



LATE BHAUSAHEB HIRAY S. S. TRUST'S INSTITUTE OF COMPUTER APPLICATION

ISO 9001:2015 CERTIFIED

S. No. 341, Next to New English School, Govt. Colony, Bandra (East), Mumbai 400 051.
Tel. 91-22-2657 0986 / 892 Telefax : 91-22-2657 3181 Website : www.hiray.edu.in E-mail : director@hiray.org.in

LBH/ICA/809/2022

7/6/2022

Policy document

Policy Title: Welfare measures Policy		
1.	Administrative Policy Number (APN): MCA/APN/03	Functional Area: Quality in functioning and governance.
2.	Brief Description of the Policy:	Purpose: promoting quality in Academics and administration Audience: all stake holders of the organization.
3.	Policy Applies to:	All academic, administrative, and managerial processes in the organization
4.	Effective from the Date:	1 st June 2020
5.	Approved by:	Core Committee and Management
6.	Responsible Authority	IQAC Coordinator and HR
7.	Superseding Authority	Dy. Director
8.	Last Reviewed/ Updated:	7 th September 2021
9.	Reason for the policy	Quality as the sole criterion for updating
10.	References for the policy	UGC/ NAAC/ University

Welfare measures for teaching and non-teaching staff Institution has the following welfare measures:

i) Provident Fund:

All regular employees of the Institute are entitled to the Employees' Provident Fund Scheme under the provisions of the Employees' Provident Fund and Misc. Provisions Act, 1952, and the related pension scheme of 1995, provided they have completed their probationary period successfully.





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All the faculties and the staff members after completion of their probation are eligible for EPF scheme. The management contributes 12% of the pay subject to the ceiling of Rs.1800/- per person, towards the Employer's contribution to the EPF Scheme.

ii) Gratuity:

After the completion of five years' service in the College staff members are eligible for Gratuity payment at the time of separation.

iii) Maternity benefits:

Maternity leave may be granted to married female permanent employees who have completed probation for a period of not exceeding 3 months at a time during her confinement (both pre-natal and post-natal periods put together). The full salary will be paid for the said maternity leave period. However, the maternity leave can be clubbed with earned leave or vacation leave or sick leave. The competent authority reserves the right for granting extension for such leave.

iv) Sick Leave (on medical grounds):

All employees who have completed probation period are eligible for 10 days (in case of teaching staff) and 8 days (in case of non-teaching staff) in a calendar year on medical ground. Unavailed sick leaves shall be accumulated to the next calendar year. Employee must submit Medical Certificate if he / she avails more than 3 days sick leave at a time.

v) Compensatory leave:





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At the discretion of the Head of the Institution, an employee may be granted compensatory leave for the holidays and Sundays on which they have been specially put on duty. The unveiled compensatory leaves during the year lapse at the end of year.

vi) Accessible Psychological Counselling Services:

Psychological counselling and workshop sessions are provided for all staff members which is beneficial for their well-being and overall job satisfaction. It shows that your organization values the mental health and personal development of its employees. Counselling services are easily accessible to all staff members with an in-house counsellor. Multiple options for employees to seek counselling, such as in-person sessions, teletherapy, or online resources. The importance of confidentiality and privacy when it comes to counselling sessions. Assure employees that their personal information and discussions will remain confidential, which will encourage them to seek help without fear of judgment or repercussions.

vii) 24-hour power back-up:

24-hour power back-up system in place is an asset for any organization. It helps ensure uninterrupted operations, mitigates the impact of power outages, and enhances overall productivity. Regular maintenance and testing of the power back-up system ensure its reliability.

By implementing a robust 24-hour power back-up system and ensuring proper maintenance and planning, the institute minimizes the impact of power outages and maintains smooth operations even during unexpected disruptions.

viii) Wi-Fi facility:





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S24-hour Wi-Fi facility on campus provides valuable resource that enhances productivity, communication, and convenience for students, faculty, and staff. Our campus has a robust and reliable network infrastructure capable of handling the expected traffic and user demand. This includes the necessary routers, access points, switches, and back-end systems to provide a seamless and high-quality Wi-Fi experience.

ix) Workspace:

A well-equipped workspace is provided for all staff members.

x) Computing facility:

All sets of advanced computers with up-to-date technology are provided on campus.

xi) Cafeteria

A cafe is provided on campus with complimentary morning tea for teaching and non-teaching staff.

xii) Identity cards: for all staff members

Providing identity cards for all staff members to help identify staff members and distinguish them from visitors or unauthorized individuals. To provide a visual means of verifying an employee's affiliation with the organization. This contributes to overall security by allowing easy recognition of authorized personnel within the workplace.

xiii) Uniform for supporting staff.

Providing uniforms for supporting staff to create a consistent and professional image for supporting staff members, reinforcing the





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Policy document
organization's brand identity. A uniform can help distinguish staff members
from other individuals and project a cohesive and unified appearance.

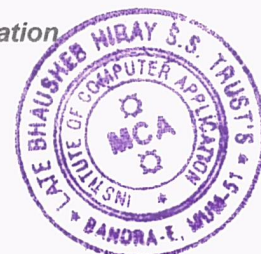
- xiv) **Welfare would keep on updating as per the need of the time.**

Prof. Vikram Patalbansi
Dy. Director

Late Bhausaheb Hiray S. S. Trust's
Institute of Computer Application

President

Late Bhausaheb Hiray S. S. Trust's
Institute of Computer Application



To,
The Dy. Director,
L.B.H.S.S.Trust's Institute of Computer Application,
Mumbai

Dear Sir,

Sub:- Request for Request for Medical Leave.

This letter is to officially inform you that I was admitted to Global Hospital-Super Speciality and Transplant Centre.

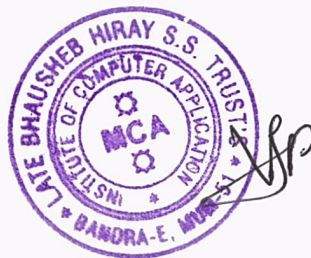
I request you to consider my case and treat my absence from 3-4-21 to 30-4-21 as medical leave.

I am herewith attaching the discharge summary of Global Hospital-Super Speciality and Transplant Centre for official records.

Thanking you,

Yours Truly,


Umesh More





DISCHARGE SUMMARY

UHID No.: 8400208080
Name: MR. UMESH RAMCHANDRA MORE
Ward: COVID WARD
Discharge Type: Normal

IP No: 9042158705
Age/Gender: 49 Y/ M
Date of Admission: 09/04/2021
Date of Discharge: 20/04/2021

CONSULTANT : CRITICAL CARE INFECTIOUS DISEASES TEAM

PRINCIPAL DIAGNOSIS: COVID-19 POSITIVE INFECTION.

CHIEF COMPLAINTS:

Patient was admitted with complaints of fever since 02/04/2021.
C/o generalized weakness, breathlessness, bodyache.

HISTORY OF PRESENT ILLNESS:

Patient came with c/o fever since 02/4/2021 & generalized weakness, breathlessness & bodyache
COVID RT PCR done on 07/04/2021 which came Positive.
Patient is on NRBM 10lit maintaining 98% SPO2.
Hence the patient was admitted to Global Hospitals, Mumbai for further management.

PAST MEDICAL HISTORY: Nil

PAST SURGICAL HISTORY: Nil

ON EXAMINATION:

GC: Average.
Temperature: Afebrile.
Pulse: 112/min
BP: 130/80 mmHg
SPO2 : 100% on O2 (NRBM 10lit).

Systemic Examination:

P/A: Soft, non-tender
RS: AEBE
CVS: S1S2 normal
CNS: Conscious & Oriented





HOSPITAL COURSE:

Patient was admitted in isolation unit with above mentioned complaints. All relevant investigations were done.

Patient was tested for COVID 19 RT PCR on 07/04/2021 which came positive.

Patient was started on Inj. Augmentin, Inj. Clexane, Tab. Doxy, Tab. Ivermectin, Inj. Dexamethasone, Inj. Lasix, Tab. Linezolid and other supportive symptomatic treatment.

HRCT chest was done on 09/04/2021 s/o Patchy subpleural and peribronchial ground glass densities in bilateral lungs with areas of curvilinear atelectasis in few of them are consistent with known COVID-19 infection. CORADS-6. CT SCORE-16/25. Right hilar and subcarinal lymph node with calcifications within are suggestive of sequelae to past infection. No significant mediastinal lymphadenopathy.

On admission, patient's CRP was 41.91, D-Dimer 0.59, IL-6 : 114.20, Creatinine 0.68.

2D Echo was done on 14/04/2021, which showed LVEF 60%, grade I LVDD, IVC collapsing.

On 15/04/2021, patient was shifted to ICU in view of desaturation.

Patient stabilized and shifted to the ward on 17/04/2021.

Patient received total 6 days of Inj. Remdesivir and total 12 days of Inj. Dexamethasone.

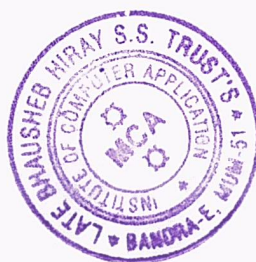
Patient discharged with 2lit O2 support.

INVESTIGATIONS:

All reports attached with patient file and handed over at the time of discharge.

DISCHARGE INSTRUCTIONS:

Routine Followup	To follow up with CRITICAL CARE INFECTIOUS DISEASE TEAM in OPD with prior appointment after 15 days. To follow up with DR. MANJUSHA AGARWAL in OPD with prior appointment after 15 days with FBS/PLBS reports.
Diet	To follow diabetic diet as advised.
	<ul style="list-style-type: none">• Compulsory Home quarantine for 7 days• Patient will require O2 at home intermittently.• Compulsory use of mask.• To sleep in prone position
When To Obtain Urgent Care	In case of breathlessness, fever, giddiness or palpitation.
How To Obtain Urgent Care	Please contact Hospital Emergency Room / Casualty Tel No: 0227670202 OR report to the Emergency Room at Global Hospitals.
Physiotherapy	To do incentive spirometry and chest physiotherapy



MEDICATIONS:

GLOBAL HOSPITAL - SUPER SPECIALITY & TRANSPLANT CENTRE

Time: 4:25 p.m. (A Unit of Centre for Digestive and Kidney Diseases (India) Pvt. Ltd.)

75, D. J. Desai Road, Hospital Avenue, Opp. Shiradkar High School, Bandra, Mumbai - 400 012

MEDICINE	ROUTE	DOSE	FREQUENCY	DAYS
TAB. WYSOLONE	PO	10MG	1-0-0	FOR 10 DAYS. THEN
		5MG	1-0-0	FOR 5 DAYS
TAB. APIXABAN	PO	2.5 MG	1-0-1	FOR 15 DAYS
TAB. PAN	PO	40 MG	1-0-0	FOR 10 DAYS
TAB. BECOZINC	PO		1-0-1	FOR 15 DAYS
TAB. LIMCEE	PO	500 MG	1-0-1	FOR 15 DAYS
TAB. ALLEGRA M	PO		1-0-1	FOR 10 DAYS
FORACORT INHALER (200MCG)	PN	2 PUFFS	1-0-1	FOR 15 DAYS
TAB. ISTAVEL	PO	100MG	0-1-0 $\frac{1}{2}$	TILL FOLLOW UP
TAB. AZULIX MF	PO	1MG	1-0-0	TILL FOLLOW UP
TAB. MAXILIV	PO	500MG	1-0-1	FOR 15 DAYS
TAB. MUCINAC	PO	600MG	1-1-1	FOR 15 DAYS
TAB. PIRIFENEX	PO	200MG	1-1-1	FOR 15 DAYS
SYP. GRILINCTUS	PO	10ML	1-1-1	FOR 5 DAYS
TAB. CLOPILET	PO	75MG	0-1-0	TO CONTINUE
INJ. TRESIBA	S/C	10 U	AT 5 PM	TILL FOLLOW UP
TAB. IVABRAD	PO	5MG	1-0-0	TILL FOLLOW UP

Doctor's Sign: *[Signature]*

Primary Doctor's Name: DR. MANJUSHA AGARWAL Prepared By Doctor: Dr. Aarti
(CONSULTANT GENERAL MEDICINE)

I have understood the instructions given about the nutrition advice, medical dosage and post discharge care



Signature: *[Signature]*

Name: Omesh & More

Relationship with patient: Self

To,
The Dy. Director,
L.B.H.S.S.Trust's Institute of Computer Application,
Mumbai

Dear Sir,

Sub:- Request for Medical Leave.

This letter is to officially inform you that I was admitted to Amey Multispecialty Hospital.

I request you to consider my case and treat my absence from 5-2-24 to 7-2-24 as medical leave.

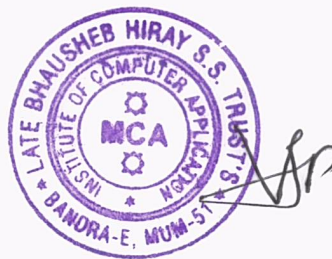
I am herewith attaching the discharge summary of Amey Multispecialty Hospital.

for official records.

Thanking you,

Yours Truly,


Sheetal Waghmare





AMEY
Multispeciality
Hospital
Arkenstone Healthcare LLP
KUMC/HID/BNH/RA/01/268/2019



9. 1st & 2nd Floor, Skylon Building,
Chakki Naka, Kalyan (East), 421306.
☎ 8108127272 / 8108137272 / 8108147272
✉ Contactus@ameyhospital.com
🌐 Website : www.ameyhospital.com

Discharge Card

NAME : Mrs. Sheetal Bhimrao Waghmare UHID No.: 23747
Address : Sahyadri A-15 Flat no. 105 Lokgram Kalyan (E)
Kalyan, Maharashtra
Age : 36y Sex : F Wt.: DOA : 01 02 2024 DOD : 05 02 2024
Consulting Dr.: Dr. Rajendra Kesarwani
Ref. by Dr.:
Diagnosis : Left Lower Zone pneumonia with AFI
with vitamin D3 deficiency
Operation :
Allergy :



✓

Treatment Given / Operation / Delivery

Date :

Surgeon Dr.:

Anaesthesia : Ca / SA / EA / LA

Anaesthetist Dr.:

Finding & Procedure / Child Birth Details :

Inj. Piptaz (4.5gm)

Inj. Levoflox (500)

Inj. Solumedrol (40mg)

Inj. pan (40)

Inj. Emsel (4)

Inj. Multizer (1amp)

IVE - NS @ 80ml/hr

Tab. Telekast - L

Tab. Thyronorm (25mg)

Syp. medoryl - CS (10ml)

Neb. Duolin / Foracort

cap. Fluvir (75)

Tab. Neptra - D

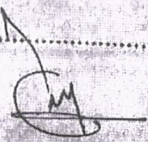
Inj. PCM 1gm

Treatment on Discharge :

Tab. ximoren (500)	1-0-1 x 5 days	✓
Tab. zabee DSR	1-0-0 x 10 days	✓
Tab. Deflocort (6)	1-0-0 x 5 days	✓
Tab. Telekast -L	0-0-1 x 10 days	✓
Tab. Thyronorm 25mcg	1-0-0 x 1 month	✓
Tab. Dorylo 650mg	1-0-1 x 10 days	✓
Tab. Tocall	0-1-0 x 1 month	✓
Sup. Corex-T 10ml	1-1-1 x 50 days	✓
Tab. Nexito Plus	0-0-1 x 10 days	✓
Cap. Maxicel	0-1-0 x 1 month	✓
Issole D3 60k solution	once/week x 8 weeks	✓
Formoflo c Transep & Lupihaler	1-0-1 x 15 days	✓

To Attend OPD on flup after 5 days in OPD or Rajendra Kesarwari with prior appointment.

Please bring this Card at Every Visit



Dr. Praveen Kumar

History & Clinical Findings

patient admitted for
C/O - cough & expectoration - 4-5 days
Fever on & off - 1 day (whitish)
Generalised weakness
- Oral intake ↓
- throat irritation (+)

O/E - BP - 120/80 mmHg S/E - CNS } (+)
PR - 110/min CNS }
RR - 14/min RS - ACBE &
SPO₂ - 98% Ronchi
Investigation: HGT - 108 mg/dl PA - Soft
Temp - 101.6 °F

→ All attach to file



L.B.H.S.S.T Institution, Mumbai	Doc Ref.	NQF/ ADM/35
	Issue No /Date	01/01/09/2018
Application form for Leave/Compensatory off	Rev. No. / Date	00

L.B.S.S.TRUST'S HIRAY GROUP OF INSTITUTIONS
Application For Leave

Date of Application : 31/05/2023
Name of Applicant Mr./Ms. : Arantika Mahadik
Designation : Asst. Prof
Department : Architecture / MCA / Interior Design / Administration

To,
The Sanctioning Authority

Dear Sir/Madam,

I would like to request you to grant me leave/compensatory off for the period mentioned below:

Type of Leave	Number of Days	From (Date)	To (Date)	Half Day (Timings)	Leave Balance (To be entered by Authorized person)
CAUSUAL LEAVE					
SICK LEAVE	<u>02 days</u>	<u>29/05/2023</u>	<u>to 30/05/2023</u>		
EARNED LEAVE					
UNPAID LEAVE					

In case of Sick Leave more than 3 days on a single occasion, Doctor's Certificate should be attached along with the leave application.

During my leave period

- My contact Number during leave period 9321122614
- I have handed over the charge tofor the above period.
- Person who has taken the charge :

Signature -----

Date -----

[Signature]
Signature of Applicant

For Compensatory Leave:

The date of holiday on which employee has worked _____

Reason for working _____

The date on which Compensatory off is needed _____

[Signature]
Verified By**

[Signature]
HR Officer

[Signature]
Principal / Director

Prepared By :- MR

Approved By :- Director



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L.B.S.S.TRUST'S HIRAY GROUP OF INSTITUTIONS
Application For Leave

Date of Application : 31/05/2023
Name of Applicant Mr./Ms. : Khyati Manwar
Designation: Asst. professor
Department : Architecture / MCA / Interior Design / Administration

To,
The Sanctioning Authority

Dear Sir/Madam,

I would like to request you to grant me leave/compensatory off for the period mentioned below:

Type of Leave	Number of Days	From (Date)	To (Date)	Half Day (Timings)	Leave Balance (To be entered by Authorized person)
CAUSUAL LEAVE					
SICK LEAVE	<u>1</u>	<u>30/5/23</u>	<u>-</u>	<u>-</u>	
EARNED LEAVE					
UNPAID LEAVE					

In case of Sick Leave more than 3 days on a single occasion, Doctor's Certificate should be attached along with the leave application.

During my leave period

- My contact Number during leave period 9326484475
- I have handed over the charge to Ms. Sadhana D. Jha for the above period.
- Person who has taken the charge :

Signature [Signature]

Date 31/05/23

[Signature]
Signature of Applicant

For Compensatory Leave:

The date of holiday on which employee has worked 26/01/2023, 8/3/23

Reason for working Tarash

The date on which Compensatory off is needed 6/6/23, 12/6/23

[Signature]
Signature of Applicant

Verified By**

[Signature]
HR Officer

[Signature]
Principal / Director

Prepared By :- MR

Approved By :- Director



L.B.H.S.S.T Institution, Mumbai	Doc Ref.	NQF/ ADM/35
	Issue No /Date	01/01/09/2018
Application form for Leave/Compensatory off	Rev. No. / Date	00

L.B.S.S.TRUST'S HIRAY GROUP OF INSTITUTIONS
Application For Leave

Date of Application : 16/02/2023
Name of Applicant Mr./Ms.: Divakar Jha
Designation: Asst. professor
Department : Architecture / MCA / Interior Design / Administration

To,
The Sanctioning Authority

Dear Sir/Madam,

I would like to request you to grant me leave/compensatory off for the period mentioned below:

Type of Leave	Number of Days	From (Date)	To (Date)	Half Day (Timings)	Leave Balance (To be entered by Authorized person)
CAUSUAL LEAVE					
SICK LEAVE	01	15/02/23	15/02/23		
EARNED LEAVE					
UNPAID LEAVE					

In case of Sick Leave more than 3 days on a single occasion, Doctor's Certificate should be attached along with the leave application.

During my leave period

- My contact Number during leave period 8424028079
- I have handed over the charge to Mr. Prakash S. for the above period.
- Person who has taken the charge :

Signature [Signature]

Date 16/02/2023

[Signature]
Signature of Applicant

For Compensatory Leave:

The date of holiday on which employee has worked _____

Reason for working _____

The date on which Compensatory off is needed _____

[Signature]
Verified By**

[Signature]
HR Officer

[Signature]
Principal / Director

Prepared By :- MR

Approved By :- Director



L.B.H.S.S.T Institution, Mumbai	Doc Ref.	NQF/ ADM/35
Application form for Leave/Compensatory off	Issue No /Date	01/01/09/2018
	Rev. No. / Date	00

L.B.S.S.TRUST'S HIRAY GROUP OF INSTITUTIONS
Application For Leave

Date of Application : 28/02/2023
 Name of Applicant Mr./Ms. : Khyati Manwar
 Designation: Asst. professor
 Department : Architecture / MCA / Interior Design /Administration

To,
The Sanctioning Authority

Dear Sir/Madam,

I would like to request you to grant me leave/compensatory off for the period mentioned below:

Type of Leave	Number of Days	From (Date)	To (Date)	Half Day (Timings)	Leave Balance (To be entered by Authorized person)
CAUSUAL LEAVE	2	2/2/23	16/2/23	-	
SICK LEAVE	1	24/2/23	-	-	
EARNED LEAVE					
UNPAID LEAVE					

In case of Sick Leave more than 3 days on a single occasion, Doctor's Certificate should be attached along with the leave application.

During my leave period

- My contact Number during leave period 9326484475
- I have handed over the charge to Mr. Divakar Jha for the above period.
- Person who has taken the charge :

Signature [Signature]

Date _____

[Signature]
Signature of Applicant

For Compensatory Leave:

Number of holiday on which employee has worked _____
 Days for working _____
 The date on which Compensatory off is needed _____

Verified By**

[Signature]
HR Officer

[Signature]
Principal / Director

Prepared By :- MR

Approved By :- Director



L.B.H.S.S.T Institution, Mumbai

Doc Ref.

NQF/ ADM/35

Application form for Leave/Compensatory off

Issue No /Date

01/01/09/2018

Rev. No. / Date

00

L.B.S.S.TRUST'S HIRAY GROUP OF INSTITUTIONS **Application For Leave**

Date of Application : 26-09-2022Name of Applicant Mr./Ms. : Vikram PatilbhaiDesignation: Faculty

Department : Architecture / MCA / Interior Design /Administration

To,
The Sanctioning Authority

Dear Sir/Madam,

I would like to request you to grant me leave/compensatory off for the period mentioned below:

Type of Leave	Number of Days	From (Date)	To (Date)	Half Day (Timings)	Leave Balance (To be entered by Authorized person)
CAUSUAL LEAVE					
SICK LEAVE	<u>01</u>	<u>22-9-22</u>			
EARNED LEAVE					
UNPAID LEAVE					

In case of Sick Leave more than 3 days on a single occasion, Doctor's Certificate should be attached along with the leave application.

During my leave period

- My contact Number during leave period -----
- I have handed over the charge to ----- for the above period.
- Person who has taken the charge :

Signature -----

Date 26-9-2022

Vikram Patilbhai
 Signature of Applicant

For Compensatory Leave:

The date of holiday on which employee has worked -----

Reason for working -----

The date on which Compensatory off is needed -----

Signature of Applicant

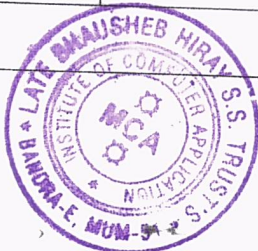
Verified By**

HR Officer

Principal / Dy. Director

Prepared By :- MR

Approved By :- Director



L.B.H.S.S.T Institution, Mumbai	Doc Ref.	NQF/ ADM/35
	Issue No /Date	01/01/09/2018
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L.B.S.S.TRUST'S HIRAY GROUP OF INSTITUTIONS
Application For Leave

Date of Application : 14/02/2022
Name of Applicant Mr./Ms. : Divakar S. Jha
Designation : Lecturer
Department : Architecture / MCA / Interior Design / Administration

To,
The Sanctioning Authority

Dear Sir/Madam,

I would like to request you to grant me leave/compensatory off for the period mentioned below:

Type of Leave	Number of Days	From (Date)	To (Date)	Half Day (Timings)	Leave Balance (To be entered by Authorized person)
CAUSUAL LEAVE					
SICK LEAVE	<u>02</u>	<u>10/02/2022</u>	<u>11/02/2022</u>		
EARNED LEAVE					
UNPAID LEAVE					

In case of Sick Leave more than 3 days on a single occasion, Doctor's Certificate should be attached along with the leave application.

During my leave period

- My contact Number during leave period 8424028079
- I have handed over the charge to Mr. prakash S. for the above period.
- Person who has taken the charge :

Signature [Signature]

Date 14/02/2022

[Signature]
Signature of Applicant

For Compensatory Leave:

The date of holiday on which employee has worked _____

Reason for working _____

The date on which Compensatory off is needed _____

[Signature]

Signature of Applicant

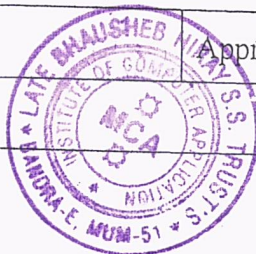
Verified By**

[Signature]
HR Officer

[Signature]
Principal / Dy. Director

Prepared By :- MR

Approved By :- Director



L.B.H.S.S.T Institution, Mumbai	Doc Ref.	NQF/ ADM/35
	Issue No /Date	01/01/09/2018
Application form for Leave/Compensatory off	Rev. No. / Date	00

L.B.S.S.TRUST'S HIRAY GROUP OF INSTITUTIONS
Application For Leave

Date of Application : 21/04/2022
Name of Applicant Mr./Ms. : Divakar Jha
Designation: Lecturer
Department : Architecture / MCA / Interior Design / Administration

To,
The Sanctioning Authority

Dear Sir/Madam,

I would like to request you to grant me leave/compensatory off for the period mentioned below:

Type of Leave	Number of Days	From (Date)	To (Date)	Half Day (Timings)	Leave Balance (To be entered by Authorized person)
CAUSUAL LEAVE					
SICK LEAVE	<u>03</u>	<u>18/04/2022</u>	<u>20/04/2022</u>		
EARNED LEAVE					<u>11.5</u>
UNPAID LEAVE					

In case of Sick Leave more than 3 days on a single occasion, Doctor's Certificate should be attached along with the leave application.

During my leave period

- My contact Number during leave period 8424028079
- I have handed over the charge to Prof. Prakash S. for the above period.
- Person who has taken the charge :

Signature [Signature]

Date 21/04/2022

[Signature]
Signature of Applicant

For Compensatory Leave:

The date of holiday on which employee has worked _____

Reason for working _____

The date on which Compensatory off is needed _____

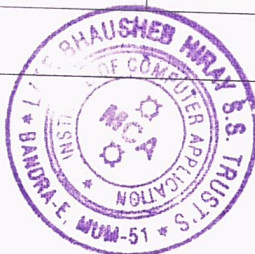
[Signature]
Verified By**

[Signature]
HR Officer

[Signature]
Principal / Dy. Director

Prepared By :- MR

Approved By :- Director



Out Door Duty / Late Arrival Information

Name of the Employee Rashmita Praelhan Date 22/08/23

Designation : Asst. professor

Department : MCA

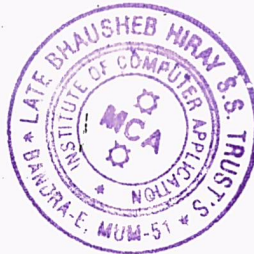
Outdoor Duty Destination:

Date : 2nd, 3rd, 4th
August 2023 Timings : 9:00 am to 5:00 pm

Reason : Faculty Development program on
Machine Learning

Rashmita Praelhan

Signature of Employee



V. Patel

Approved By



IIC S.P.I.T.



Industry-Oriented Faculty Development Program on

Machine Learning, Deep Learning, and Raspberry PI Integration for Real-world solutions

CERTIFICATE OF PARTICIPATION

Awarded to

Dr. RASHMITA PRADHAN from L.B.H.S.S.T's Institute of Computer
Application

for actively participating and successfully completing One-week Industry Oriented FDP on
Machine Learning, Deep Learning, and Raspberry PI Integration for Real-world solutions
from 31st July to 5th August 2023 conducted by Computer Science and Engineering
department, Bhartiya Vidya Bhavan's Sardar Patel Institute of Technology in association
with MATHWORKS and IDEALab.

K.K.

Prandale

Dr. Dr. Kalbande

Dr. B.N. Chaudhari

Dr. Sujata Kulkarni
Coordinator

Dr. Pooja Raundale
Convenor

Dr. Dr. Kalbande
HOD & Convenor

Dr. B.N. Chaudhari
Principal

Out Door Duty / Late Arrival Information

Name of the Employee : Aquila Shaikh

Date 22/08/23

Designation : Assistant professor

Department : MCA

Outdoor Duty Destination:

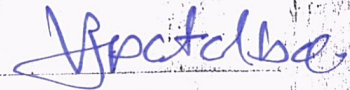
Date : 2nd, 3rd & 4th
August 2023

Timings : 9:00 am to 5:00 pm

Reason : Faculty Development program
on Machine Learning



Signature of Employee



Approved By



August 07, 2023

TO WHOMSOEVER IT MAY CONCERN


This is to certify that **Prof. Aquila Shaikh** (Late Bhausaheb Hiray S.S. Trusts Institute of Computer Application, Bandra (East) has conducted the MCA practical examinations at our institute and evaluated the students' performance.

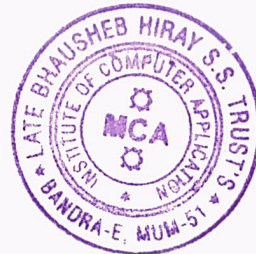
Date: **07/08/2023**

Semester: **MCA Sem- II (Choice Based) (Two Year Course)**

Subject: **MCAL21 – Artificial Intelligence and Machine Learning Lab**

No. of Students: **34**


Dr. Abhijit Banubakode
Principal, MET-ICS



August 7, 2023

TO WHOMSOEVER IT MAY CONCERN

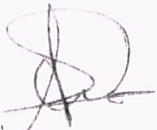
This is to certify that **Prof. Aquila Shaikh** (Late Bhausahab Hiray S.S. Trusts Institute of Computer Application, Bandra (East) has conducted the MCA practical examinations at our institute and evaluated the students' performance.

Date: 07/08/2023

Semester: MCA Sem- I (Choice Based) (Two Year Course)

Subject: MCAL11- Data Structures

No. of Students: 01



Dr. Abhijit Banubakode
Principal, MET-ICS





-Founder-

Dr. Patangrao Kadam

M.A., LL.B., Ph.D.

**BHARATI VIDYAPEETH'S
INSTITUTE OF MANAGEMENT AND
INFORMATION TECHNOLOGY**

NBA Accredited

(Recognised by AICTE, Affiliated to University of Mumbai)

Vision : Providing high quality, innovative and value-based education in information technology to build competent professionals.

Date: / /2023

CERTIFICATE

This is to certify that Mr. / Ms. AGUILA SHAIKH of

_____ has conducted the

Mumbai University Practical / Project Examinations of Master of Computer Applications

in the subject of ARTIFICIAL INTELLIGENCE & ML on 9th Aug - 10th Aug

from 10:00 am to 5:00 pm.

He / She has evaluated 67 students.

Suhasini K

Principal

Dr. Suhasini Vijaykumar



August 11, 2023

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Prof. Aquila Shaikh** (Late Bhausaheb Hiray S.S. Trusts Institute of Computer Application, Bandra (East) has conducted the MCA practical examinations at our institute and evaluated the students' performance.

Date: 11/08/2023

Semester: MCA Sem- II (Choice Based) (Two Year Course)

Subject: MCAL21 – Artificial Intelligence and Machine Learning Lab

No. of Students: 34



Dr. Abhijit Banubakode
Principal, MET-ICS



Out Door Duty / Late Arrival Information

Name of the Employee : *Sadhana Ojha*

Date : *12-01-23*

Designation : *Assistant professor*

Department : *MCA*

Outdoor Duty Destination:

Date : *07-01-23 to 08-01-23* Timings : *Full day*

Reason : *NEP Seminar organised by
Mumbai University for
under IQAC*



Signature of Employee



Approved By



University of Mumbai



No. REG/ICD/2022-23/503

25th December 2022

To,
The Principal / Director

Subject: NIPS-Two Day Blissinar on NEP Implementation-Reg.

Dear Madam/Sir,

NEP-2020 envisages a complete paradigm shift in the education system. There are much-awaited revolutionary measures enshrined in the policy document. Most of the provisions of NEP have to be put into practice at the institutional and university level. It is observed that many HEIs and universities are implementing NEP in full spirit and have shown interest in discussing best practices by others.

With the above purpose, a two-day Anandshala or Blissinar (Seminar aimed at bliss) 'ALAP - Academic Leadership Alignment Programme' on 'NIPS- NEP Implementation Pathway Service' is being organized by University of Mumbai, VJTI Mumbai in association with Bharatiya Shikshan Mandal (BSM) and Research for Resurgence Foundation (RFRF) on 7-8th January 2023 at Green Energy Hall, Kalina, Santacruz (E).

A series of talks, lectures by eminent educationists and experts covering major thrust areas for effective implementation of NEP in HEIs and universities are planned during the two-day Anandshala. You are cordially invited to this program and requested to nominate senior faculty - Head of the Departments, Deans, NEP Coordinator, and Registrar of your organizations to the event.

RegistrationLink:<https://rfrfoundation.org/nep-implementation-pathway-service-nips/>

If you require any further information, please contact:

Dr. Sunil Patil-9820145632, Shri. Rajendra Phadke-9821348742



With Regards,

(Prof. Sunil Bhirud)
I/c Registrar

#160539
2000/-
12/1/23
SVU-43

HR/Office
7th & 8th on duty for
IQ Ac. activity at MID.
Al. sem. R. 2000/-
11/1/2023

3, 11:07 AM

Gmail - You have paid for 'ALAP - Two-Day Anandshala-Jan' on Instamojo

Gmail

Sadhana Ojha <sadhanapandey459@gmail.com>

You have paid for 'ALAP - Two-Day Anandshala-Jan' on Instamojo

1 message

Instamojo <support@instamojo.com>
Reply-To: iclm2021@rfrfoundation.org
To: sadhanapandey459@gmail.com

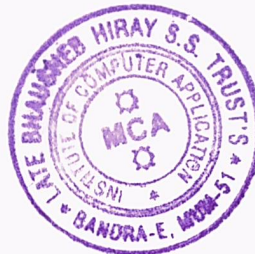
Sat, Jan 7, 2023 at 10:57 AM

instamojo

₹2050.74 Paid

NOTE FROM RESEARCH FOR RESURGENCE FOUNDATION

Thank you for registration.
Further details will be shared on your Email.



PAYMENT DETAILS

Payment ID	MOJO3107M05Q37127867
Order Amount	₹2000
Convenience Fee	₹50.74
Total Amount	₹2050.74
Paid for	ALAP - Two-Day Anandshala-Jan
Paid To	Research for Resurgence Foundation

Reply to this email to get in touch with **Research for Resurgence Foundation**.

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Out Door Duty / Late Arrival Information

Name of the Employee : Dr. Rashmita Pradhan Date : 22-2-23

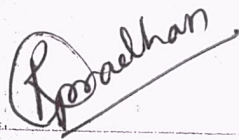
Designation : Asst. Professor

Department : MCA

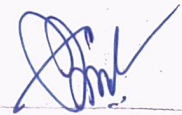
Outdoor Duty Destination:

Date : 17/02/2023 Timings : 9 am to 6 pm

Reason : Workshop on "Self Balancing Robot Design"



Signature of Employee

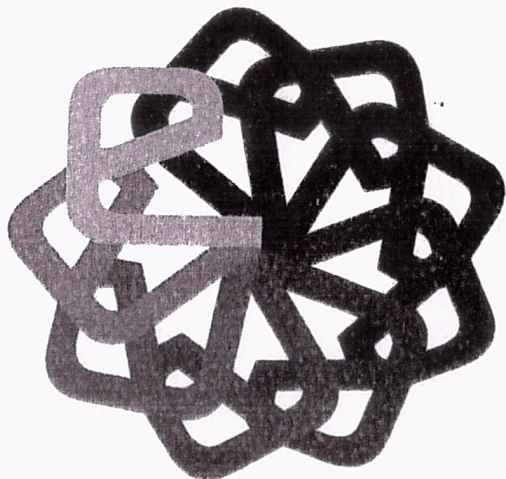


Approved By





ERTS Lab
Department of Computer Science and Engineering
Indian Institute of Technology Bombay,
Powai, Mumbai-400 076.



Certificate of Participation

This is to certify that **Dr. Rashmita Pradhan** from *Late Bhausaheb Hiray S.S. Trust's Institute of Computer Application Bandra East, Mumbai* has successfully participated in the two-day workshop on "Self Balancing Robot Design" conducted on *17th & 18th February 2023* held at *Indian Institute of Technology Bombay*.

Prof. Kavi Arya
Principal Investigator, e-Yantra
Professor
Department of Computer Science and Engineering
Indian Institute of Technology Bombay



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e-Yantra is a project sponsored by MoE, Government of India, under the National Mission on Education through ICT (NMEICT).



eYantra

Engineering a better tomorrow

Out Door Duty / Late Arrival Information

Name of the Employee : Vikram Patelbani Date 22-2-23

Designation : Faculty

Department : M.C.A.

Outdoor Duty Destination : -> IIT Bombay

Date : 17th & 18th Feb 2023 Timings : 9 - 5 pm

Reason :

Attended Workshop on Robotics

V Patelbani

Signature of Employee



[Signature]

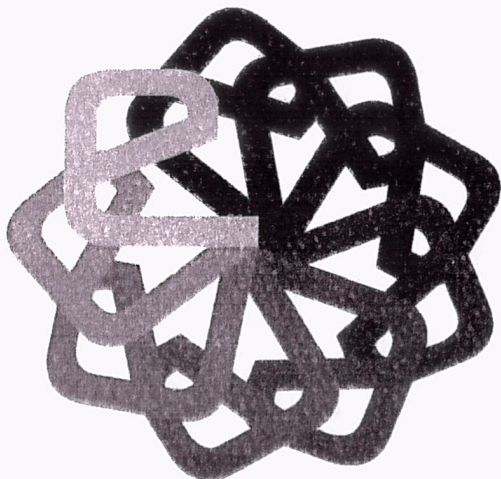
Approved By



e-Yantra

Engineering a better tomorrow

ERTS Lab
Department of Computer Science and Engineering
Indian Institute of Technology Bombay,
Powai, Mumbai-400 076.



Certificate of Participation

This is to certify that **Vikram R-Patalbansi** from *Late Bhausaheb Hiray S.S. Trust's Institute of Computer Application Bandra East, Mumbai* has successfully participated in the two-day workshop on “Self Balancing Robot Design” conducted on *17th & 18th February 2023* held at *Indian Institute of Technology Bombay*.

Prof. Kavi Arya
Principal Investigator, e-Yantra
Professor
Department of Computer Science and Engineering
Indian Institute of Technology Bombay



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e-Yantra is a project sponsored by MoE, Government of India, under the National Mission on Education through ICT (NMEICT).



Out Door Duty / Late Arrival Information

Name of the Employee : *Sulbha H. M.*

Date *30/7/2022*

Designation : *Asst. Librarian*

Department : *Library*

Outdoor Duty Destination:

Date : *30/07/2022*

Timings : *3 pm to 5 pm*

Reason :

*Kamla Rahija College
(for Booksbery
so Library software)*

[Signature]

Signature of Employee

[Signature]

Approved By



Out Door Duty / Late Arrival Information

Name of the Employee : Prasad Dhamele

Date : 16/08/2022

Designation : Jr. Clerk


Department : Administration


Outdoor Duty Destination:

Date : 16/08/2022

Timings : 09.00 am to 11.00 pm

Reason : Special Cell Teacher into (U.M)


Signature of Employee


Approved By



Out Door Duty / Late Arrival Information

Name of the Employee *Sadhana Ojha*

Date *19-12-22*

Designation : *Assistant professor*

Department : *MCA*

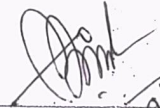
Outdoor Duty Destination:

Date : *12-12-22 to 16-12-22* Timings : *Full Day*

Reason : *FDP in SPIT*



Signature of Employee



19/12/2022

Approved By



Out Door Duty / Late Arrival Information

Name of the Employee : Pratul Dhanele

Date : 18/07/2022

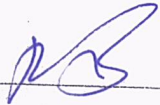
Designation : Clerk

Department : Administration

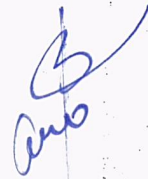
Outdoor Duty Destination:

Date : 18/07/2022 Timings : 01.00 pm to 5.00 pm

Reason : Staff Selection



Signature of Employee



Approved By

