



Where talent meets opportunity

SRI SATYA SAI UNIVERSITY OF TECHNOLOGY AND MEDICAL SCIENCES

6.3.1

The Institution has a performance appraisal system, promotional avenues and effective welfare measures for teaching and non-teaching staff

Recognition for Staff Achievement, Employee Welfare, Maternity Leave

www.sssutms.co.in

Opp. Oilfed Plant, Bhopal-Indore Road, Sehore (M.P), Pin - 466001



(+91) 07562-292740 | 7562292720



कर्मचारी भविष्य निधि संगठन
(श्री सत्य सायन विश्वविद्यालय, भारत सरकार)
EMPLOYEES' PROVIDENT FUND ORGANISATION
(Ministry of Labour & Employment, Govt. of India)



सदस्य पासबुक / Member Passbook

स्थापना आईडी / नाम	Establishment ID/Name	MPBPL0013510000 / SHRI SATYA SAI INSTITUTE OF SCIENCE & TECNOLOGY
सदस्य आईडी / नाम	Member ID/Name	MPBPL00135100000010120 / SURESH VISHWAKARMA
जन्म तिथि	DOB	02-JUL-1990
यू ए न	UAN	101486255109

ईपीएफ पासबुक वित्तीय वर्ष 2019-2020 EPF Passbook [Financial Year - 2019-2020]

वेतन माह / Wage Month	विवरण / Particulars	जमा निकासी दिनांक / Date of Credit / Withdra wal	ईपीएफ वेतन / EPF Wages	ईपीएस वेतन / EPS Wages	जमा / Deposit		निकासी / Withdrawal		पेंशन अन्वयदान / Pension Contribu tion
					कर्मचारी अन्वयदान / Employee Share	नियोक्ता अन्वयदान / Employer Share	कर्मचारी अन्वयदान /Employee Share	नियोक्ता अन्वयदान / Employer Share	
OB Int. Updated upto 31/03/2019					0	0			0
Mar-2019	No Cont. for Due-Month 042019								
Apr-2019	No Cont. for Due-Month 052019								
May-2019	No Cont. for Due-Month 062019								
Jun-2019	No Cont. for Due-Month 072019								
Jul-2019	Cont. For Due-Month 082019	14-08-2019	6,050	6,050	726	222	0	0	504
Aug-2019	Cont. For Due-Month 092019	14-09-2019	6,050	6,050	726	222	0	0	504
Sep-2019	Cont. For Due-Month 102019	14-10-2019	6,050	6,050	726	222	0	0	504
Oct-2019	Cont. For Due-Month 112019	15-11-2019	6,050	6,050	726	222	0	0	504
Nov-2019	Cont. For Due-Month 122019	14-12-2019	6,050	6,050	726	222	0	0	504
Dec-2019	Cont. For Due-Month 012020	15-01-2020	6,050	6,050	726	222	0	0	504
Jan-2020	Cont. For Due-Month 022020	15-02-2020	6,050	6,050	726	222	0	0	504
Feb-2020	Cont. For Due-Month 032020	31-03-2020	6,050	6,050	726	222	0	0	504
Int. Updated upto 31/03/2020					144	44	0	0	0
Closing Balance as on 31-03-2020					5,952	1,820			4,032

..विवरण की समाप्ति..

--End Of Statement--

मुद्रित

20-03-2023 15:05:48

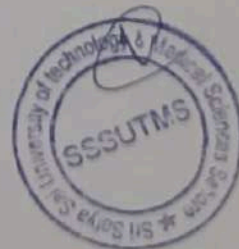
Printed On

प्रतिक्रिया - कृपया इस जानकारी के केंद्रीय सर्वर पर दी गई जानकारी के आधार पर है। यह जानकारी कानूनी प्रयोजन के लिए उपयोग नहीं की जा सकती है।

Disclaimer - Information shown above is based on available data on central server. This information may not be use for legal purpose.

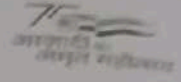
- * Please never respond to any call for sharing any personal details like Aadhar, PAN, Bank details, OTP or request for any payment.
- * EPFO never calls members/ pensioners to deposit any amount.
- * Please do not make any payment based on any such call.

Registrar
Shri Satya Sai University of Technology
& Medical Sciences Schore





कर्मचारी भविष्य निधि संगठन
EMPLOYEES' PROVIDENT FUND ORGANISATION
(Ministry of Labour & Employment, Govt. of India)



सदस्य पासबुक / Member Passbook

स्थापना आईडी / नाम | Establishment ID/Name MPBPL0013510000 / SHRI SATYA SAI INSTITUTE OF SCIENCE & TECHNOLOGY
सदस्य आईडी / नाम | Member ID/Name MPBPL001351000000000080 / MANOJ MALVIYA
जन्म तिथि | DOB 01-JUN-1978
यू ए न | UAN 100850375867

ईपीएफ पासबुक वित्तीय वर्ष 2015-2016 EPF Passbook [Financial Year - 2015-2016]

वेतन माह / Wage Month	विवरण / Particulars	जमा निकासी दिनांक / Date of Credit / Withdra wal	ईपीएफ वेतन / EPF Wages	ईपीएस वेतन / EPS Wages	जमा / Deposit		निकासी / Withdrawal		पेंशन अन्वयदान / Pension Contribu tion
					कर्मचारी अन्वयदान / Employee Share	नियोक्ता अन्वयदान / Employer Share	कर्मचारी अन्वयदान /Employee Share	नियोक्ता अन्वयदान / Employer Share	
OB Int. Updated upto 31/03/2015					0	0			0
OB Adjustment- (AUTO APPENDIX BACK PERIOD)- IPR(Back Period) (2014-2015)-Contribution only					1,856	566			1,290
OB Adjustment- (OTHER_INTEREST)- IPR(Back Period) (2014-2015)-Int (Type A) calculated upto 0					25	8			0
Mar-2015	Cont. For Due-Month 042015	07-09-2015	3,500	3,500	420	128	0	0	292
Apr-2015	Cont. For Due-Month 052015	07-09-2015	3,500	3,500	420	128	0	0	292
May-2015	Cont. For Due-Month 062015	07-09-2015	3,500	3,500	420	128	0	0	292
Jun-2015	No Cont. for Due-Month 072015								
Jul-2015	Cont. For Due-Month 082015	27-01-2016	3,500	3,500	420	128	0	0	292
Aug-2015	Cont. For Due-Month 092015	27-01-2016	3,500	3,500	420	128	0	0	292
Sep-2015	Cont. For Due-Month 102015	11-02-2016	3,500	3,500	420	128	0	0	292
Oct-2015	Cont. For Due-Month 112015	11-02-2016	3,500	3,500	420	128	0	0	292
Nov-2015	Cont. For Due-Month 122015	11-02-2016	3,500	3,500	420	128	0	0	292
Dec-2015	Cont. For Due-Month 012016	11-02-2016	3,500	3,500	420	128	0	0	292
Jan-2016	Cont. For Due-Month 022016	16-03-2016	3,500	3,500	420	128	0	0	292
Feb-2016	Cont. For Due-Month 032016	05-04-2016	3,500	3,500	420	128	0	0	292
Int. Updated upto 31/03/2016					344	105	0	0	0
Closing Balance as on 31-03-2016					6,845	2,087			4,502

विवरण की समाप्ति
-End Of Statement-

मुद्रित 20-03-2023 15:01:53
Printed On

विवरण - उपरोक्त सूचना केंद्र पर उपलब्ध है। यह जानकारी केंद्र पर उपलब्ध है।
Disclaimer - Information shown above is based on available data on central server. This information may not be use for legal purpose.

- * Please never respond to any call for sharing any personal details like Aadhar, PAN, Bank details, OTP or request for any payment.
- * EPFO never calls members/ pensioners to deposit any amount.
- * Please do not make any payment based on any such call.

Registrar
Shri Satya Sai University of Technology
& Medical Sciences Services





कर्मचारी भविष्य निधि संगठन
Employees' Provident Fund Organization

भविष्य निधि भवन, १४, भीकाजी कामा प्लेस, नई दिल्ली - ११००६६
Bhavishya Nidhi Bhawan, 14, Bhikaji Cama Place, New Delhi - 110066

Generated On 15/09/2020 14:51:

Payment Confirmation Receipt

TRRN No :	2912009004556
Challan Status :	Payment Confirmed
Challan Generated On :	12-SEP-2020 17:28:49
Establishment ID :	MPBPL0013510000
Establishment Name :	SHRI SATYA SAI INSTITUTE OF SCIENCE & TECNOLOGY
Challan Type :	Monthly Contribution Challan
Total Members :	66
Wage Month :	AUG-2020
Total Amount (Rs) :	32,974
Account-1 Amount (Rs) :	20,264
Account-2 Amount (Rs) :	1,333
Account-10 Amount (Rs) :	10,044
Account-21 Amount (Rs) :	1,333
Account-22 Amount (Rs) :	0
Payment Confirmation Bank :	State Bank of India
CRN :	002150920800849
Payment Date :	15-SEP-2020
Payment Confirmation Date :	15-SEP-2020
Total PMRPY Benefit :	4,411



Registrar
Sri Satya Sai University of Technology
& Medical Sciences Sehra





कर्मचारी भविष्य निधि संगठन
Employees' Provident Fund Organization

भविष्य निधि भवन, १४, भीकाजी कामा प्लेस, नई दिल्ली - ११००६६
Bhavishya Nidhi Bhawan, 14, Bhikaji Cama Place, New Delhi - 110066

Generated On 12/08/2020 11:13:

Payment Confirmation Receipt

TRRN No :	2912008002686
Challan Status :	Payment Confirmed
Challan Generated On :	12-AUG-2020 00:19:19
Establishment ID :	MPBPL0013510000
Establishment Name :	SHRI SATYA SAI INSTITUTE OF SCIENCE & TECNOLOGY
Challan Type :	Monthly Contribution Challan
Total Members :	66
Wage Month :	JUL-2020
Total Amount (Rs) :	31,744
Account-1 Amount (Rs) :	19,283
Account-2 Amount (Rs) :	1,293
Account-10 Amount (Rs) :	9,875
Account-21 Amount (Rs) :	1,293
Account-22 Amount (Rs) :	0
Payment Confirmation Bank :	State Bank of India
CRN :	002120820701953
Payment Date :	12-AUG-2020
Payment Confirmation Date :	12-AUG-2020
Total PMRPY Benefit :	4,448



Registrar
Sri Satya Sai University of Technology
& Medical Sciences Sehore





ESIC
Employees' State Insurance Corporation

Insurance

0

Monthly Contributions > Online Challan Form

Transaction Details		* Required Fields
Transaction status:	Completed successfully	
Employer's Code No:	81000270410001304	
Employer's Name:	SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES	
Challan Period:	Apr-2020	
Challan Number :	08120114208348	
Challan Created Date	15-05-2020 10:49:25	
Challan Submitted Date	15-05-2020 14:19:31	
Amount Paid:	10056.00	
Transaction Number:	CHD5830587	
Print		Close

DISCLAIMER: Content owned, maintained and updated by Employee's State Insurance Corporation. Copyright © 2008, ESIC, India. All Rights Reserved. Best viewed in 1024 x 768 pixels. Designed and Developed by Wipro LTD. IP Address:




Registrar
Sri Satya Sai University of Technology
& Medical Sciences Seclore



ESIC
Employees' State Insurance Corporation

Insurance

0

Monthly Contribution > Online Challan Form

Transaction Details		* Required Fields
Transaction status:	Completed successfully.	
Employer's Code No:	81000270410001304	
Employer's Name:	SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES	
Challan Period:	Mar-2020	
Challan Number :	08120112220597	
Challan Created Date	27-04-2020 16:33:16	
Challan Submitted Date	28-04-2020 16:33:08	
Amount Paid:	9661.00	
Transaction Number:	CHD5097754	
Print Close		

DISCLAIMER: Content owned, maintained and updated by Employee's State Insurance Corporation. Copyright © 2009, ESIC, India. All Rights Reserved. Best viewed in 1024 x 768 pixels, Designed and Developed by Wipro LTD. IP Address :



Registrar
Sri Satya Sai University of Technology
& Medical Sciences Sahare



ESIC
Employees' State Insurance Corporation

Insurance

0

Monthly Contributions > Online Challan Form

Transaction Details		* Required Fields
Transaction status:	Completed successfully	
Employer's Code No:	81000270410001304	
Employer's Name:	SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES	
Challan Period:	Apr-2020	
Challan Number :	08120114208348	
Challan Created Date	15-05-2020 10:49:25	
Challan Submitted Date	15-05-2020 14:19:31	
Amount Paid:	10056.00	
Transaction Number:	CHD5830587	
Print Close		

DISCLAIMER: Content owned, maintained and updated by Employee's State Insurance Corporation. Copyright © 2008, ESIC, India. All Rights Reserved. Best viewed in 1024 x 768 pixels. Designed and Developed by Wipro LTD. IP Address:



Registrar
Sri Satya Sai University of Technology
& Medical Sciences Seclore



ESIC
Employees' State Insurance Corporation

Insurance

0

Monthly Contribution > Online Challan Form


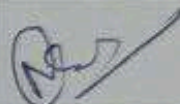
Transaction Details		* Required Fields
Transaction status:	Completed successfully.	
Employer's Code No:	81000270410001304	
Employer's Name:	SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES	
Challan Period:	Mar-2020	
Challan Number :	08120112220597	
Challan Created Date	27-04-2020 16:33:16	
Challan Submitted Date	28-04-2020 16:33:08	
Amount Paid:	9661.00	
Transaction Number:	CHD5097754	
Print		Close

DISCLAIMER: Content owned, maintained and updated by Employee's State Insurance Corporation. Copyright © 2009, ESIC, India. All Rights Reserved. Best viewed in 1024 x 768 pixels, Designed and Developed by Wipro LTD. IP Address :



Registrar
Sri Satya Sai University of Technology
& Medical Sciences Sahare

SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES, SEHORE

LAPTOP ISSUE DETAILS						
S.NO.	DEVICE SERIAL NO.	DEVICE NAME	EMP. NAME	DESIGNATION	LOCATION	SIGNATURE
1	00331-10000-00001-AA496	HP-H49ABA2	Mr. Saurabh Tiwari	Assistant Professor	Deptt. Of Mining Engg.	
2	00330-800000-00000-AA544	DELL-IEPVL3O	Dr. Narendra Sharma	Associate Professor	Deptt. Of Comp. Science Engg.	




Registrar
Sri Satya Sai University of Technology
& Medical Sciences Sehore



SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES

Application for CL / SB / OD / LWP

Name (in capital letters) - SHARDA MISHRA Department - LAW

Designation - Asst Prof

Name of college - SSSUTMS

Leave Application Form - 31/07/19 To - 31/07/19 Total No of days - 01

Reason for leave - Fever
In my absence, work assigned to me will be taken care of by -

A. Academics

Class/ Semester	Subject & Code	Theory/ Practical	Alternates Name	Signature
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/

B. Administrative

Task	Reporting To	Status	Alternates Name	Signature
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/

Address & Phone no. during leave Period -

Date -

Office Recommendation of HOD

Signature & Name

Name & Signature of Applicant

Sharda Mishra

Principal/Registrar

31/7/19

Registrar
Sri Satya Sai University of Technology
& Medical Sciences Seclore





SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES

Application for CL/SB/OD/LWP

Name (in capital letters)- Dr. Dhruj Shinde & Dr. Rishikesh Department- Acad

Designation- Asst. Proff.

Name of college-

Leave Application Form- SOE 08.7.19 To- 05.7.19 Total No of days- (01)

Reason for leave- For BA.B.ed students coming.

In my absence, work assigned to me will be taken care of by-

A. Academics

Class/ Semester	Subject & Code	Theory/ Practical	Alternates Name	Signature

B. Administrative

Task	Reporting To	Status	Alternates Name	Signature
			Ms. Jayanti M...	<u>Rajesh</u>
			Ms. Rajesh	
			Ms. Sarita	

Address & Phone no. during leave Period-

Date -

Office Recommendation of HOD

Signature & Name

Name & Signature of Applicant

Dr. Dhruj Shinde

Principal & Director



SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES

Application for CL/SB/OD/LWP

Name (in capital letters)- Vijay Prakash Singh Department- E & C

Designation- Associate Proff

Name of college-

Leave Application Form- 12/7/2019 To- 21/7/2019 Total No of days-

Reason for leave- Bhopal court

In my absence, work assigned to me will be taken care of by-

A. Academics

Class/ Semester	Subject & Code	Theory/ Practical	Alternates Name	Signature

B. Administrative

Task	Reporting To	Status	Alternates Name	Signature

Address & Phone no. during leave Period- 9981386475

Date -

Office Recommendation of HOD

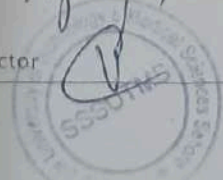
Signature & Name

Name & Signature of Applicant

Vijay Prakash Singh

Principal & Director

Sri Satya Sai University of Technology & Medical Sciences, Bhopal





SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES

Application for CL / SB / OD / LWP

Name (in capital letters) - **SANJA SAHIL**

Department - **COP**

Designation - **Assistant Professor**

Name of college - **SSSUTMS**

Leave Application Form - **13/7/19** To - **13/7/19**

Total No of days - **01**

Reason for leave - **Due to sickness**

In my absence, work assigned to me will be taken care of by - **Beebharwar Bedholiya**

A. Academics

Class/ Semester	Subject & Code	Theory/ Practical	Alternates Name	Signature

B. Administrative

Task	Reporting To	Status	Alternates Name	Signature

Address & Phone no. during leave Period - **Bhopali Gate**

Date - **12/7/19**

Office Recommendation of HOD

Signature & Name

**Sehore,
9098757250**

Name & Signature of Applicant

Principal & Director

Sanjashil



SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES

Application for CL / SB / OD / LWP

Name (in capital letters) - **NEELESH CHAUDHARI**

Department - **Pharmacy**

Designation - **Professor**

Name of college - **SOP, SSSUTMS**

Leave Application Form - **12/7/19** To - **12/07/19 & 13/07/19**

Total No of days - **2**

Reason for leave - **OD 17/7/19 OD Leave**

In my absence, work assigned to me will be taken care of by - **Nigi Virk Vidasby Agency**

A. Academics

Class/ Semester	Subject & Code	Theory/ Practical	Alternates Name	Signature

B. Administrative

Task	Reporting To	Status	Alternates Name	Signature

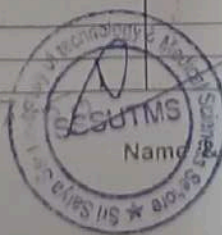
Address & Phone no. during leave Period

Date -

Office Recommendation of HOD

Signature & Name

Registrar
Sri Satya Sai University of Technology & Medical Sciences Sehore



Name & Signature of Applicant

Principal & Director

Neelish Chaudhary



SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES

Application for CL/SB/OD/LWP

Name (in capital letters)- **NEELESH CHAUBEY**
Designation- **Professor/Dean (Pharmacy)**
Name of college-

Department- **Faculty of Pharmacy**

Leave Application from- **06/05/2022 to 12/05/2022** To- **17/05/2022**

Total No. of days- **07 day** **12/05/2022 to 17/05/2022**
Reason for leave - **REWA**

In my absence, work assigned to me will be taken care of by-

A. Academics-

Class/ semester	Subject & code	Theory/Practical	Alternates Name	Signature

B. Administrative

Task	Reporting to	Status	Alternates Name	Signature

Address & Phone no. during leave Period-

Date -

Office Recommendation of HOD

Signature & Name

Name & Signature of Applicant

Principal & Director

Handwritten signature of Neelesh Chaubey

SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES

Application for CL/SB/OD/LWP

Name - **C. S. S. S. S.**
Designation -
Name of College -

Department- **Pharmacy**

Leave application from - **11/05/22** to
Reason for leave-

Total No. of days- **30/05/22**

In my absence, work assigned to me will be taken care of by-

A. Academics

Class/Semester	Subject & Code	Theory/Practical	Alternated Name	Signature

B. Administrative

Task	Reporting to	Status	Alternated Name	Signature

Address & phone no. during leave period

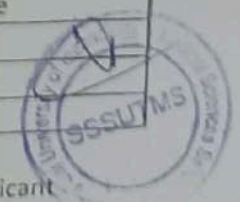
Date-

Office recommendation of HOD

Registrar
Sri Satya Sai University of Technology & Medical Sciences
Sehore

Name Signature of Applicant

Principal & Director



Handwritten initials CB/

SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL, SCIENCES

Application for CL/SB/OD/LWP

Name - Dr. Hemish Lohiya

Department - CSE

Designation - A.P.

Name of College - SOE

Leave application from - 30/5/22 to 30/5/22 Total No. of days - one (01)

Reason for leave - Due to some urgent work
In my absence, work assigned to me will be taken care of by-

A. Academics

Class/Semester	Subject & Code	Theory/Practical	Alternated Name	Signature

B. Administrative

Task	Reporting to	Status	Alternated Name	Signature

Address & phone no. during leave period

Date - 30/5/2022

Office recommendation of HOD

Signature & Name - [Signature]

Dr. Neeraj Sharma

Name Signature of Applicant

Hemish Lohiya

Principal & Director

SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES, SEHORE

Application for-CL/SB/OD/LWP

Name (in capital letters) - DR. AJAY SWARUP

Department - CIVIL

Designation - Professor

Name of college - SOE

Leave Application From - 31/5/22 To - 31/5/22

Total No. of days - 01

Reason for leave - Health Issue

In my absence, work assigned to me will be taken care of by-

A. Academics

Class/Semester	Subject & Code	Theory / Practical	Alternates Name	Signature

B. Administrative

Task	Reporting To	Status	Alternates Name	Signature
<u>Administrative</u>	<u>Dr. Ajay Swarup</u>	<u>Regular</u>	<u>Vikal Palidar</u>	<u>[Signature]</u>

Address & Phone no. during leave period-

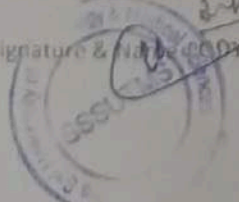
Date - 30/5/22

Office Recommendation of HOD

Signature & Name - [Signature]
Dr. Ajay Swarup

Dr. Ajay Swarup
Name & Signature of Applicant

Principal/Director



Registrar
Sri Satya Sai University of Technology
& Medical Sciences Sehore

SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL, SCIENCES

Application for CL/SB/OD/LWP

Name - Rajesh Kumari
 Designation -

Department - COP

Name of College - SSSUTMS

Leave application from - 14/07/21 to 17/7/21 Total No. of days - 04 days

Reason for leave -
 In my absence, work assigned to me will be taken care of by-

A. Academics

Class/Semester	Subject & Code	Theory/Practical	Alternated Name	Signature

B. Administrative

Task	Reporting to	Status	Alternated Name	Signature

Address & phone no. during leave period

Date - 12/07/21

Office recommendation of HOD
 Signature & Name - Registrar
 Sri Satya Sai University of Technology & Medical Sciences Sehore

[Signature]

Name Signature of Applicant
Rajesh Kumari

Principal & Director

SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL, SCIENCES

Application for CL/SB/OD/LWP

Name - Dr Nilesh Diwalekar
 Designation - Professor

Department - mech. (SOE)

Name of College - SOE

Leave application from - 24/07/21 to Total No. of days - 01

Reason for leave - Personal work
 In my absence, work assigned to me will be taken care of by-

A. Academics

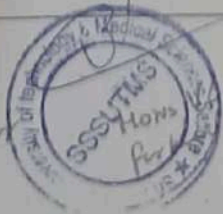
Class/Semester	Subject & Code	Theory/Practical	Alternated Name	Signature
<u>No class</u>				

B. Administrative

Task	Reporting to	Status	Alternated Name	Signature
<u>MPPSE-2020</u>			<u>Dr A A Annani</u>	<i>[Signature]</i>

Address & phone no. during leave period

Date -
 Office recommendation of HOD
 Signature & Name - Dr Nilesh Diwalekar
 Registrar
 Sri Satya Sai University of Technology & Medical Sciences Sehore



[Signature]
 Name Signature of Applicant
Dr Nilesh Diwalekar

Principal & Director

SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL, SCIENCES

Application for CL/SB/OD/LWP

Name - Brajendra Singh, Anusha Pandey
 Designation -
 Name of College -
 Leave application from - to
 Reason for leave -
 In my absence, work assigned to me will be taken care of by-

Department-

Total No. of days- 02 (Ordinance Signature)
5 July, 7 July

A. Academics

Class/Semester	Subject & Code	Theory/Practical	Alternated Name	Signature

B. Administrative

Task	Reporting to	Status	Alternated Name	Signature

Address & phone no. during leave period

Date-

Office recommendation of HOD

Signature & Name-

[Signature]
 Name Signature of Applicant

Principal & Director



SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES

Application for CL/SB/OD/LWP

Name (in capital letters)- AR. PRERNA KOTHARI
 Designation- PRINCIPAL
 Name of college- SCHOOL OF DESIGN
 Leave Application from- 31/07/2021 To- 31/07/2021
 Reason for leave - APPOINTMENT
 In my absence, work assigned to me will be taken care of by-

Department- DEPT. OF FACULTY OF ARCH.

Total No. of days- 01

A. Academics-

Class/ semester	Subject & code	Theory/Practical	Alternates Name	Signature

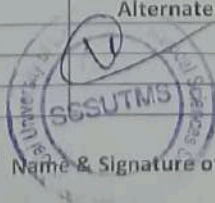
B. Administrative

Task	Reporting to	Status	Alternates Name	Signature

Address & Phone no. during leave Period- 07 25 02 25 23

Date - 30/07/21

Office Recommendation of HOD



Name & Signature of Applicant Ar. Prerna Kothari
Pune.

Registrar
 Sri Satya Sai University of Technology
 Medical Sciences Schore



☎ : 07562-222999
404177

NIDAN

Hi-Tech Hospital

NEW BUS STAND ROAD, SEHORE (M.P.)

DISCHARGE CARD

BRING THIS CARD AT EACH VISIT
प्रत्येक विजिट पर यह कार्ड साथ लाना न भूलें।

Name : Mrs. Anuradha w/o Mr. Anchal
 Age/Sex : 32 yrs 11-
 Weight : -
 Index No. : 6270/17
 Address : Vishwakarma Puri
 Sehore
 DOA : 23.4.19
 DOD : 27.4.19
 Date of Operation : LSCS on 23/4/19
 Referring Consultant : Self
 Consultant Incharge : Dr. Ruchi Bhati (M.S.)

Diagnosis : Arterio-venous malformation & meconium

Operation / Procedure Done : LSCS done + SAB on 23/4/19
Intox & post op period uneventful

Condition on Admission : Patient stood, procedure was

C.c. - fair
 Pallor 0/0
 BP - 110/70
 Pulse - 72/min
 P/A - soft, cephalic
 Hx @ - ut retained
 M/V - at 12:30 AM

Body - Postdated male (M/H)
 Weight - 3kg
 Time - 5:40 AM
 Baby cry some. After birth
 no obv. cong anomaly seen

Condition on Discharge :
 C.c. - fair
 Pallor 0/0
 B.P. - 110/70
 Pulse - 72/min
 P/A - soft, healthy, P. S. ut well contract
 M/V - bleeding, Anus
 Voice & motion Normal





Nidan Hi-Tech Hospital

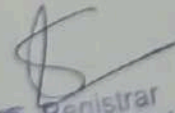
New Bus Stand Road, Sehore (M.P.)

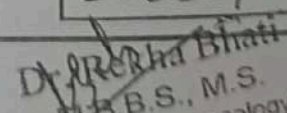
☎ : 07562-222999

S.No. **386** Date: **24/4/19**
Pt. Name: **Mrs. Anuradha** Age: **32yo** Sex: **f**
Address: **Sehore**

Particulars	Amount
1. Registration Charge	500
2. Ward a) P.W. 5 X 700 b) G.W.	3500
3. Doctors a) Dr. Consultancy Charge b) Dr. Visit Charge 5 X 200	1000
4. Operation Charge a) Sugeon Charge b) Assist. Charge c) Anesthetist Charge d) Labour Room Charge e) O.T. Sister	8000 3500 3500 3000
5. Delivery Charge a) Normal Delivery Charge b) Forceps Delivery Charge	
6. Nursing Charges 5 X 100	500
7. X-Ray & E.C.G. Charge	
8. a) NRU - Monitor b) Photo Therapy c) Warmer	
9. Oxygen	
10. Other Charges Medicines	6500

Accountant (Rs. in Word) **Thirty Thousand only,** Total **30000/-**


Registrar
Sri Satya Sai University of Technology
& Medical Sciences Sehore


Dr. Arreha Bhati
M.B.B.S., M.S.
Obst. & Gynaecology
Reg.No-11520





सर्वे सन्तु निरामया



Patient's Name	Mrs. Anuradha	Age/Sex	32Y/F	ISO 9001:2015 Certified
Referred by	Dr. Rekha Bhati, M.S.	Reg. No.	2419/02	Niramaya Diagnostics

SONOGRAPHY REPORT

OBSTETRIC USG (LEVEL-I/ Growth Scan)

Foetal Parameters		37 wks		± 3 wks		2 days	
BPD -	91.7 mm	37 wks	2 days	± 3 wks	2 days	37 wks	2 days
FL -	71.3 mm	36 wks	1 days	± 3 wks	1 days	36 wks	1 days
AC -	321.7 mm	36 wks	4 days	± 3 wks	1 days	36 wks	1 days
Mean Gestational Age	36 wks	36 wks	5 days	± 3 wks	1 days	36 wks	1 days

Placenta:- Position- Posterior, involving upper and mid uterine segment away from os. Grade - III.

- Foetus - Single, live, intrauterine.
- Foetal Lie - Oblique.
- Foetal Presentation - Cephalic (at the time of examination)
- Foetal Spine - Normal
- Foetal Stomach and Bladder - Normal

Liquor- Adequate. The four quadrant amniotic fluid index is 11.5 (Normal Range 5 to 18).

Foetal Heart Rate - 136 bts/min, regular. (Normal Range 120 to 180 Beats/Min)

Foetal Movements- Present and normal.

Expected Foetal Weight- 2967 grams, ± 10% of Foetal Weight by Hadloc/Sheprd, formula.

Expected Date of Delivery (by USG) - 24/04/19.

Impression: Real time obstetric USG study reveals :-

* Single, live intrauterine foetus in cephalic position at the time of examination, corresponding to a mean gestational age of 36 weeks 5 days.

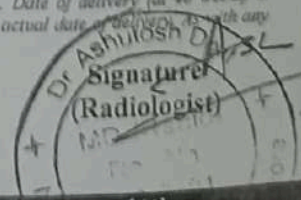
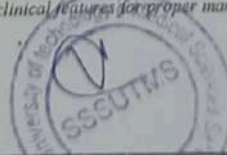
- Foetus is in cephalic position with oblique lie (head towards left lower quadrant) at the time of scan.
- Single loose loop of umbilical cord appears to be encircling foetal neck on colour doppler examination at the time of scan.
 - Internal os is closed & cervical length is well maintained.
 - No evidence of any concealed haemorrhage.
 - Liquor is adequate with normal foetal movements noted.
 - Umbilical artery presently shows good flow. SD ratio within normal limits. No evidence of absent / reversal end diastolic flow in umbilical artery.

Declaration of Doctor / Person conducting U.S.G./Image Scanning

I, **Dr. Ashutosh Dixit** declare that while conducting U.S.G. on Smt. Anuradha. I have neither declared nor disclosed the sex of her foetus to anybody in any manner.

Please note that all anomalies cannot be detected all the times due to various technical and circumstantial reasons like gestation period, foetal position, quantity of liquor etc. The present study cannot completely confirm presence or absence of any or all the congenital anomalies in the foetus, which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of foetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. In case with any other diagnostic modality, the present study should be correlated with clinical features for proper management.

Registrar
Sri Satya Sai University of Technology
& Medical Sciences Sehore



This report is only a professional opinion & should be interpreted with clinical correlation.

Near Arora Petrol Pump, Old Indore-Bhopal Highway, Sehore (M.P.) Ph.: 07562-401910

कृपया जाँच अपाइन्मेंट के लिये 07562-401910 पर ही संपर्क करें



Ref. No. SSUTMS/ESTD/2018/621

Date :- 24/12/2018

RELIEVING LETTER

This is to certify that **Mr. Amit Mishra** S/o Shri Prem Lal Mishra has been employee in College of Pharmacy, from 20/02/2016 to 21/07/2018 as an Asst. Professor of B.Pharmacy.

During this we have observed him as professional and discharged his work of position very efficiently and consciously.

His character and conduct during this period has been exemplary.

We wish him every success in his future.

In response to her resignation letter, she has been relieved on 21/07/2018.

Registrar
Registrar
Sri Satya Sai University of Technology
& Medical Sciences Sehore



Registrar
Sri Satya Sai University of Technology
& Medical Sciences Sehore



Ref. No. SSSUTMS/ESTD/2019/16

Date :- 25/07/2019

RELIEVING LETTER

This is to certify that **Ms. Chhaya Tripathi** D/o Shri Abhilash Tripathi has been employee in School of Homoeopathy, from 16/04/2016 to 25/07/2019 in the capacity of Staff Nurse.

During this we have observed her as professional and discharged her work of position very efficiently and consciously.

Her character and conduct during this period has been exemplary.

We wish her every success in her future.

In response to her resignation letter, she has been relieved on 25/07/2019.

Registrar
Sri Satya Sai University of Technology
& Medical Sciences Sehore



Registrar
Sri Satya Sai University of Technology
& Medical Sciences Sehore



SRI SATYA SAI
UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES
(Established Under Govt. of MP & Register Under UGC 2(F) 1986)

Ref. No. SSSUTMS/ESTD/2018/610

Date :- 11/12/2018

RELIEVING LETTER

This is to certify that **Mrs. Sarita Singh Ahirwar** W/o Shri Jahir Singh has been employee in School of Pharmacy, from 15/07/2013 to 20/09/2018 as an Asst. Professor of B.Pharmacy.

During this we have observed her as professional and discharged her work of position very efficiently and consciously.

Her character and conduct during this period has been exemplary.

We wish her every success in her future.

In response to her resignation letter, she has been relieved on 20/09/2018.


Registrar
Sri Satya Sai University of Technology
& Medical Sciences Sehore




Registrar
Sri Satya Sai University of Technology
& Medical Sciences Sehore



SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES, SEHORE

[Established under section 2(F) of UGC act. 1956] SH-18, Bhopal-Indore Road, Opp. Oilfed Plant, Pachama, Sehore (MP)
pin code-466001, Phone : 07562-223647, Fax : 07562-223644

Email:-info@sssutms.co.in Website :- www.sssutms.co.in

SALARY CERTIFICATE

This is to certify that Dr. Ajay Swarup who is employee of SSSUTMS-SEHORE in School of Engineering (Department of Civil Engineering) as Associate Professor.

His Salary Structure is Rs. 37,400-67,000 + Rs. 9000 AGP.



Authorized Signatory



Registrar

Sri Satya Sai University of Technology
& Medical Sciences Sehore



SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES, SEHORE

[Established under section 2(F) of UGC act. 1956] SH-18, Bhopal-Indore Road, Opp. Oilfed Plant, Pachama, Sehore (MP)
pin code-466001, Phone: 07562-223647, Fax : 07562-223644
Email:-info@sssutms.co.in Website :- www.sssutms.co.in

SALARY CERTIFICATE

This is to certify that Mr. Saurabh Tiwari who is employee of SSSUTMS-SEHORE in School of Engineering (Department of Mining Engineering) as Assistant Professor.

His Salary Structure is Rs. 15,600-39,100 + Rs. 7000 AGP.



Authorized Signatory




Registrar
Sri Satya Sai University of Technology
& Medical Sciences Sehore



SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES, SEHORE

[Established under section 2(F) of UGC act.1956] SH-18, Bhopal-Indore Road, Opp. Oilfed Plant, Pachama, Sehore (MP)
pin code-466001, Phone: 07562-223647, Fax : 07562-223644

Email:-info@sssutms.co.in Website :- www.sssutms.co.in

SALARY CERTIFICATE

This is to certify that Mr. Sudeesh Chouhan who is employee of SSSUTMS-SEHORE in School of Engineering (Department of Computer Science Engineering) as Assistant Professor.

His Salary Structure is Rs. 15,600-39,100 + Rs. 8000 AGP.



Authorized Signatory



Registrar
Sri Satya Sai University of Technology
& Medical Sciences Sehore