



Swami Vivekanand Shikshan Prasarak Mandal's
Swami Vivekanand College of Nursing, Udgir

(Approved by Government of Maharashtra, Recognized by Indian Nursing Council, New Delhi and Maharashtra Nursing Council Mumbai)

Affiliated to Maharashtra University of Health Sciences, Nashik

Survey No. 184, Bodhan Nagar, Jalgot Road, Udgir - 413517 Dist. Latur

PH. 8208876474, Mail: svconudgir@gmail.com

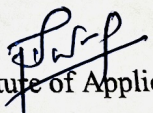
Dr. Sudhir Jagtap (M.Sc. M.Phil. Ph.D.)
President

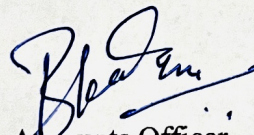
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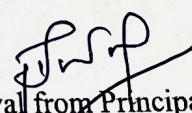
Annexure 1

Application for Attending International /National/ State Conference/ Workshop/ Symposia/Training

Name	Mrs. Jyothi N
Type of the Event	Virtual National Paediatric Nursing Conference for oral presentation.
Financial assistance requested	1500
Financial assistance Sanctioned	1500 .


Signature of Applicant


Approval from Accounts Officer


Approval from Principal
Principal
Swami Vivekanand College
Of Nursing, Udgir Dist. Latur

Swami Vivekananda Shikshan Prasarak Mandal's
Swami Vivekanand College of Nursing, Udgir
Survey No. 184, Bodhan Nagar, Jalkot Road, Udgir

Voucher No

Date: 15/11/2022

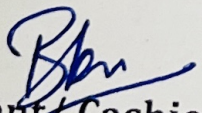
Debit on Account of Conference Exp.

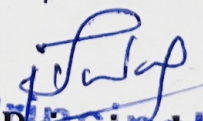
Paid to Mrs. Jayathi N.

By Cash/Cheque/D.D.No. _____

Sr. No	Particulars	Receipts /Bill Enclosed	Quantity	Rs.	NP
	Amount Paid for Attending conference			1500/-	
In Words Rs.	one Thousand Five Hundred only	Total		1500/-	

Pay (1500/-)


Accountant/Cashier


Principal
Swami Vivekanand College
of Nursing, Udgir Dist. Latur


Receiver




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Dr. Sudhir Jagtap (M.Sc, M.Phil, Ph.D.)
President


Annexure 1

Application for Attending International /National/ State Conference/ Workshop/ Symposia/Training

Name	Mrs. Kasala Suresha
Type of the Event	National Workshop on Stimulation in Nursing Education
Financial assistance requested	300
Financial assistance Sanctioned	500.


Signature of Applicant


Approval from Accounts Officer


Approval from Principal
Principal
Swami Vivekanand College
Of Nursing, Udgir Dist. Latur

Swami Vivekananda Shikshan Prasarak Mandal's
Swami Vivekanand College of Nursing, Udgir
Survey No. 184, Bodhan Nagar, Jalkot Road, Udgir

Voucher No.

Debit on Account of Workshop Exp.

Date: 10/09/2021

Paid to MRS. KASAB SUREKHA

By Cash/Cheque/D.D.No. _____

Sr. No	Particulars	Receipts /Bill Enclosed	Quantity	Rs.	NP
	Amount Paid for Attending Workshop			500/-	
In Words Rs. <u>Five Hundred only.</u>				Total	<u>500/-</u>

Pay (500/-)

[Signature]
Accountant/Cashier

[Signature]
Principal
Principal

[Signature]
Receiver

Swami Vivekanand College
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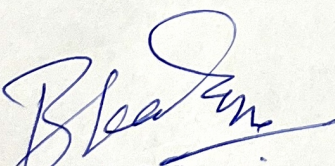
Dr. Sudhir Jagtap (M.Sc. M.Phil, Ph.D.)
President

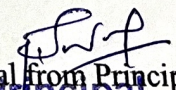
Annexure I

Application for Attending International /National/ State Conference/ Workshop/ Symposia/Training

Name	Mr. Pangare Ganesh Bhimrao
Type of the Event	Workshop On Hospital and Health-Service Management
Financial assistance requested	500
Financial assistance Sanctioned	500.


Signature of Applicant


Approval from Accounts Officer


Approval from Principal
Principal
Swami Vivekanand College
of Nursing, Udgir Dist. Latur

Swami Vivekananda Shikshan Prasarak Mandal's
Swami Vivekanand College of Nursing, Udgir
 Survey No. 184, Bodhan Nagar, Jalkot Road, Udgir

Voucher No _____

Date: 9/12/2020

Debit on Account of Workshop Expenses.

Paid to Mr. Pangare Ganesh Bhimbo

By Cash/Cheque/D.D.No. _____

Sr. No	Particulars	Receipts /Bill Enclosed	Quantity	Rs.	NP
	Amount paid for Attending workshop			500	00
In Words Rs. <u>five hundred rupees only</u>				Total	500-00

Pay (500/-)

Bhu
Accountant/ Cashier

Pangare
Principal
Swami Vivekanand College
Of Nursing, Udgir Dist. Latur

Pangare
Receiver

Swami Vivekananda Shikshan Prasarak Mandal's
Swami Vivekanand College of Nursing, Udgir
Survey No. 184, Bodhan Nagar, Jalkot Road, Udgir

Voucher No.

Date: 9/07/2020

Debit on Account of

Paid to

By Cash/Cheque/D.D.No.

workshop Expenses

Mrs. Dumane Gyanan Phondib

Sr. No	Particulars	Receipts /Bill Enclosed	Quantity	Rs.	NP
	Amount paid for Attending workshop.			500/-	
In Words Rs.	five hundred rupees only.	Total		500/-	

Pay (500/-)


Accountant/Cashier


Principal


Receiver

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President

Annexure I

Application for Attending International /National/ State Conference/ Workshop/ Symposia/Training

Name	Mr. Dumane Gajanan Dandiba
Type of the Event	TOT. Workshop and stimulation Based learning conference
Financial assistance requested	500
Financial assistance Sanctioned	500

Gajanan
Signature of Applicant

[Signature]
Approval from Accounts Officer

[Signature]
Approval from Principal
Principal
Swami Vivekanand College
Of Nursing, Udgir Dist.Latur

Swami Vivekananda Shikshan Prasarak Mandal's
Swami Vivekanand College of Nursing, Udgir
 Survey No. 184, Bodhan Nagar, Jalkot Road, Udgir

Voucher No _____

Debit on Account of Conference Exp.


Date: 12/02/2019

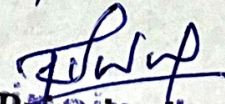
Paid to Mrs. Princy B

By Cash/Cheque/D.D.No. _____

Sr. No	Particulars	Receipts /Bill Enclosed	Quantity	Rs.	NP
	Amount Paid for Attending conference			1000/-	
In Words Rs. <u>One Thousand only</u>				Total	
				1000/-	

Pay (1000/-)


 Accountant/Cashier


 Principal
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Annexure 1

Application for Attending International /National/ State Conference/ Workshop/ Symposia/Training

Name	mrs. princy .B
Type of the Event	NRSI south regional conference Innovations futures challenges Expanding new horizon in Nursing Research
Financial assistance requested	1000/-
Financial assistance Sanctioned	1000/-

Signature of Applicant

Approval from Accounts Officer

Approval from Principal
Principal
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