

Shiva Trust's
SHARADCHANDRAJI PAWAR HOMOEOPATHY
MEDICAL COLLEGE, SHRIRAMPUR, A' NAGAR



Recognized by Gov. of India, Dept. of AYUSH New Delhi, Council of Homoeopathy (C.C.H.) New Delhi.
Gov. of Maharashtra & Affiliated to Maharashtra University of Health Sciences, Nashik.

E-mail Id:- sphmc111@gmail.com. Website:- www.sphmcshrirampur.com
College Address:- Wadala Mahadev, Shrirampur- Newasa road, Tal: Shrirampur, Dist:
Ahmednagar, Maharashtra Pin Code: 413739 (M.S.) Ph.02422-248310

LOAN

FINANCIAL YEAR APRIL 2018 TO MARCH 2019

Sr. No.	Name	Date	Amount
1.	Mr. Navnath Asane	16/02/2019	15000/-
2.			


FINANCIAL YEAR APRIL 2019 TO MARCH 2020

Sr. No.	Name	Date	Amount
1.	Mr. Akshay Kotkar	13/02/2020	25000/-
2.			

FINANCIAL YEAR APRIL 2020 TO MARCH 2021

Sr. No.	Name	Date	Amount
1.	Mr. Ganesh Aware	11/09/2020	30000/-
2.	Mr. Saurabh Jagtap	07/12/2020	21000/-




Principal
Sharadchandraji Pawar Homoeopathic
Medical College & Hospital
A/p.Wadala Mahadev, tal. Shrirampur

FINANCIAL YEAR APRIL 2021 TO MARCH 2022

Sr. No.	Name	Date	Amount
1.	Mr. Pawan Hiwale	07/05/2021	20000/-
2.			

FINANCIAL YEAR APRIL 2022 TO MARCH 2023

Sr. No.	Name	Date	Amount
1.	Mr. Jawalasing Pardeshi	20/08/2022	15000/-
2.			

ACCOUNTANT



Principal
Sharadchandraji Pawar Homoeopathic
Medical College & Hospital
A/p.Wadala Mahadev, Tal.Shrirampur



Date: 16/02/2019

To,

The principal,
 shradhachandraji pawar Homoeopathic
 medical college, shrirampur.

sub:- Application for Rs. 15000 loan
 regarding

Respected sir,

I Asare Narmathkar, peon
 staging at SPNMC, shrirampur, presently
 I needed Rs. 15000 (Fifteen Thousand Rupees)
 to pay my bank loan, because I am
 kindly requesting you please sanction
 above mentioned above amount and
 deduct Rs. ~~25000~~ (Fifteen Thousand five hundred
 every month from my salary.

Thanking you, sir

Yours Truly,

Asare

Asare Narmathkar

permitted

for
 16/2/19

Date: 16/02/2019

To,
The principal,
Shradhachandraji Pawar Homoeopathic
Medical College, Shirampur.

Sub: Application for Rs. 15000 loan
regarding

Respected sir,
I Asare Namathkar, peon
staying at SPNMC, Shirampur, presently
I needed Rs. 15000 (Fifteen Thousand Rupees)
to pay my bank loan, because I am
kindly requesting you please sanction
above mentioned above amount and
deduct Rs. ~~20000~~ (Fifteen Thousand five hundred
only) month from my salary.

Thanking you, sir

Yours Truly,
Asare
Asare Namathkar

Permitu

10/2/19

10/2/19

SHIVA TRUST'S AURANGABAD

VOUCHER

Vr. No.

C.B. Folio

Rs.

Ps.

Branch :

SHRIRAMPUR

Date : 16 / 21 2019

15000 - 00

DEBIT / SUBJECT

Loan advance

R.Kim's College A/c

ACCOUNT

MR. Arane Narayana (pean)

PAY TO

MR.

Arane Narayana

MOBILE NO.

paid for Loan

ADDRESS

Reiny amount

ON ACCOUNT OF

Advance work exp.

DATED

ON

CASH / CHEQUE NO.

15000 - 00

RUPEES

fifteen thousand

Pepees only

's Signature

Principal

Director

Accountant Officer



Date: 13/02/2020

To,
The principal,
sharadchandraji Pawar Homoeopathic
medical college, shirampur.

sub:- Application for ₹.25,000 loan
regarding.

Respected sir,

I Akshay Kotkar, OPD class,
staying at SEMC, Shirampur, presently
I need Rs. 25,000 (Twenty Five
Thousand rupees) to pay my bank
loan, because I am kindly requesting
you please sanction above mentioned
above amount and deduct Rs. 5000
(Five Thousand Rupees) every month
from my salary.

Thanking you, sir.

Yours Truly,
Akshay
Akshay Kotkar.

permitted

[Signature]
13/2/20

see ready
Date 13/02/20

SHIVA TRUST'S, AURANGABAD

VOUCHER

Vr. No.	
C.B. Folio	

Rs. Ps.

Branch : SHRIRAMPUR Date : 13/12/2020

Rs. 25000/-

DEBIT / SUBJECT	Loan advance
ACCOUNT	R.M.M.S College AC
PAY TO	Mrs. Aishwary Kothkar (Clerk)
ADDRESS	
ON ACCOUNT OF	Regr. being amount paid for loan
	Advancce work exp.
CASH / CHEQUE NO.	157200203
RUPEES	Twenty Five Thousand Rupees only
DATED	13/12/2020 ON

Accountant Officer

Principal

Director


Director's Signature

Employment (10)

structure, Statutory
rules, norms and
deployed. Provide the
Committee

other relevant bodies for
of the strategic plan
eneration

दि. ११/०२/२०२०

प्रति

प्राचार्य / प्रशासकीय अधिकारी

सरदचंझगी पवार होमिओपैथिक

मेडिकल कॉलेज इरिगमपुर

विषय - ३०,००० लोन मिळणेबाबत

अर्जदार - आवारे गणेश (लैब टेक्निसियन)

महोदय

वरील विषयी विनंती अर्ज करतो की मला काही
 शक्ती कारणांमुळे ३०,००० हजार लोन पाहिजे आहे

तसेच माझ्या वर महिल्यांच्या पंशासमर्थन १०००० रु
 प्रमाणे कर करण्यात येते तरी प्राचार्य सर व प्रशासकीय
 अधिकारी सरांनी मला लोन द्यावे ही नमू विनंती



आपला विश्वासू

आवारे गणेश

To
 The Account Officer
 Pt. domwajhi
 surat

Permitu


 11/7/20

SHIVA TRUST'S, AURANGABAD VOUCHER

Vr. No. _____
C.B. Folio _____

Branch : SHRIRAMPUR Date : 11/19/2020
Rs. 30000/- Ps. _____

DEBIT / SUBJECT Loan advance

ACCOUNT R.M.M's College A/c


PAY TO Mr. Ganesha Awarde (1st Year) MOBILE NO. _____

ADDRESS _____
ON ACCOUNT OF Being amount paid for loan

advance bank exp. DATED 11/19/2020 ON _____

CASH / CHEQUE NO. 30000/- DATED _____

RUPEES Twenty Thousand Rupees only


Accountant Officer


Principal


Director



's Signature

दि. 2/12/2020

प्रति,
मा.

प्राचार्य सहित / प्रशासकीय अधिकारी
आर्य समाज, पवार हॉमिओपैथी
मेडीकल कॉलेज, वसिष्ठपुर

अर्जदार :- जगताप सौरभ
(लेव संशिक्षक (अभ्यास))

विषय :- 21000/- अडवॉल मिशन बाबत.
(लेव)

महोदय,

वरिष्ठ विषयी विनंती अर्ज सादर
करतो, जि मला माझ्या लग्न झाल्यामुळे
मला अधिक मदत म्हणून 20000/-
अडवॉल देवावे.

मला माझ्या दर वि-गळिण्याच्या
पुनारामधून 30000 रु प्रमाणे 92 रुरुप्यात
पावे तरी मा. प्राचार्य ला व प्रशासकीय
अधिकारी संवाणी मला लेव देयावे.
दि नम्र विनंती!

~~Signature~~
आपला विश्वासू,

सौरभ जगताप
(लेव संशिक्षक)

Permit

Signature
21/12/20

To
The Officer
Prashant Mehta
21/12/20

SHIVA TRUST'S AURANGABAD VOUCHER

Vr. No. _____
C.B. Folio _____

Rs. _____ Ps. _____

Branch : SHRIRAMPUR Date : 9/11/2020

DEBIT / SUBJECT Loan advance

ACCOUNT R.H.M.'s college A/c

PAY TO Mr. Javarekh Juyjar (Lab Attendant) MOBILE NO. _____

ADDRESS _____

ON ACCOUNT OF Being amount paid for loan advance

work exp. DATED 9/11/2020 ON _____

CASH / CHEQUE NO. 21000200

RUPEES Twenty one Thousand Rupees only

Principal Director

Accountant Officer



's Signature

re, Statutory norms and ed. Provide the

bodies for

(K)

दि .07/05/2021

प्रति,
 मा, प्रचार्य सर | प्रशासकीय अधिकारी
 शारदा इंजी पवार कोमिओपेथीक प्रसिक्त
 कोलेज, गोरामपुर.

अर्जदार - पवन छिवाळे (वॉचमन)

विषय - 200001- कोमि मिळणे बाबत

गैरसहमत
 करील विषयी शकिय अर्ज करतो,
 डि. सर मला दि 12/05/2021 रोजी
 चरी वास्तुशांतीचा अर्जद्वय अर्जा/उपलक्षण
 मला जेसाची अर्ज करी, एव
 तरी मरक्या दर मरिण्या-सा पगारा मरुव
 उ 4000/- मराने उपलब्ध करावी.
 तरी मला मा. सरांनी कोम घ्यावे.

दि नम्र विनंती !

any
 please do the need full.

P.H.
 आपला विपवासु
 पवन छिवाळे

permitt

[Signature]
 11/5/21

SHIVA TRUST'S, AURANGABAD

VOUCHER

Vr. No.	
C.B. Folio	

Branch : SHRIRAMPUR Date : 9/10/2021

Rs. 20000/- Ps. 00

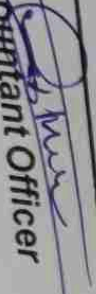
DEBIT / SUBJECT Loan advance
ACCOUNT B.M.S College A/c

PAY TO MR. PAVAN HINDE (Workmen)
MOBILE NO. _____

ADDRESS _____
ON ACCOUNT OF Being amount paid for loan advance
some exp.

CASH / CHEQUE NO. 200001- DATED 11/10/2021 ON _____

RUPEES Twenty Thousand Rupees only


Accountant Officer

Principal

Director



's Signature

Date 20/08/2022

To,
The principal
SPHMC & Hospital
Shrirampur

Sub - Application for 15,000 loan regarding

Respected sir

I Jwalasing paradeshi lab attendant at SPHMC, Shrirampur, presently I needed Rs. 15,000 fifteen thousand rupees to pay my bank ~~loan~~ ^{account}, because I am kindly requesting you please sanction above mentioned amount and deduct 3000 rs every month from my salary.

Thanking you sir

P.S.

Yours truly

Jwalasing paradeshi
(lab assistant)

To
Account officer
pl do the needful

permitted

[Signature]
20/8/22

SHIVA TRUST'S AURANGABAD

VOUCHER

Branch : SHIRIRAMPUR

Date : 20/8/2022

Vr. No. _____
C.B. Folio _____

Rs. _____ Ps. _____

DEBIT / SUBJECT Loan advance 15200/-
ACCOUNT R.H.M.S College A/c

PAY TO MR. Juvaleshy pardeshi (lab attendant)

ADDRESS _____ MOBILE NO. _____

ON ACCOUNT OF Reing amount paid for loan
advance used exp.

CASH / CHEQUE NO. 15200/- DATED 20/8/2022
RUPEES fifteen thousand rupees only

Accountant Officer

Principal

Director



's Signature

Development and Deployment (10)
as well defined organisational structure, Statutory
the College with relevant rules, norms and
strategic Plan effectively deployed. Provide
High Courses
ant bodies for

Shiva Trust's
SHARADCHANDRAJI PAWAR HOMOEOPATHY
MEDICAL COLLEGE, SHRIRAMPUR, A' NAGAR

Recognized by Gov. of India, Dept. of AYUSH New Delhi, Council of Homoeopathy (C.C.H.) New Delhi.
Gov. of Maharashtra & Affiliated to Maharashtra University of Health Sciences, Nashik.

E-mail Id:- sphmc111@gmail.com. **Website:-** www.sphmcshrirampur.com

College Address:- Wadala Mahadev, Shrirampur- Newasa road, Tal: Shrirampur, Dist:
Ahmednagar, Maharashtra Pin Code: 413739 (M.S.) Ph.02422-248310

6.3.1

SALARY ADVANCE

FINANCIAL YEAR APRIL 2018 TO MARCH 2019

Sr. No.	Name	Date	Amount
1.	Mr. Mahesh Gaydhane	13/01/2018	2500/-
2.	Mr. Haushiram Madane	09/10/2019	4000/-
3.	Mrs. Bharti Ithape	20/11/2019	2500/-
4.			

FINANCIAL YEAR APRIL 2019 TO MARCH 2020

Sr. No.	Name	Date	Amount
1.	Mr. Deepak j. Bankar	11/02/2020	2000/-
2.	Mrs. Achal Pawar	13/03/2020	3000/-
3.	Mr. Saurabh Jagtap	20/04/2020	5000/-
4.			

FINANCIAL YEAR APRIL 2020 TO MARCH 2021

Sr. No.	Name	Date	Amount
1.	Mrs. Megha Kokane	29/05/2020	3000/-
2.	Mr. Shrikrishna Dhange	09/06/2020	3000/-
3.	Mr. Bharat Khandagale	06/07/2020	2000/-
4.	Mr. Vitthal Kale	14/10/2020	4000/-
5.	Mr. Rajendra Devkar	25/11/2020	5000/-
6.			
7.			

FINANCIAL YEAR APRIL 2021 TO MARCH 2022

Sr. No.	Name	Date	Amount
1.	Mr. Iliyas Pathan	09/01/2021	5000/-
2.	Mrs. Achal Pawar	15/02/2021	6000/-
3.	Mr. Rohit Thakare	26/03/2021	4000/-
4.	Mr. Vijay Kokane	22/03/2021	5000/-
5.			

FINANCIAL YEAR APRIL 2022 TO MARCH 2023

Sr. No.	Name	Date	Amount
1.	Mr. Annasaheb Kale	18/02/2022	4000/-
2.	Miss. Pallavi Gaikwad	17/06/2022	3500/-
3.	Mr. Bansode Deepak	13/08/2022	2000/-
4.	Mr. Nilesh Deshpande	22/11/2022	4000/-
5.	Ms. Sarika Shirsath	21/01/2023	5000/-
6.			
7.			




Principal
Sharadchandra Pawar Homoeopathic
Medical College & Hospital
A/p. Wadala Mahadev, Tal. Shrirampur

ACCOUNTANT

D: 13/1/18.

To
the Principal
Sharad Chandrajii Homeopathic
medical college, Sknirampur

Sub:- Application for Advance
Payment Rs: 2500
[Two thousand five hundred]

Respected sir,

I am Mahesh Gayadhane
office cleaner, SPTMC, Sknirampur
actually needs Two thousand five
hundred 2500 for family issue
I am kindly requesting you to
Sanction above mentioned amount
and deduct this amount my
Salary every month

Thanking you sir

Yours faithfully

permitted

Mahesh Gayadhane

(Signature)

(Signature)
13/1/18

SHIVA TRUST'S, AURANGABAD

VOUCHER

Branch : SHRIRAMPUR

Date : 13/11/2018

Vr. No.

C.B. Folio

Rs.

Ps.

DEBIT / SUBJECT Salary advance 2500/-

ACCOUNT R.H.M.S. College A/c

PAY TO MR. Mahesh Gay advance (s. Clerk)


ADDRESS _____ MOBILE NO. _____

ON ACCOUNT OF Being amount paid for salary advance upto exp.

CASH / CHEQUE NO. 2500/- DATED 13/11/2018 ON _____

RUPEES Two Thousand Five Hundred Rupees


Accountant Officer


Principal

Director

R


Signature



दि. 09/10/2019

प्रति

मा, प्राचार्य सर

कारद चंद्रजी पवार होमीसोपचीड
मिडीउल, डोंबेज, श्रीरामपुर.

विषय:- अडव्हास मिळणे बाबत.

अर्जदार:- श्री. हावसीराम मदन

महोदय

गरिब विपत्ती विनांगी हाजि उल्ले सर
मला माझ्या घरी कार्यक्रम असल्यामुळे
मला अडव्हास मिळविण्याची वेगळे अडव्हास

needed

रु 4000/- मिळवे.

तरी मा. सोडविंगी मला अडव्हास

दयावा

दि. सुप्र विनांगी

10/10/19

मायकी विश्वास
Haavel,
हावसीराम मदन
(शिवाडि)

Permitted

कर
9/10/19.

SHIVA TRUST'S AURANGABAD

VOUCHER

Vr. No.

C.B. Folio

Branch : SHRIRAMPUR Date : 9/10/2019

Rs. Ps.

DEBIT / SUBJECT Salary advance 4000 - 00

ACCOUNT B.H.M.S. College A/c

PAY TO Mr. Hanubram Madhe MOBILE NO.

ADDRESS Being amount paid for salary

ON ACCOUNT OF advance made cash.

CASH / CHEQUE NO. 60001 DATED 9/10/2019 ON

RUPEES four thousand rupees only


Accountant Officer


Principal


Director


Signature

To,
the Principal
Sharadchandraji Pawar Homoeopathic
medical college, Shirampur.

Date:- 20/11/2019.

Sub:- Application for Advance payment
Rs. 2500 (Two Thousand Five Hundred)

Respected sir,

I am Bharati Ithape, office clerk
of SPHMC, Shirampur actually needs
Two Thousand Five Hundred 2500 for
family issues. I am kindly requesting
you to sanction above mentioned
amount and deduct this amount my
salary every month.

*one month
20/11/19*

Thanking you, sir.

Yours faithfully,
Bharati Ithape
Bharati Ithape

permitted
[Signature]
20/11/19

SHIVA TRUST'S, AURANGABAD

VOUCHER

Vr. No.
C.B. Folio

Branch: SHRIRAMPUR Date: 20/11/19

Rs. _____ Ps. _____

DEBIT / SUBJECT	<u>Salary advance</u>	<u>2500 = 25</u>
ACCOUNT	<u>R.H.M.S. college A/c</u>	

PAY TO MRS. Bharati Ithape

ADDRESS _____ MOBILE NO. _____

ON ACCOUNT OF Being amount paid for salary advance work exp.

CASH / CHEQUE NO. 2500/r DATED 20/11/2019 ON _____

RUPEES Two Thousand five hundred rupees

[Signature] Accountant Officer
[Signature] Principal
[Signature] Director
[Signature] s Signature

To,
The Principal,
Shradh Chandrajji Pawar Homeoeopathic
Medical College, Shirampur.

Date: 11/02/2020

Sub: - Application for Advance payment
Rs. 2000 (Two Thousand Rupees)

Respected sir,

I Dipak Bankar, peon of
SPMC, Shirampur actually needs
Two Thousand Rupees because I am
facing some family issues. I am kindly
requesting you to sanction above
mentioned amount and deduct this
amount from my salary.

Thanking you.

Yours Truly,
D. Bankar
Dipak Bankar.

so for needful
11/02/20

Permit

11/02/20

SHIVA TRUST'S, AURANGABAD

VOUCHER

Vr. No. _____

C.B. Folio _____

Branch: SHRIRAMPUR

Date: 20/4/2020

Rs. _____ Ps. _____

DEBIT / SUBJECT salary advance Rs. 2000 = 2000
ACCOUNT R.H.M.S College A/C

PAY TO Mr. Jambhik Jugtar (Lab Assit.)

ADDRESS _____ MOBILE NO. _____

ON ACCOUNT OF Being amount paid for salary
advance work exp.

CASH / CHEQUE NO 5000 = 2000 DATED 20/4/2020

RUPEES five thousand rupees only

[Signature]
Accountant Officer

[Signature]
Principal

Director

R

Signature

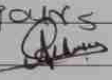
To, Date: 13-03-20
 the Principal
 Sharad Chandraji Pawar Homeopathic
 medical college - Shirampur

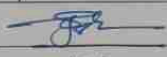
Sub: Application for Advance
 Payment Rs 3000
 (Three thousand only)

Respected sir,

I am Aachal Pawar Senior
 Clerk SPHMC Shirampur actually
 need three thousand for a
 Hospital issue I am kindly
 requesting you to sanction
 above mentioned this amount
 every is my salary account

do not hand
 13/03/20

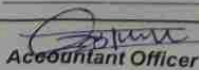
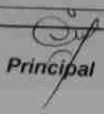
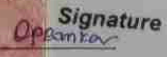
Yours faithfully

 Aachal Pawar

Permitted

 13/3/20

SHIVA TRUST'S, AURANGABAD VOUCHER

Branch: SHRIRAMPUR Date: 11/2/2020

DEBIT / SUBJECT	<u>Salary advance</u>	Rs.	<u>2000</u>	Ps.	<u>20</u>
ACCOUNT	<u>R.H.M.C College A/c</u>				
PAY TO	<u>MR. Deepak Ranekar</u>				
ADDRESS	<u>MOBILE NO.</u>				
ON ACCOUNT OF	<u>Reing amount paid for salary advance work Exp.</u>				
CASH / CHEQUE NO.	<u>200020</u>	DATED	<u>11/2/2020</u>	ON	
RUPEES	<u>Two Thousand rupees only</u>				

 Accountant Officer
  Principal
 Director
  Signature

Acco
 Health Sciences Colleges 23/03/20

Date: 20-4-20

TO,

the Principal
Sharad Chandrajii Homeopathic
Medical College Shirampur

Sub:

Application for Advance
Payment Rs 5000
(Five thousand only)

Respected sir

I am Saubik Jagtap
Lab assistant SPHMC, Shirampur
actually needs actually I need
Five thousand 5000 for a
medical emergency. I am
Kindly requesting You to
Sanction above mentioned
amount and deduct this
amount my Salary every
month

Thank you sir

Yours faithfully

permitted

Saubik Jagtap

[Signature]
20/4/20

SHIVA TRUST'S, AURANGABAD

VOUCHER

Vr. No.
C.B. Folio

Branch: SHIRAMPUR Date: 13/3/2020

Rs. Ps.

DEBIT / SUBJECT Salary advance
ACCOUNT R.H.M.S college etc

2000/-

PAY TO Mrs. Acha Pawar

ADDRESS
ON ACCOUNT OF Being amount paid for salary
advance work exp.

CASH/CHEQUE NO. 030001/- DATED 13/3/2020 ON
RUPEES Three thousand rupees only

[Signature]
Accountant Officer

[Signature]
Principal

Director

[Signature]
Signature

Date: 29/05/2020

To,
The principal,
sharadchandraji Pawar Homoeopathic
medical college, shrirampur.


Subj - Application for Advance Payment
Rs. 3000 (Three Thousand Rupees)

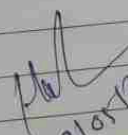
Respected sir,


I Megha Kokane, office clerk
of SPMc, shrirampur actually needs
Three Thousand Rupees for hospital
I am kindly requesting you to sanction
above mentioned amount and deduct
this amount from my salary.

Thanking you.

Forwards to
administration office


yours faithfully
Megha
Megha Kokane


29/05/2020

Permitted

29/05/20

SHIVA TRUST'S, AURANGABAD

VOUCHER

Branch: SHRIRAMPUR Date: 29/5/2020

Vr. No.
C.B. Folio
Rs.
Ps.

DEBIT / SUBJECT	<u>salary advance</u>	3000/-	00
ACCOUNT	<u>B.H.M.S college etc</u>		

PAY TO Mrs. Megha Kokane
ADDRESS _____ MOBILE NO. _____
ON ACCOUNT OF Being amount paid for salary
advance work exp.

CASH / CHEQUE NO. 3000/- DATED 29/5/2020 ON _____
RUPEES Three Thousand Rupees only

दि. 09/06/2020

विद्यार्थी
वचंहरजी पवार हेमिन्द्रोपाधिक
डिकल कॉलेज हरिामपुर

विषय - अडव्हेन्स मिळणेबाबत
अर्जदार - हरिकृष्ण डिंगे

महोदय,
वरिल विषयी विनंती अर्ज करतो की सर माझी
माई आजारी असल्यामुळे मला जुन महिन्याची
पेमेंट रु 3000 अडव्हेन्स मिळावे.
तरी मा. साहेबांनी मला अडव्हेन्स द्यावा
ही नसू विनंती.

forwarded to
Administration Office
9/6/2020

आपला विश्वासू
Shree
हरिणा डिंगे

Handwritten signature

Permitted
9/6/20

SHIVA TRUST'S, AURANGABAD VOUCHER

Branch : SHRIRAMPUR Date : 9/6/2020

Vr. No.
C.B. Folio
Rs.
Ps.

DEBIT / SUBJECT	salary advance	3000/-	00
ACCOUNT	B.H.M.S College A/c		

PAYTO Mr. Shrikrushna Phange
ADDRESS _____ MOBILE NO. _____
ON ACCOUNT OF Being amount paid for salary advance work exp.

CASH / CHEQUE NO. 3000/- DATED 9/6/2020 ON _____
RUPEES Three Thousand Rupees only

Accountant Officer _____ Principal _____ Director _____ Signature _____



To
 the Principled,
 Shriyad Chandraj Pawan Homoeopathic
 Medical College, Shirampur.

Sub - Application For Advance Payment
 Rs. 2000
 [Two Thousand]

Respected Sir,

I am Khandagale Bharat E
 (watchman) SPHMC, Shirampur
 actually needs Two Thousand (2000)
 For Family issues.

I am kindly requesting you to
 sanction above mentioned amount
 and deduct this amount my
 salary every month.

Thanking you sir.

Your faithfully
 Khandagale Bharat
 Bharat.

forwarded to
 Administrator
 office
 06/17/2020

permitted

06/17/20

SHIVA TRUST'S, AURANGABAD

VOUCHER

Vr. No.
 C.B. Folio

Branch: SHRIRAMPUR Date: 06/17/2020

Rs. 2000-00 Ps.

DEBIT / SUBJECT	<u>Salary advance</u>	
ACCOUNT	<u>B.H.M.S college A/c</u>	
PAY TO	<u>MR. Bharat Chandajale</u>	
ADDRESS	<u>Being amount paid for salary</u>	
ON ACCOUNT OF	<u>advance work exp.</u>	
CASH / CHEQUE NO.	<u>2000-00</u>	DATED <u>06/17/2020</u>
RUPEES	<u>Two Thousand Rupees only</u>	

[Signature]
 Accountant Officer

[Signature]
 Principal

Director

[Signature]
 Bharat
 s Signature

दि. 14/10/2020

प्रति,

मा. प्राचार्य सर,
शरदचंद्र वीपवार, होमिओपैथिक
मेडिकल कॉलेज, श्रीरामपुर.

विषय :- अडवांच मिळवणेबाबत.

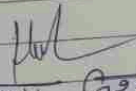
सर्वकार : श्रीविठ्ठल कॉलेज

महोदय,

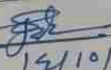
वरील विषयी विनंती पूर्ण करणे सर
मला माझ्या घरी कार्यक्रमा असण्यामुळे मला
ऑक्टोबर महिन्याची पेमेंट अडवांच रु. 4000
मिळावी.

वरी मला तुम्ही अडवांच द्यावा अशी
तुम्हा विनंती

forwarded to
admissions for file after
14/10/2020


शा.पदा. विठ्ठल,
विठ्ठल कॉलेज

Permitted


14/10/2020

SHIVA TRUST'S, AURANGABAD

VOUCHER

Branch : SHRIRAMPUR Date : 14/10/2020

Vr. No. _____
C.B. Folio _____


Rs. 4000 = 00 Ps. _____


DEBIT / SUBJECT salary advance
ACCOUNT R.H.M.S College A/c

PAY TO Mr. Kote Vitthal

ADDRESS _____ MOBILE NO. _____
ON ACCOUNT OF Being amount paid for salary
advance work exp.

CASH / CHEQUE NO. 4000 = 00 DATED 14/10/2020 ON
RUPEES four thousand Rupees only


Accountant Officer


Principal

Director

R  Signature


D- 25/11/20

To,
The Principal
Sharad Chandraji Pawar Homoeopathic
medical college, Shirirampur.

Sub:- Application for Advance Payment
Rs. 5000. (Five Thousand)

Respected Sir,
I am Devkar Rajendra Clarke
SPHMC, Shirirampur. actually needs
Five Thousand. for Family issues
I am kindly requesting you to
Sanction above mentioned amount
and deduct this amount my
Salary every month.

Thanking you Sir

Your Faithfully

Devkar Rajendra
[Signature]

Handwritten note:
to the office
25/11/20

[Signature]
25/11/20

[Signature]
25/11/20

SHIVA TRUST'S, AURANGABAD VOUCHER

Branch: SHRIRAMPUR Date: 25/11/2020

DEBIT/SUBJECT	<u>Salary advance</u>	Rs.	<u>5000-00</u>	Ps.	
ACCOUNT	<u>R.H.M.S. college A/c</u>				
PAY TO	<u>Mr. Rajendra Devkar</u>				
ON ACCOUNT OF	<u>Being amount paid for salary advance work exp.</u>				
CASH/CHEQUE NO.	<u>5000-00</u>	DATED	<u>25/11/2020</u>	ON	
RUPEES	<u>five thousand rupees only</u>				

Accountant Officer: *[Signature]* Principal: *[Signature]* Director: *[Signature]* 's Signature: *[Signature]*

दि. 09/01/2021

प्रति,
श्री. प्रताप रत्न
शरदचंद्रलीपदार होमिओपैथिक मेडिकल
कॉलेज, श्रीरामपुर

विषय - अडवांस मिळणेबाबत

अर्जदार - पंजाब इलियाड (हॉस्पिटल क्लर्क)

महोदय,
वरील विषयी विनंती प्राप्त करतो यर
मला माझा घरी मार्जिन असल्यामुळे मला
जानेवारी महिन्याची वेतनेर अडवांस 4500/-
मिळावी.

वरील मला तुम्ही अडवांस द्यावा अशी
विनंती

To
The A.O.
Please the needful

Permit
9/1/21

आपला विश्वासू,
Pathan
पंजाब इलियाड

SHIVA TRUST'S, AURANGABAD VOUCHER

Branch: SHRIRAMPUR	Date: 09/01/2021	Vr. No.	C.B. Folio
DEBIT / SUBJECT Salary advance		Rs. 4500/-	Ps.
ACCOUNT R.H.M.S College A/c			
PAY TO Mrs. Pathan Shyob			
ADDRESS _____ MOBILE NO. _____			
ON ACCOUNT OF Being amount paid for salary advance			
CASH/CHEQUE NO. 4500/- DATED 9/1/2021 ON _____			
RUPEES Four thousand Rupees only			

Accountant Officer

Principal

Director

Signature
Pathan

दि. 15/02/2021

प्रति,

श्री. प्राचार्य सर
शारदांद्रवी पवार होमिओपैथिक मेडिकल कॉलेज,
श्रीरामपुर.

विषय :- अडवांस मिळणेबाबत

अर्जदार :- पवार आंचल

महोदय,

वरील विषयी विनंती अर्ज करतो वर
मला मेडिकल फार्मवरील असल्यामुळे मला
क्रेडिटवारी महिन्याची वेमंट अडवांस Rs. 6000
मिळवावी.

तरी मला तुम्ही अडवांस द्यावा अशी
गम विनंती

To
The H.O.
R.H.M.C. Med. Coll.
Shrirampur

Permita

15/02/21

आपला विश्वासू
आंचल

SHIVA TRUST'S, AURANGABAD VOUCHER

Vr. No.

C.B. Folio

Rs.

Ps.

Branch : SHRIRAMPUR

Date: 15/2/2021

DEBIT / SUBJECT	Salary advance	8000-00
ACCOUNT	R.H.M.C. college Alc	

PAY TO Mrs. Achol pawar

ADDRESS

MOBILE NO.

ON ACCOUNT OF

CASH / CHEQUE NO.

DATED 15/02/2021 ON

RUPEES

Accountant Officer

Principal

Director

Signature

दि. 26/03/2021

प्रति
प्रान्चाय
वसुदेवरावजी पवार होमियोपैथिक
मेडिकल कॉलेज शिरामपुर

विषय - अडव्हान्स मिळणेबाबत
अत्रधार - डाक्टर रोहित

महोदय
प्रशिक्षण विषयी विनंती अत्र करतो, सर मला
माझे वडिल प्रजापती अशुभ्यामुळे मला
महिमाची वेसंट रु. 8000 अडव्हान्स
मिळणे ~~बाबत~~
तरी मा. साहेबांनी मला अडव्हान्स प्यावा
ही नमू विनंती

To
The H.O.
Shirampur
Dr. Vasudevrao Pawar

Permitted

20/03/21

आपला विवाह
Phakare
डाक्टर रोहित

IIVA TRUST'S, AURANGABAD VOUCHER

Vr. No.	
C.B. Folio	
Rs.	Ps.
Date: 26/3/2021	
TO / SUBJECT	4000/-
ACCOUNT	R.H.M.S College AC
TO MR. Rohit Talchare	
ADDRESS	
MOBILE NO.	
ACCOUNT OF Being amount paid for Salary advance work exp.	

CASH/CHEQUE NO. 600000 DATED 26/3/2021 ON
RUPEES Four Thousand Rupees only

Accountant Officer Principal Director Signature
Phakare

प्राचार्य
शरदचक्रती पवार होमिओपथीक
मेडिकल कॉलेज, श्रीरामपुर

D - 22/3/21

प्रति,

मा प्राचार्य साह.

शरदचक्रती पवार होमिओपथीक
मेडिकल कॉलेज, श्रीरामपुर.

बिषय - ऑडिटिंग मिकणे बाबत.
अधिकार - श्री. कोकणे विजय.

महोदय ;

वरिष्ठ किराये विवंधी अर्ज करतो सर
मला माझ्या दली कायदा असल्या मुळे -
मला ऑडिटिंग महि-याची पेमेंट ऑडिटिंग
रु 5000/- मिकणे.
तरी मा. साहेबांनी मला अडवला -

दयावा.

नम्र विनंती

आपला विश्वासू -

कोकणे विजय

To
The
Principal
R.M.S. College
Shrirampur

Permit

24/03/21

HIVA TRUST'S, AURANGABAD

VOUCHER

Vr. No.

C.B. Folio

Branch: SHRIRAMPUR

Date: 22/3/2021

Rs.

Ps.

DEBIT / SUBJECT

salary advance
R.M.S. college A/c

5000/-

ACCOUNT

PAY TO Mr. vijay kokane

ADDRESS

MOBILE NO.

ON ACCOUNT OF

Being amount paid salary
advance work exp.

CASH / CHEQUE NO.

DATED 22/3/2021 ON

RUPEES

Five Thousand Rupees only

Accountant Officer

Principal

Director

Signature

SHIV

Branch :

DEBIT / S

ACCOUNT

PAY TO

ADDRESS

ON ACCO

CASH / CH

RUPEES

Account

Date: / / 2022

मानि

प्राचार्य

शरदचंद्रजी पवार होमिओपैथिक
मेडिकल कॉलेज श्रीरामपुर

विषय - अडव्हान्स मिळणेबाबत
अर्जदार - आणगासाहेब कोडे (

महोदय,

वसुलि विक्री वितंती अर्ज करतो
की मला काही हारमुती कारणामुळे मला
४००० अडव्हान्स मिळावा.

सरी मा. साहेबानी मला अडव्हान्स मंजूर
करावा

ली नमू वितंती

To
The A.O.
P. do the needful
Shrampur

आपला विश्वासु
आणगासाहेब कोडे
A.O.

परमिशन

कुडे
11/11/22

SHIVA TRUST'S, AURANGABAD

VOUCHER

Vr. No.

C.B. Folio

Branch : SHRIRAMPUR

Date : 22/11/2022

Rs.

Ps.

DEBIT/SUBJECT	Salary advance	4000 = ००
ACCOUNT	R.H.M.S. College Ale	
PAY TO	MR. Nilesh Deshpande	
ADDRESS		MOBILE NO.
ON ACCOUNT OF	Being amount paid for salary advance wage exp.	
CASH/CHEQUE NO.	4000 = ००	DATED 22/11/2022 ON
RUPEES	four thousand Rupees only	

Accountant Officer

Principal

Director

Signature

दि. 9/11/2022

श्रीम
प्राचार्य
शारदाचंद्रजी चव्दार होमियोपैथिक
मेडिकल कॉलेज श्रीरामपुर

विषय - अडवॉन्स मिडवोकावत
अर्जदार - प्रायकवाड पल्लवी

महोदय,
वरील विवधी अर्ज करते की मना
माझ्या दारी काही ~~कारण~~ दारभुती कार्यक्रम
असल्यामुळे मला 3000 रु अडवॉन्स मिडवोका
तरी मा. सराजी मना अडवॉन्स करावा
ही नम विनंती

NO
for receipt
for file

आपली विश्वासु
पल्लवी
पल्लवी प्रायकवाड

Permitted

[Signature]
11/10/22

SHIVA TRUST'S, AURANGABAD VOUCHER

Branch: SHRIRAMPUR Date: 13/11/2022

DEBIT / SUBJECT	<u>Salary advance</u>	Vr. No.	
ACCOUNT	<u>B.H.M.S college A/c</u>	C.B. Folio	
PAY TO	<u>MR. Deepak Bansode</u>	Rs.	<u>2000/-</u>
ADDRESS		Ps.	
ON ACCOUNT OF	<u>Being amount paid for salary advance work exp.</u>		
CASH/CHEQUE NO.	<u>2000/-</u>	DATED	<u>13/11/2022</u>
RUPEES	<u>7000 Thousand Rupees only</u>		

Accountant Officer Principal Director Signature

SHIVA TRUST'S, AURANGABAD

Branch: _____

DEBIT / S
ACCOUNT

PAY TO
ADDRESS
ON ACCO

CASH / C
PEES

Signature

दि: - 13/08/2022

प्रति
प्राचार्य सर,
शरदचंद्रजी पवार होमिओपैथीक
मेडीकल कॉलेज, श्रीरामपुर

विषय :- अडव्हान्स मिळणेबाबत.
नाव :- ~~वनसोड~~ दीपक

महोदय,
करीम विषयी विनंती भ्रज करतो. मी वनसोड दीपक
होव अस्मिंत मधून कार्यरत असून मला आपणाकडून दान
दुमारे रुपयांची गरज आहे. तरी मला दान दुमारे रुपया
अडव्हान्स द्याव अशी मी आपणास नम्र विनंती
करत आहे.

30-8-2022
Bhosle

आपला विश्वास
वनसोड दीपक
B.S.

Permitted

13/8/22

SHIVA TRUST'S, AURANGABAD

VOUCHER

Branch: SHRIRAMPUR

Date: 13/12/2022

Vr. No.

C.B. Folio

Rs.

Ps.

4000/-

DEBIT / SUBJECT
ACCOUNT

Salary advance
B.H.M.S College A/c

PAY TO

Mr. Kale annasahab

ADDRESS

ON ACCOUNT OF

being amount paid for salary
advance work exp.

CASH / CHEQUE NO.
RUPEES

4000/- DATED 13/12/2022
Four Thousand Rupees only

Accountant Officer

Principal

Director

Signature

Atelle

D- 22/11/22

प्रति -

मा. प्राचार्य सर,
शरदचक्रती पठार होमीओ पत्रिका से डीका.
कोल्हा, श्रीरामपुर.

विषय - अडव्हास निकणे बाबत.

अडीदार - श्री. मिलेश देशपांडे.

महोदय,

वरिल पिकरी विनती आदीकरतो सर.
मला माझ्या घरी कार्यक्रम असल्यामुळे
मला अडव्हास पेमेंट रु 4000 मिळणे.
तरी मा. शाखेबांनी मला अडव्हास

30-30 needful
दयावा
24/11/22

दिनांक विनती -

आपला विडता

श्री.
मिलेश देशपांडे.

Permitted

24/11/22

SHIVA TRUST'S, AURANGABAD VOUCHER

Branch: SHRIRAMPUR Date: 17/11/2022

DEBIT / SUBJECT	<u>Salary advance</u>	Rs.	Ps.
ACCOUNT	<u>B-N.M.S College A/c</u>	<u>3500</u>	<u>00</u>
PAY TO	<u>Prin. Pallavi Aitawad</u>		
ADDRESS	<u>Being amount paid for salary advance work exp.</u>		
CASH / CHEQUE NO.	<u>3500</u>	DATED	<u>17/11/2022</u>
RUPEES	<u>Three Thousand five hundred Rupees only</u>		

Accountant Officer Principal Director Signature

0-21/1/23

To,
The Principal,
Shri. Ashad Chandrajee Homeopathic
Medical College, Shrirampur

Sub - Application For Advance
Payment Rs 5000.

Respected Sir -

I am, Sarika Sirtbat Clerk
of SPHMC Shrirampur actually
needs Rs Five Thousand (Rs 5000)
For family issue.

I am kindly requesting you to
Sanction above mentioned amount
and deduct this amount my
Salary every month.

Thanking you sir

Your faithfully
Sarika

Sarika Sirtbat

Permitted

21/01/23

Handwritten notes in red ink:
K...
To be received
21/10/23

SHIVA TRUST'S AURANGABAD VOUCHER

Vr. No.
C.B. Folio

Branch: SHRIRAMPUR

Date: 21/1/2023

Rs. Ps.

DEBIT / SUBJECT: Salary advance

ACCOUNT: B.H.M. College A/c

PAY TO: Mrs. Sarika Sirtbat (Clerk)

ADDRESS: _____ MOBILE NO: _____

ON ACCOUNT OF: Being amount paid for salary
advance work exp.

CASH / CHECK NO. 500020 DATED 21/1/2023 ON

RUPEES: Five Thousand Rupees only

Accountant Officer

Principal

Director

Signature