

Maharashtra University of Health Sciences, Nashik
Inspection Committee Report for Academic Year 2024-2025
Attendance Details/ Research Details/ Welfare Scheme Details

Faculty :- Ayurved.

Name of College/Institute : **SDMVMS Sou.Shantadevi Vedprakash Patil, Ayurved College & Research Institute, At.Hatta,Tq.Basmath,Dist.Hingoli.-431705.**

1	Attendance	}	Month-wise Biometric attendance to be uploaded by the college on College Website (No hard copies of attendance to be submitted to the University)
	Teaching Staff		
	Non teaching staff		
	Hospital Staff		
	UG & PG Students		
2	Project		
	Research Articles/Publications		
	Research Award (Student/Teacher)		
3	Utilization of Student Welfare Schemes :-	}	Enclosed
	Earn and Learn Scheme		
	Dhanwantri Vidyadhan Scheme		
	Sanjivani Student Safety Scheme		
	Student Safety Scheme		
	Book Bank Scheme		
	Savitribai Phule Vidyadhan Scheme		
4	Sport participants/Other Activities:		
	i) Information of Student(s) who participated University level & State level Avishkar Competition.		
	ii) Information of Student(s) who participated in Regional Sport Competition & State level Sports Competition.		
	iii) Information of Student(s) who participated in Cultural Activities.		
	iv) Does the college have NSS Unit?		
5	Whether "Swaccha Bharat Abhiyan" implemented in college		




 Dean
PRINCIPAL Stamp & Signature
S.S.V.P. Ayurved College & R.I.
Hatta, Tq. Basmath Dist. Hingoli

Maharashtra University of Health Sciences, Nashik

Earn While Learn Yojna

Application Form

To,

**The Director,
Student Welfare
Maharashtra University of Health Sciences,
Nashik,
Maharashtra.**



First Name:- PALLAVI

Last Name:- BABAR

Upload
student/Pallavi_1696845018206.jpg

Photograph:- PRN Number:- CAB0120211998

Edit Student Details:-

Date of Birth:- 08-10-2001

Mobile No:- 9307152687

email:- pallavibabar11@gmail.com

Permanent Address:- At Post Ashtur, Tq. Loha,
Dist. Nanded

Permanent State:- MAHARASHTRA

Permanent District:- Nanded

Permanent Pincode:- 431708

Permanent Contact No:-

Permanent Mobile No:- 9307152687

Relationship:- Father

Father / Parent Name:- TUKARAM

Address:- At Post Ashtur, Tq. Loha, Dist. Nanded

State:- MAHARASHTRA

Pincode:- 431708

District:- Nanded

Occupation:-

Mobile No:- 9307152687

emailid:-

Mother Name:- RUKMIN

Address:- At Post Ashtur, Tq. Loha, Dist. Nanded

State:- MAHARASHTRA

Pincode:- 431708

District:- Nanded

Occupation:-

Mobile No:- 9307152687

emailid:-

Annual Income in Rs:- 60000.00

**Attach Copy of Income Certificate by
Tehsildar:-** student/Income_1696845393838.jpg

College Name:- Shri Dhaneshwari Manav Vikas Mandal , Sau.Shantadevi Vedprakash Patil Ayurved
College & Research Institute

College Address:- Hatta,Tal-Basmat

State:- MAHARASHTRA

District:- Hingoli

Pincode:- 431705

email:- svpayurvedhatta@gmail.com

Faculty:- Ayurved

Course Type:- Under Graduate

Course:- B.A.M.S. (2017)

Present Year:- 3rd Year

Possible date of Course Completion:- 21-09-2028

Studied in Previous Class:- 2nd Year

Attested Photocopy of Previous Year Marks sheet:- student/Marksheet_1696845947813.jpg

Student Name as per Bank Records:- Pallavi Tukaram Babar

IFSC Code:- SBIN0005929

Bank Account Number:- 40036137924

Aadhaar Card No:- 633062942484

Work you have chosen to do :-

b):- Anything

Duration of Study Hours:- 9.30 to 5

Mobile:- 02452-227567,244257

Principal Name:- Dr.Kulkarni Manikrao Hanmantrao

Stream:- Ayurved

Course Duration:- 5 years6 month

Academic Year:- 2023 - 2024

Date of Admission to course:- 21-03-2023

Grade in Previous Class:- A

Bank Address:-

Upload Aadhaar Card Copy:- student/Aadhaar-C_1696845041554.jpg

a):- Anything

c):- Anything

I will abide by the Yojana's rules and regulation budget financial business. Also, I assure that I will not affect my studies. Above mentioned information is true to my knowledge.

Checklist

Sr. No.	Documents description	Write page numbers in the bracket of Page No.		
		Yes/No.	Page No.	For office use
1	Attached photocopy of previous year's mark sheet attested by student.	Yes		
2	Attached Income Certificate of previous year (Signed by Tehsildar)	Yes		
3	Attested Copy of Adhaar Card	Yes		

CERTIFICATE

I hereby certify that papers are attached as per the check list. (N.B. Please note that all documents are mandatory. The application will be rejected if one or more documents in the check list are not attached).

Signature of
Scrutiny
Officer of MUHS

Place:

Date:

Chairman Secretary

Maharashtra University of Health Sciences, Nashik

Earn While Learn Yojna

Application Form

To,

The Director,
Student Welfare
Maharashtra University of Health Sciences,
Nashik,
Maharashtra.



First Name:- RADHA

Last Name:- PATIL

Upload

student/Pic_1696848019264.jpg

Photograph:- PRN Number:- CAB0120212025

Edit Student Details:-

Date of Birth:- 08-06-1999

Mobile No:- 7620979789

email:- radhapatil742@gmail.com

Permanent Address:- A-1 Near Shivaji Chauk, At
Post Mudgal, Parbhani

Permanent State:- MAHARASHTRA

Permanent District:- Parbhani

Permanent Pincode:- 431541

Permanent Contact No:-

Permanent Mobile No:- 7620979789

Relationship:- Father

Father / Parent Name:- BALASAHEB

Address:- A-1 Near Shivaji Chauk, At Post
Mudgal, Parbhani

State:- MAHARASHTRA

Pincode:- 431541

District:- Parbhani

Occupation:-

Mobile No:- 7620966919

emailid:-

Mother Name:- JANABAI

Address:- A-1 Near Shivaji Chauk, At Post
Mudgal, Parbhani

State:- MAHARASHTRA

Pincode:- 431541

District:- Parbhani

Occupation:-

Mobile No:- 7620966919

emailid:-

Annual Income in Rs:- 50000.00

Attach Copy of Income Certificate by
Tehsildar:- student Income 1696848291924.jpg

College Name:- Shri Dhaneshwari Manav Vikas Mandal , Sau.Shantadevi Vedprakash Patil Ayurved
College & Research Institute

College Address:- Hatta,Tal-Basmat

State:- MAHARASHTRA

Pincode:- 431705

District:- Hingoli

email:- svpayurvedhatta@gmail.com

Mobile:- 02452-227567,244257

Principal Name:- Dr.Kulkarni Manikrao Hanmantrao

Faculty:- Ayurved

Stream:- Ayurved

Course Type:- Under Graduate

Course Duration:- 5 years6 month

Course:- B.A.M.S. (2017)

Present Year:- 3rd Year

Academic Year:-

Possible date of Course Completion:- 25-09-2028

Date of Admission to course:- 25-03-2023

Studied in Previous Class:- 2nd Year

Grade in Previous Class:- A

Attested Photocopy of Previous Year Marks sheet:- student/II-Year_1696848532995.jpg

Student Name as per Bank Records:- RADHA BALASAHEB PATIL

Bank Name:- India Post Payments Bank

IFSC Code:- IPOS0000001

Bank Address:-

Bank Account Number:- 34110087101

Aadhaar Card No:- 562492904041

Upload Aadhaar Card Copy:- student/Aadhar-C_1696848031074.jpg

Work you have choosen to do :-

a):- Anything

b):- Anything

c):- Anything

Duration of Study Hours:- 9.30 to 5

I will abide by the Yojana's rules and regulation budget financial business. Also, I assure that I will not affect my studies. Above mentioned information is true to my knowledge.

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Signature of
Scrutiny
Officer of MUHS

Place:
Date:

Chairman/Secretary

Maharashtra University of Health Sciences, Nashik

Earn While Learn Yojna

Application Form

To,

The Director,
Student Welfare
Maharashtra University of Health Sciences,
Nashik,
Maharashtra.



First Name:- MONIKA

Last Name:- KENDRE

Upload
student/P_1696849447465.jpg

Photograph:- PRN Number:- CAB0120212010

Edit Student Details:-

Date of Birth:- 09-03-2001

Mobile No:- 8625853427

email:- kendremonika09042002@gmail.com

Permanent Address:- Kendre Niwas, Karad
Nagar, Tq. Ahmadpur Dist. Latur

Permanent State:- MAHARASHTRA

Permanent District:- Latur

Permanent Pincode:- 413515

Permanent Contact No:-

Permanent Mobile No:- 8625853427

Relationship:- Father

Father / Parent Name:- DEVIDAS

Address:- Kendre Niwas, Karad Nagar, Tq.
Ahmadpur Dist. Latur

State:- MAHARASHTRA

Pincode:- 413515

District:- Latur

Occupation:-

Mobile No:- 8625853427

emailid:-

Mother Name:- DEVUBAI

Address:- Kendre Niwas, Karad Nagar, Tq.
Ahmadpur Dist. Latur

State:- MAHARASHTRA

Pincode:- 413515

District:- Latur

Occupation:-

Mobile No:- 8625853427

emailid:-

Annual Income in Rs:- 70000.00

Attach Copy of Income Certificate by
Tehsildar:- student/Income_1696849581539.jpg

College Name:- Shri Dhaneshwari Manav Vikas Mandal , Sau.Shantadevi Vedprakash Patil Ayurved
College & Research Institute

College Address:- Hatta,Tal-Basmat

State:- MAHARASHTRA

Pincode:- 431705

District:- Hingoli

email:- svpayurvedhattata@gmail.com

Mobile:- 02452-227567,244257

Principal Name:- Dr.Kulkarni Manikrao
Hanmantrao

Faculty:- Ayurved

Stream:- Ayurved

Course Type:- Under Graduate

Course Duration:- 5 years6 month

Course:- B.A.M.S. (2017)

Present Year:- 3rd Year

Academic Year:-

Possible date of Course Completion:- 24-09-2028

Date of Admission to course:- 24-03-2023

Studied in Previous Class:- 2nd Year

Grade in Previous Class:- A

Attested Photocopy of Previous Year Marks sheet:- student/II-Year_1696849743084.jpg

Student Name as per Bank Records:- MONIKA DEVIDAS KENDRE

Bank Name:- State Bank Of India

IFSC Code:- SBIN0009379

Bank Address:-

Bank Account Number:- 32068780494

Aadhaar Card No:- 219435672332

Upload Aadhaar Card Copy:- student/Aadhaar-C_1696849455532.jpg

Work you have choosen to do :-

a):- Anything

b):- Anything

c):- Anything

Duration of Study Hours:- 9.30 to 5

I will abide by the Yojana's rules and regulation budget financial business. Also, I assure that I will not affect my studies. Above mentioned information is true to my knowledge.

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2	Attached Income Certificate of previous year (Signed by Tehsildar)	Yes		
3	Attested Copy of Adhaar Card	Yes		

CERTIFICATE

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Signature of
Scrutiny
Officer of MUTIS

Place:
Date:

Chairman/Secretary

Maharashtra University of Health Sciences, Nashik

Earn While Learn Yojna

Application Form

To,
The Director,
Student Welfare
Maharashtra University of Health Sciences,
Nashik,
Maharashtra.



First Name:- GAYATRI

Last Name:- MALEWAR

Upload
student/P_1696850935453.jpg

Photograph:- PRN Number:- CAB0120212013

Edit Student Details:-

Date of Birth:- 17-06-2001

Mobile No:- 8080224532

email:- gayatrimalewar175@gmail.com

Permanent Address:- Hayatnagar, Tq. Bamath,
Dist.Hingoli

Permanent State:- MAHARASHTRA

Permanent District:- Hingoli

Permanent Pincode:- 431512

Permanent Contact No:-

Permanent Mobile No:- 8080224532

Relationship:- Father

Father / Parent Name:- RAJESH

Address:- Hayatnagar, Tq. Bamath, Dist.Hingoli

State:- MAHARASHTRA

Pincode:- 431512

District:- Hingoli

Occupation:-

Mobile No:- 8080224532

emailid:-

Mother Name:- REKHA

Address:- Hayatnagar, Tq. Bamath, Dist.Hingoli

State:- MAHARASHTRA

Pincode:- 431512

District:- Hingoli

Occupation:-

Mobile No:- 8080224532

emailid:-

Annual Income in Rs:- 100000.00

Attach Copy of Income Certificate by
Tehsildar:- student Income_1696851036904.jpg

College Name:- Shri Dhaneshwari Manav Vikas Mandal , Sau.Shantadevi Vedprakash Patil Ayurved
College & Research Institute

College Address:- Hatta,Tal-Basmat

State:- MAHARASHTRA

District:- Hingoli

Pincode:- 431705

email:- svpayurvedhatta@gmail.com

Faculty:- Ayurved

Course Type:- Under Graduate

Course:- B.A.M.S. (2017)

Present Year:- 3rd Year

Possible date of Course Completion:- 24-09-2028

Studied in Previous Class:- 2nd Year

Attested Photocopy of Previous Year Marks sheet:- student/II-Year_1696851200960.jpg

Student Name as per Bank Records:- Gayatri Rajesh Malewar

IFSC Code:- SBIN0003802

Bank Account Number:- 34398887121

Aadhaar Card No:- 984544473998

Work you have choosen to do :-

b):- Anything

Duration of Study Hours:- 9.30 to 5

Mobile:- 02452-227567,244257

Principal Name:- Dr.Kulkarni Manikrao Hanmantrao

Stream:- Ayurved

Course Duration:- 5 years6 month

Academic Year:-

Date of Admission to course:- 24-03-2023

Grade in Previous Class:- A

Bank Name:- State Bank Of India

Bank Address:-

Upload Aadhaar Card Copy:- student/Aadhar-C_1696850943718.jpg

a):- Anything

c):- Anything

I will abide by the Yojana's rules and regulation budget financial business. Also, I assure that I will not affect my studies. Above mentioned information is true to my knowledge.

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3	Attested Copy of Adhaar Card	Yes		

CERTIFICATE

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Signature of
Scrutiny
Officer of MUHS

Place:
Date:


Chairman/Secretary

Maharashtra University of Health Sciences, Nashik

Sanjeevani Student Security Scheme

This claim form should be submitted with proposal if the student has died in accident / natural /by serious disease.

Application Form

To, The Director, Student Welfare Maharashtra University of Health Sciences, Nashik, Maharashtra.		
First Name:- SAMIR	Last Name:- SHAIKH	
Upload student/P_1696929388602.jpg	Photograph:-	PRN Number:- CAB0120212038
Edit Student Details:-		
Date of Birth:- 12-09-1999		
Mobile No:- 8208268837	email:- cooldudesam@gmail.com	
Relationship:- Guardian		
Father / Parent Name:- SHAIKH YUNUS SHAIKH PHARID		Address:- Near Jilha Parishad School, At Jagapur Post Chinchagavan Tq. Hadgaon Dist. Nanded
State:- MAHARASHTRA		Pincode:- 431712
District:- Nanded		
Occupation:-		Mobile No:- 8208268837
emailid:-		
Mother Name:- SHAIKH AREFA AMIR		Address:- Near Jilha Parishad School, At Jagapur Post Chinchagavan Tq. Hadgaon Dist. Nanded
State:- MAHARASHTRA		Pincode:- 431712
District:- Nanded		
Occupation:-		Mobile No:- 8208268837
emailid:-		
College Name:- Shri Dhaneshwari Manav Vikas Mandal , Sau.Shantadevi Vedprakash Patil Ayurved College & Research Institute		
College Address:- Hatta,Tal-Basmat		State:- MAHARASHTRA
		District:- Hingoli
Pincode:- 431705		Mobile:- 02452-227567,244257

email:- svpayurvedhatta@gmail.com

Principal Name:- Dr.Kulkarni Manikrao Hanmantrao

Faculty:- Ayurved

Stream:- Ayurved

Course Duration:- 5 years6 month

Present Year:- 3rd Year

Academic Year:-

Possible date of Course Completion:- 23-10-2028

Date of Admission to course:- 23-04-2023

Student Name as per Bank Records:- Shaikh Sameer Ameer **Bank Name:-** State Bank Of India

IFSC Code:- SBIN0020050

Bank Address:- At Jagapur Post Chinchgavhan Tq. Hadgaon Dist. Nanded

Bank Account Number:- 41286541834

Aadhaar Card No:- 882334325845

Upload Aadhaar Card Copy:- student/Aadhar-C_1696929399308.jpg

Information regarding Refund of fees / Concession in fees, Scholarship / Fellowship Amount, Shikshan Sahayya Yojana Amount, Concession received from Govt. Of India / Govt. of Maharashtra or other: :- Scholarship **Amount in Rs:-** 86000

Claimant Full Name:- SHAIKH YUNUS SHAIKH PHARID

Claimant Full Address:- Near Jilha Parishad School, At Jagapur Post Chinchgavan Tq. Hadgaon Dist. Nanded

Claimant Phone Number:- 9921367824

Claimant Occupation:-

Claimant Relationship with student in case of the student's death (Mother, Father, Brother, Sister, etc.):- Guardian

Claimant's Name as per his/her Bank Account:- SK. YUNUS SK. FAREED

Claimant Name and Address of the Bank:- MANATHA,TQ.HADGAON DIST. NANDED

Claimant Bank A/c Number:- 54133010165

Claimant IFS Code of Bank:- MAHG0004133

Details of Accident / Disease:- SUDDEN CARDIQ RESPIRETERY ARREST B/C COVID-19 PHEUMONIA K/C/O HTN PTCA

Date When the Accident / Disease happened:- 22-04-2021

Time When the Accident / Disease happened:- 22-4-2021

Place When the Accident / Disease happened:- NANDED

Reason of Accident / Disease and Injuries from accident:- COVID-19 PHEUMONIA K/C/O HTN PTCA

Injuries Details from accident:- COVID-19 PHEUMONIA K/C/O HTN PTCA

Disease Details from accident:- COVID-19 PHEUMONIA K/C/O HTN PTCA

Disease Symptom Details:- COVID-19 PHEUMONIA K/C/O HTN PTCA

Whether the accident was reported to police station? If yes then, Mention name of the Police Station and attach the attested copy of FIR:- NO

Name of Hospital:- ASHA HOSPITAL

Address of Hospital:- NANDED

Contact no of Hospital:- ASHA HOSPITAL

FIR Date:-

Upload FIR Copy:-

Name of Police Station:- NO

Address of Police Station:- NO

FIR No:- NO

In case of accidental death, name of the hospital where the autopsy is done (Attach attested copy of autopsy and original copy of Death Certificate):- NO

Attested Copy of Atopsy:-

Attested Copy of Death Certificate:- registration/Death-F_1696931876914.jpg

Contact No of Witness:- 8804559999

Name of the Witness:- AADITYA SONDARI

Total Amount of Treatment Expenses:-

Information about Disability:-

Disabled Limb (e.g. Hand, Leg, Eye, etc.):-

Form of Disability (Permanent / Temporary):-

Succession certificate: I am mother/father/parent of the student who demised by accident/serious disease and request to receive cheque/DD of financial aid under the Sanjeevani Vidyarthi Suraksha Yojana on above given address. I solemnly declare that information furnished above is true and correct to the best of my knowledge.

Place:

Date:

Sign of righteous person / Claimant / Parent

Checklist

Sr. No.	Documents description	Write page numbers in the bracket of Page No.		
		Yes/No.	Page No.	For office use
1	Attested Copy of Adhaar Card	Yes		

CERTIFICATE

I hereby certify that papers are attached as per the check list. (N.B. Please note that all documents are mandatory. The application will be rejected if one or more documents in the check list are not attached).

Signature of
Scrutiny
Officer of MUHS

Chairman/Secretary

Place:

Date:

Sign of Chairman/Secretary

Maharashtra University of Health Sciences, Nashik

Sanjeevani Student Security Scheme

This claim form should be submitted with proposal if the student has died in accident / natural /by serious disease.

Application Form

To,

The Director,
Student Welfare
Maharashtra University of Health Sciences,
Nashik,
Maharashtra.



First Name:- VISHAL

Last Name:- CHAVAN

Upload
student/P_1696932855260.jpg

Photograph:- PRN Number:- CAB0120193337

Edit Student Details:-

Date of Birth:- 11-01-1998

Mobile No:- 8080372865

email:- vishalchavan.patil.33@gmail.com

Relationship:- Guardian

Father / Parent Name:- MAROTRAO

Address:- Satephal Wagh, Tq.Purna Dist.
Parbhani 431511

State:- MAHARASHTRA

Pincode:- 431511

District:- Parbhani

Occupation:-

Mobile No:- 8080372865

emailid:-

Mother Name:- PRABHAVATI

Address:- Satephal Wagh, Tq.Purna Dist.
Parbhani 431511

State:- MAHARASHTRA

Pincode:-

District:-

Occupation:-

Mobile No:-

emailid:-

College Name:- Shri Dhaneshwari Manav Vikas Mandal , Sau.Shantadevi Vedprakash Patil Ayurved
College & Research Institute

College Address:- Hatta,Tal-Basmat

State:- MAHARASHTRA

District:- Hingoli

Pincode:- 431705

Mobile:- 02452-227567,244257

email:- svpayurvedhatta@gmail.com

Principal Name:- Dr.Kulkarni Manikrao Hanmantrao

Faculty:- Ayurved

Stream:- Ayurved

Course Duration:- 5 years6 month

Present Year:- 4th Year

Academic Year:-

Possible date of Course Completion:- 15-04-2028

Date of Admission to course:- 15-10-2022

Student Name as per Bank Records:- VISHAL MAROTRAO CHAVAN

Bank Name:- State Bank Of India

IFSC Code:- SBIN0004561

Bank Address:- PURNA

Bank Account Number:- 38706714901

Aadhaar Card No:- 583560862833

Upload Aadhaar Card Copy:- student/Aadhaar-C_1696932936044.jpg

Information regarding Refund of fees / Concession in fees, Scholarship / Fellowship Amount, Shikshan Sahayya Yojana Amount, Concession received from Govt. Of India / Govt. of Maharashtra or other :- Scholarship

Amount in Rs:- 77500

Claimant Full Name:- PRABHAVATI MAROTRAO CHAVAN

Claimant Full Address:- Satephal Wagh, Tq.Purna Dist. Parbhani 431511

Claimant Phone Number:- 7350401396

Claimant Occupation:-

Claimant Relationship with student in case of the student's death (Mother, Father, Brother, Sister, etc.):- Mother

Claimant's Name as per his/her Bank Account:- PRABHAVATI MAROTRAO CHAVAN

Claimant Name and Address of the Bank:- Satephal Wagh, Tq.Purna Dist. Parbhani 431511

Claimant Bank A/c Number:- 39982451991

Claimant IFS Code of Bank:- SBIN0004561

Details of Accident / Disease:- TERMINAL CARDIORESPIRATORY ARREST CA NASOPHARANX

Date When the Accident / Disease happened:- 01-04-2020

Time When the Accident / Disease happened:- 1-04-2020

Place When the Accident / Disease happened:- Satephal Wagh, Tq.Purna Dist. Parbhani 431511

Reason of Accident / Disease and Injuries from accident:- TERMINAL CARDIORESPIRATORY ARREST CA NASOPHARANX

Injuries Details from accident:- TERMINAL CARDIORESPIRATORY ARREST CA NASOPHARANX

Disease Details from accident:- TERMINAL CARDIORESPIRATORY ARREST CA NASOPHARANX

Disease Symptom Details:- TERMINAL CARDIORESPIRATORY ARREST CA NASOPHARANX

Whether the accident was reported to police station? If yes then, Mention name of the Police Station and attach the attested copy of FIR:-

Name of Hospital:- SAWALI HOSPITAL

Address of Hospital:- PARBHANI

Contact no of Hospital:- PARBHANI

FIR Date:-

Upload FIR Copy:-

Name of Police Station:- NO

Address of Police Station:- NO

FIR No:- NO

In case of accidental death, name of the hospital where the autopsy is done (Attach attested copy of autopsy and original copy of Death Certificate):- NO

Attested Copy of Atopsy:-

Attested Copy of Death Certificate:- registration/Death C_1696934642752.jpg

Contact No of Witness:- 8459791220

Name of the Witness:- ANIKET BOBADE

Total Amount of Treatment Expenses:-

Information about Disability:-

Disabled Limb (e.g. Hand, Leg, Eye, etc.):-

Form of Disability (Permanent / Temporary):-

Succession certificate: I am mother/father/parent of the student who demised by accident/serious disease and request to receive cheque/DD of financial aid under the Sanjeevani Vidyarthi Suraksha Yojana on above given address. I solemnly declare that information furnished above is true and correct to the best of my knowledge.

Place:

Date:

Sign of righteous person / Claimant / Parent

[Faint purple stamp or signature]

Checklist

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1	Attested Copy of Adhaar Card	Yes		

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Signature of
Scrutiny
Officer of MUHS

Chairman/Secretary

Place:
Date:

Signature of Chairman/Secretary



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

(An ISO 9001:2008 Certified University)

वणी - दिंडोरी रोड, म्हस्रुळ, नाशिक - ४२२००४.

Vani - Dindori Road, Mhasrul, Nashik - 422 004.

EPABX : 0253-2539100-300, Fax : 0253-2539171, Phone : 0253-2539174

E-mail : sw@muhs.ac.in Web: www.muhs.ac.in

श्रीमती. विद्या ठाकरे

Smt. Vidya Thakare

उपकुलसचिव, विद्यार्थी कल्याण विभाग

Dy. Registrar, Students' Welfare

मआवि/एसडब्ल्यू/एनएसएस/२.५/१३८४/२०१६

दि.०१/०८/२०१६

प्रति,

अधिष्ठाता/प्राचार्य

श्री. शांतदिवी त्रिभुवाण पाटील
आयुर्वेद महाविद्यालय
हडगाव
.....

विषय - रासेयो नवीन एकक संदर्भात माहिती देणेकरिता बैठकी बाबत...

संदर्भ - मआवि/एसडब्ल्यू/एनएसएस/२.५/१३८४/२०१६

महोदय/महोदया

उपरोक्त विषय व संदर्भिय पत्रान्वये आपण राष्ट्रीय सेवा योजना एककाची मागणी केली असता आपल्या महाविद्यालयास ५० स्वयंसेवक संख्येचे राष्ट्रीय सेवा योजना एकक सन २०१६-१७ या वर्षापासुन पुढे सुरु करण्यास परवानगी देण्यात आली आहे.

त्याअन्वये आपल्या महाविद्यालयात राष्ट्रीय सेवा योजनेचे कामकाज करण्या करिता एक कार्यक्रम अधिकारी यांची नियुक्ती करावी. सदर नियुक्ती ही कमीत कमी तीन वर्षाकरिता बंधनकारक आहे. सदर कार्यक्रम अधिकारी यांच्या करिता रासेयो एककाचे कामकाज, अतिरिक्त गुण, वार्षिक लेखे, विविध अहवाल, नियमित व विशेष शिबीरे विविध कार्यक्रम या संदर्भात माहिती देणेकरिता विद्यापीठामार्फत बैठक दि.०१/०८/२०१६ रोजी स. ११.०० वा. विद्यार्थी कल्याण विभाग, विद्यापीठ मुख्यालय येथे आयोजित करण्यात आली आहे. सदर बैठकीस आपण नियुक्त केलेल्या प्रतिनिधींनी संदर्भिय पत्रामध्ये नमुद केलेल्या माहितीसह व सोबत दिलेल्या रासेयो कामकाजाचे माहिती पत्रकाचे अवलोकन करुन उपस्थित रहावे.

आपली,

उपकुलसचिव, विद्यार्थी कल्याण विभाग
तथा रासेयो कार्यक्रम समन्वयक



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

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Smt. Vidya Thakare

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Dy. Registrar, Students' Welfare

मआवि/एसडब्ल्यू/एनएसएस/२.५/१३८४/२०१६

दि.०१/०८/२०१६

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उपकुलसचिव, विद्यार्थी कल्याण विभाग
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