



Shri Someshwar Shikshan Prasarak Mandal's
**Sharadchandra Pawar College of Engineering &
Technology**, Someshwarnagar Tal - Baramati, Dist - Pune 412 306
(Approved by AICTE New Delhi, Recognized by Govt. of Maharashtra & Affiliated to
Savitribai Phule Pune University, Accredited NAAC 'B' Grade
Id.no.PU/PN.Egg./445/2012) * Ph. (02112) 283185 * Fax : (02112) 283185
* Web :www.secsomeshwar.ac.in * Email:sspm1972@gmail.com

Date : 21/09/2023

LEAVE APPLICATION

1. Name of the Application : Dhane Vikas S.
2. Designation : Asst. Prof. 3. Dept. Mechanical
3. No of days of leave required : 01
4. Period of Leave : 16/09/2023 to 16/09/2023
5. Nature of Leave : CL 6. Mob. No 8275455049
7. Reason : Medical
8. C-off Leave Details : —
9. C - Off Date Worked On : — 10. Sign of Authority: —

Alternate arrangement for duties

Date	Class	Staff member with whom arrangement is made	Signature of the staff member with whom adjustment is done
16/09/23	Dept. Work - PGE	Prof. Pankulesm	

Date: 21/09/2023

Signature of the Applicant

Balance Leave Account: For Office use only

CL	ML	EL	Signature of the Office Clerk Date :

Signature of HOD
(Leave Recommended / Leave not recommended)

Principal / Secretary
25/9/23



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Date : 05/9/2023

LEAVE APPLICATION

1. Name of the Application : Dr. Gawade Sharad R.
2. Designation : H.O.D. & vice principal, Dept. Mechanical Engg.
3. No of days of leave required : 02
4. Period of Leave : 28/8/2023 to 29/8/2023
5. Nature of Leave : Medical
6. Mob. No 9423221055
7. Reason : Suffering from cough
8. C-off Leave Details : —————
9. C – Off Date Worked On : —————
10. Sign of Authority: —————

Alternate arrangement for duties

Date	Class	Staff member with whom arrangement is made	Signature of the staff member with whom adjustment is done
28/8/23	BE (Mech) Dept. Lead	Prof. Dhane V.S.	
29/8/23		Prof. Dhane V.S.	

Date: 5/9/23

Signature of the Applicant

Balance Leave Account: For Office use only

CL	ML	EL	Signature of the Office Clerk Date :

Signature of HOD
(Leave Recommended / Leave not recommended)

Principal / Secretary

हॉस्पिटल

यम समोर,

शेजारी,

पे ४१३१०२

५१५ Ph. ०२११२ - २२४८७३



डॉ. अमोल दोशी
B.H.M.S.(Mumbai), C.C.M.P.
Reg.No.21871

डॉ. श्रावणी दोशी
M.D.S.(MUHS)
Conservative Dentistry & Endodontics

Kg
/min.
MMHg
Mg/dl

Patient's Name :

CERTIFICATE

Date : 15/09/23

३

This is to certify that Mr. Sharad
Ramdas Gawade, Age 48 was under
my treatment for LRF from
28/08/2023 to 11/09/2023.

So, I was advised him to take
rest for 2 days and to continue
medication.

Thanking you.

Yours

बध सेवा :

मेट्री सोय

तास अत्यावश्यक सेवा

मह व रक्तदाब उपचार

च्या व असाध्य आजांरावर

मिओपॅथिक उपचार

केस गळणे

त्वचेचे विकार

मुळव्याध

चेहऱ्यावर मुरुम येणे

तुखडा

उंची वाढवणे

परत भेटण्याची वेळ

Don't Sub.

वेळ : स. १०.३० ते २.३०
सायं. ६ ते ९

टिप : कृपया औषधे डॉक्टरांना दाखवून घ्यावीत. * परत येताना हा कागद बरोबर आणावा.

Signature of HOD

(Leave Recommended / Leave not recommended)

Principal / Secretary



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Date: 25/09/2023

LEAVE APPLICATION

1. Name of the Applicant : Bhagat Shradddha W.
2. Designation : Teaching Ass. 3. Dept.: Mechanical
3. No of days of leave required : one
4. Period of Leave : 18/9/2023 to 18/9/2023
5. Nature of Leave : CL 6. Mob. No.: 8380356195
7. Reason : personal
8. C-off Leave Details : _____
9. C – Off Date Worked On : _____ 10. Sign of Authority: _____

Alternate arrangement for duties

Date	Class	Staff member with whom arrangement is made	Signature of the staff member with whom adjustment is done
18/9/23	F-E	Prof. Wable N.S	

Date: 25/09/2023

Signature of the Applicant

Balance Leave Account: For Office use only

CL	ML	EL	Signature of the Office Clerk Date :

Signature of HOD
(Leave Recommended / Leave not recommended)

Principal / Secretary
25/9/23



Shri Someshwar Shikshan Prasarak Mandal's
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Date: 18/9/2023

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LEAVE APPLICATION

1. Name of the Application	: Mr. Sachin B Dube	
2. Designation	: Asst Prof.	3. Dept. Civil Engg
3. No of days of leave required	: 03	
4. Period of Leave	: 13/09/23	to 16/09/23
5. Nature of Leave	: P.L	6. Mob. No 7720013707
7. Reason	: Eye infection	
8. C-off Leave Details	:	
9. C - Off Date Worked On	:	10. Sign of Authority: -

Alternate arrangement for duties

Date	Class	Staff member with whom arrangement is made	Signature of the staff member with whom adjustment is done
13/09/23	B-E	Mr. Navicav	Navicav
14/09/23 15/09/23	B-E	Mr. Navicav	Navicav

Date: 18/9/2023

Signature of the Applicant

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Signature of HOD

(Leave Recommended / Leave not recommended)

F. Housal
Principal / Secretary
18/9/23

Near Bus Stand
Baramati, 413102
Dist-Pune

Dr. N. N. Deokate

M.B.B.S.
Regd.No.48165

Date : 13/9/23

MEDICAL CERTIFICATE

This is to certify that ,

Mr./Mrs. Sachin Itape

aged 35

is / was suffering from Eye Infection

advice rest and treated from 13/9/23 *to* 15/9/23

He / she is fit for duty from 16/9/23

Deokate

Dr.N.N.Deokate
Reg.No.48165 M.B.B.S
Near Bus Stand, Baramati, Pune



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Date 20/09/2023

LEAVE APPLICATION

1. Name of the Application : Naik C.V.
2. Designation : Asst. Prof. 3. Dept. Civil Engg.
3. No of days of leave required : 01
4. Period of Leave : 16-9-2023 to 16-9-2023
5. Nature of Leave : EL 6. Mob. No 9422460081
7. Reason : Personal
8. C-off Leave Details : —
9. C – Off Date Worked On : — 10. Sign of Authority: _____

Alternate arrangement for duties

Date	Class	Staff member with whom arrangement is made	Signature of the staff member with whom adjustment is done
16-9-2023	B.E (M)	Prof. S.B. Itape .	

Date:

Signature of the Applicant

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CL	ML	EL	Signature of the Office Clerk Date :

Signature of HOD .
(Leave Recommended / Leave not recommended)

Principal / Secretary



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Date 05/08/2023

LEAVE APPLICATION

1. Name of the Application : Jayshree M. Khatal
2. Designation : Assistant Prof. 3. Dept. Civil
3. No of days of leave required : one
4. Period of Leave : 5/8/23 to -
5. Nature of Leave : D.L 6. Mob. No _____
7. Reason : College work
8. C-off Leave Details : [D.L] 05/08/23 [Green Club Activity]
9. C - Off Date Worked On : _____ 10. Sign of Authority: _____

Alternate arrangement for duties

Date	Class	Staff member with whom arrangement is made	Signature of the staff member with whom adjustment is done
05/08/23 (Saturday)	T.E	Prof. Atkarikis	

J. Khatal

Date:

Signature of the Applicant

Balance Leave Account: For Office use only

CL	ML	EL	Signature of the Office Clerk Date :

Copati
9/9/23
Signature of HOD

(Leave Recommended / Leave not recommended)

Seq
9/9/23
Principal / Secretary



Government of Maharashtra

GOVERNMENT POLYTECHNIC, PUNE

(An Autonomous Institute of Government of Maharashtra)

University Road, Shivajinagar, Pune - 411006



Phone: 020-25576818, 25559200

Email: principal.gppune@dtmaharashtra.gov.in

UNICEF Training Pro. 2023 - 2303

17/08/2023

DUTY CERTIFICATE

Prof Jayshree Madhukar Khatal, Assistant Professor, Co - / coordinor - of - Shri sharadchandra Pawar college Engineering Someshwar (DTE Code - 6795) has participated in the Training Programme on "*Youth Engagement and Water Stewardship - Training Program of Green Club Faculty Coordinators*". Organized by UNICEF and Higher and Technical Education Department of Government of Maharashtra at Government Polytechnic, Pune on 5th August 2023.

He / She is relieved from the training program on 5th August 2023 (A.N.). TADA has not been paid to him / her.



Bndal 5/9/2023
(Dr. Vitthal S. Bandal)
State Nodal Officer (Technical Education)
cum
Principal, Government Polytechnic, Pune



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Date : 16 / 9 / 2023


LEAVE APPLICATION

1. Name of the Application : Mr. Mind k.S.
2. Designation : lab asst 3. Dept. de.
3. No of days of leave required : 01
4. Period of Leave : 18/9/23 to 18/9/23
5. Nature of Leave : EL 6. Mob. No 9923418111
7. Reason : personal
8. C-off Leave Details : _____
9. C – Off Date Worked On : _____ 10. Sign of Authority: _____

Alternate arrangement for duties

Date	Class	Staff member with whom arrangement is made	Signature of the staff member with whom adjustment is done
	—	—	—

Date: _____


Signature of the Applicant

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F. Prate
16/09/23
Signature of HOD

(Leave Recommended / Leave not recommended)


Principal Secretary

16/9/23.



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Date : 12/09/2023

LEAVE APPLICATION

1. Name of the Application : Sayali S. Kerdam
2. Designation : Teaching Assit. 3. Dept. Humanity & Science
4. No of days of leave required : 1/2
5. Period of Leave : 12.9.23 to 12.9.23
6. Nature of Leave : CL 6. Mob. No 9146507575
7. Reason : Personal
8. C-off Leave Details : _____
9. C - Off Date Worked On : _____ 10. Sign of Authority: _____

Alternate arrangement for duties

Date	Class	Staff member with whom arrangement is made	Signature of the staff member with whom adjustment is done
12.9.23	FEB - 9-10	Prof. Jagtap A.Y.	
12.9.23	FEA - 10-11	Prof. Kote D.B.	

Date: 12.9.23

Signature of the Applicant

Balance Leave Account: For Office use only

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Signature of HOD
(Leave Recommended / Leave not recommended)

Principal