



# AISSMS

COLLEGE OF PHARMACY

IMPARTING EXCELLENCE IN EDUCATION & RESEARCH



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

2022-23

### 3.1. - Total Grants from Government and non-governmental agencies for research projects / endowments in the institution during the year (INR in Lakhs) **1.52**

<b>3.1.1 Research funds sanctioned and received from various agencies, industry and other organisations</b>				
Nature of the Project	Duration	Name of the funding Agency	Total grant sanctioned	Amount received (Rs.)during the Academic year
Major projects	-	-	-	-
Minor Projects	-	-	-	-
Interdisciplinary Projects	-	-	-	-
Industry sponsored Projects	3 months	Separate list attached	57136.00	57136.00
Projects sponsored by the University/ College	3 months	Separate list attached	46081.00	46081.00
Students Research Projects <i>(other than compulsory by the College)</i>	3 months	Separate list attached	48718.00	48718.00
International Projects	-	-	-	-
Any other(Specify)	-	-	-	-
<b>Total Funds (Rs.)</b>			<b>151935.00</b>	<b>151935.00</b>

## Summary

### Outside Projects

Name of the Project/ Endowments, Chairs	Name of the Principal Investigator/Co-investigator	Department of Principal Investigator	Year of Award	Amount Sanctioned	Duration of the project	Name of the Funding Agency	Type (Government/non-Government)
Design and Development of potential anticancer agents using molecular modeling and docking studies	Dr. S.V. Bhandari	<b>Pharmaceutical Chemistry</b>	<b>2022-23</b>	14750=00	<b>03 Month</b>	Dr. Rajendra Dighe, KBHSS Trust's Institute of Pharmacy, Malegaon Nashik	Non-Government
Design and Development of potential Antiviral agents using molecular modeling and docking studies	Dr. S.V. Bhandari	<b>Pharmaceutical Chemistry</b>	<b>2022-23</b>	14750=00	<b>03 Month</b>	Rajnikant Ghotane, RBCOP, Pethwadgaon Kolhapur	Non-Government
Docking studies of Oxadiazole derivatives for Antitubercular activity	Mrs. K.D. Asgaonkar Mrs. S.M. Patil	<b>Pharmaceutical Chemistry</b>	<b>2022-23</b>	3540=00	<b>03 Month</b>	Ms. Asha Suryawanshi, Dept of Pharm Chemistry, Shri. D.d. Vispute College of Pharmacy, Panvel, Navi Mumbai	Non-Government

Docking studies of drug with different polymer	Mrs. K.D. Asgaonkar Dr. T.S. Chitre	<b>Pharmaceutical Chemistry</b>		2950.00		Mr. Yash Joshi, Ramanbhai Patel College of Pharmacy, Gujrat	Non-Government
Pharmacokinetic Evaluation of Dexamethasone in presence of herbal drug	Dr. S.V. Tembhone	<b>Pharmacology</b>	<b>2022-23</b>	<b>21146.00</b>	<b>03 Month</b>	Mr. Praful Mazi, SOS University, Bhubaneswar, Odisha	Non-Government
<b>Total Fund Received (Rs.)</b>				<b>57136.00</b>			
<b>Industry Sponsored Project</b>							
Formulation of grapeseed extract mousse	Dr. M.R. Bhalekar	<b>Pharmaceutics</b>	<b>2022-23</b>	3601=00	<b>03 Month</b>	D Y Patil Dental College Pune	Non-Government
Synthesis of chromium amino acid nicotinic acid chelates	Mrs. K.D. Asgaonkar	<b>Pharmaceutical Chemistry</b>		5900.00		Indus Biotech, Pune	Non-Government
HPTLC estimation of Cinnamtannin B1 from powder extract and capsule blend	Dr. S.V. Gandhi	<b>Quality Assurance Department</b>	<b>2022-23</b>	17700.00	<b>01 month</b>	M.S. Indus Biotech Ltd. Pune	Non-Government

Development of slow release pheromone tablet for integrated pest management of agricultural pest	Dr. M.R. Bhalekar	<b>Pharmaceutics</b>	<b>2022-23</b>	5900.00	<b>03 Month</b>	Pherotrap Solution LLP, Pune	Non-Government
Characterization of sunscreen formulation	Dr. MRP Rao	<b>Pharmaceutics</b>	<b>2022-23</b>	5900.00	<b>03 Month</b>	Pristina Pharma Ltd, Pune	Non-Government
Development and validation of UV spectrophotometric method for estimation of Ritonavir in bulk, tablet dosage form and dissolution medium	Dr. S.V. Gandhi	<b>Quality Assurance Department</b>	<b>2022-23</b>	7080.00	<b>03 Month</b>	Shi-Etsu Chemicals, Tylose India Pvt. Ltd, Thane	Non-Government
<b>Total Fund Received (Rs.)</b>				<b>46081.00</b>			

### In-house Projects

Name of the Project/ Endowments, Chairs	Name of the Principal Investigator/Co- investigator	Department of Principal Investigator	Year of Award	Amount Sanctioned (Rs.)	Duration of the project	Name of the Funding Agency	Type (Government/no n-Government)
Drug repurposing on different drug targets using insilico techniques	Mrs.Kalyani Asgaonkar, Mrs. Shital Patil	Pharmaceutic al Chemistry	2022-23	4720	03 Months	YashDaga, Manjish Gupta	<b>Non-Government</b>
Formulation and Evaluation of Gummies for Uterine health	Mrs. Amruta Avalaskar	Pharmacogno sy	2022-23	5900	03 Months	Kalyani Dhengale, Rutuja Gaikwad, Snehal Gadhare	<b>Non-Government</b>
Formulation and Evaluation of Gummies for Uterine health	Mrs.Amruta Avalaskar	Pharmacogno sy	2022-23	5900	03 Months	Samarth Dhanwat, Omkar Mohekar, Saurabh Shendkar, Vaishnavi Vibhute	<b>Non-Government</b>
Design and Evaluation of a topical formulation	Dr. Monica Rao	Pharmaceutic s	2022-23	4720	03 Months	DivyaKanade, Priyanka Khanvilkar, AkankshaMahadi k, IshaMahamunkar	<b>Non-Government</b>

Quantitation of active marker from Herbal formulation by HPTLC	Dr. MC Damle	Quality Assurance	2022-23	5782	03 Months	Vaishnavi Shitole, Sweta Singh	<b>Non-Government</b>
Formulation of Grapeseed extract	Dr. MR Bhalekar	Pharmaceutics	2022-23	5664	03 Months	Rutuja Londhe, Shrunalini Jadhav, Mayur Kulkarni	<b>Non-Government</b>
Antimicrobial preparation of a herbal gel	Mr. Jitendra Gajbe, Mrs. Shivani Rao	Pharmaceutics	2022-23	5546	03 Months	Isha Kalbhor, Jeevan Bagul,	<b>Non-Government</b>
Antimicrobial preparation of a herbal gel	Mr. Jitendra Gajbe, Mrs. Shivani Rao	Pharmaceutics	2022-23	5530	03 Months	Snehal Dombé, Meenal Gaikwad	<b>Non-Government</b>
Estimating Anthelmintic activity of Brassica olerica	Mr. Omkar Devade	Pharmacology	2022-23	4956	03 Months	Shrunalini Jadhav, Advait Jahagirdar	<b>Non-Government</b>
<b>Total fund from In-house Project (Rs.)=</b>				<b>48718.00</b>			

**ALL INDIA SHRI SHIVAJI MEMORIAL SOCIETY'S**

**COLLEGE OF PHARMACY (M. PHARM.)**  
KENNEDY ROAD , NEAR R TO , PUNE - 411 001.

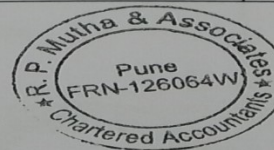
SCHEDULES FORMING PART OF THE RECEIPT & PAYMENT ACCOUNT  
FOR THE YEAR ENDED 31 ST MARCH 2023

**SCHEDULE D OTHER RECEIPTS AND PAYMENTS**

SR. NO.	PARTICULARS	RECEIPTS Rs.	PAYMENT Rs.
<b>VI</b>	<b>OTHERS</b>		
1	GST - Payable	29,614.00	25,974.00
2	TDS For Party	36,977.00	38,805.00
3	Fees Against Students Bank Loan	-	1,27,437.00
4	Industrial Project	86,500.00	47,330.00
5	Miscellaneous Advance	58,940.00	2,940.00
6	Project in house	37,500.00	6,000.00
7	CAP M. Pharm Oct./ Nov.2022	-	2,855.00
8	Earn & Learn Scheme	86,602.00	86,602.00
9	Khandhare Priyanka	-	852.00
10	Students Insurance Fees Payable	15,210.00	14,040.00
12	Advance to Contractors & Venders	9,69,776.00	9,69,776.00
13	Advance to Staff	19,000.00	19,000.00
14	Other Advance Tax & TDS	2,100.00	2,100.00
15	Pre-Paid Affiliation Fee for PCI	2,36,000.00	-
16	Student Projects Receipts	1,60,378.00	1,60,378.00
	<b>TOTAL</b>	<b>3,87,92,298.30</b>	<b>3,76,29,451.65</b>

**SCHEDULE E INTER INSTITUTIONAL**

SR. NO.	PARTICULARS	RECEIPTS Rs.	PAYMENT Rs.
1	All India Shri Shivaji Memorial Society	1,43,15,534.50	1,37,72,161.15
2	AISSMS College of Pharmacy ( B. Pharmacy)	61,07,467.15	61,07,467.15
3	AISSMS Ph. D. Centre	1,784.00	1,784.00
	<b>TOTAL</b>	<b>2,04,24,785.65</b>	<b>1,98,81,412.30</b>

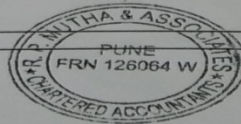


**ALL INDIA SHRI SHIVAJI MEMORIAL SOCIETY'S  
COLLEGE OF PHARMACY ( B. PHARM.)  
KENNEDY ROAD , NEAR R. T.O , PUNE -411 001.**

SCHEDULE FORMING PART OF THE RECEIPT & PAYMENT ACCOUNT  
FOR THE YEAR ENDED 31 ST MARCH 2023

**SCHEDULE D OTHER RECEIPTS AND PAYMENTS**

SR. NO.	PARTICULARS	RECEIPTS Rs.	PAYMENT Rs.
3	SBC Scholarship (2021-2022)	2,61,888.00	2,61,888.00
4	SC Freeship (2021-2022)	6,33,945.50	6,33,945.50
5	SC Scholarship (2021-2022)	36,85,944.80	36,85,944.80
6	ST Freeship (2021-2022)	9,76,457.50	9,76,457.50
7	ST Scholarship (2021-2022)	7,21,532.50	7,21,532.50
8	VJNT Freeship (2021-2022)	16,86,675.00	16,86,675.00
9	VJNT Scholarship (2021-2022)	41,20,738.00	41,20,738.00
<b>C</b>	<b>FOR 2022-2023</b>		
1	VJNT Freeship (2022-2023)	4,88,903.00	4,88,903.00
<b>VII</b>	<b>OTHERS</b>		
1	GST Payable	33,000.00	31,561.00
2	TDS For Payable	7,21,315.00	7,28,167.00
3	Remuneration to Staff	8,900.00	13,603.00
4	University Examination	9,11,952.00	2,26,030.00
5	SD-M M Associates	14,648.00	-
6	Miscellaneous Advance	1,14,064.00	1,52,760.00
7	In-House Project	1,42,497.00	1,77,997.00
8	Group Insurance Premium for Staff	30,407.00	30,407.00
9	Payable to Mr. Rahul R. Padalkar	4,225.00	-
10	Payable Student Insurance fees	91,057.00	83,840.00
11	Payable to Transcriber/Recommendation Fees	1,750.00	2,537.00
12	University Eligibility fee	84,240.00	84,240.00
13	University Exam Fees	19,13,235.00	19,13,235.00
14	Advance to Contractors & Vendors	26,96,679.00	26,96,679.00
15	Advance to Staff	6,47,700.00	6,47,700.00
16	Grant for Research Promotion Scheme : 2020-2021	13,600.00	-
17	Pre-Paid Affiliation Fees for PCI	1,18,000.00	-
18	Pre-Paid Repair & Maintenance Expenses	1,79,507.00	-
19	GST-Student Projects Receivable	2,07,593.00	2,07,593.00
20	Conference & Seminar - Staff	29,671.00	29,671.00
21	Electricals Fitting	29,443.96	-
22	National Pharmacy Quiz	12,000.00	12,000.00
<b>TOTAL</b>		<b>12,75,77,201.39</b>	<b>12,30,69,302.81</b>





**AISSMS  
College of Pharmacy**

Pune-1

Inward 128-②

Date: 19.07.2023



**AISSMS**

**COLLEGE OF PHARMACY**

IMPARTING EXCELLENCE IN EDUCATION & RESEARCH



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

Ref NO: - COP/PN/2022-23/115 - ①

Date: 05/12/2022

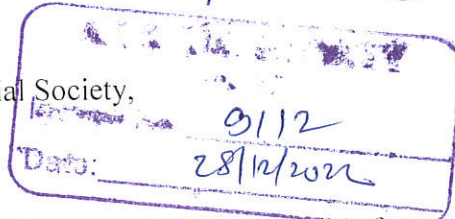
To,

**Hon. Secretary**

All India Shri Shivaji Memorial Society,

Shivajinagar,

Pune- 411005.



9112  
19/1/23

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

Respected Sir,

Please find enclosed research proposal titled, "DESIGN AND DEVELOPMENT OF POTENTIAL ANTIVIRAL AGENTS USING MOLECULAR MODELLING STUDIES" under Category outside Research Project (Format B) for your approval. You are requested to do the needful at the earliest.

Thanking you.

Dr. S. V. Bhandari  
(Chief Investigator)

Dr. M.C. Damle  
(Project Co-ordinator)

Dr. M.R. Bhulekar

Dr. Ashwini R.  
(Principal) Madgulkar  
Principal

AISSMS College of Pharmacy  
Pune-1

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

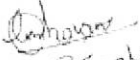



Subject: Permission for self supported short term research project.

Respected Madam,

I the undersigned would like to undertake a short term self supported research project under the guidance of Dr. S.V. BHANDARI.

The duly filled format has been enclosed for your kind information and approval

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

- ✓ 1. Chavan Lalit Manoj 
2. Jopale Bhushan Manohar 
3. Gaikwad Gaurav Vasant 
4. Bharambe Mayur Sanjay 



shashikant bhandari &lt;shashikantbhandari2011@gmail.com&gt;

**Request to Permit us to carry out self supported short term research project at your institute..**

2 messages

Rajendra dighe <digherd@gmail.com>  
To: shashikantbhandari2011@gmail.com

Mon, Dec 12, 2022 at 1:49 PM

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

Respected Madam,

I the undersigned would like to undertake a short term self supported research project under the guidance of **Dr. S.V Bhandari**, duly filled format has been enclosed for your kind information and approval . I will complete all the required office formalities as per the guidelines/protocol for Out side Research Institute's project of your college.

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

Thanking you.

Yours sincerely

Dr. Dighe Rajendra Dnyandeo  
Associate Professor  
Pharmaceutical Department  
K.B.H.S.S Trust's Institute of Pharmacy, Nashik

shashikant bhandari <shashikantbhandari2011@gmail.com>  
To: Rajendra dighe <digherd@gmail.com>

Mon, Dec 12, 2022 at 2:00 PM

THANKS DEAR DR RAJENDRA SIR

[Quoted text hidden]

--  
"Be nice to people on your way up  
because you might meet 'em  
on your way down."

Thought for the Day

4

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

Name of Applicant : Dr. Rajendra D.Dighe (through Dr.S.V Bhandari)  
Complete postal address : K.B.H.S.S. Trust's Institute of Pharmacy, Malegaon Nashik

Title of Project : DESIGN AND DEVELOPMENT OF POTENTIAL ANTIVIRAL  
AGENTS USING MOLECULAR MODELING AND DOCKING STUDIES .

Proposed duration of Project : 03 months  
Ref. No. and date of application through proper channel :  
Proposed Expenditure :

Sr. No.	Parameter	Amount (INR)
1	Infrastructure utility fees. (25 % of total charges)	3125/-
2	Society processing fees. (25% of total charges)	3125/-
3	Staff remuneration (50 % of total charges)	6250/-
4	Total cost of actuals.	NIL*
	Grand Total (50 hours * 250)	12,500
	GST @18%	2250
	Net Payable	14750

(Name and Signature of Chief Investigator)


-NOTE Since this project do not require any consumables, the cost of actuals is NIL However the use of software is involved and hence as per above. Following are the basic charges we have finalised based on no. of hours of use (Rs. 250/Hr of molecular modelling software and involvement of our staff expertise, the entire cost is divided as above.

**DETAILS OF ACTUALS**

**Details of consumables required for the project:**

Sr. No.	Item(Consumables)	Qty. Required (Min. pack size)	Cost
	2D QSAR	10	2500
	3D QSAR	20	5000
	Docking , ADMET, DFT Studies.	20	5000

In this case total charges are Rs 12,500/-. The break up is as mentioned above.

  
DR. SHASHIKANT V BHANDARI  
(Name and Signature of Chief Investigator)

  
(Accountant sign)

**UNDERTAKING**

I undersigned hereby take responsibility of the project titled- "Design and development of Potential Antiviral agents using Molecular Modeling Studies".

to be conducted between 10 Jan 2023 to 13 April 2023

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

*Bhandari*  
Dr. S. V. Bhandari

(Name and signature of Chief Investigator)

**SANCTION CERTIFICATE**

I hereby grant permission for undertaking the project titled, "Design and Development of potential Antiviral Agents using Molecular modeling studies"

*A.I.*

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

**POST APPROVAL DETAILS**

Details of Payment : 14,750/- from Dr. Rajendra Dighe

Challan No. with Date : 1565 dated

Amount : Rs. 14750/-

(Kindly enclose Xerox copies of Application and Challan)

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

*M. Samle*  
M. Samle  
*Dr. M. R. Pshalekar*  
Dr. M. R. Pshalekar  
(Name and signature of Project -Coordinator)

## GUIDELINES FOR OUTSIDE STUDENT RESEARCH PROJECTS (Format B)

1. The chief investigator who wishes to carry out any research project shall receive a formal letter from the sponsor.
2. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
3. The aforementioned cost shall be prepared by the Chief Investigator as per the requirement of the sponsor.
4. To the above figure following charges shall be charged extra to the student:
  - a. 10% of the Actuals: As infrastructure utility fees
  - b. 10% of the Actuals: As processing charges to the society.
  - c. 20% of the Actuals: As staff remuneration
  - d. GST @18% on the total amount is to be charged.**
5. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-B) to the society thru principal for approval.
6. The actual experimental work shall be started only after approval from the society.
7. The student investigator/s shall be appointed by the Chief Investigator.
8. The outside student can utilise the facilities until the duration of the project provided under the supervision of the Chief Investigator.
9. After completion of the approved research project, Chief Investigator shall put forward the summary report to the society for the disbursement of remuneration to the staff.
10. The staff remuneration disbursement ratio shall be prepared by the Chief Investigator.
11. Chief Investigator shall be solely responsible for the maintenance of discipline and completion of other formalities like CPCSEA and Ethical committee approval etc and the project completion in due course of time.

**Note:** Chief Investigator shall collect 100% amount as an advance from the sponsor after approval from the society. In case, if the Chief Investigator takes responsibility of the sponsor then 50% amount can be collected as advance. The remaining 50% amount shall be received after completion of the project but before hand over of the result to the sponsor. Total amount received shall be deposited in the College account (contact Accounts Officer for A/c number) against which the official receipt shall be issued to the sponsor.

Used with Application)

C

**AISSMS**

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

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

Challan No.: **1565** 04510200000881 / Date 19/01/23

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

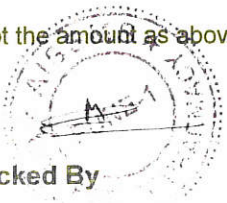
Received from Mr./Miss Dr. Rajendra Dighe  
(Student - Lalit M. Chauhan) Malegaon

Class \_\_\_\_\_ Year 201 - 201

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) Other Fee .....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) <u>Protect fees</u> .....	<u>12,500/-</u>
13) <u>GST</u> .....	<u>2250</u>
14) <u>Dated - 19/01/23</u> .....	
15) <u>(UTR NO-30195337</u> .....	
16) <u>2822)</u> .....	
<b>TOTAL Rs.</b>	<b>14750/-</b>

Total in words Rupees Fourteen thousand  
Seven hundred fifty

Accept the amount as above \_\_\_\_\_



Checked By

[Signature]  
Deposited By

(For Candidates)

D

**AISSMS**

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

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

Challan No.: **1565** 04510200000881 / Date 19/01/23

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

Received from Mr./Miss Dr. Rajendra Dighe  
(Student - Lalit M. Chauhan) Malegaon

Class \_\_\_\_\_ Year 201 - 201

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) Other Fee .....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) <u>Protect fees</u> .....	<u>12,500</u>
13) <u>GST</u> .....	<u>2250</u>
14) <u>Dated - 19/01/23</u> .....	
15) <u>(UTR NO-30195337</u> .....	
16) <u>2822)</u> .....	
<b>TOTAL Rs.</b>	<b>14,750/-</b>

Total in words Rupees Fourteen thousand  
Seven hundred fifty

Accept the amount as above \_\_\_\_\_



Checked By

[Signature]  
Deposited By



Transaction Successful  
03:34 pm on 19 Jan 2023

Paid to



XXXXXXXXXX0881

₹14,750

Bank Of Baroda



Transfer Details



Transaction ID

T2301191534188100353769

Debited from

\*\*\*\*\*0039

₹14,750

UTR: 301953372322

Powered by







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**COLLEGE OF PHARMACY**  
IMPARTING EXCELLENCE IN EDUCATION & RESEARCH



**OUTSIDE RESEARCH PROJECT COMPLETION REPORT**

13/04/2023

**Title of Project:** 'DESIGN AND DEVELOPMENT OF POTENTIAL ANTIVIRAL AGENTS USING MOLECULAR MODELLING AND DOCKING STUDIES'

**Name of Research Scholar:** Dr. Rajendra D. Dighe

**Name of Principal Investigator:** Dr. Shashikant V. Bhandari

**Duration of Project:** 10 Jan 2023 to 13 April 2023 (03 months)

Sr. No.	Studies Planned and Status	Status
01	Guidance for referencing, Literature Study, Reading of Scientific Research Papers and Thesis for the studies required .- 2D QSAR studies	Completed
02	Guidance for Reading of SOPs, Mol Modeling software Manuals etc-3D QSAR studies	Completed
03	Demo and 2D QSAR studies	Completed
04	Demo and 3D QSAR studies	Completed
05	Demo and Molecular Docking and Molecular Modelling Studies determination of ADMET parameters	Completed

**Record of Study Plan :**

Sr. No.	Day and Date	Type of Work	Signature of Chief Investigator
01	Monday 27/03/2023 (Virtual)	Referencing, Literature Study, Reading of Scientific Research Papers and Thesis	
02	Tuesday 28/03/2023 (Virtual)	Reading of SOPs, Manuals etc	
03	Tuesday 11/04/2023	Training of software for 2D QSAR, 3D QSAR work	
03	Wednesday 12/04/2023	Molecular Docking and Molecular Modelling Studies determination of ADMET parameters	
04	Thursday 13/04/2023	Molecular Docking and Molecular Modelling Studies determination of ADMET parameters	

Sign-

Dr. Shashikant V Bhandari

(Name and signature of Chief Investigator)

**Acknowledgement-** Received all the project related data, results and discussion, conclusion

Sign-

Dr. Rajendra D. Dighe

Research Scholar

Date- 13/04/2023

Place-PUNE



# AISSMS

COLLEGE OF PHARMACY

IMPARTING EXCELLENCE IN EDUCATION & RESEARCH

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



AISSMS  
College of Pharmacy  
Pune-01  
Inward No. 128-1  
Date: 19.01.2023

Ref No :- COP/PN/2022-23/115 - (2)

AISSMS  
9113  
Date: 28/12/22

Date: 06/12/2022

9113  
19/1/23

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

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

Respected Sir,

Please find enclosed research proposal titled, "DESIGN AND DEVELOPMENT OF POTENTIAL ANTICANCER AGENTS USING MOLECULAR MODELLING AND DOCKING STUDIES" under Category outside Research Project (Format B) for your approval. You are requested to do the needful at the earliest.

Thanking you.

*S. V. Bhandari*

Dr. S. V. Bhandari  
(Chief Investigator)

*M. C. Damle*  
*M. R. Bhalekar*

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

*Ashwini R. Madgulkar*

Dr. Ashwini R. Madgulkar  
(Principal)

Principal  
AISSMS College of Pharmacy  
Pune-1

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

Subject: Permission for self supported short term research project.

Respected Madam,

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

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

Thanking you.

Yours sincerely



(Mr. R. B. Ghotane)

mail

shashikant bhandari <shashikantbhandari2011@gmail.com>

n for the project

otane <rajanikantghotane@gmail.com>  
handari <Shashikantbhandari2011@gmail.com>

Fri, Dec 9, 2022 at 11:09 PM

ge of Pharmacy,  
d,

est to Permit us to carry out self supported short term research project at your institute..

dam,  
ned would like to undertake a short term self supported research project under the guidance of Dr.  
ari, duly filled format has been enclosed for your kind information and approval .

all the required office formalities as per the guidelines/protocol for Out side Research Institute's  
college.

d, if you consider my request and permit us for the same.

Yours sincerely

ane)  
ssistant Professor

Chrmistry  
e College of Pharmacy, Peth Vadgaon, Kolhapur

e

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

Name of Applicant : Mr. Rajanikant B. Ghotane Through Dr. S.V Bhandari  
 Complete postal address : Parvati, 102 A. Shivajinagar. A/P: Peth Vadgaon  
 Tal: Hatkanangale, Dist: Kolhapur 416 112  
 Title of Project : DESIGN AND DEVELOPMENT OF POTENTIAL ANTICANCER  
 AGENTS USING MOLECULAR MODELING AND DOCKING STUDIES .

Proposed duration of Project : 03 months  
 Ref. No. and date of application through proper channel :  
 Proposed Expenditure :

Parameter	Amount (INR)
Infrastructure utility fees. (25 % of total charges)	3125/-
Society processing fees. (25% of total charges)	3125/-
Staff remuneration (50 % of total charges)	6250/-
Total cost of actuals.	NIL*
Grand Total (50 hours * 250)	12,500
GST @18%	2250
Net Payable	14750

Name and Signature of Chief Investigator)

NOTE Since this project do not require any consumables, the cost of actuals is NIL  
 However the use of software is involved and hence as per above. Following are the basic  
 charges we have finalised based on no. of hours of use (Rs. 250/Hr of molecular  
 modelling software and involvement of our staff expertise, the entire cost is divided as  
 above.

**DETAILS OF ACTUALS**

Details of consumables required for the project:

No.	Item(Consumables)	Qty. Required (Min. pack size)	Cost
	2D QSAR	10	2500
	3D QSAR	20	5000
	Docking , ADMET, DFT Studies.	20	5000

In this case total charges are Rs 12,500/-. The break up is as mentioned above.

*Bhandari*

### UNDERTAKING


I undersigned hereby take responsibility of the project titled, 'DESIGN AND DEVELOPMENT OF POTENTIAL ANTICANCER AGENTS USING MOLECULAR MODELLING AND DOCKING STUDIES' to be conducted between 10 Jan 2023 to 13 April 2023

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

  
(Name and signature of Chief Investigator)

### SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, 'DESIGN AND DEVELOPMENT OF POTENTIAL ANTICANCER AGENTS USING MOLECULAR MODELLING AND DOCKING STUDIES'

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

### POST APPROVAL DETAILS

Details of Payment Rs. 14750/- from Mr. Rajanikant B. Ghotane

Challan No. with Date : 1564 dated 10/01/2023


Amount: Rs. 14750/-

(Kindly enclose Xerox copies of Application and Challan)

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

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

Mr. R.B. Ghotane has attended demo. & MOI. modeling studies sessions on the <sup>studies</sup> a far above project on 11<sup>th</sup> April to 13<sup>th</sup> April 2023.

  
Dr. S.V. Bhandari

## GUIDELINES FOR OUTSIDE STUDENT RESEARCH PROJECTS (Format B)

1. The chief investigator who wishes to carry out any research project shall receive a formal letter from the sponsor.
2. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
3. The aforementioned cost shall be prepared by the Chief Investigator as per the requirement of the sponsor.
4. To the above figure following charges shall be charged extra to the student:
  - a. 10% of the Actuals: As infrastructure utility fees
  - b. 10% of the Actuals: As processing charges to the society.
  - c. 20% of the Actuals: As staff remuneration
  - d. **GST @18% on the total amount is to be charged.**
5. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-B) to the society thru principal for approval.
6. The actual experimental work shall be started only after approval from the society.
7. The student investigator/s shall be appointed by the Chief Investigator.
8. The outside student can utilise the facilities until the duration of the project provided under the supervision of the Chief Investigator.
9. After completion of the approved research project, Chief Investigator shall put forward the summary report to the society for the disbursement of remuneration to the staff.
10. The staff remuneration disbursement ratio shall be prepared by the Chief Investigator.
11. Chief Investigator shall be solely responsible for the maintenance of discipline and completion of other formalities like CPCSEA and Ethical committee approval etc and the project completion in due course of time.

**Note:** Chief Investigator shall collect 100% amount as an advance from the sponsor after approval from the society. In case, if the Chief Investigator takes responsibility of the sponsor then 50% amount can be collected as advance. The remaining 50% amount shall be received after completion of the project but before hand over of the result to the sponsor. Total amount received shall be deposited in the College account (contact Accounts Officer for A/c number) against which the official receipt shall be issued to the sponsor.

sed with Application)

C

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

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

Challan No.: **1564** No. 04510200000881 Date: 10/01/2023

Amount credited on A/C No.: 04510200000881 in the

**BANK OF BARODA**, Shivajinagar, Pune - 5

Received from Mr./Miss Rajnikant Ghotane  
RBCOP, Peth Wadgaon Kolhapur

Class \_\_\_\_\_ Year 201 - 201

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) Other Fee .....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) <u>Project Fees</u> .....	<u>12,500/-</u>
13) <u>GST</u> .....	<u>2250</u>
14) <u>Dated - 10/01/23</u> .....	
15) <u>UTR - AXMB 23010324</u> .....	
16) <u>3420</u> .....	



# Payment Complete

SENT TO

AC AISSMS  
XXXX-0881

AMOUNT  
₹ 14,750.00

BRANCH:

SHIVAJI NAGR BRANCH

IFSC:

BARBOSHIPOO

REMARKS:

SENT FROM

 XXXX-6278  
SA

## Payment Details

MODE:

Standard Pay

RECEIPT NO:

JGE6PJLI0248

UTR:

AXMB230103243420

DATE:

10/01/2023



# AISSMS

## COLLEGE OF PHARMACY

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2F, 12B recognition by UGC, Affiliated to Savitribai Phule Pune University  
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### OUTSIDE RESEARCH PROJECT COMPLETION REPORT

**Title of Project:** 'DESIGN AND DEVELOPMENT OF POTENTIAL ANTICANCER AGENTS USING MOLECULAR MODELLING AND DOCKING STUDIES'

**Name of Research Scholar:** Mr. Rajanikant B. Ghotane

**Name of Principal Investigator:** Dr. Shashikant V. Bhandari

**Name of Ph.D. Research Guide-** Dr. Manoj S. Charde

**Duration of Project:** 10 Jan 2023 to 13 April 2023 (03 months)

Sr. No.	Studies Planned and Status	Status
01	Guidance for Referencing, Literature Study, Reading of Scientific Research Papers and Thesis for the studies required .- 2D QSAR studies	Completed
02	Guidance for Reading of SOPs, Mol Modeling software Manuals etc-3D QSAR studies	Completed
03	Demo and 2D QSAR studies	Completed
04	Demo and 3D QSAR studies	Completed
05	Demo and Molecular Docking and Molecular Modelling Studies determination of ADMET parameters	Completed

#### Record of Study Plan :

Sr. No.	Day and Date	Type of Work	Signature of Chief Investigator
01	Monday 27/03/2023 (Virtual)	Referencing, Literature Study, Reading of Scientific Research Papers and Thesis	
02	Tuesday 28/03/2023 (Virtual)	Reading of SOPs, Manuals etc	
03	Tuesday 11/04/2023	Training of software for 2D QSAR, 3D QSAR work	
03	Wednesday 12/04/2023	Molecular Docking and Molecular Modelling Studies determination of ADMET parameters	
04	Thursday 13/04/2023	Molecular Docking and Molecular Modelling Studies determination of ADMET parameters	

Sign-

Dr. Shashikant V Bhandari

(Name and signature of Chief Investigator)

Dr. Shashikant V. Bhandari  
Professor and Head of Department  
Pharmaceutical Chemistry

**Acknowledgement-**

Received all the project related data, results and discussion, conclusion

Sign-

Mr. Rajanikant B. Ghotane

Principal Investigator

Date- 13/04/2023

Place- Pune



(Research scholar)

(Enclosed with Application)

C

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

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

Challan No.:

2814

Date: 12/4/23

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

Received from Mr./Miss Asha sunyawarshi

Class

Year 2023 - 2024

Particulars	Amount Rs.
1) Interim Fee.....	-
2) Registration Form Fees.....	-
3) Development Fees.....	-
4) Tuition Fees.....	-
5) Misc. & University Charges.....	-
6) Caution Money Deposit.....	-
7) Journal Fees.....	-
8) University / Board Eligibility Fee.....	-
9) EVS Fee.....	-
10) Student Activity Fee.....	-
11) Insurance Fee.....	-
12) Eligibility Fee.....	-
13) Other Fee.....	-
14) <u>Outside student project</u>	<u>3540/-</u>
15).....	-
16) <u>UTR: 310 210 106874</u>	-
<b>TOTAL Rs.</b>	<b>3540/-</b>

Total in words Rupees Three thousand five hundred & forty only

Accept the amount as above



K. D. Asgarkar  
Deposited By

AISSMS  
College of Pharmacy  
Pune-1  
Inward No. 154-92  
Date. 31.03.2023



# AISSMS

## COLLEGE OF PHARMACY

IMPARTING EXCELLENCE IN EDUCATION & RESEARCH



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

COP/PM/2022-23/172A-10

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

Date: 16/3/2023

5 MAR 2023

6914  
21/3/23

**Sub:** Submission of proposal of sponsored research project (Outside research project) for approval.

Respected Sir,

Please find enclosed research proposapl titled, "Docking studies of Pyrazine Oxadiazole derivatives for Antitubercular activity" under Category Outside Research Project (Format B ) for your approval. You are requested to do the needful at the earliest.

Thanking you.

(Principal)

Dr. Ashwini R Madgulkar

**Principal**

AISSMS College of Pharmacy  
Pune-1

(Project Co-ordinator)

Dr M C Damle, Dr M R Bhalekar

(Chief Investigator)

Mrs K D Asgaonkar,  
Mrs S M Patil

To,

**The Principal,**

AISSMS College of Pharmacy,

Kennedy Road, Near R.T.O., **Pune-411001.**

**Subject:** Permission for sponsored research project (Outside research project).

Respected Madam,

I the undersigned would like to undertake a sponsored research project (Outside research project) research project under the guidance of Mrs. K D Asgaonkar and Mrs S M Patil .The duly filled format has been enclosed for your kind information and approval

I will be obliged, if you consider my request and permit me for the same.

Thanking you.

for  
Yours sincerely  
(Name and signature of Students)

Mrs Asha Suryawanshi

SMR/KD/MR3/MCD  
31/03/2023

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

Name of Applicant: Mrs Asha Suryawanshi

Complete postal address: Dept of Pharmaceutical Chemistry Shri D.D. Vispute College of Pharmacy, New Panvel

Title of Project: Docking studies of Pyrazine Oxadiazole derivatives for Antitubercular activity

Proposed duration of Project: 1 month

Ref. No. and date of application through proper channel: 03/03/2023

Proposed Expenditure:


Sr. No.	Parameter	Amount (Rs)
1	Infrastructure utility fees. (25% of Total charges)	750/-
2	Society processing fees. (25% of Total charges)	750/-
3	Staff remuneration (50% of Total charges)	1500/-
4	Total cost of actuals.	Nil
5.	Total charges	3000
	Grand Total including GST 18%	3540

**DETAILS OF ACTUALS**

Details of consumables required for the project: Nil

**DETAILS OF TOTAL CHARGES**

Sr. No.	Item	Charges	Total Cost (Rs)
1	Schrodinger software -Docking studies	12 hours(12x 250)	3000
<b>Grand total</b>			3000

  
**(Name and Signature of Chief Investigator)**


Mrs K D Asgaonkar, Mrs S M Patil

  
**(Accountant sign)**

Mr M M Chopane

## UNDERTAKING


I undersigned hereby take responsibility of the project titled, " Docking studies of Pyrazine Oxadiazole derivatives for Antitubercular activity" I will ensure that the chemical usage will not exceed the quantity mentioned on page 2. I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.

  
Mrs K D Asgaonkar, Mrs S M Patil  
(Name and signature of Chief Investigator)

---

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, "Docking studies of Pyrazine Oxadiazole derivatives for Antitubercular activity".

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

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## POST APPROVAL DETAILS


Details of Payment : UTR-310210106874


Challan No. with Date : 2814, 1214123

Amount : Rs.3540/-

(Kindly enclose Xerox copies of Application and Challan)

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

  
(Name and signature of Project -Coordinator)

  
Mr. M. R. Bhalekar



kalyani asgaonkar &lt;kalyani\_a@aissmscop.com&gt;

---

**Application for molecular docking studies**

2 messages

Asha Dharme &lt;ashbdharme@gmail.com&gt;

3 March 2023 at 18:58

To: "kalyani\_a@aissmscop.com" &lt;kalyani\_a@aissmscop.com&gt;

Dear Ma'am,

I am Asha Dharme(Mrs.Asha suryawanshi) PhD Scholar.I am applying for molecular docking studies of my designed compounds.

With the Herewith list of structures,I also attached the target protein in gz format.

I want molecular docking studies for these molecules.I want result analysis with binding receptors.

.All images related to docking studies.Energy ,Hydrogen bonding, Van Der waal force .mostly binding amino acids.

Kindly find the attachment.

**Thank You & Regards****Mrs. Asha G. Suryawanshi****Assistant Professor****Pharmaceutical Chemistry****Shri D.D. Vispute College of Pharmacy, New Panvel**

---

**2 attachments** **3qxi.cif.gz**  
275K **10 structures ASHA SURYAWANSHI.docx**  
44K

---

**kalyani asgaonkar** <kalyani\_a@aissmscop.com>

3 March 2023 at 20:01

To: Ashwini sagar &lt;ashwinisagar97@gmail.com&gt;

[Quoted text hidden]

---

**2 attachments** **3qxi.cif.gz**  
275K

(Enclosed with Application)

C

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

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

Challan No.:

3457

Date : 08 / 06 / 2023

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

Received from Mr./Miss Yash Jashi

(Outside student project)

Class \_\_\_\_\_ Year 201 - 201

Particulars	Amount Rs.
1) Interim Fee.....	
Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee .....	
.) Other Fee .....	
14) <u>outside student project</u>	<u>2500/-</u>
<u>UPI trans. ID.</u>	<u>6500/-</u>
15)	



**AISSMS**  
**College of Pharmacy**  
**Pune - 1**  
Inward No. 16-32  
Date. 09.06.2023



**AISSMS**  
**COLLEGE OF PHARMACY**



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

COP/PM/2023-24/25-3

Date:

15 MAY 2023

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

Inward No. 1566  
Date: 16/5/2023

1566  
31/5/23

Sub: Submission of proposal of sponsored research project (Outside research project) for approval.

Respected Sir,

Please find enclosed research proposal titled, "Docking studies of drug with different polymers" under Category Outside Research Project (Format B ) for your approval. You are requested to do the needful at the earliest.

Thanking you.

(Principal)  
Dr. Ashwini R Madgulkar

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

(Chief Investigator)  
Mrs K D Asgaonkar,  
Dr T S Chitre

**Principal**  
**AISSMS College of Pharmacy**  
**Pune-1**

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

Subject: Permission for sponsored research project (Outside research project).

Respected Madam,  
I the undersigned would like to undertake a sponsored research project (Outside research project) research project under the guidance of Mrs. K D Asgaonkar and Dr T S Chitre. .The duly filled format has been enclosed for your kind information and approval .  
I will be obliged, if you consider my request and permit me for the same.

Thanking you.

Yours sincerely  
(Name and signature of Students)  
for Mr Yash Joshi

KA/psc/MRB/MCD  
  
05/06/2023

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

Name of Applicant: Mr Yash Joshi

Complete postal address: Ramanbhai Patel College of Pharmacy, Gujarat

Title of Project: Docking studies of drug with different polymers

Proposed duration of Project: 1 week

Ref. No. and date of application through proper channel: 10/05/2023

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Infrastructure utility fees. (25% of Total charges)	625/-
2	Society processing fees. (25% of Total charges)	625/-
3	Staff remuneration (50% of Total charges)	1250/-
4	Total cost of actuals	Nil
5.	Total charges	2500/-
	Grand Total including GST 18%	2950/-

**DETAILS OF ACTUALS**

Details of consumables required for the project: Nil

**DETAILS OF TOTAL CHARGES**

Sr. No.	Item	Charges	Total Cost (Rs)
1	Schrodinger software -Docking studies	10 hours(10x 250)	2500
<b>Grand total</b>			2500

(Name and Signature of Chief Investigator)


Mrs K D Asgaonkar, Dr T S Chitre

(Accountant sign)

Mr M M Chopane


## UNDERTAKING

I undersigned hereby take responsibility of the project titled, " Docking studies of drug with different polymers" I will ensure that the chemical usage will not exceed the quantity mentioned on page 2. I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.

  
Mrs K D Asgaonkar, Dr T S Chitre  
(Name and signature of Chief Investigator)

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, "Docking studies of drug with different polymers".

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

## POST APPROVAL DETAILS

Details of Payment : UPI trans. ID 315992532160

Challan No. with Date : 3457, dated : 8/6/23

Amount  $\text{₹ } 2950/-$

(Kindly enclose Xerox copies of Application and Challan)

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

  
(Name and signature of Project -Coordinator)



kalyani asgaonkar &lt;kalyani\_a@aissmscop.com&gt;

**Regarding Molecular docking study of Drug with polymer**

6 messages

10 May 2023 at 15:19

**Yash Joshi** <yashjoshi9956@gmail.com>  
To: "kalyani\_a@aissmscop.com" <kalyani\_a@aissmscop.com>

Hello Dear, Ma'am  
My self Yash Joshi. I am from Ramanbhai Patel College of Pharmacy

I study on drug and some polymer for formulation and development of solid dispersion. I want to do molecular docking between my drug and polymers which are used in my formulation.

to understand the stability of my formulation and drug bind with the polymer so which bonds are formed and their bond strength i have to measure, this can be done by molecular docking.

I am from pharmaceutical department so i doesn't have much knowledge about docking analysis but if you help me out and doing docking analysis it is very appreciable for me and i acknowledge you in my research work.

so Please give a reply regarding this

10 May 2023 at 16:01

**kalyani asgaonkar** <kalyani\_a@aissmscop.com>  
To: Yash Joshi <yashjoshi9956@gmail.com>

Dear Sir  
We can carry out this study. Let us discuss the details. Kindly call me tomorrow at 9 am.

Regards

K.D Asgaonkar  
Asst. Prof  
Dept of Pharm. Chemistry  
AISSMS College of Pharmacy  
Pune  
9987013190  
[Quoted text hidden]

10 May 2023 at 17:01

**Yash Joshi** <yashjoshi9956@gmail.com>  
To: kalyani asgaonkar <kalyani\_a@aissmscop.com>

Ok, will do that.  
[Quoted text hidden]

11 May 2023 at 10:33

**Yash Joshi** <yashjoshi9956@gmail.com>  
To: kalyani asgaonkar <kalyani\_a@aissmscop.com>

Hello good morning ma'am  
here i attached .cdx file of my drug and my 3 polymer structures  
Drug: Azathioprine  
Polymer 1: HPMC E 50  
Polymer 2: poloxamer 188  
Polymer 3: soluplus

For molecular docking comparison of drug with different polymers

[Quoted text hidden]

4 attachments

(Enclosed with Application)

C

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

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

Challan No.:

3154

Date: 12/08/22

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

Received from Mr./Miss Pratul Marji

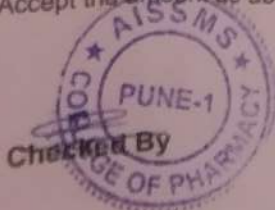
SoA Univ. Bhubaneswar, Odisha

Class \_\_\_\_\_ Year 2022 - 2023

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee.....	
13) Other Fee <u>Project fees</u> 4620 = 00	
<u>257 (18%)</u> 832 = 00	
14) <u>1ms-234216151192</u>	
15) _____	
16) _____	
<b>TOTAL Rs.</b> 5452 = 00	

Total in words Rupees Five thousand four hundred fifty two only -

Accept the amount as above \_\_\_\_\_



[Signature]  
Deposited By

(Enclosed with Application)

C

**AISSMS**

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

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

Challan No.: **1690**

Date: 2 / 3 / 23

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

Received from Mr./Miss Dr. Akanksha Gujrati  
D.Y. Patil Dental College Pune.

Class \_\_\_\_\_ Year 2022 - 2023

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) Other Fee .....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Project Fee +	8052
Gst @ 18%.	549
14) UTR no 30619385095	
15) .....	
16) .....	
<b>TOTAL Rs.</b>	<b>3601/-</b>

Total in words Rupees three thousand six  
hundred one.

Accept the amount as above \_\_\_\_\_



Checked By

Deposited By

M.R. Bhalekar  
M.R. Bhalekar

(For Candidates)

D

**AISSMS**

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

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

Challan No.: **1690**

Date: 2 / 3 / 23

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

Received from Mr./Miss Dr. Akanksha Gujrati  
D.Y. Patil Dental College Pune.

Class \_\_\_\_\_ Year 2022 - 2023

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) Other Fee .....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Project Fee +	3052
Gst @ 18%.	549
14) UTR no 306192195095	
15) .....	
16) .....	
<b>TOTAL Rs.</b>	<b>3601/-</b>

Total in words Rupees three thousand six  
hundred one.

Accept the amount as above \_\_\_\_\_



Checked By

Deposited By

M.R. Bhalekar  
M.R. Bhalekar

COP/1PN/2022-23/87-(2)

Date:

07 OCT 2022

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

**A.I.S.S.M.S. SOCIETY**  
PUNE  
Inward No. 6595  
Date: 12/10/2022

**A.I.S.S.M.S. SOCIETY**  
College of Pharmacy  
Pune-1  
Inward No. 98-19  
Date: 16-11-2022

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

Respected Sir,

Please find enclosed research proposal titled, " formulation of grape seed extract mousse " under Category Outside Research Project (Format B ) for your approval. You are requested to do the needful at the earliest.

Thanking you.

*Dr. Mangesh Bhalekar*  
(Chief Investigator)  
*Dr. Mangesh Bhalekar*  
(Project Co-ordinator)  
*M. Bawle*  
(M.Damle)

*Dr. Akanksha Gijarathi*  
(Principal)  
**Principal**  
**AISSMS College of Pharmacy**  
**Pune-1**

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

Subject: Permission for self supported short term research project.

Respected Madam,

I / We the undersigned would like to undertake a short term self supported research project under the guidance of Mr. / Mrs. / Prof. /Dr. Mangesh Bhalekar  
The duly filled format has been enclosed for your kind information and approval

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

Thanking you.

*MARB/MRB/MCO/MANC*  
*Dr. Akanksha Gijarathi*  
10/10/2022

Yours sincerely  
(Name and signature of Students)

*Dr. Akanksha Gijarathi*

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

Name of Applicant : Dr Akanksha  
Complete postal address : BVDU Dental College, Katraj, Pune.  
Title of Project : , “ formulation of grape seed extract mousse ”

Proposed duration of Project : 03 months  
Ref. No. and date of application through proper channel :

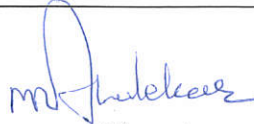
Proposed Expenditure :

Sr. No.	Parameter	Amount (INR)
1	Infrastructure utility fees. (10% of actuals)	218=00
2	Society processing fees. (10% of actuals)	218=00
3	Staff remuneration (20% of actuals)	436=00
4	Total cost of actuals.	2180=00
	Grand Total	3052=00
	GST @18%	549=00
	Net Payable	3601=00

**DETAILS OF ACTUALS**

**Details of consumables required for the project:**

Sr. No.	Item(Consumables)	Qty. Required (Min. pack size)	Cost
1.	Sodium carboxy methyl cellulose	500 g	1200=00
2.	Propylene glycol	500 ml	810=00
3.	Talc	100 g	170=00
4.	xylitol		
<b>Grand total</b>			2180=00

  
(Name and Signature of Chief Investigator)

\* Cost of consumables shall be calculated using standard catalogue.

*Dr Mangesh Bhalekar*

  
(Accountant sign)

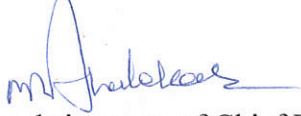


## UNDERTAKING

I undersigned hereby take responsibility of the project titled, " formulation of grape seed extract mousse "

to be conducted between 15 Oct -15 Dec 2022

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



(Name and signature of Chief Investigator)  
Dr Mangesh Bhalekar

---

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, " formulation of grape seed extract mousse "



(Hon. Secretary, AISSMS Pune)

  
All India Shri Shivaji Memorial Society,  
Shivajinagar, Pune 411 005.

---

## POST APPROVAL DETAILS

Details of Payment :

Challan No. with Date :

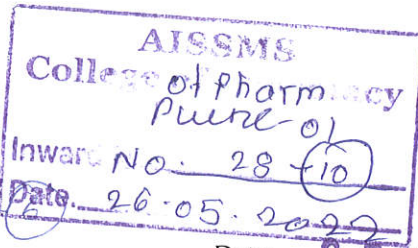
Amount :

(Kindly enclose Xerox copies of Application and Challan)

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

\_\_\_\_\_  
(Name and signature of Project –Coordinator)

COP) PN/2022-23/167

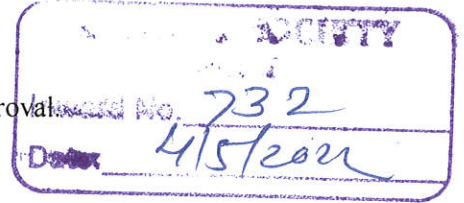


Date: 27 APR 2022

732  
15/10

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

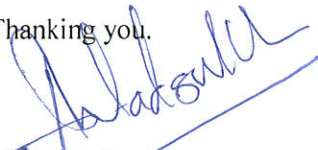
Sub: Submission of proposal of sponsored research project for approval




Respected Sir,

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

Thanking you.

  
(Principal)  
**Principal**  
AISSMS College of Pharmacy  
Pune-1

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

  
(Chief Investigator)  
K-D. Asgaonkar

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

Subject: Permission for Industry sponsored short term research project.

Respected Madam,


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

The duly filled format has been enclosed for your kind information and approval

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

Thanking you.

KA/MCD  
MRB  
  
26/05/2022

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

## PROTOCOL FOR INDUSTRY RESEARCH PROJECT (Format-A)

Name of the Industry: Indus Biotech

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

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

Proposed duration of Project: 3 months

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

Proposed Expenditure:

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

### DETAILS OF ACTUALS- NA

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

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

*[Signature]*  
(Accountant sign)

\* Cost of consumables shall be calculated using standard catalogue.

## UNDERTAKING

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

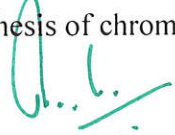
I will ensure that the chemical usage will not exceed the quantity mentioned on page 2. I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.

  
(Name and signature of Chief Investigator)

---

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, "Synthesis of chromium amino acid nicotinic acid chelates"

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

---

## POST APPROVAL DETAILS

Details of Payment :

Challan No. with Date : 1697

Amount : 5900/- Rs

(Kindly enclose Xerox copies of Application and Challan)

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

  
(Name and signature of Project -Coordinator)  D. M. R. Bhalekar



kalyani asgaonkar &lt;kalyani\_a@aissmscop.com&gt;

---

**Metal Chelate**

2 messages

**Sunil Ramdasi** <sunil.ramdasi@indusbiotech.com>

2 March 2022 at 13:19

To: kalyani asgaonkar &lt;kalyani\_a@aissmscop.com&gt;

Cc: Bhushan Bhale &lt;bhushan.bhale@indusbiotech.com&gt;

Dear Madam,

Greetings

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

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

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

Scope :

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

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

C. No. 04510200000881

(For Candidates)

D

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

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

Challan No. **1697**

Date : **28 / 12 / 2022**

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

Received from Mr./Miss Indus Biotech

Class \_\_\_\_\_ Year **2022 - 2023**

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) Other Fee .....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) <u>Industry project</u>	<u>5000</u>
13) <u>GST 18%</u>	<u>900</u>
14) .....	
15) .....	
16) .....	
<b>TOTAL Rs.</b>	<b>5900</b>

Total in words Rupees Five thousand nine  
hundred only

Accept the amount as above \_\_\_\_\_



Checked By

16/ K.D. Asgarkar  
Deposited By

(Enclosed with Application)

C

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

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

Challan No.: **1542**

Date: 19/12/2022

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

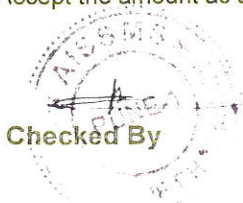
Received from Mr./Miss Inclus Bstotech Ltd  
Rohit Residency, Banbhurda, Pune

Class Industry Project Year 2022 - 2023

Particulars	Amount Rs.
1) Merit Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) Other Fee .....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Industry Project (KPTLC Project)	15,000/-
14) CST @ 18%	2,700/-
15) NEFT NO.	
16) KKBS222948414703	
<b>TOTAL Rs.</b>	<b>17,700/-</b>

Total in words Rupees Seventeen Thousand  
seven Hundred only

Accept the amount as above \_\_\_\_\_



Checked By

Deposited By

Signature  
by  
C/O S.V. Srinivasan



**AISSMS**

COLLEGE OF PHARMACY  
IMPARTING EXCELLENCE IN EDUCATION & RESEARCH

Inward No. 12571  
Date: 19-01-2023



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

COP[PM] 2022-23/123-5

Date: 20/12/2022

To,

**Hon. Secretary**

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

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

Respected Sir,

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

Thanking you.

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

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

*Ashwini R. Madgulkar*  
Dr. Ashwini R. Madgulkar  
(Principal)

**Principal**  
AISSMS College of Pharmacy  
Pune-1

To,

**The Principal,**

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

Subject: Permission for Industry sponsored short term research project.

Respected Madam.

I / We the undersigned would like to undertake a short term self supported research project under the guidance of Mr. / Mrs. / Prof. / **Dr. Santosh V. Gandhi**. The duly filled format has been enclosed for your kind information and approval

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

Thanking you.

Yours sincerely

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

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



## PROTOCOL FOR INDUSTRY RESEARCH PROJECT (Format-A1)

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

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

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

Proposed duration of Project: **01 Month**

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


Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Society processing fees. (35% of project amount)	5,250 = 00
2	Staff remuneration.(40% of project amount)	6,000 = 00
3	Administrative Charges	
	The Principal (15% of project amount)	2,250 = 00
	The accountant (10% of project amount)	1,500 = 00
	<b>Grand Total</b>	<b>15000 = 00</b>
	<b>GST @ 18 %</b>	<b>2,700 = 00</b>
	<b>Grand Total</b>	<b>17,700 = 00</b>

  
**Dr. Santosh V. Gandhi**

**(Name and Signature of Chief Investigator)**

\* Cost of consumables shall be calculated using standard catalogue.

  
**Mr. M. M. Chopane**  
**(Accountant sign)**

## UNDERTAKING

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

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

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



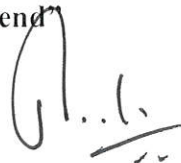
**Dr. Santosh V. Gandhi**

(Name and signature of Chief Investigator)

---

## SANCTION CERTIFICATE

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



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

---

## POST APPROVAL DETAILS

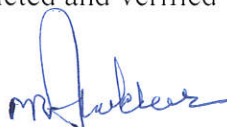
Details of Payment:

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

Amount: RS. 17,700/-

(Kindly enclose Xerox copies of Application and Challan)

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



**Dr. M. R. Bhalekar**



**Dr. M.C. Damle**

(Name and signature of Project –Coordinators)

## **GUIDELINES FOR INDUSTRY SPONSORED PROJECTS (Format-A1)**

1. The chief investigator who wishes to carry out any research project shall receive a formal letter from the sponsor.
2. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
3. The aforementioned cost shall be prepared by the Chief Investigator as per the requirement of the sponsor. In case, where all the consumables are provided by industry, the project cost will be calculated in terms of Society processing charges, administrative charges and remuneration to Principal investigator + support staff.
4. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-A1) to the society through principal for approval.
5. The actual experimental work shall be started only after approval from the society.
6. The student investigator/s shall be appointed by the Chief Investigator.
7. After completion of the approved research project, Chief Investigator shall put forward the summary report in the prescribed format to the society through principal for the disbursement of remuneration to the staff.
8. The staff remuneration disbursement ratio shall be prepared by the Chief Investigator.
9. Chief Investigator shall be solely responsible for the maintenance of discipline and completion of other formalities like CPCSEA and Ethical committee approval etc and the project completion in due course of time.

**Note:** Chief Investigator shall collect 100% amount as an advance from the sponsor after approval from the society. In case, if the Chief Investigator takes responsibility of the sponsor then 50% amount can be collected as advance. The remaining 50% amount shall be received after completion of the project but before hand over of the result to the sponsor. Total amount received shall be deposited in the college account against which the official receipt shall be issued the sponsor.

- Compose
- Mail
- Inbox 43
- Starred
- Snoozed
- Important
- Sent
- Drafts
- Categories
- More

## Labels

- Delremo Solar 50 ...
- Follow up
- Misc
- Priority

## HPTLC Analysis External

Sun, 12 Aug 2023 12:07:25 PM  
prabhu@altrusa.com <prabhu@altrusa.com>

Dear Sir,

As discussed, we would like to analyse one of our product by HPTLC. COA is attached for your reference.

## Product Details

1. IND02 Capsules
2. Net weight ( without capsule ) : 500 mg
3. Label Claim : Each Capsule contains 500 mg Cinnamomum Zylanicum hydroalcoholic Extract powder.
4. **Markers to be identified** : Cinnamtannin B1 from Powder Extract and capsule Blend
5. HPLC System used for product : Formic Acid (0.1%) : Acetonitrile
6. Req. : Qualitative & Quantitative analysis

We will forward COA shortly.

Today will discuss in detail when we meet in your lab.

Regards,

Sunit Ramdasi

M.Pharm, DMM

Consultant-Formulation

Indus Biotech Ltd

R.H. No 1, Rahul Residency,

Off. Salunkhe Vihar Road, Kondhwa

Pune (M.S.)-411048 India



' सत्याला मरण नाही '

ALL INDIA SHRI SHIVAJI MEMORIAL SOCIETY'S  
**COLLEGE OF PHARMACY**

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

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

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

☎ 26058208  
26058204

Ref. No.: COP/PN/2022-23/85-①

Date : 6 OCT 2022

**PROFORMA INVOICE**

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

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

The payment should be made in favor of

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

Dr. Ashwini R. Madgulkar

Principal

AISSMS College of Pharmacy  
Pune-1

(Enclosed with Application)

C

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

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

Challan No.: 2895

Date: 02/02/2023

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

Received from Mr./Miss Suvarna Jarande  
(Phenotrap Solutions LLP.)

Class \_\_\_\_\_ Year 201 - 201

Particulars	Amount Rs.
1) Interim Fee.....	-
2) Application Form Fees.....	-
3) Development Fees.....	-
4) Tuition Fees.....	-
5) Misc. & University Charges.....	-
6) Caution Money Deposit.....	-
7) Journal Fees.....	-
8) University / Board Eligibility Fee.....	-
9) EVS Fee.....	-
10) Student Activity Fee.....	-
11) Insurance Fee.....	-
12) Eligibility Fee.....	-
13) Other Fee <u>Tablet Punching facility</u> .....	-
14) Transaction ID - <u>1338716759</u> .....	-
15) Total.....	1100
16) GST.....	198
<b>TOTAL Rs.</b>	<b>1298 /-</b>

Total in words Rupees One Thousand Two  
Hundred & Ninety Eight Only

Accept the amount as above \_\_\_\_\_



SS Jarande  
Deposited By

(Enclosed with Application)

C

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

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

Challan No.: 2801 Date: 30/01/2023

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

Received from Mr./Miss Suvarna Jarande  
(Phenotrap Solutions LLP.)

Class \_\_\_\_\_ Year 201 - 201

Particulars	Amount Rs.
1) Admission Fee.....	-
2) Application Form Fees.....	-
3) Development Fees.....	-
4) Tuition Fees.....	-
5) Misc. & University Charges.....	-
6) Caution Money Deposit.....	-
7) Journal Fees.....	-
8) University / Board Eligibility Fee.....	-
9) EVS Fee.....	-
10) Student Activity Fee.....	-
11) Insurance Fee.....	-
12) Eligibility Fee .....	-
13) Other Fee .....	-
14) <u>Total</u> .....	<u>3900/-</u>
15) <u>GST</u> .....	<u>702/-</u>
16) <u>Transaction ID</u> <u>1338227972</u>	
<b>TOTAL Rs.</b>	<u>4602/-</u>

Total in words Rupees Four thousand Six  
Hundred and Two Rupees Only

Accept the amount as above \_\_\_\_\_



Checked By

Suvarna Jarande

Deposited By

**AISSMS**  
**College of Pharmacy**  
**Pune - 1**

Inward No. 133-8

Date. 02.02.2023



**AISSMS**

**COLLEGE OF PHARMACY**

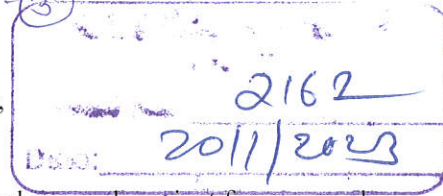
IMPARTING EXCELLENCE IN EDUCATION & RESEARCH



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

COP/PM/2022-23/139-8

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



Date:

**16 JAN 2023**

*Handwritten initials*

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

Respected Sir,

Please find enclosed research proposal titled, "Development of slow release pheromone tablets for integrated pest management of agricultural pests" under Category Industry Project (Format A1) for your approval. You are requested to do the needful at the earliest.

Thanking you.

*(Signature)*  
**(Chief Investigator)**  
*(Dr. Mangesh Bhalekar)*

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

*(Signature)*

*(Signature)*

**(Principal)**  
**Principal**  
**AISSMS College of Pharmacy**  
**Pune-1**

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

Subject: Permission for Industry sponsored short term research project.

Respected Madam,

I / We the undersigned would like to undertake a short term self supported research project under the guidance of Mr. / Mrs. / Prof. /Dr. Mangesh Bhalekar  
The duly filled format has been enclosed for your kind information and approval

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

Thanking you.

*(Signature)*

Yours sincerely  
( Pherotrap solutions LLP)

*MRB/MMC*  
*(Signature)*  
*02/02/2023*



## PROTOCOL FOR INDUSTRY RESEARCH PROJECT (Format-A1)

Name of the Industry: Pherotrap solutions LLP

Complete postal address: Gat No 479, Gunawadi Moibag, Indapur Road, Baramati Dist  
Pune.

Title of Project: "Development of slow release pheromone tablets for integrated pest  
management of agricultural pests"

Proposed duration of Project: 03 Months

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

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1.	Society processing fees. (35% of project amount)	1750=00
2.	Staff remuneration.(40% of project amount)	2000=00
3.	Administrative Charges	
	The Principal (15% of project amount)	750=00
	The accountant (10% of project amount)	500=00
	Grand Total	5000=00
	GST @18%	900=00

Total 5900=00

  
(Name and Signature of Chief Investigator)

\* Cost of consumables shall be calculated using standard catalogue.

Dr. Manjesh Bhalekar,

  
(Accountant sign)

## UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Development of slow release pheromone tablets for integrated pest management of agricultural pests" to be conducted between 1Feb to 30 April 2023

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

(Name and signature of Chief Investigator)  
Dr Mangesh Bhalekar

---

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, "Development of slow release pheromone tablets for integrated pest management of agricultural pests"

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

---

## POST APPROVAL DETAILS

Details of Payment :

Challan No. with Date : 2801 & 2895 30/1/23 & 2/2/23

Amount : 5900 = 4602 + 1298

(Kindly enclose Xerox copies of Application and Challan)

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

Dr M R Bhalekar (M R Bhalekar)  
(Name and signature of Project -Coordinator)

---

## **GUIDELINES FOR INDUSTRY SPONSORED PROJECTS (Format-A1)**

1. The chief investigator who wishes to carry out any research project shall receive a formal letter from the sponsor.
2. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
3. The aforementioned cost shall be prepared by the Chief Investigator as per the requirement of the sponsor. In case, where all the consumables are provided by industry, the project cost will be calculated in terms of Society processing charges, administrative charges and remuneration to Principal investigator + support staff.
4. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-A1) to the society through principal for approval.
5. The actual experimental work shall be started only after approval from the society.
6. The student investigator/s shall be appointed by the Chief Investigator.
7. After completion of the approved research project, Chief Investigator shall put forward the summary report in the prescribed format to the society through principal for the disbursement of remuneration to the staff.
8. The staff remuneration disbursement ratio shall be prepared by the Chief Investigator.
9. Chief Investigator shall be solely responsible for the maintenance of discipline and completion of other formalities like CPCSEA and Ethical committee approval etc and the project completion in due course of time.

**Note:** Chief Investigator shall collect 100% amount as an advance from the sponsor after approval from the society. In case, if the Chief Investigator takes responsibility of the sponsor then 50% amount can be collected as advance. The remaining 50% amount shall be received after completion of the project but before hand over of the result to the sponsor. Total amount received shall be deposited in the college account against which the official receipt shall be issued the sponsor.



# PHEROTRAP SOLUTIONS LLP

Gat No. 479, Gunawadi, Motibag, Indapur Road, Baramati, Dist.Pune.  
♦ Email : info@pherotrap.com ♦ Web : www.pherotrap.com ♦ Mo : +91 9850704243

Ref. No.:PheroTrap/Letter/2022-11/01

Date :- 01/11/2022

To,  
The Principal  
AISSMS College of Pharmacy  
Kennedy Road, Near R.T.O.,  
Pune 411 001  
Maharashtra, India.

**Sub :** Permission to use lab infrastructure for Tablet Compression.

**Respected Madam,**

Let me take this opportunity to introduce PheroTrap Solutions LLP. We are providing various solutions to farmers to grow their produce without using harsh pesticides. We are promoting Integrated Pest Management using various pheromone traps.

We would like use college lab facilities for compression of tablets for the project entitled as "Development of Slow Release Pheromone Tablets for Integrated Pest Management of Agricultural Pests".

The required charges will be paid as per institute's guidelines.

Request you to allow us.

Look forward to your positive reply.

Thanks and Regards,

Ganesh Kadam  
Director



MRB/mcd  
  
01/11/2022

Industrial Project (Dr. Monica R.P. Rao)

(Enclosed with Application)

C

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

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

Challan No.: 2791

Date: 7/12/2022

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

Received from Mr./Miss Pristino Pharma  
Bijwe Plaza, Karve Nagar Pune 411052

Class \_\_\_\_\_ Year 2022 - 2023

Particulars	Amount Rs.
1) term Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee.....	
13) Other Fee.....	
14) Inhouse Project	5000/-
15) GST	900/-
16) 234128443610 (7 Dec 2022)	
<b>TOTAL Rs.</b>	<b>5900/-</b>

Total in words Rupees Five thousand  
nine hundred

Accept the amount as above 5900/-



Checked By \_\_\_\_\_

(MRP Rao)  
Deposited By

**A.I.S.S.M. SOCIETY**  
PUNE  
Inward No. 4935  
Date: 24/8/2022

4935/mg

**AISSMS**  
**College of Pharmacy**  
Pune - 1  
Inward No. 47 (29)  
Date: 23.09.2022

60P/PA/2022-23/65-3

Date: 24.08.2022

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


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


Respected Sir,

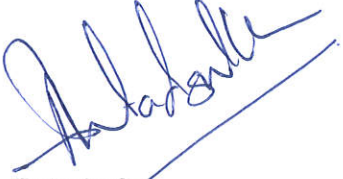
Please find enclosed research proposal titled, "Characterization of sunscreen formulation"  
under Category Industry Project (Format A1 ) for your approval. You are requested to do the  
needful at the earliest.

Thanking you.

  
(Dr. Monica R P Rao)  
(Chief Investigator)

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

  
(Ms. Saunle)  
(McDams)

  
(Principal)

**Principal**  
**AISSMS College of Pharmacy**  
**Pune-1**

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

Subject: Permission for Industry sponsored short term research project.

Respected Madam,

I / ~~We~~ the undersigned would like to undertake a short term self supported research  
project under the guidance of ~~Mr. / Ms. / Prof. / Dr.~~ **Monica R P Rao**  
duly filled format has been enclosed for your kind information and approval

The

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

Thanking you.

*Dr. Swapnila Shinde*  
Yours sincerely  
(Name and signature of Industry representative)

**PROTOCOL FOR INDUSTRY RESEARCH PROJECT (Format-A1)**

Name of the Industry: *Paistimo Pharma Pvt. Ltd,*  
Complete postal address: *Survey No. 14, Shop No. 6, Bijwe Plaza,*  
*Karnenagar, Pune 411052*

Title of Project: "Characterizaton of sunscreen formulation"

Proposed duration of Project: 03 Months

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

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Total cost of actuals.(Details are mentioned below)	Nil
2	Administrative & Infrastructure Charges The Principal The accountant	750/- 500/-
3	Society processing fees.	1750/-
4	Staff remuneration (to be proposed and justified by PI)	2000/-
5	Total	5000/-
6	GST@18%	900/-
	Grand Total	5900/-

 [Dr. Monica RP Rao]

(Name and Signature of Chief Investigator)

\* Cost of consumables shall be calculated using standard catalogue.

  
(Accountant sign)

## UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Characterization of sunscreen formulation" to be conducted between September to December 2022.

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

[Dr. Monica RP Rao]

(Name and signature of Chief Investigator)

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, "Characterization of sunscreen formulation."

(Hon. Secretary, AISSMS Pune)  
*Hon. Secretary*

*All India Shri Shivaji Memorial Society  
Pune-411 005.*

## POST APPROVAL DETAILS

Details of Payment :

Challan No. with Date : 2791 - dt 7.12.2022

Amount : Rs 5000 (plus GST Rs 900)

(Kindly enclose Xerox copies of Application and Challan)

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

[Dr. Monica RP Rao]

(Name and signature of Project -Coordinator)





rao\_mrp AISSMSCOP <rao\_mrp@aissmscop.com>

**project**

svshinde@pristinopharma.com <svshinde@pristinopharma.com>  
To: rao\_mrp@aissmscop.com

Wed, Aug 10, 2022 at 10:42 AM


Dear Madam

As discussed about the research proposal PFA copy of research project. Looking forward.  
thanks

regards  
Dr. Swapnila Shinde

[Quoted text hidden]

[Quoted text hidden]

 **development of skin formulation.doc**  
45K

(Enclosed with Application)

C

(For Candidates)

D

**AISSMS**

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

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

Challan No.: 2791 Date: 7/12/2022

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

Received from Mr./Miss Pristino Pharma  
Bijwe Plaza, Karve Nagar Pune 411052

Class \_\_\_\_\_ Year 2012 - 2013

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee.....	
13) Other Fee.....	
14) Inhouse Project	5000/-
15) GST	900/-
16) 234128443610 (7 Dec 2022)	
<b>TOTAL Rs.</b>	<b>5900/-</b>

Total in words Rupees Five thousand  
nine hundred

Accept the amount as above 5900/-



Checked By (MRP Rao)  
Deposited By

**AISSMS**

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

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

Challan No.: 2781 Date: 7/12/2022

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

Received from Mr./Miss Pristino Pharma  
Bijwe Plaza, Karve Nagar Pune 411052

Class \_\_\_\_\_ Year 2012 - 2013

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee.....	
13) Other Fee.....	
14) Inhouse Project	5000/-
15) GST	900/-
16) 234128443610 (7 Dec - 2022)	
<b>TOTAL Rs.</b>	<b>5900/-</b>

Total in words Rupees Five thousand  
nine hundred

Accept the amount as above 5900/-



Checked By (MRP Rao)  
Deposited By

GOP/PM/2022-23/99-2

Date: 07.11.2022

To,

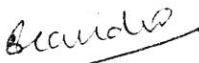
**Hon. Secretary**  
All India Shri Shivaji Memorial Society,  
Shivaji Nagar, Pune- 411005.

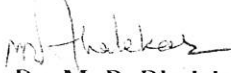
Sub: Submission of proposal of sponsored research project for approval.

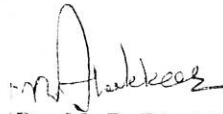
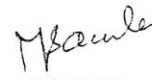
Respected Sir,


Please find enclosed research proposal titled, "**Development and Validation of UV-Spectrophotometric Method for Estimation of Ritonavir in Bulk, Tablet Dosage Form and Dissolution Medium**" under Category Industry Project (Format A ) for your approval. You are requested to do the needful at the earliest.

Thanking you.

  
Dr. Santosh V. Gandhi  
(Chief Investigator)

  
Dr. M. R. Bhalekar  
(Co- Investigator)

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

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

To,

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

Subject: Permission for Industry sponsored short term research project.

Respected Madam,

I / We the undersigned would like to undertake a short term sponsored research project under the guidance of Mr. / Mrs. / Prof. / **Dr. Santosh V. Gandhi**. The duly filled format has been enclosed for your kind information and approval

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

Thanking you.

Yours sincerely

  
Sonam Singh (Assistant Lab Manager)  
(Name and signature of Industry representative)

016

## PROTOCOL FOR INDUSTRY RESEARCH PROJECT (Format-A)

Name of the Industry: **Shin-Etsu Chemical Tylose India Pvt. Ltd**  
Complete postal address: **Office No. 08, 7<sup>th</sup> Floor, D Building, MBC Park,  
Kasarwadavali, Thane (W) – 400615, India**

Title of Project: **“Development and Validation of UV-Spectrophotometric Method for Estimation of Ritonavir in Bulk, Tablet Dosage Form and Dissolution Medium”**

Proposed duration of Project: 01 Month

Ref. No. and date of letter through proper channel: Email dated 19/10/2022

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Total cost of actuals.(Details are mentioned below)	2000/-
2	Infrastructure utility fees.(50% of actuals)	1000/-
3	Society processing fees. .(50% of actuals)	1000/-
4	Staff remuneration (same as actuals)	2000/-
	Total	6000/-
	GST @ 18 %	1080/-
	Grand Total	7080/-

### DETAILS OF ACTUALS

Sr. No.	Item(Consumables)	Qty. Required (Min. pack size)	Cost
01	Hydrochloric Acid	01 Lit	200/-
02	Methanol (AR Grade)	2.5 Lit * 2	1800/-
Grand total			2000/-



Dr. Santosh V. Gandhi



Dr. M. R. Bhalekar



Mr. M. M. Chopane  
(Accountant Sign)

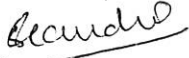
(Name and signature of Chief Investigator and Co-Investigator)

\* Cost of consumables shall be calculated using standard catalogue.

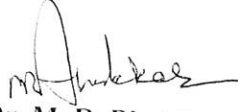
## UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Development and Validation of UV-Spectrophotometric Method for Estimation of Ritonavir in Bulk, Tablet Dosage Form and Dissolution Medium" to be conducted between 10/11/2022 to 09/12/2022.

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



Dr. Santosh V. Gandhi



Dr. M. R. Bhalekar

(Name and signature of Chief Investigator and Co-Investigator)

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled, "Development and Validation of UV-Spectrophotometric Method for Estimation of Ritonavir in Bulk, Tablet Dosage Form and Dissolution Medium"

(Hon. Secretary, AISSMS Pune)

Hon. Secretary

All India Shri Shivaji Memorial Society

Pune-411 005.

## POST APPROVAL DETAILS

Details of Payment:

Challan No. with Date: 1543 dated 19/12/2022

Amount: 6480 = 00 [RS. 7080 - RS. 600 (TDS)]

(Kindly enclose Xerox copies of Application and Challan)

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

Dr. M. R. Bhalekar

Dr. M.C. Damle

(Name and signature of Project -Coordinators)

## GUIDELINES FOR INDUSTRY SPONSORED PROJECTS (Format-A)

1. The chief investigator who wishes to carry out any research project shall receive a formal letter from the sponsor.
2. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
3. The aforementioned cost shall be prepared by the Chief Investigator as per the requirement of the sponsor.
4. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-A) to the society through principal for approval.
5. The actual experimental work shall be started only after approval from the society.
6. The student investigator's shall be appointed by the Chief Investigator.
7. After completion of the approved research project. Chief Investigator shall put forward the summary report in the prescribed format to the society through principal for the disbursement of remuneration to the staff.
8. The staff remuneration disbursement ratio shall be prepared by the Chief Investigator.
9. Chief Investigator shall be solely responsible for the maintenance of discipline and completion of other formalities like CPCSEA and Ethical committee approval etc and the project completion in due course of time.

**Note:** Chief Investigator shall collect 100% amount as an advance from the sponsorer after approval from the society. In case, if the Chief Investigator takes responsibility of the sponsorer then 50% amount can be collected as advance. The remaining 50% amount shall be received after completion of the project but before hand over of the result to the sponsor. Total amount received shall be deposited in the college account against which the official receipt shall be issued the sponsor.

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

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

Challan No.: **1543**

Date: 19/12/2022

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

Received from Mr./Miss Shin-Etsu Chemical

Syloce-India Pvt Ltd, Thane

Class Industry project Year 2022 - 2023

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) Other Fee .....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) <u>Industry Project</u>	<u>5491=00</u>
<u>UV method for</u>	
<u>Ritonavir</u>	
14) .....	
15) <u>+ GST @ 18%</u>	<u>989=00</u>
16) .....	
<b>TOTAL Rs.</b>	<b>6480=00</b>

Total in words Rupees Six thousand four  
hundred and eighty only

Accept the amount as above \_\_\_\_\_



Blamda  
Deposited By  
Cdr. S.V. Gadhvi

TO WHOM SO EVER IT MAY CONCERN

This is to appreciate work done on the Shin-Etsu Chemical Tylose India Pvt. Ltd, Thane project entitled "Development and Validation of UV-Spectrophotometric Method for Estimation of Ritonavir in Bulk, Tablet Dosage Form and Dissolution Medium" by Ms. Aditi Pande under the guidance of Dr. Santosh V. Gandhi and Dr. Mangesh R. Bhalekar at AISSMS College of Pharmacy, Pune

We wish best luck to her future endeavors.

*Sonam Singh*  
9/11/2022

**Sonam Singh**  
Assistant Lab Manager





(Enclosed with Application)

C

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

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

Challan No.:

Date : 27/05/2022

2523

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

Received from Mr./Miss Yash Nandkishor

Daga

Class T.Y. B.Pharm Year 2022 - 2023

Particulars	Amount Rs.	
1) Interim Fee.....	}	
2) Application Form Fees.....		
3) Development Fees.....		
4) Tuition Fees.....		
5) Misc. & University Charges.....		
6) Caution Money Deposit.....		
7) Journal Fees.....		
8) University / Board Eligibility Fee.....		
9) EVS Fee.....		
10) Student Activity Fee.....		
11) Insurance Fee.....		
12) Eligibility Fee.....		
13) Other Fee <u>Project fee</u>		<u>4000/-</u>
14) <u>18% GST</u>		<u>720/-</u>
15) <u>UTR no: SBIN2214764</u>		}
16) <u>5402</u>		
<u>Date:- 27/05/22</u>		
<b>TOTAL Rs.</b>	<u>4720/-</u>	

Total in words Rupees Four Thousand Seven  
Hundred and Twenty only

Accept the amount as above 4,720/-



Checked By

Yash

Deposited By

**AISSMS**  
**College of Pharmacy**  
Pune-01  
Inward No. 28 (9)  
Date: 26-05-2022

COP/PN/2022-23/03 (2)

Date: 4 MAY 2022

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

**AISSMS**  
Inward No. 725  
Date: 4/5/22

725  
MS/ST/22

Respected Sir,

Please find enclosed research proposal titled, "Drug repurposing on different drug targets using Insilico techniques" under Category In house Research Project (Format C) for your approval. You are requested to do the needful at the earliest.

Thanking you.

*K.D. Asgaonkar*  
*S.M. Patil*  
**(Chief Investigator)**  
K.D Asgaonkar, S.M Patil

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

*[Signature]*  
**(Principal)**  
**Principal**  
**AISSMS College of Pharmacy**  
**Pune-1**

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

Subject: Permission for self supported short term research project.

Respected Madam,

/ We the undersigned would like to undertake a short term self supported research project under the guidance of Mr. / Mrs. / Prof. /Dr. K.D Asgaonkar, S.M Patil

The duly filled format has been enclosed for your kind information and approval

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

Thanking you.

Yours sincerely  
(Name and signature of Students)  
Mr Manjish Gupta (T Y B.Pharm)  
Mr Yash Daga (TY B.Pharm)

*SMP/KD/MAC*  
*[Signature]*  
26/05/2022

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

Name of Applicant: K.D Asgaonkar, S.M Patil

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

Title of Project: *Drug repurposing on different drug targets using In-silico Techniques*

Proposed duration of Project: June-Aug 2022

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

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Infrastructure utility fees.	1000/-
2	Society processing fees.	1000/-
3	Staff remuneration	2000/-
4	Total cost of actuals.(Details are mentioned below)	NA- Free online softwares will be utilised
	Grand Total	4000/-

  
(Name and Signature of Chief Investigator)

K.D Asgaonkar, S.M Patil

  
(Accountant Sign)

## UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Drug repurposing on different drug targets using Insilico techniques" to be conducted between June- Aug 2022

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

  
(Name and signature of Chief Investigator)  
K.D Asgaonkar, S.M Patil

---

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.



(Hon. Secretary, AISSMS Pune)

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

---

## POST APPROVAL DETAILS

Details of Payment :

Challan No. with Date : 2523 , 27/5/22

Amount : 4720/-

(Kindly enclose Xerox copies of Application and Challan)

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

  
(Name and signature of Project -Coordinator)

(Dr. M. R. Bhalekar)

## Report of In house project: Drug repurposing on different targets using Insilico techniques

Introduction: Past few decades have witnessed co existence of Diabetes and hypertension leading to other health disorders. Hence it is imperative to search for new therapies for the treatment hypertension as well as diabetes simultaneously which will eventually reduce the pill burden and subsequent side effects.

Aim: Current study was undertaken to develop molecules with dual activity as anti diabetic and antihypertensive employing different in- silico tools.

Material and Method: Structure activity relationship was drawn from the literature considering Thiazolidinones (anti diabetes), Indole (Antihypertensive) and naturally occurring polyphenols (dual activity) for simultaneous to management of hypertension and diabetes. Fifty six new chemical entities were designed and subjected to ADME and docking studies. Based on the Lipinski filter, bioavailability and leadlikeness nineteen molecules were further docked in to three PDB's (5Y2T, 4BVN, 108A).

Result and Discussion: Most of the compounds showed better binding affinity of than the standards .Two compounds have shown favourable hydrogen bonding, hydrophobic and electrostatic interactions required for dual activity.

Conclusion: The results obtained are encouraging to further explore the hit molecules for simultaneously treating the two diseases



K.D. Asgaonkar, S.M. Patil,



Yash. Daga, Manjish .Gupta



(Enclosed with Application)

C

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

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

Challan No.:

2744

Date: 04/11/22

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

Received from Mr./Miss Dhengale Kalyani Sunil

Add: Kaustubh Vihar, Dhayesi - Pune - 41

Class T.Y. Bpharmacy Year 2022 - 2023

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee .....	
13) Other Fee .....	
14) <u>Inhouse project</u>	<u>5000</u>
15) <u>GST @ 18%</u>	<u>900</u>
16) .....	
<b>TOTAL Rs.</b>	<b>5900/-</b>

Total in words Rupees Five thousand  
nine hundred only

Accept the amount as above 5900/-



Checked By

Dhengale  
Deposited By

Guide: Mrs. Anurita  
Avalaskar

**AISSMS COLLEGE OF PHARMACY, PUNE 411001**

COP/ PN/ 2022-23/ 80 (3)

Date: 19/9/2022

5881 / 10/10/22

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

AISSMS  
College of Pharmacy  
Pune-1  
Inward No. 85-2  
Date: 10.10.2022

AISSMS COLLEGE OF PHARMACY  
PUNE  
Inward No. 5881  
Date: 27/9/2022

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

Respected Sir,

Please find enclosed research proposal titled, "**Formulation & Evaluation of Gummies for Vitamins Health.**" under Category In house Research Project (Format C ) for your approval. You are requested to do the needful at the earliest.

Thanking you.

*Avalaskan*  
**A-N. Avalaskan**  
(Chief Investigator)

*M. S. Bhande*  
**(Project Co-ordinator)**  
(Dr. M. S. Bhande)

*Avalaskan*  
(Principal)  
**Principal**  
AISSMS College of Pharmacy  
Pune-1

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

Subject: Permission for self supported short term research project.

Respected Madam,

We the undersigned would like to undertake a short term self supported research project under the guidance of *Mrs Amruta N. Avalaskan*  
The duly filled format has been enclosed for your kind information and approval

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

Thanking you.

*Amruta / MRB / NACO / NACAC*  
*Amruta*  
17/10/2022

Yours sincerely  
(Name and signature of Students)

Kalyani. S. Dhengale *Dhengale*  
Rutuja. S. Gaikwad *Gaikwad*  
Snehal. D. Gadhave *Snehal.*

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

Name of Applicant: Mrs Anurita N. Avalaskar

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

Title of Project: Formulation & Evaluation of Yummies for Uterine health.

Proposed duration of Project: 03 Months Oct 2022 - Jan 2023.

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

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Infrastructure utility fees.	1000/-
2	Society processing fees.	1000/-
3	Staff remuneration	2000/-
4	Total cost of actuals.(Details are mentioned below)	1000/-
	Grand Total	5000/-
	GST @18%	900/-
	Total payable amount	5900/-

**DETAILS OF ACTUALS**

Sr. No.	Item(Consumables)	Qty. Required (min. pack size)	Approx. Cost
1.	<u>gelatin</u>	<u>50g</u>	<u>400/-</u>
2.	<u>Alcohol</u>	<u>100ml</u>	<u>200/-</u>
3.	<u>HPMC</u>	<u>50g</u>	<u>400/-</u>
<b>Grand total</b>			<b>1000/-</b>

A. N. Avalaskar  
A. N. Avalaskar

(Name and Signature of Chief Investigator)

\* Cost of consumables shall be calculated using standard catalogue.

[Signature]  
(Accountant Sign)



## UNDERTAKING

I undersigned hereby take responsibility of the project titled, *Formulation & Evaluation of Gummies for Uterine Health.*

to be conducted between *Oct 2022 - Jan 2023*

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

*A. N. Shivalaska*  
*A. N. Shivalaska*

(Name and signature of Chief Investigator)

---

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.



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

---

## POST APPROVAL DETAILS

Details of Payment :

Challan No. with Date :

Amount :

(Kindly enclose Xerox copies of Application and Challan)

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

(Name and signature of Project –Coordinator)

---

### **GUIDELINES FOR INHOUSE STUDENT RESEARCH PROJECTS (Format-C)**

1. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
2. Chemicals available in college store shall be issued upon approval. The catalogue price to be included in actuals. Chemicals not available in stores to be procured by the students.
3. To the above figure following charges shall be charged extra to the student:
  - a. Rs.1000/-: As infrastructure utility fees.
  - b. Rs.1000/-: As processing charges to the society.
  - c. Rs.2000/-: As staff remuneration
  - d. **GST@18% will be charged on the total amount.**
4. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-C) to the society through principal for approval.
5. The actual experimental work shall be started only after approval from the society.
6. The student investigator/s shall be appointed by the Chief Investigator.
7. After completion of the approved research project, Chief Investigator will put forward the summary report to the society for the disbursement of remuneration to the staff.
8. The staff remuneration disbursement ratio shall be prepared by the Chief Investigator.
9. Chief Investigator shall be solely responsible for the maintenance of discipline and completion of other formalities like CPCSEA and Ethical committee approval etc and the project completion in due course of time.

**Note:** Chief Investigator shall ensure that 100% amount as an advance from the students is deposited in the college bank account.

A/P - Gokhale Nagar

Tal & Dist - Pune

(Enclosed with Application)

C

**AISSMS**

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

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

Challan No.:

2656

Date: 02/11/22

Amount credited on A/C No.: 04510200000882 in the

**BANK OF BARODA**, Shivajinagar, Pune - 5

Received from Mr./Miss Samarth Balasahab  
Dhanraj

Class Third year B. Pharmacy Year 2021 - 2022

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee .....	
13) Other Fee .....	
14) <u>Inhouse project</u>	<u>5000</u>
15) <u>GST 18%</u>	<u>900</u>
16) .....	
<b>TOTAL Rs.</b>	<u>5900/-</u>

Total in words Rupees Five thousand  
Nine hundred & only/-

Accept the amount as above \_\_\_\_\_



22-23 (4)

**AISSMS COLLEGE OF PHARMACY, PUNE 411001**

AISSMS  
College of Pharmacy  
Pune-01  
Inward No. 85-17  
10-10-2022

(OP/PN) 2022-23 / 80-2

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

AISSMS SOCIETY  
PUNE  
Inward No. 5882  
Date: 27/9/2022

5882  
10/10/22

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

Respected Sir,

Please find enclosed research proposal titled, "**Formulation and Evaluation of Oral Films in the management of Palpitation**" under Category In house Research Project (Format C) for your approval. You are requested to do the needful at the earliest.

Thanking you.  
*A.N. Shrivastava*  
**A.N. Shrivastava**  
(Chief Investigator)

*M. R. Bhatekar*  
**DA M.R. Bhatekar**  
(Project Co-ordinator)

*M. D. Sonle*  
(Principal)  
**Principal**  
AISSMS College of Pharmacy  
Pune-1

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

Subject: Permission for self supported short term research project.

Respected Madam,

We the undersigned would like to undertake a short term self supported research project under the guidance of *Mrs Anurita N. Shrivastava*  
The duly filled format has been enclosed for your kind information and approval

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

Thanking you.

Yours sincerely  
(Name and signature of Students)

*Anurita N. Shrivastava*  
**Anurita N. Shrivastava**  
(M.B.B. M.C.S.)  
11/10/2022

1. Samarth Dhanwat *Sarth*
2. Omkar Moholkar *Omkar*
3. Saurabh Shendkar *S.Shendkar*
4. Vaishnavi Vibhute *V.Vibhute*

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

Name of Applicant: Mrs Amruta N. Avalaskar

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

Title of Project: Formulation & evaluation of oral films in the management of Palpitation

Proposed duration of Project: 03 Months

4 Oct 2022 - Jan 2023

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

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Infrastructure utility fees.	1000/-
2	Society processing fees.	1000/-
3	Staff remuneration	2000/-
4	Total cost of actuals.(Details are mentioned below)	3000/-
	Grand Total	5000/-
	GST @18%	900/-
	Total payable amount	5900/-

**DETAILS OF ACTUALS**

Sr. No.	Item(Consumables)	Qty. Required (min. pack size)	Approx. Cost
1.	PEG 400	100ml	200/-
2.	HPMC	50g	600/-
3.	Alcohol 200ml	200ml	200/-
Grand total			1000/-

Avalaskar  
A-N. Avalaskar

(Name and Signature of Chief Investigator)

Na  
(Accountant Sign)

\* Cost of consumables shall be calculated using standard catalogue.

## UNDERTAKING

I undersigned hereby take responsibility of the project titled, *Formulations and Evaluation of Oral films in the management of Palpitations* to be conducted between *Oct 2022 - Jan 2023*

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

*A. N. Avasarke*

*A. N. Avasarke*

(Name and signature of Chief Investigator)

---

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.

*A. G.*

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

---

## POST APPROVAL DETAILS

Details of Payment :

Challan No. with Date :

Amount :

(Kindly enclose Xerox copies of Application and Challan)

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

---

(Name and signature of Project -Coordinator)

### **GUIDELINES FOR INHOUSE STUDENT RESEARCH PROJECTS (Format-C)**

1. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
2. Chemicals available in college store shall be issued upon approval. The catalogue price to be included in actuals. Chemicals not available in stores to be procured by the students.
3. To the above figure following charges shall be charged extra to the student:
  - a. Rs.1000/-: As infrastructure utility fees.
  - b. Rs.1000/-: As processing charges to the society.
  - c. Rs.2000/-: As staff remuneration
  - d. **GST@18% will be charged on the total amount.**
4. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-C) to the society through principal for approval.
5. The actual experimental work shall be started only after approval from the society.
6. The student investigator/s shall be appointed by the Chief Investigator.
7. After completion of the approved research project, Chief Investigator will put forward the summary report to the society for the disbursement of remuneration to the staff.
8. The staff remuneration disbursement ratio shall be prepared by the Chief Investigator.
9. Chief Investigator shall be solely responsible for the maintenance of discipline and completion of other formalities like CPCSEA and Ethical committee approval etc and the project completion in due course of time.

**Note:** Chief Investigator shall ensure that 100% amount as an advance from the students is deposited in the college bank account.

(Enclosed with Application)

C

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

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

Challan No.: 2682 Date: 4 / 10 / 22

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

Received from Mr./Miss Khanvilkar Priyanka  
Laxman

Class T.Y.B.Pharm Year 2022 - 2023

Particulars	Amount Rs.
1) Interim Fee.....	)
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee .....	
13) Other Fee .....	
14) <u>Inhouse Project</u> .....	<u>4000/-</u>
15) <u>GST</u> .....	<u>720/-</u>
16) .....	
<b>TOTAL Rs.</b>	<b>4720/-</b>

Total in words Rupees Four Thousand Seven  
Hundred Twenty Only

Accept the amount as above 4720/-

Checked By 

P. Khanvilkar  
Deposited By



AISSMS  
College of Pharmacy  
Pune-01  
Inward No. 77-2  
Date. 23.09.2022

22-23  
5



# AISSMS

COLLEGE OF PHARMACY

IMPARTING EXCELLENCE IN EDUCATION & RESEARCH



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

Ref. No. COP/PN/2022-23/GC-2

Date: 29.08.2022

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

AISSMS  
Inward No. 5294  
Date: 6/9/2022

say  
my

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

Respected Sir,

Please find enclosed research proposal titled, "Design and evaluation of a topical formulation" under Category In house Research Project (Format C) for your approval. You are requested to do the needful at the earliest.

Thanking you.

**Principal**  
(Principal)  
AISSMS College of Pharmacy  
Pune-1

**(Project Co-ordinator)**

**(Chief Investigator)**  
[Dr. Monica RP Rao]

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

Subject: Permission for self supported short term research project.

Respected Madam,

We the undersigned would like to undertake a short term self supported research project under the guidance of **Dr. Monica RP Rao**. The duly filled format has been enclosed for your kind information and approval

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

Thanking you.

Yours sincerely

Divya Kanade

Priyanka Khanwilkar

Akanksha Mahadik

Isha Mahamunkar

MRPR / MRP  
KACI  
NANC  
23/09/2022

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

Name of Applicant: Dr. Monica RP Rao

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

Title of Project: Design & Evaluation of a topical formulation

Proposed duration of Project: 03 Months

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

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Infrastructure utility fees.	1000/-
2	Society processing fees.	1000/-
3	Staff remuneration	2000/-
4	Total cost of actuals.(Details are mentioned below)	- /-
	Grand Total	4000/-
	GST @18%	720/-
	Total payable amount	4720/-

**DETAILS OF ACTUALS**

Sr. No.	Item(Consumables)	Qty. Required (min. pack size)	Approx. Cost
1.	<u>Will be procured as gift sample</u>	<u>Gift sample.</u>	
2.			
3.			
Grand total			NA



(Dr. Monica RP Rao)

(Name and Signature of Chief Investigator)



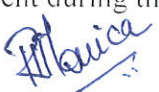
(Accountant Sign)

\* Cost of consumables shall be calculated using standard catalogue.

## UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Design and evaluation of a topical formulation" to be conducted between "September - December 2022"

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


  
(Name and signature of Chief Investigator)

Dr. Monica RP Rao

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## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.

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

---

## POST APPROVAL DETAILS

Details of Payment:

Challan No. with Date: 2682 dt 4.10.2022

Amount: Rs 4720/-

(Kindly enclose Xerox copies of Application and Challan)

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

  
  
(Name and signature of Project -Coordinator)

(Enclosed with Application)

C

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

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

Challan No.: 2652 Date: 07/11/2022Amount credited on A/C No.: 04510200000882 in the  
**BANK OF BARODA**, Shivajinagar, Pune - 5

Received from Mr./Miss Vaishnavi Mukund Shitole  
Add: Flat No. 728, Building A1, Harmony Co-op Housing  
Society, Bhosale Nagar, Pune ICS Colony, Pune - 411007

Class TY. B.Pharm Year 2022 - 2023  
Project under - Dr. M.C. Damle

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee .....	
13) Other Fee .....	
14) <u>Project Fee</u> .....	<u>4900/-</u>
15) <u>GST</u> .....	<u>882/-</u>
16) .....	
<b>TOTAL Rs.</b>	<u>5,782/-</u>

Total in words Rupees Five thousand seven  
hundred and eighty two

Accept the amount as above 5782/-



Checked By

Shitole  
Deposited By

AISSMS COLLEGE OF PHARMACY, PUNE 411001

AISSMS  
College of Pharmacy  
Pune-01  
77 (2)  
Date: 23-09-2022  
5 SEP 2022

COP/PN/2022-23/70 - (2)

Date:

To,

**Hon. Secretary**

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

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

Respected Sir,

Please find enclosed research proposal titled, "Quantification of active marker from herbal formulation by HPTLC" under Category In house Research Project (Format C ) for your approval. You are requested to do the needful at the earliest.

Thanking you.

*M Damle*  
(Chief Investigator)  
(Dr. M. C. Damle)

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

*A. D. D. D.*  
(Principal)  
**Principal**  
AISSMS College of Pharmacy  
Pune-1

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

Subject: Permission for self supported short term research project.

Respected Madam,

We the undersigned would like to undertake a short term self supported research project under the guidance of Dr. Mrinalini C. Damle.  
The duly filled format has been enclosed for your kind information and approval

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

Thanking you.

Yours sincerely  
(Name and signature of Students)

1. Vaishnavi Shitole - *Shitole*
2. Sweta Singh - *Sweta*

*MCD/MMC*  
*[Signature]*  
23/09/2022

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

Name of Applicant:

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

Title of Project: "Quantification of active marker from herbal formulation by HPTLC"

Proposed duration of Project: 03 Months

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

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Infrastructure utility fees.	1000/-
2	Society processing fees.	1000/-
3	Staff remuneration	2000/-
4	Total cost of actuals.(Details are mentioned below)	900/-
	Grand Total	4900/-
	GST @18%	882/-
	Total payable amount	5782/-

**DETAILS OF ACTUALS**

Sr. No.	Item(Consumables)	Qty. Required (min. pack size)	Approx. Cost
1.	TLC plates	4 No.	800/-
2.	Chloroform	100 ml	50/-
3.	Formic Acid	10 ml	50/-
<b>Grand total</b>			900/-

*M. Sankar*  
*(M. Sankar)*  
**(Name and Signature of Chief Investigator)**

\* Cost of consumables shall be calculated using standard catalogue.

*(Accountant Sign)*  
**(Accountant Sign)**

## UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Quantification of active marker from herbal formulation by HPTLC" to be conducted between Oct. to Dec 2022

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

*M. Sawle*  
(Dr M C Damle)  
(Name and signature of Chief Investigator)

---

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled. *as above.*

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

---

## POST APPROVAL DETAILS

Details of Payment :

Challan No. with Date : *2652 dt 1<sup>st</sup> Nov 2022*

Amount : *5,782/-*

(Kindly enclose Xerox copies of Application and Challan)

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

*M. Sawle*  
(M C Damle)  
(Name and signature of Project -Coordinator)

### **GUIDELINES FOR INHOUSE STUDENT RESEARCH PROJECTS (Format-C)**

1. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
2. Chemicals available in college store shall be issued upon approval. The catalogue price to be included in actuals. Chemicals not available in stores to be procured by the students.
3. To the above figure following charges shall be charged extra to the student:
  - a. Rs.1000/-: As infrastructure utility fees.
  - b. Rs.1000/-: As processing charges to the society.
  - c. Rs.2000/-: As staff remuneration
  - d. GST@18% will be charged on the total amount.**
4. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-C) to the society through principal for approval.
5. The actual experimental work shall be started only after approval from the society.
6. The student investigator/s shall be appointed by the Chief Investigator.
7. After completion of the approved research project, Chief Investigator will put forward the summary report to the society for the disbursement of remuneration to the staff.
8. The staff remuneration disbursement ratio shall be prepared by the Chief Investigator.
9. Chief Investigator shall be solely responsible for the maintenance of discipline and completion of other formalities like CPCSEA and Ethical committee approval etc and the project completion in due course of time.

**Note:** Chief Investigator shall ensure that 100% amount as an advance from the students is deposited in the college bank account.



(Enclosed with Application)

C

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

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

Challan No.:

2773

Date : 23/11/22

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

Received from Mr./Miss Londhe Rutuja  
Pravin

Class T. Y. B. Pharm Year 2012 - 2013

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee .....	
13) Other Fee <u>Inhouse</u>	<u>56641-</u>
14) <u>project + GST</u>	
15) <u>Transaction ID</u>	
<u>T2211231341433860888266</u>	
16) <u>23.11.2022</u>	
<b>TOTAL Rs.</b>	<u>56641-</u>

Total in words Rupees five thousand  
six hundred sixty four.

Accept the amount as above 56641-



@Londhe  
Deposited By

AISSMS  
College of Pharmacy  
Pune-1  
Inward No. 77-10  
Date 23.09.2022

7



**AISSMS**

COLLEGE OF PHARMACY

IMPARTING EXCELLENCE IN EDUCATION & RESEARCH

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



COP/PN/2022-23/42-①

Date: 8-9-22

To,

**Hon. Secretary**

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

AISSMS SOCIETY  
Inward No. 5388  
Date: 8/9/2022

5388  
mtg

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

Respected Sir,

Please find enclosed research proposal titled, "Formulation of grapeseed extract", under Category In house Research Project (Format C ) for your approval.

You are requested to do the needful at the earliest.

Thanking you.

(Chief Investigator)

*Dr M R Bhalekar*

Dr M R Bhalekar

*Dr M R Bhalekar* *Dr M C Damle*

(Project Co-ordinator)

Dr M R Bhalekar Dr M C Damle

*Principal*

(Principal)

**Principal**

AISSMS College of Pharmacy  
Pune-1

To,

**The Principal,**

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

Subject: Permission for self supported short term research project.

Respected Madam,

I / We the undersigned would like to undertake a short term self supported research project under the guidance of Mr. / Mrs. / Prof. /Dr. Mangesh Bhalekar  
The duly filled format has been enclosed for your kind information and approval

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

Thanking you.

Yours sincerely  
(Name and signature of Students)

*MRB/AMC*  
*[Signature]*  
23/09/2022

1. Londhe Rutuja - *@Londhe*
2. Jadhav Shrunalini - *[Signature]*
3. Kulkarni Mayur *MPKulkarni*

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

Name of Applicant: Dr Mangesh Bhalekar  
Complete postal address: AISSMS college of Pharmacy, Near RTO, Pune- 411001

Title of Project: Formulation of grapeseed extract.  
Proposed duration of Project: 03 Months


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

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Infrastructure utility fees.	1000/-
2	Society processing fees.	1000/-
3	Staff remuneration	2000/-
4	Total cost of actuals.(Details are mentioned below)	800/-
	Grand Total	4800/-
	GST @18%	864/-
	Total payable amount	5664/-

**DETAILS OF ACTUALS**

Sr. No.	Item(Consumables)	Qty. Required (min. pack size)	Approx. Cost (Rs)
1.	chloroform	500 gm	500=00
2	Carbopol	50 gm	300=00
<b>Grand total</b>			800=00

  
(Name and Signature of Chief Investigator)  
Dr Mangesh Bhalekar

  
Mr M M Chopane


\* Cost of consumables shall be calculated using standard catalogue.

Accountant

## UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Formulation of grapeseed extract" to be conducted between " 15 /9/ 2022 - 15/12/ 2022"

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

  
(Name and signature of Chief Investigator)  
Dr. Mangesh Bhalekar

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled. Formulation of grapeseed extract".

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

## POST APPROVAL DETAILS


Details of Payment :

Challan No. with Date : 2773 / 23/11/22

Amount : 5664=00

(Kindly enclose Xerox copies of Application and Challan)

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

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

### **GUIDELINES FOR INHOUSE STUDENT RESEARCH PROJECTS (Format-C)**

1. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
2. Chemicals available in college store shall be issued upon approval. The catalogue price to be included in actuals. Chemicals not available in stores to be procured by the students.
3. To the above figure following charges shall be charged extra to the student:
  - a. Rs.1000/-: As infrastructure utility fees.
  - b. Rs.1000/-: As processing charges to the society.
  - c. Rs.2000/-: As staff remuneration
4. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-C) to the society through principal for approval.
5. The actual experimental work shall be started only after approval from the society.
6. The student investigator/s shall be appointed by the Chief Investigator.
7. After completion of the approved research project, Chief Investigator will put forward the summary report to the society for the disbursement of remuneration to the staff.
8. The staff remuneration disbursement ratio shall be prepared by the Chief Investigator.
9. Chief Investigator shall be solely responsible for the maintenance of discipline and completion of other formalities like CPCSEA and Ethical committee approval etc and the project completion in due course of time.

**Note:** Chief Investigator shall ensure that 100% amount as an advance from the students after it is deposited in the college bank account.

**AISSMS College of Pharmacy, Kennedy Road Pune-01**  
**File checking format 2019-20**

Name of the portfolio: Inhouse Projects

Date of checking: 9-10-20

Members: Dr. Meenakshi Damde & Dr. Mangesh Bhalekar

Sr. No	Items	Remarks
1.	Office order	-
2.	Correct data with relevant proofs *	✓
3.	Job accomplishment (to be checked against office order)**	✓
4.	Updated Summary of data for that year /Table**(If applicable)	✓
5.	Graphs(If applicable) *	-
6.	1-2 representative Photos (If applicable)	-
7.	Expenditure details (If applicable) *	-

M. Bhalekar M. Damde  
Dr. M. R. Bhalekar CM (Damde)  
(Name and Sign of all Committee members)

[Dr. Meenika R P Rao]

Checked By (Name and Sign)

[Signature]  
Dr. A R Madgulkar

Note: \* Document should be signed by all portfolio members

\*\*Document should be signed by all portfolio members and Principal

The completed format should be maintained in respective files .

9  
J. K. Gajbe



**AISSMS**

**COLLEGE OF PHARMACY**

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



COP/PN/2022-23/123 (7)

20 DEC 2022

To,

**The Hon. Secretary**

All India Shri Shivaji Memorial Society,

Shivaji Nagar

Pune- 411005.

**Sub:** Submission of the summary report for disbursement of remuneration to the staff.

Respected Sir,

As per your approval with reference COP/PN/2022-23/34-5 of Inhouse research Research Project, herewith we are sending a summary report of the project titled, "Antimicrobial Preparation of an herbal product (Gel) and Xerox copy of Receipt of payment amount 5,546/- to college (including GST). You are requested to kindly sanction and draw the Cheque of Rupees 2,000/- disbursement of remuneration to the staff at the earliest.

Thanking you.

Mr. J. W. Gajbe & Mrs. S. H. Rao

Dr. M. C. Damle, Dr. M. R. Bhalekar

Mr. M. M. Chopane

Prepared by

Checked by

Accountant

(Dr Ashwini R Madgulkar)

**Principal**

**AISSMS College of Pharmacy**

Pune-1

**TREASURER HONORARY SECRETARY**  
The All India Shri Shivaji Memorial Society  
Pune - 411005

**Encl:**

- 1) Summary report.
- 2) Xerox of receipt of payment.
- 3) Xerox set of sanctioned proposal.

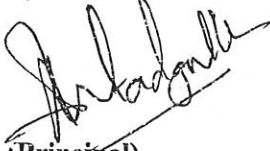
**Summary report of Inhouse Research Project  
Antimicrobial Preparation of herbal product (Gel)**

**Summary of the Project**

**Date of sanction: 11/10/2021**

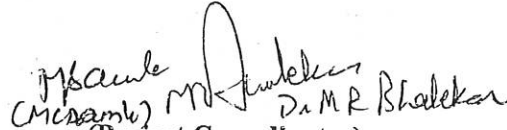
**Date of completion: 04/02/2022**

- |  |             |
|--|-------------|
| 1) The total cost of project =                 | Rs. 5546=00 |
| 2) The total cost of Actuals                   | Rs. 700=00  |
| 3) Charges received as Society processing fees | Rs. 1000=00 |
| 4) Charges received as Society processing fees | Rs. 1000=00 |
| 5) Remuneration to be paid to the staff        | Rs. 2000=00 |

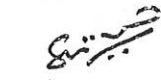
  
(Principal)

**Principal**

**AISSMS College of Pharmacy  
Pune-1**

  
(Project Co-ordinator)

(Chief Investigator)

  
(Mrs. S.H. Rao)

**Details of Remuneration to be disbursed to the staff**

**Total amount to be disbursed: Rs. 1000 /-**

**Disbursement ratio:**

Sr. No.	Name of the staff member	Amount
1	Dr. A. R. Madgulkar	400=00
2	Mr. M.M. Chopane	300=00
3	Mr. J.W. Gajbe	650=00
	Mrs. Shivani. R. Rao	650=00
	<b>Total</b>	<b>2000/-</b>



AISSMS  
College of Pharmacy  
Pune-01  
Inward No. 415-4  
Date 19.07.2022



**AISSMS**



**COLLEGE OF PHARMACY**

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Accredited by NAAC with A Grade

Ref. No. COP/PN/2022-23/34 (5)

Date: 1 JUL 2022

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

RECEIVED  
Inward No. 3094  
Date 11/7/22

3094  
11/7/22

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

Respected Sir,

Please find enclosed research proposal titled, "Antimicrobial Preparation of herbal product"  
." under Category In house Research Project (Format C) for your approval. You are requested to do  
the needful at the earliest.

Thanking you

(Principal)  
**Principal**

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

(S. H. Rao)  
(Chief Investigator)

(J.H. Gajbe)

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

Subject: Permission for self supported short term research project.

Respected Madam,

/ We the undersigned would like to undertake a short term self supported research  
Project under the guidance of Mr. / Mrs. / Prof. / Mrs. Shivani Rao & Mr. Jitendra. W. Gajbe. The  
duly filled format has been enclosed for your kind information and approval

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

Thanking you.

Yours sincerely

Saioni Joshi

Snehal Dombe

Mansi Gaikwad.

12/07/2022

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

Name of Applicant: Mrs..Shivani Rao & Mr.Jitendra.W,Gajbe

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

Title of Project: **Antimicrobial preparation of herbal product.**

Proposed duration of Project: **03 Months**

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

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Infrastructure utility fees.	1000/-
2	Society processing fees.	1000/-
3	Staff remuneration	2000/-
4	Total cost of actuals.(Details are mentioned below)	686/-
	Grand Total	4686/-
	18%GST	844/-
	(Grand Total+18%GST)	<b>5,530/-</b>

\*All chemicals are purchased by students among themselves and the herbal product will be obtained as a gift sample.

**DETAILS OF ACTUALS**

Sr. No.	Item(Consumables)	Qty. Required (min. pack size)	Approx. Cost
1	Muller Hinton Agar	100gm	686/-
			-
			-
<b>Grand total</b>			686/-

Mrs. Shivani Rao

Mr. Jitendra W Gajbe

(Name and Signature of Chief Investigator)

## UNDERTAKING

I undersigned hereby take responsibility of the project titled, **Antimicrobial preparation of herbal product(cream)** be conducted between "July 2022 to September 2022"

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

(Name and signature of Chief Investigator)


Mrs. Shivani Rao

Mr. Jitendra W Gajbe

---

## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled. **Antimicrobial preparation of herbal product (Cream)**

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

---

## POST APPROVAL DETAILS

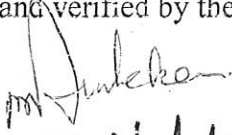
Details of Payment:

Challan No. with Date: 2677

Amount: 5530/-

(Kindly enclose Xerox copies of Application and Challan)

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

  
Dr. M. R. Bhalerao  
(Name and signature of Project -Coordinator)

# Antimicrobial preparation of Herbal Products.

---

## Report

Method for Antimicrobial Study –

Cup plate method/ Diffusion method –

The Antimicrobial activity of gel was evaluated by using Cup plate method according to the CLSI guidelines against E.coli and S.aureus.

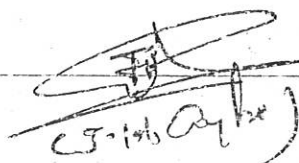
Procedure –

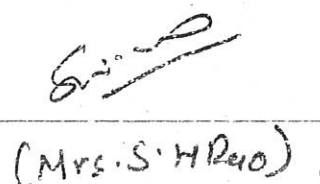
The agar plate surface was inoculated by pouring 100ul of volume of microbial inoculum ( e.coli and s.aureus) over entire agar surface. Then, a well with diameter of 6-8mm was made aseptically with sterile T.borer and volume of 25ul of the antimicrobial agent (gel) was introduced into the well. Then, the agar plates were incubated under suitable condition depending upon test organisms.

( The antimicrobial agent that is curcumin – complex gel diffuses in the agar medium and inhibits the growth of microbial strain tested.)

Outcomes –

Formulation and evaluation of Herbal Topical Gel of Curcumin – Polyethylene Complex and Neem Oil for Antibacterial treatment was presented in a State Level Competition, Synapse 2022 in association with IQAC SPPU dated 18<sup>th</sup> November 2022.

  
(S. H. Rao)

  
(Mrs. S. H. Rao)

(Enclosed with Application)

C

**AISSMS**

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

Kennedy Road, Madurai, Pin - 625 001

Chadran 2001

Date: 4/10/22

Amount Enclosed in AS For No. 2/20220002 in the  
SALE OF BONDS, Schedule Form 5

Retained from which 1000 / 1000000

1000000

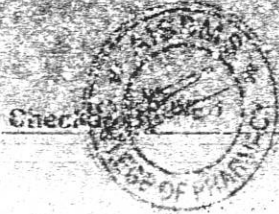
Class B.Pharm Year 2021 / 2022

Particulars	Amount Rs.
1) Intern Fee	
2) Application Form Fees	
3) Development Fees	
4) Tuition Fees	
5) Misc. & University Charges	
6) Caution Money Deposit	
7) Journal Fees	
8) University / Board Eligibility Fee	
9) EVS Fee	
10) Student Activity Fee	
11) Insurance Fee	
12) Eligibility Fee	
13) Other Fee <u>Practise</u>	<u>4000</u>
14) <u>100</u>	<u>100</u>
15) <u>1000000</u>	
16) <u>1000000</u>	
<b>TOTALS</b>	<u>5000</u>

Total amount received 1000000 / 1000000

1000000 / 1000000

Accept the amount as above 1000000



Deposited By [Signature]



# AISSMS

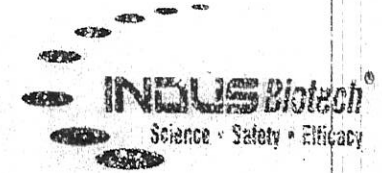
## COLLEGE OF PHARMACY

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



With Best compliments from "INDUS BIOTECH LIMITED, Pune"



### *Certificate of Appreciation*

This is to certify that Isha Kalbhor has participated in a State Level Research Competition held on 18th November 2022. We appreciate your participation to the success of the event.

Dr. M. C. Damle  
Coordinators

Dr. M. R. Bhalekar  
Coordinators

Dr. M. R. P. Rao  
Coordinators

Dr. T. S. Chitre  
Coordinators

Dr. Ashwini R. Madgulkar  
Principal



# AISSMS

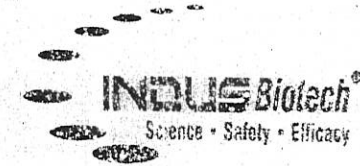
## COLLEGE OF PHARMACY



IMPARTING EXCELLENCE IN EDUCATION & RESEARCH

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

With Best compliments from "INDUS BIOTECH LIMITED, Pune"



## Certificate of Appreciation

This is to certify that Jeevan Bagal has participated in a State Level Research Competition held on 18th November 2022. We appreciate your participation to the success of the event.

Dr. M. C. Damle  
Coordinators

Dr. M. R. Bhalekar  
Coordinators

Dr. M. R. P. Rao  
Coordinators

Dr. T. S. Chitre  
Coordinators

Dr. Ashwini R. Madgulkar  
Principal

(Enclosed with Application)

C

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

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

Challan No.:

3175

Date: 29/03/2023

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

Received from Mr./Miss Jagteep punjaram  
Korbhori

Class \_\_\_\_\_ Year 2022 - 2023

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee .....	
13) Other Fee .....	
14) Inhouse project fees	4250/-
15) GST	80/-
16) .....	
<b>TOTAL Rs.</b>	<b>5251/-</b>

Total in words Rupees Five thousand  
two hundred fifty one only

Accept the amount as above 5251/-



Jagteep  
Deposited By



13

**AISSMS**  
**College of Pharmacy**  
Pune-1  
Inward No. 128-4  
Date 19.01.2023



**AISSMS**



**COLLEGE OF PHARMACY**

IMPARTING EXCELLENCE IN EDUCATION & RESEARCH

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

COP/PM/2022-23/110-1

Date: 25 NOV 2022

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

8903  
21/11/22

8903  
19/11/22

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

Respected Sir,  
Please find enclosed research proposal titled, "Formulation of solid dispersion"  
under Category In house Research Project (Format C ) for your approval.  
You are requested to do the needful at the earliest.

Thanking you

(Principal)

(Project Co-ordinator)

(Chief Investigator)

(Dr. Ashwini Madgulkar)  
**Principal**

(Dr. M.R. Bhalekar)

(Dr. M.R. Bhalekar)

**AISSMS College of Pharmacy**  
Pune-1

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

Subject: Permission for self supported short term research project.

Respected Madam,

I / We the undersigned would like to undertake a short term self supported research  
project under the guidance of Mr. / Mrs. / Prof. /Dr. Mangesh Bhalekar  
The duly filled format has been enclosed for your kind information and approval  
I / We will be obliged, if you consider my /our request and permit us for the same.

Thanking you.

Yours sincerely

(Name and signature of Students)

MRB/MMC  
20/10/2023

Jadhav Babasaad

Kokare Saurabh

1 Jagtap punjaram

Kumbhar Tejas Shankar

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

Name of Applicant: Dr Mangesh Bhalekar  
Complete postal address: AISSMS college of Pharmacy, Near RTO, Pune- 411001

Title of Project: Formulation of solid dispersion  
Proposed duration of Project: 03 Months

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

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
1	Infrastructure utility fees.	1000.00
2	Society processing fees.	1000.00
3	Staff remuneration	2000.00
4	Total cost of actuals.(Details are mentioned below)	450.00
	Grand Total	4450.00
	GST @18%	801.00
	Total payable amount	5251.00

**DETAILS OF ACTUALS**

Sr. No.	Item(Consumables)	Qty. Required (min. pack size)	Approx. Cost (Rs)
1.	Potassium hydrogen phosphate dibasic	0.5 Kg	450.00
2			
<b>Grand total</b>			450.00

  
(Name and Signature of Chief Investigator)

  
Mr M M Chopane

\* Cost of consumables shall be calculated using standard catalogue.

Accountant

## UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Formulation of solid dispersion " to be conducted between " 30 /11/ 2022 - 28/ 2/ 2022"

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



(Name and signature of Chief Investigator)

Dr Mangesh Bhalekar

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## SANCTION CERTIFICATE

I hereby grant permission for undertaking the project titled.



(Hon. Secretary, AISSMS Pune)

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

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## POST APPROVAL DETAILS

Details of Payment :

Challan No. with Date : 3175 29/3/23 .

Amount : 5251 /-

(Kindly enclose Xerox copies of Application and Challan)

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

**GUIDELINES FOR INHOUSE STUDENT RESEARCH PROJECTS (Format-C)**

1. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
2. Chemicals available in college store shall be issued upon approval. The catalogue price to be included in actuals. Chemicals not available in store s to be procured by the students.
3. To the above figure following charges shall be charged extra to the student:
  - a. Rs.1000/-: As infrastructure utility fees.
  - b. Rs.1000/-: As processing charges to the society.
  - c. Rs.2000/-: As staff remuneration
4. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-C) to the society through principal for approval.
5. The actual experimental work shall be started only after approval from the society.
6. The student investigator/s shall be appointed by the Chief Investigator.
7. After completion of the approved research project, Chief Investigator will put forward the summary report to the society for the disbursement of remuneration to the staff.
8. The staff remuneration disbursement ratio shall be prepared by the Chief Investigator.
9. Chief Investigator shall be solely responsible for the maintenance of discipline and completion of other formalities like CPCSEA and Ethical committee approval etc and the project completion in due course of time.

**Note:** Chief Investigator shall ensure that 100% amount as an advance from the students after it is deposited in the college bank account.

(Enclosed with Application)

C

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

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

Challan No.: 2683

Date: 4/10/22

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

Received from Mr./Miss Advait Rajesh  
Jadhav

Class T.Y. B-Pharm Year 2022-2023

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee.....	
13) Other Fee.....	
14) Inhouse Project Fee	4200/-
15) GST	756/-
16).....	
<b>TOTAL Rs.</b>	<b>4956/-</b>

Total in words Rupees four thousand nine  
hundred fifty six

Accept the amount as above 4956/-



[Signature]  
Deposited By

(Enclosed with Application)

C

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

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

Challan No.: 2683

Date: 4/10/22

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

Received from Mr./Miss Advait Rajesh  
Jahagirdar

Class T.Y. B-pharm Year 2022-2023

Particulars	Amount Rs.
1) Interim Fee.....	
2) Application Form Fees.....	
3) Development Fees.....	
4) Tuition Fees.....	
5) Misc. & University Charges.....	
6) Caution Money Deposit.....	
7) Journal Fees.....	
8) University / Board Eligibility Fee.....	
9) EVS Fee.....	
10) Student Activity Fee.....	
11) Insurance Fee.....	
12) Eligibility Fee.....	
13) Other Fee.....	
14) <u>Inhouse Project Fee</u> .....	<u>4200/-</u>
15) <u>GST</u> .....	<u>756/-</u>
16).....	
<b>TOTAL Rs.</b>	<b>4956/-</b>

Total in words Rupees four thousand nine  
hundred fifty six

Accept the amount as above 4956/-



Shi  
Deposited By

10

**AISSMS COLLEGE OF PHARMACY, PUNE 411001**

COPY/PNT/2022-23/129-①

Date: 16/12/22

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

<b>AISSMS College of Pharmacy Pune - 1</b>	
Inward No. 128-②②	
Date 19.01.2022	

<b>AISSMS SOCIETY PUNE</b>	
Inward No. 8848	
Date: 21/12/22	

Subject: Submission of proposal of Self-sponsored research project for approval.

Respected Sir,

8848  
19/1/23

Please find enclosed research proposal titled, "Estimation of Anthelmintic activity on Bracica Daracia" under Category In house Research Project (Format C) for your approval. You are requested to do the needful at the earliest.

Thanking you.

*Mr. O.A. Devade*

Mr.O.A.Devade  
(Chief Investigator)

*Dr. M.C. Damle*

Dr.M.C.Damle / Dr.M.R.Bhalekar  
(Project Co-Ordinator)

*Dr. M.R. Bhalekar*

*Dr. Ashwini R. Madgulkar*

Dr.Ashwini R.Madgulkar  
(Principal)

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

Subject: Permission for self supported short term research project.

Respected Madam,

We the undersigned would like to undertake a short term self-supported research project under the guidance of Mr.O.A.Devade from Pharmacology Department. The duly filled format has been enclosed for your kind information and approval

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

Thanking you.

Yours sincerely  
(Name and signature of Students)

1. Ms.Jadhav Shrunalini *Jadhav*
2. Mr.Jahagirdar Advait *Advait*
3. Mr.Kalekar Prasad *Prasad*
4. Mr.Jajurne Omkar *Omkar*

PB/MCD

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

Name of Applicant: Ms.Jadhav Shrunalini, Mr.Jahagirdar Advait, Mr.Kalekar Prasad, Mr.Jajurne Omkar

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

Title of Project: Estimation of Anthelmintic activity on Bracica Olaracia  
Proposed duration of Project: 02 Months

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

Proposed Expenditure:

Sr. No.	Parameter	Amount (Rs)
	Infrastructure utility fees.	1000/-
	Society processing fees.	1000/-
	Staff remuneration	2000/-
	Total cost of actuals.(Details are mentioned below)	200/-
	Grand Total	4,200/-
	GST @18%	756/-
	Total payable amount	4,956/-

**DETAILS OF ACTUALS**

Sr. No.	Item(Consumables)	Qty. Required (min. pack size)	Approx. Cost (rs)
	Methanol	300ml	100/-
	General Chemical for Detection Phytoconstituents	02 ml each	100/-
<b>Grand total</b>			200/-

  
Name and Signature of Chief Investigator)

Cost of consumables shall be calculated using standard catalogue.

  
(Accountant Sign)



## UNDERTAKING

I undersigned hereby take responsibility of the project titled, "Estimation of Anthelmintic activity on Bracica Olaracia" to be conducted between 1 Jan 2023 to 28 Feb 2023. I will ensure that the chemical usage will not exceed the quantity mentioned on page 2. I also assure you that the project will be carried out after regular academic schedule and I will remain present during the project work.

  
Mr. O.A. Devade

(Name and signature of Chief Investigator)

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## SANCTION CERTIFICATE

hereby grant permission for undertaking the project titled.



(Hon. Secretary, AISSMS Pune)

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

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## POST APPROVAL DETAILS

Details of Payment:

Challan No. with Date: 2683 | 4/10/22

Amount: 4,956/-

Kindly enclose Xerox copies of Application and Challan)

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

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

### **GUIDELINES FOR INHOUSE STUDENT RESEARCH PROJECTS (Format-C)**

1. The total expenditure for consumables and equipments required for the project shall be calculated by the Chief Investigator.
2. Chemicals available in college store shall be issued upon approval. The catalogue price to be included in actuals. Chemicals not available in stores to be procured by the students.
3. To the above figure following charges shall be charged extra to the student:
  - a. Rs.1000/-: As infrastructure utility fees.
  - b. Rs.1000/-: As processing charges to the society.
  - c. Rs.2000/-: As staff remuneration
  - d. **GST@18% will be charged on the total amount.**
4. Chief Investigator shall then submit the research proposal prepared in the prescribed format (Format-C) to the society through principal for approval.
5. The actual experimental work shall be started only after approval from the society.
6. The student investigator/s shall be appointed by the Chief Investigator.
7. After completion of the approved research project, Chief Investigator will put forward the summary report to the society for the disbursement of remuneration to the staff.
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**Note:** Chief Investigator shall ensure that 100% amount as an advance from the students is deposited in the college bank account.