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Workshop/FDP/PDP/Professional Membership

Reimbursement Form

Name of the Faculty	Sachchidanand Pathak
Designation	Asst. prof.
Department	Pharmacy
Email ID	Sn pathak @kashiit.ac.in
Contact No	8905843317
Participation in the program	Webinar on Community Pharmacy
Organizer Name	CPU
Program Date	9th November 2022
Duration of Program	one Day
Registration Amount	1500/-
Conveyance Amount	800
Other expenses	600
Claimant sign	
Total Amount Claimed	2900/-
Total Amount Approved	2900/-

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Workshop/FDP/PDP/Professional Membership

Reimbursement Form

Name of the Faculty	Sachchidanand Pathak
Designation	Asst. prof.
Department	Pharmacy
Email ID	snpathak@kashiit.ac.in
Contact No	8905043317
Participation in the program	FDP on Research methodology
Organizer Name	SVU
Program Date	31/12/22 to 06/1/23
Duration of Program	5 Days
Registration Amount	2500/-
Conveyance Amount	600
Other expenses	400
Claimant sign	
Total Amount Claimed	3500/-
Total Amount Approved	3500/-

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Reimbursement Form

Name of the Faculty	Sachchidanand Pathak
Designation	Asst. prof
Department	Pharmacy
Email ID	sh pathak @ Kashiit.ac.in
Contact No	89080433 17
Participation in the program	FDP
Organizer Name	CT University & APTD
Program Date	9th to 13 Jan 2023
Duration of Program	5 Days
Registration Amount	2500/-
Conveyance Amount	800
Other expenses	700
Claimant sign	
Total Amount Claimed	4000
Total Amount Approved	4000/-

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Reimbursement Form

Name of the Faculty	Sachchidanand Pathak
Designation	Ast. Prof.
Department	Pharmacy
Email ID	snpathak@kashiit.ac.in
Contact No	8905043317
Participation in the program	Trouble shooting sess ⁿ in prodi. of phytomedicines
Organizer Name	CPV university Rajasthan
Program Date	24 th April 2023
Duration of Program	one day
Registration Amount	1500/-
Conveyance Amount	600/-
Other expenses	400/-
Claimant sign	
Total Amount Claimed	2500/-
Total Amount Approved	2500/-

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Name of the Faculty	Sachchidanand Pathak
Designation	Asst. Prof.
Department	Pharmacy
Email ID	snpathak@kashiit.ac.in
Contact No	8905043317
Participation in the program	National Conference on IAPI
Organizer Name	IgAC, Kamla Nehru College of ph.
Program Date	15 July 2023
Duration of Program	One Day
Registration Amount	1200/-
Conveyance Amount	400
Other expenses	300
Claimant sign	
Total Amount Claimed	1900/-
Total Amount Approved	1900

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Reimbursement Form

Name of the Faculty	OMPRAKASH VARMA
Designation	Associate Professor
Department	Pharmacy
Email ID	omprakash.varma@kashiit.ac.in
Contact No	8923086639
Participation in the program	National conference
Organizer Name	Kamla Nehru College of pharmacy
Program Date	15th July 2023
Duration of Program	1 day
Registration Amount	1900₹
Conveyance Amount	800
Other expenses	600
Claimant sign	Dang
Total Amount Claimed	2600₹
Total Amount Approved	2600₹

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Reimbursement Form

Name of the Faculty	Om Prakash Varma
Designation	Associate Professor
Department	Pharmaceutics
Email ID	omprakash.varma@kashiit.ac.in
Contact No	8923086639
Participation in the program	Patch
Organizer Name	govt. of india
Program Date	03 NOV. 2022
Duration of Program	-
Registration Amount	3500/-
Conveyance Amount	500
Other expenses	900
Claimant sign	Om
Total Amount Claimed	4900/-
Total Amount Approved	4900/-

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Reimbursement Form

Name of the Faculty	Mr. Deepak Kumar
Designation	Asst. Professor
Department	Dept. of Pharmacy
Email ID	Deepak.kumar@kashiit.ac.in
Contact No	7771011822
Participation in the program	National Conference
Organizer Name	IOAC, Kamla Nehru college of Pharmacy
Program Date	15th, July 2023
Duration of Program	1 Day
Registration Amount	1200/-
Conveyance Amount	- N/A -
Other expenses	- NA -
Claimant sign	
Total Amount Claimed	1200/-
Total Amount Approved	1200/- 

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Reimbursement Form

Name of the Faculty	Nancy Jaishwal
Designation	Assistant Professor
Department	Pharmacy.
Email ID	nancy.jaishwal@kashiit.ac.in
Contact No	6290171726
Participation in the program	Systematic literature Reviews ^{meta-analysis}
Organizer Name	Research Graduate
Program Date	11/02/2023
Duration of Program	2 Hours
Registration Amount	1000
Conveyance Amount	1000
Other expenses	700
Claimant sign	
Total Amount Claimed	2700
Total Amount Approved	2700

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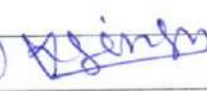
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Reimbursement Form

Name of the Faculty	Sneha Bhaati
Designation	Asst. Professor
Department	Pharmaceutics
Email ID	sneha.bhaati@kashiit.ac.in
Contact No	8955096935
Participation in the program	systematic literature review and meta-analysis
Organizer Name	Research Graduate
Program Date	11-2-2023
Duration of Program	2 hrs.
Registration Amount	1000
Conveyance Amount	1000
Other expenses	700
Claimant sign	Sneha Bhaati
Total Amount Claimed	2700-
Total Amount Approved	2700- 

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Reimbursement Form

Name of the Faculty	Sneha Bhaati
Designation	Asst. Professor
Department	Pharmaceuticals
Email ID	Snehabhaati@kashiit.ac.in
Contact No	8955096935
Participation in the program	Research & Innovation for stem education & women empowerment
Organizer Name	webinar
Program Date	28/02/2023
Duration of Program	2 hrs
Registration Amount	1800
Conveyance Amount	700
Other expenses	600
Claimant sign	Sneha Bhaati
Total Amount Claimed	3100 -
Total Amount Approved	3100 - <i>[Signature]</i>

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Reimbursement Form

Name of the Faculty	Sneha Yadav
Designation	Asst. Professor,
Department	Pharmacology.
Email ID	Snehayadav@kashiit.ac.in
Contact No	8957772496
Participation in the program	Systematic Literature Reviews & Meta-analysis
Organizer Name	Research Graduate.
Program Date	11th feb 2023
Duration of Program	1 Day
Registration Amount	1000
Conveyance Amount	900
Other expenses	500
Claimant sign	<u>Sneha Yadav</u>
Total Amount Claimed	2400 -
Total Amount Approved	2400 - <u>H Singh</u>

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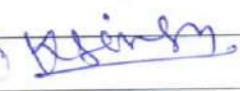
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Reimbursement Form

Name of the Faculty	Mrs. Sneha Yadav
Designation	Asst. Professor.
Department	Dept. of Pharmacy.
Email ID	Snehayadav@kashiit.ac.in.
Contact No	8957772496
Participation in the program	Intelligent Automation Pharmaceutical Industry
Organizer Name	Kamla Nehru College pharmacy.
Program Date	15 th July 2023
Duration of Program	1 day.
Registration Amount	1200
Conveyance Amount	900
Other expenses	500
Claimant sign	Sneha Yadav
Total Amount Claimed	2600-
Total Amount Approved	2600- 

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Reimbursement Form

Name of the Faculty	Sneha Yadav
Designation	Asst. Professor.
Department	Pharmacology.
Email ID	Snehayadav@kashiit.ac.in.
Contact No	8957772496
Participation in the program	Research & innovation for STB Meducet and women empowerment
Organizer Name	Prakash Bheethi
Program Date	28 Feb 2023
Duration of Program	1 Day.
Registration Amount	Rs 1200
Conveyance Amount	800
Other expenses	600
Claimant sign	Sneha Yadav
Total Amount Claimed	2600 -
Total Amount Approved	2600 - ✓

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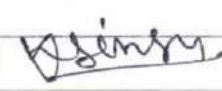
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Reimbursement Form

Name of the Faculty	Mrs. Sneha Yadav
Designation	Asst. Professor.
Department	Dept. of Pharmacy.
Email ID	Snehayadav@kashiit.ac.in
Contact No	8957772496
Participation in the program	Training Webinar.
Organizer Name	Research Graduate.
Program Date	11th feb 2023
Duration of Program	2 Hour.
Registration Amount	Rs 1000
Conveyance Amount	950
Other expenses	750
Claimant sign	Sneha Yadav
Total Amount Claimed	2700 -
Total Amount Approved	2700 - 

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Reimbursement Form

Name of the Faculty	Ms. Priya Patel
Designation	Asst. Professor
Department	Department of Pharmacy
Email ID	priya.patel@kashiit.ac.in
Contact No	8209147150
Participation in the program	Research and innovation of STEM education and women empowerment.
Organizer Name	Prakash Bhavfi
Program Date	28 feb 2023
Duration of Program	1 day
Registration Amount	Rs - 1200
Conveyance Amount	1200
Other expenses	400
Claimant sign	
Total Amount Claimed	1600
Total Amount Approved	1600

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Reimbursement Form

Name of the Faculty	Ms. Priya Patel
Designation	Asst. Professor
Department	Department of pharmacy.
Email ID	priya.patel@kashiit.ac.in
Contact No	8209147150
Participation in the program	Intelligence Automation in Pharmaceutical Industry.
Organizer Name	JOAC Kamla Nehru college of Pharmacy
Program Date	15 July 2023
Duration of Program	1 Day
Registration Amount	1200 -
Conveyance Amount	800 -
Other expenses	600 -
Claimant sign	
Total Amount Claimed	2600 -
Total Amount Approved	2600 -


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Reimbursement Form

Name of the Faculty	Ms. Priya Patel
Designation	Asst. professor
Department	Department of pharmacy
Email ID	priya.patel@kashiit.ac.in
Contact No	8209147150
Participation in the program	Systematic Literature Review and meta-analysis.
Organizer Name	Research Graduate.
Program Date	11th Feb 2023
Duration of Program	1 Day
Registration Amount	Rs. 1000
Conveyance Amount	350
Other expenses	600
Claimant sign	
Total Amount Claimed	1950
Total Amount Approved	1950

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Workshop/FDP/PDP/Professional Membership Reimbursement Form

Name of the Faculty	Mrs. Riya Singh
Designation	Asst. Professor
Department	Dept. of Pharmacy
Email ID	riyasingh@kashiit.ac.in
Contact No	8890293200
Participation in the program	National conference
Organizer Name	IOAC Kamla Nehru college of pharmacy
Program Date	15 JULY 2023
Duration of Program	1 day
Registration Amount	1200
Conveyance Amount	700
Other expenses	600
Claimant sign	Riya
Total Amount Claimed	2500-
Total Amount Approved	2500- <i>K. Singh</i>

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Workshop/FDP/PDP/Professional Membership

Reimbursement Form

Name of the Faculty	Sachchidanand Patnak
Designation	Ast prof
Department	Pharmacy
Email ID	snpathak@kashiit.ac.in
Contact No	8908043317
Participation in the program	International Seminar
Organizer Name	R.K. Institute of Pharmacy
Program Date	23 rd April 2022
Duration of Program	one Day
Registration Amount	1800/-
Conveyance Amount	450
Other expenses	350
Claimant sign	2600- [Signature]
Total Amount Claimed	2600-
Total Amount Approved	2600- [Signature]

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Workshop/FDP/PDP/Professional Membership

Reimbursement Form

Name of the Faculty	Sneha Yadav
Designation	Asst Professor.
Department	Pharmacology.
Email ID	Snehayadav@kashiit.ac.in.
Contact No	8957772496
Participation in the program	Artificial intelligence in D. Discovery.
Organizer Name	SVPKM Institute of Pharmacy Dhule
Program Date	16 th to 18 th Feb 2022
Duration of Program	2 Day
Registration Amount	1600
Conveyance Amount	600
Other expenses	400
Claimant sign	2600 Sneha Yadav
Total Amount Claimed	2600 -
Total Amount Approved	2600 - <i>[Signature]</i>



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Reimbursement Form

Name of the Faculty	Saehidnand Pathak
Designation	Asst. prof.
Department	Pharmacy
Email ID	snpathak@kashiit.ac.in
Contact No	8905043317
Participation in the program	International Webinar
Organizer Name	Pulla reddy Institute of phar.
Program Date	20/1/22
Duration of Program	1 Day
Registration Amount	1000/-
Conveyance Amount	600
Other expenses	500
Claimant sign	
Total Amount Claimed	2100/-
Total Amount Approved	2100


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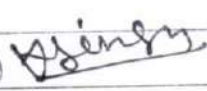
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Reimbursement Form

Name of the Faculty	Seethchidanand Pathak.
Designation	Asst. prof
Department	Pharmacy
Email ID	sn pathak @ kashiit .ac.in
Contact No	8905043317
Participation in the program	Seminars
Organizer Name	N.R.V. Institute of Pharmacy
Program Date	5th Oct. 2021
Duration of Program	one day
Registration Amount	1500/-
Conveyance Amount	NA
Other expenses	NA
Claimant sign	
Total Amount Claimed	1500/-
Total Amount Approved	<u>1500/-</u> 

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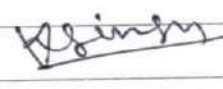
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Reimbursement Form

Name of the Faculty	Sachchidanand Pathak
Designation	Asst. prof
Department	Pharmacy
Email ID	shpathak @ kashiit . ac . in
Contact No	8905043317
Participation in the program	Webinar on AI in Drug Discovery
Organizer Name	Institute of Pharmacy Shree
Program Date	16 to 18 Feb 2022
Duration of Program	3 days
Registration Amount	2000/-
Conveyance Amount	600
Other expenses	400
Claimant sign	
Total Amount Claimed	3000/-
Total Amount Approved	3000/- 


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Name of the Faculty	Sachchidanand Pathak
Designation	Asst. prof
Department	Pharmacy
Email ID	sh pathak @ kashiit . ac.in
Contact No	8905043317
Participation in the program	Webinar
Organizer Name	Career point University
Program Date	30/10/2021
Duration of Program	1 Day
Registration Amount	-000/-
Conveyance Amount	700/-
Other expenses	500
Claimant sign	
Total Amount Claimed	2000 -
Total Amount Approved	2000 -

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Reimbursement Form

Name of the Faculty	Mrs. Sneha Yadav
Designation	Asst. Professor.
Department	Dept. of Pharmacy.
Email ID	Snehayadav@kashiit.ac.in.
Contact No	8957772496
Participation in the program	International Conference.
Organizer Name	Suresh Cyanvihari university.
Program Date	19th & 20th April 2022.
Duration of Program	2 Day.
Registration Amount	1500/-
Conveyance Amount	900
Other expenses	800
Claimant sign	Sneha Yadav
Total Amount Claimed	3200
Total Amount Approved	3200 - <i>Aginsm</i>

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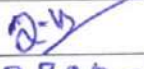

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Reimbursement Form

Name of the Faculty	Mr. Deepak Kumar
Designation	Asst. Professor
Department	Department of Pharmacy
Email ID	Deepak Kumar@kashiit.ac.in
Contact No	7771011822
Participation in the program	Emerald Resources for academic excellence
Organizer Name	Emerald Publishing
Program Date	30th may, 2022
Duration of Program	1, Day.
Registration Amount	1500/-
Conveyance Amount	-700
Other expenses	-600
Claimant sign	
Total Amount Claimed	2800/-
Total Amount Approved	2800/- 

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Reimbursement Form

Name of the Faculty	Mr. Kamlesh Singh
Designation	Assistant Professor
Department	Pharmacology
Email ID	kamleshsingh@kashiit.ac.in
Contact No	9984846242
Participation in the program	Multidisciplinary Approach for Research and Publication
Organizer Name	AKTU
Program Date	31 May, 2022
Duration of Program	3 hours
Registration Amount	1500
Conveyance Amount	600
Other expenses	500
Claimant sign	Kamlesh Singh
Total Amount Claimed	2600
Total Amount Approved	2600 → <i>Aginty</i>

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Reimbursement Form

Name of the Faculty	Mr. Kamlesh Singh
Designation	Assistant Professor
Department	Pharmacology
Email ID	kamleshbsingh@kashiit.ac.in
Contact No	9984846242
Participation in the program	Discover Emerald; journals for your academic excellence & research
Organizer Name	AKTU
Program Date	30 May 2022
Duration of Program	3 hrs.
Registration Amount	2000
Conveyance Amount	550
Other expenses	600
Claimant sign	Kamlesh Singh
Total Amount Claimed	3150
Total Amount Approved	3150

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Reimbursement Form

Name of the Faculty	Mr Kamlesh Singh
Designation	Assistant Professor
Department	Pharmacology
Email ID	kamleshsingh@kashiit.ac.in
Contact No	9984846949
Participation in the program	Discovery emulated journals for Academic excellence & Research
Organizer Name	AKTU
Program Date	23 Sept 2022
Duration of Program	2 hours
Registration Amount	1800
Conveyance Amount	700
Other expenses	600
Claimant sign	Kamlesh Singh
Total Amount Claimed	3,100
Total Amount Approved	3100 ✓

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