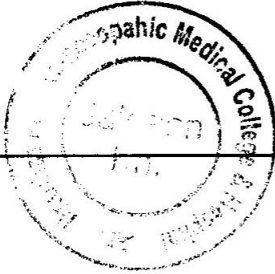
5. Financial Support Particulars (Rs)

- i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date :

J. Badhe
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Ujhas Patil
Principal
Dr. Ujhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/8/2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Preeti Mansharmarao Karmre
2. Designation : Reader
3. Department : Forensic medicine & toxicology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
Conference participation.

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (One thousand Five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 12/8/2021

P. Karmre
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/08/2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. (Mrs) Nilam Kailas Jadhav
2. Designation : Professor
3. Department : Repertory
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
conference Participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 12/08/2021

[Signature]

Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



[Signature]
Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/8/2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Arunesh B. Shinde
2. Designation : Lecturer
3. Department : Physiology include biochemistry
4. Conference/Publication/ Membership fee/ Workshop/ FDP Details : International
Conference participation.

5. Financial Support Particulars (Rs)

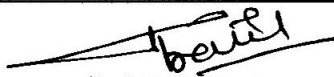
- i. Registration charges: 1500/- (One thousand Five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 12/8/2021


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/8/21

Financial Support Request Letter

1. Name of the Staff Member : Dr. Manjusha V. Anire
2. Designation : Lecturer
3. Department : Homoeopathic Pharmacy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
conference participation

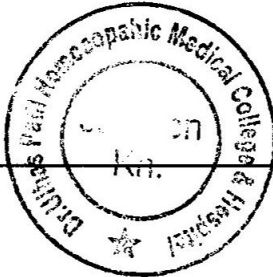
5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 12/8/21

Bing
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ujhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/8/2021

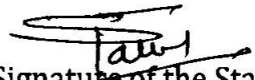
Financial Support Request Letter

1. Name of the Staff Member : Dr. Sachin E. Patil
2. Designation : Lecturer
3. Department : Organon of medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International conference participation.

5. Financial Support Particulars (Rs)

- i. Registration charges: 1000/- (One thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 12/8/2021


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Dr. Dilip B. Patil
Principal
Dr. Dilip B. Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/08/2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Priyanka A Lunkad (Gugale)
2. Designation : lecturer
3. Department : Homeopathic Materia Medica
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
conference Participation

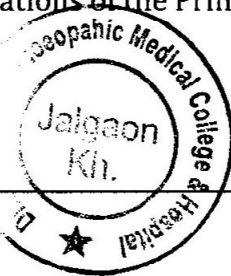
5. Financial Support Particulars (Rs)

- i. Registration charges: 1000/- (one thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 12/08/2021

P. Gugale
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/8/2021

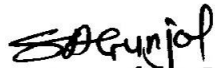
Financial Support Request Letter

1. Name of the Staff Member : Dr. Sayali A. Gunjal
2. Designation : Lecturer
3. Department : Forensic Medicine & Toxicology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
conference participation

5. Financial Support Particulars (Rs)

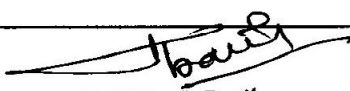
i. Registration charges: 1000/- (One thousand only)
ii. Travelling Allowances :
iii. Membership fee :
iv. Other if any :

Date: 12/8/2021


Signature of the Staff Members

1. Recommendations of the HOD :
2. Recommendations of the Principal :




Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/8/21

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ulka K. Hiray
2. Designation : Lecturer
3. Department : Obstetrics & Gynaecology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- (One thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 12/8/21

U. Hiray
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/8/2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ratna K. chopade
2. Designation : Lecturer
3. Department : Surgery
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
conference participation.

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- (one thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 12/8/2021

Chopade
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12/08/2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Simanchala Panigrahi
2. Designation : Professor
3. Department : community Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : International
Conference Participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (one thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 12/08/2021

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : _____

2. Recommendations of the Principal : [Signature]



Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 12

27/12/2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Maya Pundalik Dambale
2. Designation : lecturer
3. Department : Repertory & case taking
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participatre

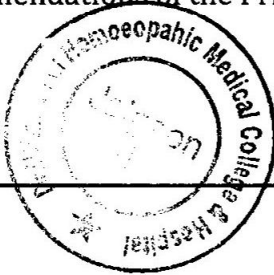
5. Financial Support Particulars (Rs)

- i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 27/12/2021

Dambale
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Hemchandra

Dr. Maya Pundalik Dambale

12/12/2021

Dr. Maya Pundalik Dambale

12/12/2021

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 27/12/21

Financial Support Request Letter

1. Name of the Staff Member : Dr. Kavita Shyamsundar Rathi
2. Designation : Reader
3. Department : Organon of Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National conference participation

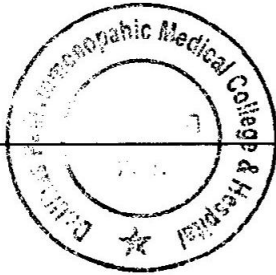
5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 27/12/21

Ashwini
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 27/12/2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Nayana Sachin Hiray
2. Designation : Lecturer
3. Department : Community medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
Conference participation.

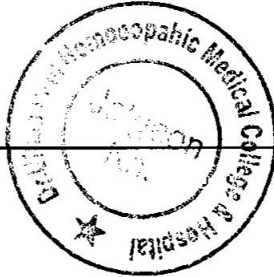
5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- (One thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 27/12/2021

Nayana
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jaigaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 27/12/2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Mugdha Shashikant Nakhare
2. Designation : lecturer
3. Department : Pathology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference Participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- (one thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 27/12/2021

Mugdha
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 27/12/2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Pradeep Ramdas Garge
2. Designation : Reader
3. Department : Homoeopathic Materia Medica
4. ~~Conference~~ / Publication / Membership fee / Workshop / FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 27/12/2021

Garge
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dilip B. Patil
Dr. Dilip B. Patil
Principal
Dr. Dilip B. Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned / Not Sanctioned

Account Department

Accountant:

Date: 27/12/21

Financial Support Request Letter

1. Name of the Staff Member : Dr. Manjusha Pradeep Garge
2. Designation : Reader
3. Department : Organon of Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

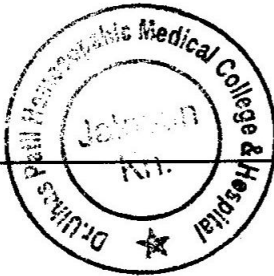
5. Financial Support Particulars (Rs)

- i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 27/12/21

Garge
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Patil
Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 27/12/2021

Financial Support Request Letter

1. Name of the Staff Member : Dr. Priya. Dadarao Wagh
2. Designation : Lecturer
3. Department : Practice of medicine.
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

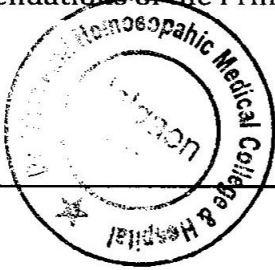
5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- (one thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 27/12/2021

Bagh
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

Sanctioned / Not Sanctioned

Account Department

Accountant:

Date: 8-10-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Preeti Manoharrao Karme
2. Designation : Reader
3. Department : Forensic Medicine and Toxicology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
National conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- (one thousand only)
ii. Travelling Allowances :
iii. Membership fee :
iv. Other if any :

Date : 8-10-2020

Bharam
Signature of the Staff Members

1. Recommendations of the HOD :
2. Recommendations of the Principal :



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Jalgaon Medical
College & Hospital, Jalgaon Kh.

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 8-10-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Alkesh B Agrawal
2. Designation : Reader
3. Department : Practice of Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
National conference participation

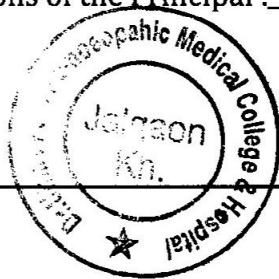
5. Financial Support Particulars (Rs)

i. Registration charges: 2000/- (One thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 8-10-2020

A.B. Agrawal
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil

Principal

Dr. Dilip B. Patil, Jalgaon Kh. Medical College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 08/10/2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Mugdha Shashikant Nakhare
2. Designation : Lecturer
3. Department : Pathology & Microbiology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National Conference Participation

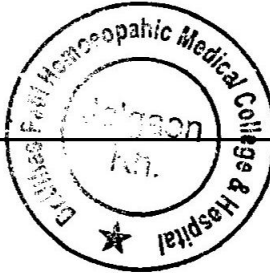
5. Financial Support Particulars (Rs)

- i. Registration charges: 1000/- (One thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 08/10/2020

Mugdha
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



H. B. Patil
Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 08/10/2020

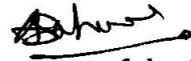
Financial Support Request Letter

1. Name of the Staff Member : Dr. Kavita S. Rathi
2. Designation : Reader
3. Department : Organ of Medicine
4. ☒ Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National Conference participation

5. Financial Support Particulars (Rs)

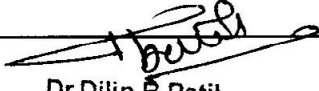
- i. Registration charges: 1000/- (One thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 08/10/2020


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Dr. Dilip B. Patil
Principal
Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 8/10/2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Paadeep R. Garge
2. Designation : Reader
3. Department : Homeopathic Materia medica
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National conference participation.

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (one thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 8/10/2020

Garge
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Patil
Dr. Dilip B. Patil
Principal

Sanctioned/ Not Sanctioned

Dr. Ulhas Patil Homeopathic Medical
College & Hospital, Jalgaon Kh.

Account Department

Accountant:

Date: 08/10/2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Vikram Uddhav Phanshwar
2. Designation : Reader
3. Department : Anatomy
4. ☒ Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National Conference Participation

5. Financial Support Particulars (Rs)

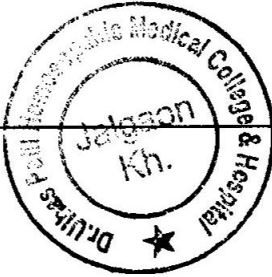
- i. Registration charges: 1500/- (one thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

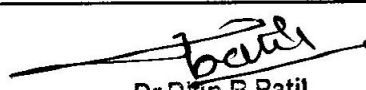


Signature of the Staff Members

Date : 08/10/2020

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Dr. Ulhas Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 08-10-20

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ulka K. Holey

2. Designation : Lecturer

3. Department : OB/GY

4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : _____

National Conference Participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- (one thousand only)

ii. Travelling Allowances : _____

iii. Membership fee : _____

iv. Other if any : _____

Date : 08-10-20

Ulka Holey
Signature of the Staff Members

1. Recommendations of the HOD : _____

2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Dilip B. Patil Medical College & Hospital
Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 03/10/2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Priyanka S. Gulete
2. Designation : Lecturer
3. Department : Horn. Maternity Medical
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
National Conference Participation

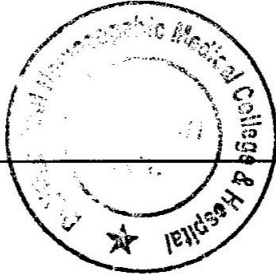
5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- (one thousand only)
ii. Travelling Allowances :
iii. Membership fee :
iv. Other if any :

Date : 03/10/2020

Gulete
Signature of the Staff Members

1. Recommendations of the HOD :
2. Recommendations of the Principal :



Patil
Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil, Department of Health and Family Welfare,
Solapur District, Maharashtra.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 8/10/2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sachin D. Patil
2. Designation : Reader
3. Department : Surgery
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National conference Participation

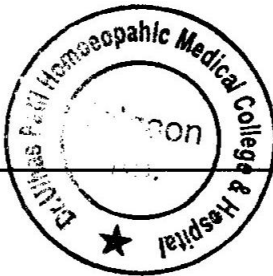
5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- (one thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 8/10/2020

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



[Signature]
Dr. Ulhas B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 08/10/2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Simanchala N. Panigrahi
2. Designation : Professor
3. Department : Community medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
National conference Participation

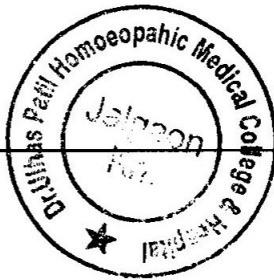
5. Financial Support Particulars (Rs)

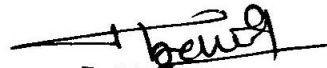
i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances :
iii. Membership fee :
iv. Other if any :

Date: 08/10/2020


Signature of the Staff Members

1. Recommendations of the HOD :
2. Recommendations of the Principal :





Dr. Dilip B. Patil

Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 8/10/2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Indrayani N. Badhe
2. Designation : Professor
3. Department : Pathology & Microbiology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National Conference participation.

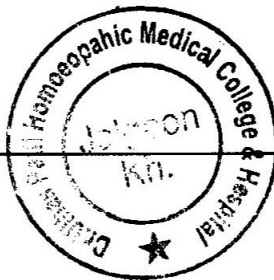
5. Financial Support Particulars (Rs)

- i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 8/10/2020

Indrayani N. Badhe
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 08/10/2020

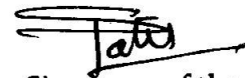
Financial Support Request Letter

1. Name of the Staff Member : Dr. Sachin Eknath Patil
2. Designation : Lecturer
3. Department : Organon of medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
National conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- (One thousand only)
ii. Travelling Allowances :
iii. Membership fee :
iv. Other if any :

Date: 08/10/2020



Signature of the Staff Members

1. Recommendations of the HOD :
2. Recommendations of the Principal :





Dr. Dilip B. Patil
Principal

Dr. Dilip B. Patil
College & Hospital, Jalgaon Kh.

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 08/10/2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ruprekha Sonolik Dandekar
2. Designation : Reader
3. Department : Physiology Including Biochemistry
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National Conference Participation

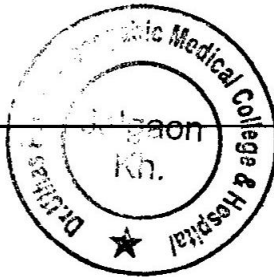
5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- (One thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 08/10/2020

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



[Signature]
Dr. Uthas D. [Signature]
Jalgaon Kh. Medical College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 8/10/20

Financial Support Request Letter

1. Name of the Staff Member : Dr. Arunesh B. Shinde
2. Designation : Lecturer
3. Department : Physiology Including Biochemistry
4. ☒ Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
National conference participation

5. Financial Support Particulars (Rs)

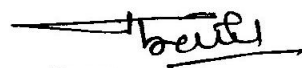
i. Registration charges: 1000/- (one thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 8/10/20


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Dr. Dilip B. Patil
Principal
Jaigad Medical College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 8/10/2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sayali A. Gunjal
2. Designation : Lecturer
3. Department : Forensic medicine Toxicology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 8/10/2020

S. Gunjal
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Dilip B. Patil
Marathwada Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 8/10/20

Financial Support Request Letter

1. Name of the Staff Member : Dr. Suresh V. Thombare
2. Designation : Reader
3. Department : Case taking and Repertory
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
National conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 8/10/20

Thombare
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 08/10/2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Manjusha Vitthal Ahire
2. Designation : Lecturer
3. Department : Horn. pharmacy
4. ☒ Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National Conference Participation.

5. Financial Support Particulars (Rs)

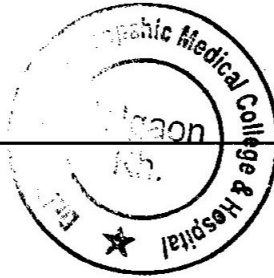
- i. Registration charges: 1500/- (one thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 08/10/2020

[Signature]

Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



[Signature]

Dr. Dilip B. Patil
Principal

Dr. Dilhas Patil Jalgaon Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 08/10/2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sunil J. Borse
2. Designation : Professor
3. Department : Practice of Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National conference
Participating

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- one thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 08/10/2020

Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____

Dr. Dilip B. Patil

Dr. Dilip B. Patil
Principal

☒ Sanctioned/ Not Sanctioned

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.



Account Department

Accountant:

Date: 8-10-2020

Financial Support Request Letter

1. Name of the Staff Member : DR. Bhushan S. Jain
2. Designation : Reader
3. Department : OBGY
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
National Conference Participation

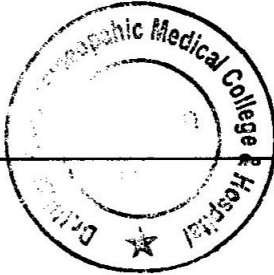
5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances :
iii. Membership fee :
iv. Other if any :

Date : 8-10-2020


Signature of the Staff Members

1. Recommendations of the HOD :
2. Recommendations of the Principal :





Dr. Dilip B. Patil
Principal

Dr. Dilip B. Patil, Dr. Dilip B. Patil
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 08-10-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ratna Kunal chopade
2. Designation : Lecturer
3. Department : Surgery
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National Conference Participation

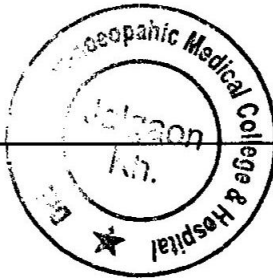
5. Financial Support Particulars (Rs)

- i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 08-10-2020

Chopade
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Patil
Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 8/10/2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Maya Pundlik Dambale
2. Designation : Lecturer
3. Department : Case taking & Repertory
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National Conference participation

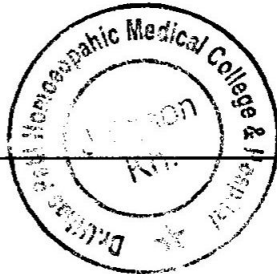
5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 8/10/2020

D. Dambale
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



D. Dilip B. Patil
Principal

Dr. Dilip B. Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

Sanctioned / Not Sanctioned

Account Department

Accountant:

Date: 8-10-2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Neelam Kailas Jadhav
2. Designation : Professor
3. Department : Care taking and Repertary
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
National Conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- One Thousand & Five hundred only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 8-10-2020

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



[Signature]

Dr. Dilip B. Patil
Principal

☒ Sanctioned/ Not Sanctioned

Dr. Dilip B. Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

Account Department

Accountant:

Date: 08/10/2020

Financial Support Request Letter

1. Name of the Staff Member : Dr. Mayana S. Hiray
2. Designation : Lecturer
3. Department : Community Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National Conference Participation

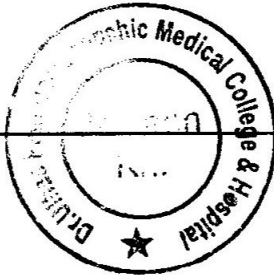
5. Financial Support Particulars (Rs)

- i. Registration charges: 1500/- One thousand five hundred only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 08/10/2020

Mayana
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal

Dr. Dilip B. Patil, Hospital & Medical College & Hospital, Rajgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 09-09-2019

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sameer S. Sakalikar
2. Designation : Reader
3. Department : Homeopathic Materia Medica
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
Conference Participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- One thousand Five hundred only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 09-09-2019

Sakalikar
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil

Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 9/9/2019

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sonal S Bagale
2. Designation : Lecturer
3. Department : Pathology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- One thousand Five hundred only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 9/9/2019

SBagale
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Dilip B. Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 9/9/19

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sabhiha Praveen Yusuf Khan
2. Designation : Professor
3. Department : Community Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National conference participation

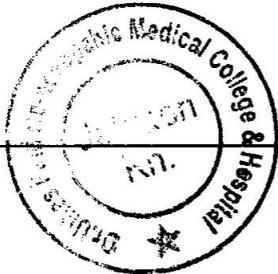
5. Financial Support Particulars (Rs)

- i. Registration charges: 1000/- One thousand Five hundred only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 9/9/19

Spm.
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil

Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 09/09/2019

Financial Support Request Letter

1. Name of the Staff Member : Dr. Praybant R. Rode
2. Designation : Reader
3. Department : physiology with biochemistry
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

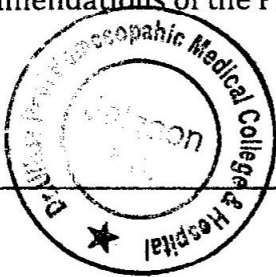
5. Financial Support Particulars (Rs)

- i. Registration charges: 1500/- One thousand Five hundred only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 09/09/2019

Rode
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 09-09-2019

Financial Support Request Letter

1. Name of the Staff Member : Dr. Kedare Ashok Mahadik
2. Designation : Reader
3. Department : FMT (Forensic Medicine & Toxicology)
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
National conference Participation

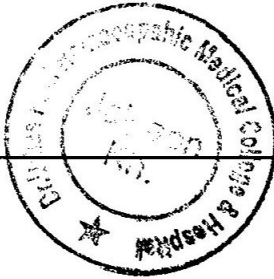
5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 09-09-2019

Mahadik
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 9/9/2019

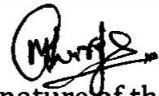
Financial Support Request Letter

1. Name of the Staff Member : Dr. Manisha P. Ghurde
2. Designation : Professor
3. Department : Repertory & case taking
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

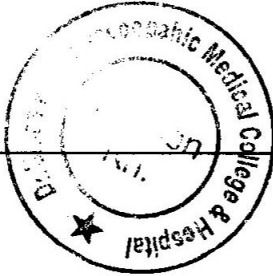
5. Financial Support Particulars (Rs)

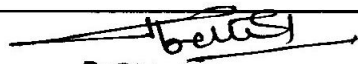
i. Registration charges: 1000/- One Thousand Only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 9/9/2019


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Dr. Dilip B. Patil
Principal
Dr. Dilip B. Patil College of Ayurvedic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 9/9/19

Financial Support Request Letter

1. Name of the Staff Member : Dr. Mugdha Shashikant Nakhare
2. Designation : Lecturer
3. Department : Pathology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

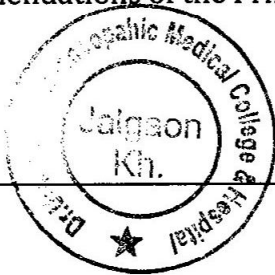
5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 9/9/19

Mugdha
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 09/09/2019

Financial Support Request Letter

1. Name of the Staff Member : Dr. AlKeyh Bishan Chand Agrawal
2. Designation : Reader
3. Department : Practice of Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation.

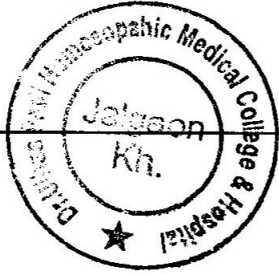
5. Financial Support Particulars (Rs)

- i. Registration charges: 1500/- one thousand five hundred only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 09/09/2019

A.B. Agrawal
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Dilip B. Patil, Principal, Jalgaon Kh.
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 09-09-2019

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sunil J. Bursase
2. Designation : Professor
3. Department : Pradise of Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference Participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- One thousand Five hundred only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 09-09-2019

Dr. Sunil J. Bursase
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Hon. Pradise of Medicine
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 9/9/2019

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ruprekha G. Sankade
2. Designation : Reader
3. Department : Physiology inc. Biochemistry
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- One thousand Five hundred only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 9/9/2019

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : [Signature]



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 9/9/19

Financial Support Request Letter

1. Name of the Staff Member : Dr. Suresh V. Thombare
2. Designation : Reader
3. Department : Repertory and Case taking
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- (One thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 9/9/19

S. Thombare
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 9/9/2019

Financial Support Request Letter

1. Name of the Staff Member : Dr. Indrayani N. Badhe
2. Designation : Professor
3. Department : Pathology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- one thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 9/9/2019

JNBudhe
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 09-09-2019

Financial Support Request Letter

1. Name of the Staff Member : Dr Preeti Manoharrao Karme
2. Designation : Reader
3. Department : FMT (Forensic Medicine & Toxicology)
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference Participation

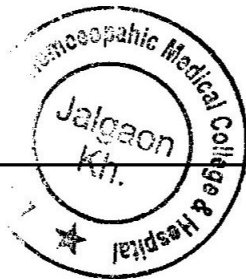
5. Financial Support Particulars (Rs)

- i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 09 - 09 - 2019

P. Karme
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Urmila P. K. Karme
Dr. Urmila P. K. Karme, Jalgaon K. H. Hospital & Medical College, Jalgaon K. H.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 9/9/2019

Financial Support Request Letter

1. Name of the Staff Member : Dr.(Mrs) Nilam kailas Jadhav
2. Designation : Professor
3. Department : Repertory & case taking
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation.

5. Financial Support Particulars (Rs)

- i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 9/9/2019

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



[Signature]
Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh. ☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 9/9/19

Financial Support Request Letter

1. Name of the Staff Member : Dr. Arunesh B. shinde
2. Designation : Lecturer
3. Department : Physiology and biochemistry
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
Conference participation

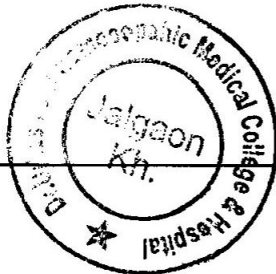
5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 9/9/19

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



[Signature]
Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 9/9/2019

Financial Support Request Letter

1. Name of the Staff Member : Dr. Manjusha V Ahire
2. Designation : Lecturer
3. Department : Homeopathic pharmacy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 9/9/2019

(Signature)
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



(Signature)
Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 09-09-2019

Financial Support Request Letter

1. Name of the Staff Member : Dr Sachin E Patil
2. Designation : ✓ Lecturer
3. Department : Department of Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National conference Participation

5. Financial Support Particulars (Rs)

- i. Registration charges: 1000/- One Thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 09-09-2019

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



[Signature]
Dr. Dilip B. Patil
Principal

Dr. Dilip B. Patil
Jalgaon Kh. Hospital & Medical College
Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 9/9/2019

Financial Support Request Letter

1. Name of the Staff Member : Dr. Priyanka A. Lunkad (Gugale)
2. Designation : Lecturer
3. Department : Homoeopathic Materia Medica
4. ☒ Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

- i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 9/9/2019

P. Gugale
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 9/9/19

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sayali A. Gurjal
2. Designation : Lecturer
3. Department : Forensic Medicine & Toxicology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: One thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 9/9/19 S. Gurjal
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 9/9/2019

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ulka K Hiray
2. Designation : Lecturer
3. Department : obstetrics & Gynaecology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 9/9/2019

Ulka K Hiray
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical College & Hospital, Jalgaon Kh. ☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 09-09-2019

Financial Support Request Letter

1. Name of the Staff Member : Dr Ratna K chopade
2. Designation : Lecturer
3. Department : Surgery
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National conference Participation

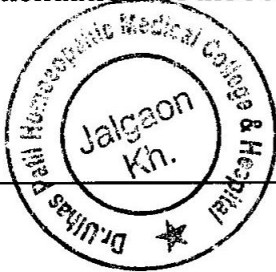
5. Financial Support Particulars (Rs)

- i. Registration charges: 1500/- (One thousand Five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 09-09-2019

Chopade
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Patil
Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 9/9/2019

Financial Support Request Letter

1. Name of the Staff Member : Dr. Simanchala Panigrahi
2. Designation : Professor
3. Department : Community Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
Conference participation

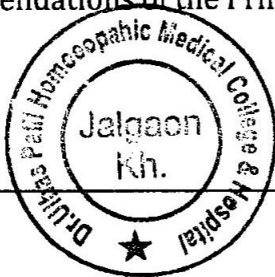
5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 9/9/2019

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



[Signature]
Dr. Dilip B. Patil
Principal
Dr. Dilip B. Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.
☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 9/9/19

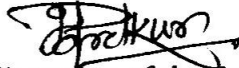
Financial Support Request Letter

1. Name of the Staff Member : Dr. Anil V. Paradkar
2. Designation : Lecturer
3. Department : Practice of Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

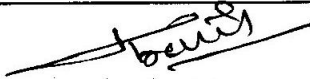
i. Registration charges: 1000/- (one thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 9/9/19


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Principal
Maharashtra Homoeopathic Medical
College & Hospital, Jalgaon MH.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 9/9/2019

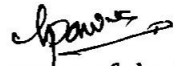
Financial Support Request Letter

1. Name of the Staff Member : Dr. Gajanan Derrao Pawar
2. Designation : Lecturer
3. Department : Repertory & case taking.
4. ☒ Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

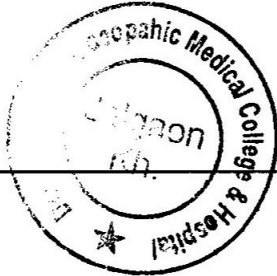
5. Financial Support Particulars (Rs)

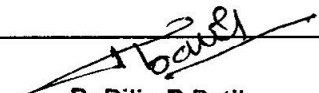
i. Registration charges: 1000/- (One thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 9/9/2019


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 23/07/2018

Financial Support Request Letter

1. Name of the Staff Member : Dr. Bharti M Bais
2. Designation : Professor
3. Department : organon of Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National conference Participation

5. Financial Support Particulars (Rs)

- i. Registration charges: 1000/- (One Thousand only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 23/07/2018

Bharti
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 23/7/2018

Financial Support Request Letter

1. Name of the Staff Member : Dr. Vikram Uddhav Dhaneshwar
2. Designation : Reader
3. Department : Anatomy
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation.

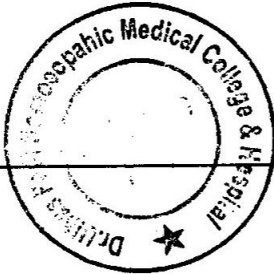
5. Financial Support Particulars (Rs)

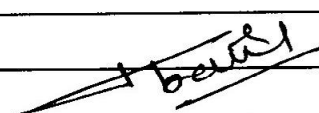
i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 23/7/2018.


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 23/7/18

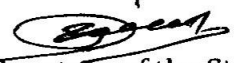
Financial Support Request Letter

1. Name of the Staff Member : Dr. Bhushan S. Jain
2. Designation : Reader
3. Department : Obstetrics & Gynaecology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
Conference participation

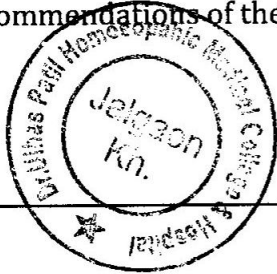
5. Financial Support Particulars (Rs)

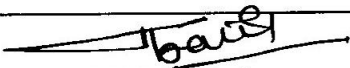
i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 23/7/18


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Dr. Dilip B. Patil
Principal
Dr. Dilip B. Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 23/07/2018

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sachin D. Patil
2. Designation : Reader
3. Department : Surgery
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- [One thousand Five hundred only]
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 23/07/2018

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



[Signature]
Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

[Signature] Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 09/03/2019

Financial Support Request Letter

1. Name of the Staff Member : Dr. Jayali Ashok Chumjal
2. Designation : Lecturer
3. Department : Forensic Medicine & Toxicology
4. ☒ Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National Conference participation

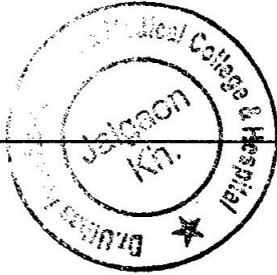
5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 09/03/2019

S. Chumjal
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 09/03/2019

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ulka K. Hiray
2. Designation : Lecturer
3. Department : OBG
4. ☒ Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
National Conference Participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (One thousand Five hundred only)
ii. Travelling Allowances :
iii. Membership fee :
iv. Other if any :

Date : 09/03/19

Ulka K. Hiray
Signature of the Staff Members

1. Recommendations of the HOD :
2. Recommendations of the Principal :



Dr. Dilip B Patil
Principal
Dr. Ulhas Patil Jalgaon Kh. College & Hospital, Jalgaon Kh.
☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 23/07/2018

Financial Support Request Letter

1. Name of the Staff Member : Dr. Swati Sheshrao Bidgur
2. Designation : Lecturer
3. Department : community medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

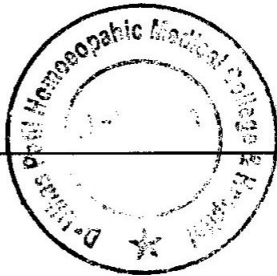
5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (one thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 23/07/2018

Swati
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Swati

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 23/07/2018

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sonal S Bagade
2. Designation : lecturer
3. Department : Pathology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference Participation

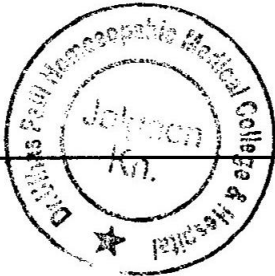
5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 23/07/2018

S. S. Sangoli
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ujhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 23/07/2018

Financial Support Request Letter

1. Name of the Staff Member : Dr. Alkesh Bishan Chand Agrawal
2. Designation : Reader
3. Department : Practice of Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference Participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 23/07/2018

AB Agrawal
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 23/7/2018

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sabiha Parveen Yusuf Khan
2. Designation : Professor
3. Department : Community Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

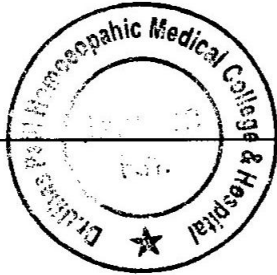
5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 23/7/2018

Smm
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil

Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 09/03/19

Financial Support Request Letter

1. Name of the Staff Member : Dr. Priyanka J. Gyale
2. Designation : Lecturers
3. Department : Hom. Materia Medica
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
National Conference Participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- (One thousand only)
ii. Travelling Allowances :
iii. Membership fee :
iv. Other if any :

Date : 09/03/19

Gyale
Signature of the Staff Members

1. Recommendations of the HOD :
2. Recommendations of the Principal :



Dr. Vilas Patil
Principal
Dr. Vilas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.
☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 09/03/2019

Financial Support Request Letter

1. Name of the Staff Member : Dr. Animesh Blimro Shinde
2. Designation : Lecturer
3. Department : Physiology Including Biochemistry
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
Nation Conference Participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances :
iii. Membership fee :
iv. Other if any :

Date : 09/03/2019

Signature
Signature of the Staff Members

1. Recommendations of the HOD :
2. Recommendations of the Principal :



Signature
Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 23/7/2018

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sunil J Bupase
2. Designation : Professor
3. Department : Practice of Medicine
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation.

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (One thousand five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 23/7/2018.

Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 23/7/18

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ruprekha G. Sankade
2. Designation : Reader
3. Department : Physiology incl. Biochemistry
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- (One thousand Five hundred only)
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 23/7/18

[Signature]
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____

[Signature]
Dr. Dilip B. Patil
Principal
Dr. Uhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 09/03/2019

Financial Support Request Letter

1. Name of the Staff Member : Dr. Manjusha Pitthal Alore
2. Designation : Lecturer
3. Department : Horn pharmacy
4. ☒ Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National Conference Participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 09/03/2019

Bing
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical College & Hospital, Jalgaon Kh. Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 23/07/2018

Financial Support Request Letter

1. Name of the Staff Member : Dr. Suresh V. Thombare
2. Designation : Reader
3. Department : Repertory & case taking
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- one thousand only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 23/07/2018

S. Thombare
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 23/7/2018

Financial Support Request Letter

1. Name of the Staff Member : Dr. Preeti Manoharrao Karme
2. Designation : Reader
3. Department : Forensic Medicine & Toxicology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

5. Financial Support Particulars (Rs)

i. Registration charges: 1500/- One thousand Five hundred only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date : 23/7/2018

Pshane
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

✓ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 23/7/18

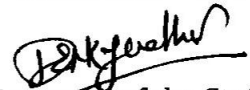
Financial Support Request Letter

1. Name of the Staff Member : Dr. (Mrs). Nilam Kailas Jadhav
2. Designation : Professor
3. Department : Repertory & Case taking
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National
conference participation

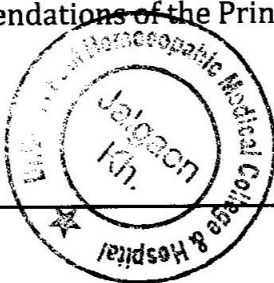
5. Financial Support Particulars (Rs)

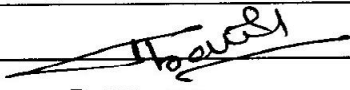
i. Registration charges: 1500/- One thousand five hundred only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 23/7/18


Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____




Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 09/03/2019

Financial Support Request Letter

1. Name of the Staff Member : Dr. Dachin Bkrath Patil
2. Designation : Lecturer
3. Department : Organon of Medicine
4. ☒ Conference/ Publication/ Membership fee/ Workshop/ FDP Details :
National Conference Participation

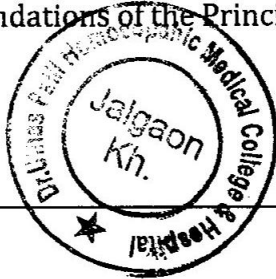
5. Financial Support Particulars (Rs)

i. Registration charges: 1000/- One thousand only
ii. Travelling Allowances :
iii. Membership fee :
iv. Other if any :

Date : 09/03/2019

Taty
Signature of the Staff Members

1. Recommendations of the HOD :
2. Recommendations of the Principal :



Patil

Dr. Dilip B. Patil

Principal

Dr. Ulhas Patil Ayurvedic Medical
College & Hospital, Jalgaon Kh.

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date: 23/07/2018

Financial Support Request Letter

1. Name of the Staff Member : Dr. Indrayani N Badhe
2. Designation : Professor
3. Department : Pathology
4. Conference/ Publication/ Membership fee/ Workshop/ FDP Details : National conference Participation

5. Financial Support Particulars (Rs)

- i. Registration charges: 1500/- One thousand five hundred only
ii. Travelling Allowances : _____
iii. Membership fee : _____
iv. Other if any : _____

Date: 23/07/2018

JNBarelle
Signature of the Staff Members

1. Recommendations of the HOD : _____
2. Recommendations of the Principal : _____



Dr. Dilip B. Patil
Principal

Dr. Ulhas Patil Homoeopathic Medical
College & Hospital, Jalgaon Kh.

☒ Sanctioned/ Not Sanctioned

Account Department

Accountant: