



Shri Vile Parle Kelavani Mandal's Institute of Technology, Dhule

Survey No. 499, Plot No. 02, Behind Gurudwara,
Mumbai - Agra Highway, Dhule. ☎ (02562) 297801, 660633
✉ iotdhule@svkm.ac.in, www www.svkm-iot.ac.in

Hon. Shri. Amrish R. Patel
(President)

Dr. Nilesh P. Salunke
(Principal)
Ph.D., M.E., LMISTE

Date : 03/05/2020

Leave Policy

1. Objective

- 1.1 To communicate the leave entitlements and provide guidelines for availing these leave.

2. Eligibility & Applicability

- 2.1 All employees on regular rolls of the Institute.

3. Policy & Procedure

- 3.1 Categories of leave available to the employees are Casual Leave, Maternity Leave, Academic Leave, Compensatory Off, Summer Vacation, and Leave without Pay.
3.2 For the purpose of leave, "Year" shall mean the Calendar Year commencing 1st July and ending 30th June.
3.3 All leaves shall accrue effective 1st July of every Year, except the Casual Leave.
3.4 Employees shall apply for leave on prescribed formats. The leave application shall be made prior to actual days of leave.
3.5 Holidays and weekly-offs between the leaves will be treated as a part of leave only. Weekends and holidays are exempted in case of Casual Leave.

Entitlement & Procedure for availing Leaves:

4. Casual Leave (CL)

- 4.1 All Employees are eligible for 08 days of CL in a calendar year, which shall be credited to them upon joining, on pro-rata basis.
4.2 Employee on CL cannot be absent from duty continuously for more than 5 days including intervening holidays.
4.3 Employees may avail CL for half-day also.
4.4 CL may be prefixed or suffixed to intervening holidays or weekends.
4.6 CL cannot be prefixed or suffixed to any other category of Leave.
4.7 Un-availed CL will automatically lapse at the end of the year.

5. Earned Leave (EL)

- 5.1 All Non-Vocational teaching staff & Non-Teaching Administrative staff who are on Confirmed and Probation are eligible for 30 days of Earned Leave.



- 5.2 Employees joining the organization shall have their Earned Leave entitlements for the rest of that calendar year calculated on pro-rata basis, and credited to their accounts on the following July 1st, January 1st which they can avail only after the confirmation of their services.
- 5.3 Earned Leave may be availed for one day also.
- 5.4 Except under emergency, employees shall apply for leave well in advance, especially if the leave period is more than a couple of days, and proceed on leave only after their leave is approved.
- 5.5 When it has not been possible to obtain advance approval, respective HODs should be kept informed, with information copy (CC) to the approval authority; and request for approval must be obtained at the earliest opportunity.
- 5.6 Earned Leave with may not be prefixed or suffixed with any other type of leave.

6. Sick leave (SL) / Half Pay leaves (HPL)

- 6.1 All Employees are eligible Sick Leaves for 10 days (Full Pay)/ 20 days (Half pay leave).
- 6.2 The employee needs to submit Medical certificate from registered medical practitioner in case of accruing Sick leave or half pay leave more than 3 days.

7. Maternity Leave (ML)

- 7.1 The Institute permits Maternity Leave of 180 days, to be availed at the convenience of the mother-to-be. The leave period includes weekends and holidays.
- 7.2 All confirmed female employees, are eligible for Maternity leave. However, the management may, at its discretion, also allow an employee under probation to avail maternity leave, and extend her probation period by the same duration.
- 7.3 Maternity leave shall be limited to an employee's first two confinements and must be spaced by at least 3 years (except in case of a miscarriage). In case of unfortunate miscarriage, a maximum leave of 4 to 6 weeks may be availed.
- 7.4 The employee shall inform the HOD at least 8 weeks prior to proceeding on leave with appropriate Medical Certificate.
- 7.5 ML will be in addition to other leave facilities of the Institute and shall not be prefixed or suffixed with any other kind of leave.

8. Duty Leave (DL)

- 8.1 All teaching and non-teaching faculty is eligible for 15 days Duty leave.
- 8.2 DL shall be applicable for attending Academic, Institute and University related work for all days of the work.
- 8.3 DL may also be considered for the following reasons:
 - 8.3.1 Delivering invited talks, attending Workshop, STTP, QIP, Conference, etc.
 - 8.3.2 Attending Spot Valuation assignments at a university other than the affiliated university.



- 8.4 Teaching faculty wishing to avail duty Leave should get their leave approved by the HOD at least 2 days in advance and send the approved leave application along with the invitation letter sent by the concerned university or Conference/Workshop to Office.
- 8.5 Academic leave may neither be accumulated nor combined with any other type of leave.

9. Leave without Pay (LWP)

If an employee has exhausted all types of leave, exceptionally, he/she may be allowed to take leave without pay up to a maximum of 30 days in a year, subject to the recommendation of the HOD and approval of Principal.

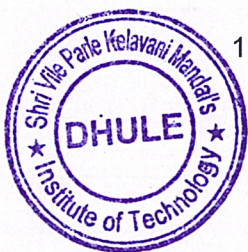
- 9.1 LWP shall not be treated as break in-service.

10. Compensatory Off (CO)

- 10.1 If an employee is called upon to work during the weekend or a public holiday or during vacation for more than half a day, equivalent compensatory off may be permitted in units of half a day or full day.
- 10.2 Compensatory off shall be availed within Six month. Else, it shall lapse.

11. Summer and Winter Vacation

- 11.1 All Probation & Confirmed teaching faculty except those who hold administrative responsibilities, will be eligible for Summer Vacation.
- 11.2 The annual dates for the summer vacation shall be announced which shall ordinarily be availed by all, unless asked by the management to be available for some special assignments during the vacation.
- 11.3 Principal, in consultation with the HODs shall plan the summer vacation well in advance based on the academic and other relevant considerations.
- 11.4 The Institute reserves the right to requisition the services of a teaching faculty, during the summer vacation for special assignments. In such cases, the teaching faculty requisitioned for special assignments during the summer vacation will be eligible for equal number of days of EL (or pro-rated number of days) in lieu of the summer vacation foregone.
- 11.5 The Principal shall inform all such faculty whose services may be required during the summer vacation, well in advance, along with their HOD.
- 11.6 Summer vacation cannot be prefixed or suffixed with any other leave.
- 11.7 Faculty availing the summer vacation shall keep the Institute informed of their address of stay and contact details during vacation period for emergency needs.
- 11.8 Faculty on summer vacation may at their discretion and on approval from the Principal, attend external examination related works/ SDPs/ Seminars/ Conferences. However, such activities shall not count for any set-off against the



summer vacation.

11.9 The summer and winter vacations will be in adherence with the University Almanac.

12. Special leave for pursuing research

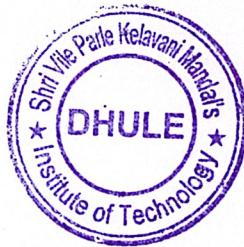
12.1 This leave shall be given, on a case-to-case basis, to those who have registered for Ph.D. and cleared their pre-Ph.D. course work, for a maximum period of a fortnight.

12.2 The leave needs to be approved by the Principal.

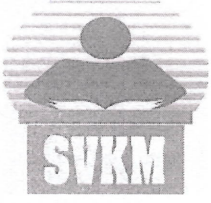
12.3 The Principal shall call for supporting recommendation letter from a faculty's Ph.D. guide for granting the approval.

12.4 The unutilized Special Leaves can be carried neither forward nor uncashed.

The above-mentioned leave policies are subject to revision and change time to time as per recommendations of statutory bodies.



Daluke
Principal
SVKM's Institute of Technology, Dhule



Shri Vile Parle Kelavani Mandal's

Institute of Technology, Dhule.

Survey.No. 499, Plot No. 02, Behind Gurudwara, Mumbai - Agra Road, Dist.
Dhule, Maharashtra, 424001

Phone No.: (02562) 297801, 297601

Web : svkm-iot.ac.in

Mail : IOTDhule@svkm.ac.in

Medical Leave





Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Name of the Employee:- Khalid Alfatri Date:- 4/2/20
Post:- Asst. Prof
Department:- Computer Engg Muster Number: _____ Thumb ID: 28210009
Type of Leave:- CL / SL / DL / EL / Vacation / SL from 01/2/20 to 01/02/20 for 01 Day(s).
Cause of Leave:- Sickness Contact No. while on Leave:- 9657724096

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1						
2			<u>No Load</u>			
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

01- SL

[Signature]

SIGN. OF APPLICANT

FOR OFFICE USE

No. of 19 CL / SL / DL / EL / Vacation / SL from 01/2/20 to 01/02/20 is available as per leave records. Balance CL / SL / DL / EL / Vacation / SL leave due to your credit after this application is 18 days.

DATE:- 1/12/2020

[Signature]
SIGN OF OFFICE CLERK

1. Above requested 01 SL leave(s) has been sanctioned.
2. Out above requested _____ leave (s) _____ has been sanctioned.
3. Above requested _____ leave(s) has not been sanctioned.

(Reason for not sanctioning :- _____)

[Signature]
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

[Signature]
HOD/INCHARGE OF DEPT.

Cut here

TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from _____

Leave due to your Credit after this application is _____

balance CL / SL / DL / EL / Vacation



DATE:

SIGN OF OFFICE CLERK

Serial No.: 46

Date: 22-2-20

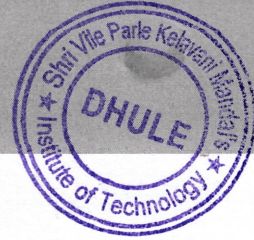
Medical Certificate

To whomsoever it may concern

This is to certify that Mr./ Mrs./ Miss Khalid Alfahri
Age 37, Son/ Daughter of Mr/ Mrs. Farooque Ahmed
Resident of Dhule
is / was under my treatment since 21/2/2020 to 22/2/2020
for cough & cold

He / She is / was advised treatment and rest for this period.

He / She is medically fit to resume his / her duties w.e.f



Dr. Arif Ansari
Name: Arif Ansari
Signature: Arif



Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Name of the Employee: Kharid Alfalvi Date: 22/7/2018
 Department: Computer Post: Asst. Prof
 Muster Number: _____ Thumb ID: 28210009
 Type of Leave - CL / SL / DL / EL / Vacation / SL from 04/7/20 to 06/7/20 for _____ Day(s).
 Cause of Leave: _____ Contact No. while on Leave: 9657724096

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	04/7	11:00	B.Tech	Proj. Discussion	engaged from home	
2	06/7	10:00	SY Comp	Data Structure		
3	06/7	11:00	SY Comp	TOC		
4	04/7	2:00	TY Comp	Seminar Meet		
5						
6						

Attach separate sheet if required

Kindly consider my application.

03 - SL

SIGN OF APPLICANT

FOR OFFICE USE

No. of 16 CL / SL / DL / EL / Vacation / SL from 11/7/2018 to 20/6/2019 is available as per leave records. Balance CL / SL / DL / EL / Vacation / _____ leave due to your credit after this application is 13 days.

DATE: 23/7/2020 / / 2018/20

SIGN OF OFFICE CLERK

- Above requested 03 ML leave(s) has been sanctioned.
- Out above requested _____ leave (s) _____ has been sanctioned.
- Above requested _____ leave(s) has not been sanctioned.

(Reason for not sanctioning : _____)

[Signature]
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

[Signature]
HOD/INCHARGE OF DEPT

Cut here

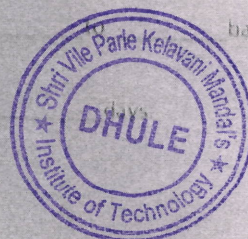
TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from
Vacation

Leave due to your Credit after this application is

DATE:

balance CL / SL / DL / EL /



SIGN OF OFFICE CLERK

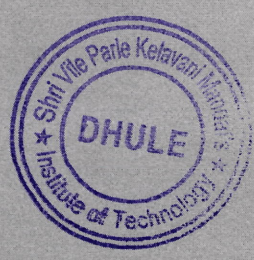
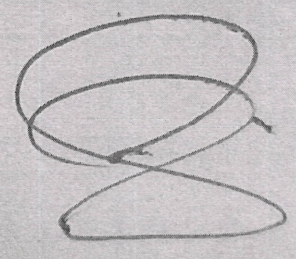
Shri

08/07/2022

— et. Yamini 0025
— et. Zenit 2p
— et. Pamela
— et. Metro 400
— et. 0.

|

x days



Rohani ~~20/7~~



Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 30/06/2018 - 2021

Name of the Employee:- T.M. Shubham Post:-

Department: Electrical Engg. Muster Number: - Thumb ID: -

Type of Leave: - CL / SL / DL / EL / Vacation / - from 29/06/21 to 29/06/21 for 1 Day(s).

Cause of Leave:- Covid-19 vaccination Contact No. while on Leave:-

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1			NA			
2						
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

SL - 01

Signature

SIGN OF APPLICANT

FOR OFFICE USE

No. of 10 CL / SL / DL / EL / Vacation / SL from 11/7/20 to 30/7/20 is available as per leave records. Balance CL / SL / DL / EL / Vacation / SL leave due to your credit after this application is 09 days.

DATE: - 1 / 2018 30/6/2021

SIGN OF OFFICE CLERK

- Above requested 01 CL leave(s) has been sanctioned.
- Out above requested - leave (s) - has been sanctioned.
- Above requested - leave(s) has not been sanctioned.

(Reason for not sanctioning :-)

Signature
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

Signature
HOD/INCHARGE OF DEPT.

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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from - to - balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is - days.

DATE:

SIGN OF OFFICE CLERK





Ministry of Health & Family Welfare
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव

T M Shubham

Age / वय

32

Gender / लिंग

Male

ID Verified / ओळखपत्र

PAN Card # EAGPS2714P

Unique Health ID (UHID)

Beneficiary Reference ID

36465759898180

Vaccination Details

Vaccine Name / लसीचे नाव

COVISHIELD

Date of Dose / डोसची तारीख

28 Jun 2021 (Batch no. 4121Z106)

Next due date / पुढील देय तारीख

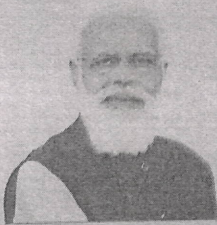
Between 20 Sep 2021 and 18 Oct 2021

Vaccinated by / यांच्याद्वारे लसीकरण

ASHISH AKHADE

Vaccination at / लसीकरणाचे स्थळ

SUB CENTER MORANE, Dhule, Maharashtra



औषध सुद्धा आणि शिस्त सुद्धा
Together, India will defeat
COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

In case of any adverse events, kindly contact the nearest Public Health Center/
Healthcare Worker/District Immunization Officer/State Helpline No. 1075

कोणतेही प्रतिकूल परिणाम आढळून आल्यास कृपया जवळपासचे सार्वजनिक आरोग्य केंद्र/ आरोग्यसेवा
कर्मचारी/ जिल्हा लसीकरण अधिकारी/ राज्य हेल्पलाईन नं. १०७५ वर संपर्क साधा.

COWIN

Winning Over COVID



This is a secure QR code. For further details, please visit
<https://verify.cowin.gov.in>



**Shri Vile Parle Kelavani Mandal's
INSTITUTE OF TECHNOLOGY, DHULE**

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: 21/8/2021

Name of the Employee:- Mr. Kiran N Samanturshi Post:- Asst. Professor

Department: I.T. Muster Number: 27 Thumb ID: 40000631

Type of Leave: - CL / SL / DL / EL / Vacation / SL from 20-8-21 to 20-8-21 for 1 Day(s).

Cause of Leave:- Medical Problem Contact No. while on Leave:- 7972284793

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1						
2						
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

01-8-21

[Signature]
SIGN. OF APPLICANT

FOR OFFICE USE

No. of 01 CL / SL / DL / EL / Vacation / SL from 20-8-21 to 20-8-21 is available as per leave records. Balance CL / SL / DL / EL / Vacation / SL leave due to your credit after this application is 01 days.

DATE: - 1/8/2021

[Signature]
SIGN OF OFFICE CLERK

- Above requested 01 SL leave(s) has been sanctioned.
- Out above requested ----- leave (s) ----- has been sanctioned.
- Above requested ----- leave(s) has not been sanctioned.

(Reason for not sanctioning :- _____)

[Signature]
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

[Signature]
HOD/INCHARGE OF DEPT.

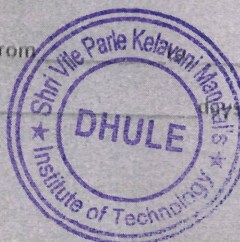
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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from _____ balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is _____

DATE:



SIGN OF OFFICE CLERK

DR.RATHI K.R.

M.B.B.S.

R.No.40374

Resi.: " DWARKA" Aparna Hos.Soc.Niphad,Ph.(02550) 241178

Clinic.: Shivaji Chowk,Niphad (Nashik) Mob.9881731178

Date : 22/8/21

This is to certify that
Mr Kiran Harhari Samavanshi, 40 years
was under treatment on 20th Aug. 21
for loose motions. Now fit for his
job.

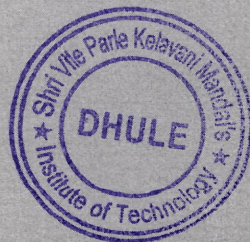
K. Rath

Dr. Kiran R. Rath

M.B.B.S.

Regd. No. 40374

Niphad, (Nashik)





Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Name of the Employee: Deore Dhaniraj Shamrao Date: 24/09/2024
 Department: Civil Engg. Post: Lab Asst.
 Type of Leave: CL / SL / DL / EL / Vacation / S.L from 21/9/24 to 21/9/24 for 01 Day(s).
 Cause of Leave: Medical. Contact No. while on Leave: 9624010874

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

SN	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	21/9/24			CET Examination	Miss Suraléhar	
2						
3						
4						
5						
6						

Kindly consider my application.

Attach separate sheet if required

SL-61

SIGN. OF APPLICANT

FOR OFFICE USE

No. of 08 CL / SL / DL / EL / Vacation / S.L from 18/09/24 to 18/10/24
 records. Balance CL / SL / DL / EL / Vacation / SL leave due to your credit after this application is
07 days.

DATE: 1 / 27/9/2024

SIGN OF OFFICE CLERK

- Above requested -----leave/(s) has been sanctioned.
- Out above requested -----leave (s) -----has been sanctioned.
- Above requested -----leave(s) has not been sanctioned.

(Reason for not sanctioning :-

PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

HOD/INCHARGE OF DEPT.

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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from

Leave due to your Credit after this application is

balance CL / SL / DL / EL / Vacation

DATE:



SIGN OF OFFICE CLERK



आशीर्वाद क्लिनिक

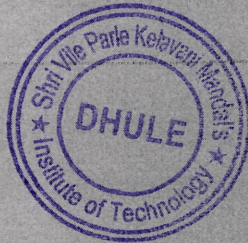
कहान अपार्टमेंट, मारुती मंदिरासमोर, प्रमोद नगर स्टेटबँक शाखेजवळ, आदर्श कॉलनी, देवपूर, धुळे.
(फोन) (०२५६२) २२११२३ (नि) २२२०२३ (मो) ९४२२७ ८६२२३

- Certificate -

22/9/21

This is to certify that Mr. Rajkumar Desai
was under my treatment for Acute gastritis
on 21/9/21. He was advised rest & treatment.
He can resume his work from 22/9/21.

Dr. Deepak R. Patil
M.D. (Ayurved) Pune
Reg.No.I-27338 A-1



डॉ. दिपक रघुनाथराव पाटील

एम. डी. (आयुर्वेद) पुणे
कमिली फिजिशियन, आयुर्वेद व पंचकर्म कन्सल्टंट
रजि. नं. आय-२७३३८ ए-१

डॉ. हेमलता दिपक पाटील

बी. ए. एम. एस., पुणे
आयुर्वेद सौंदर्य विशेषज्ञ व पंचकर्म कन्सल्टंट
रजि. नं. आय-३९५५७ ए-१

फॅमिली फिजिशियन • आयुर्वेद व पंचकर्म • स्टीम बाथ • मसाज • स्लिम सेंटर • विविध प्रकारचे फेशिअल्स
किडनीस्टोन • अॅलर्जी व दमा • स्त्री रोग चिकित्सा • बंध्यत्व चिकित्सा • तैंगिक समस्या

वेळ - सकाळी ८.३० ते २.००, संध्याकाळी ५.०० ते १०.००



Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: 22/10/2021
Name of the Employee: yogesh subhash chudhary Post: workshop inst
Department: mechanical engg. Muster Number: 01 Thumb ID: 28220006
Type of Leave: - CL / SL / DL / EL / Vacation / SL from 18/10/21 to 21/10/21 for 4 Day(s).
Cause of Leave: SL Contact No. while on Leave: 9860300618

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	18/10/21	10 to 05	—	—	Mr. Narendra patil	<u>[Signature]</u>
2	20/10/21	—/—/—	—	—	Mr. Narendra patil	<u>[Signature]</u>
3	21/10/21	—/—/—	—	—	Mr. Narendra patil	<u>[Signature]</u>
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

SL-04

[Signature]
SIGN OF APPLICANT

FOR OFFICE USE

No. of 10 CL / SL / DL / EL / Vacation / SL-04 from 03/11/21 to 12/04/2022 is available as per leave records. Balance CL / SL / DL / EL / Vacation / 06 leave due to your credit after this application is 06 days.

DATE: 1/12/2021

SIGN OF OFFICE CLERK

- Above requested 04 SL leave/(s) has been sanctioned.
- Out above requested 06 leave (s) has been sanctioned.
- Above requested 06 leave(s) has not been sanctioned.

(Reason for not sanctioning :-)

[Signature]
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

[Signature]
HOD/INCHARGE OF DEPT.

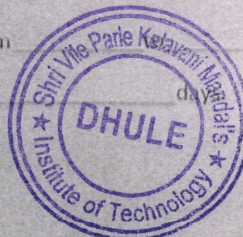
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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from

balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is



DATE:

SIGN OF OFFICE CLERK



7

आशीर्वाद क्लिनिक

कहान अपार्टमेंट, मासती मंदिरासमोर, प्रमोव नगर स्टेटबीक शाखोजवळ, आदर्श कॉलनी, देवपूर, पुणे.
(फोन.) (०२५६३) २२११२३ (मि) २२२०२३ (मो) ९४२२० ८६२२३

22/10/21

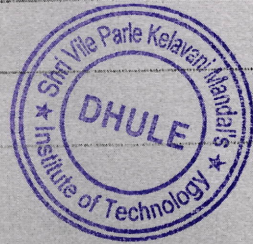
- Certificate -

This is to certify that Mr. Yogesh Subhash Chaudhary was under my treatment for acute arthritis since 18/10/21 to 21/10/21. He can resume his work from 22/10/21.

Dr. Deepak R. Patil

M.D. (Ayurved) Pune

Reg.No.1-27338 A-1



डॉ. हेमलताज्

हर्बल हेअर लॉण्ड स्क्रीन केअर

डॉ. दिपक रघुनाथराव पाटील

एम. डी. (आयुर्वेद) पुणे

कॅमिली फिजिशियन, आयुर्वेद व पंचकर्म कन्सल्टंट

रजि. नं. आय-२७३३८ ए-१

डॉ. हेमलता दिपक पाटील

बी. ए. एम. एस., पुणे

आयुर्वेद सौंदर्य विशेषज्ञ व पंचकर्म कन्सल्टंट

रजि. नं. आय-३९५५७ ए-१

कॅमिली फिजिशियन • आयुर्वेद व पंचकर्म • स्टीम बाथ • मसाज • स्लिम सेंटर • विविध प्रकारचे फेशिअल्स

किडनीस्टोन • अॅलर्जी व दमा • स्त्री रोग चिकित्सा • वंध्यत्व चिकित्सा • लैंगिक समस्या

वेळ - सकाळी ८.३० ते २.००, संध्याकाळी ५.०० ते १०.००

सेवा क्लिनिक

दत्तमंदीर चौक, देवपूर धुळे
दुरध्वनी :- २७०३१७ (निवास)

८४२३९९६२५६

योगेश चौधरी



डॉ. नारायण जी व्यास

(बी. ए. एम. एस.)

डी.पी.सी.ए. (माध्यवर्ग, खोपोली)

रजि. नं. I-11291A1

दिनांक:- १९/१०/२०२१

R

Tub

Ofhomac 400 (5)

दुधात १ विजांनगर

ab

Calpal 600 (10)

१ अग १

ap

Omex 5 (10)

१ अग १

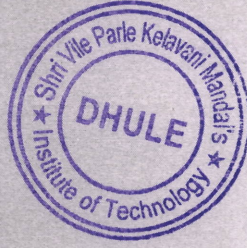
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Zinc 200 (5)

दारा १ दारा

an HADs
S.I.

19/10/21



COMPUTERISED

Shree Datta CLINICAL LAB

19, Rajnigandha Plaza, Opp. Datta Mandir, Deopur, Dhule. ☎ : (02562) 272015

Since - 1991



Patient Name : Mr. Yogesh Chaudhari.
Age : 31 Years
Referred by : Dr. NARAYAN G. VYAS SIR

Reporting Date : 19/10/2021
Sex : Male

PBS For Malarial Parasite: NO M.P. SEEN.

WIDAL TEST

S.typhi "O": : 1:120 DIL.
S.typhi "H": : 1:120 DIL.
Paratyphi "AH": : ---
Paratyphi "BH": : ---

Impression : This Test Is Positive.

Titre of 1:120 or more is significant.

BIOCHEMISTRY TESTS

TEST	RESULT	UNIT	NORMAL RANGE
Blood Sugar (R): (GOD - POD Method)	115.4	mg/dl	70 - 140



End of Report

Mr. Laxmikant E. Sonawane
D.C.E., B.Sc., D.M.L.T.
MPC Reg.No. B.Sc/MLT/0064/2020
Mob.: 9405831396 / 8329205112



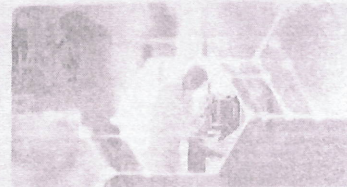
Mr. Ekanath K. Mali
M.Sc., PG.D.M.L.T. (Mumbai)
MPC Reg.No. PGD/MLT/0048/2021
Mob.: 9405831395 / 9423496115

Note : These Are Only Readings Based On Technical Results, And Not Med. Diagnosis. Results. In Any Case And For Any Purpose.
Test Carried On The Reference Of R.M.P. For Med. Diagnosis To Be Done By Him
• Hematology on fully Automated 3 Parts Diff. Cell Counter.
• All Biochemistry by AGD 2020 Automated Analyser.

COMPUTERISED

Shree Datta CLINICAL LAB

19, Rajnigandha Plaza, Opp. Datta Mandir, Deopur, Dhule. ☎ : (02562) 272015



Patient Name : Mr. Yogesh Chaudhari.
 Age : 31 Years
 Referred by : Dr. NARAYAN G. VYAS SIR

Reporting Date : 19/10/2021
 Sex : Male

URINE ROUTINE EXAMINATION**Physical Examination**

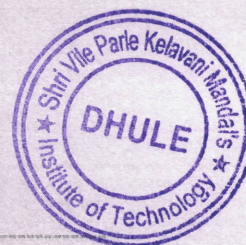
Colour: Yellow
 Appearance: Clear
 Reaction: Acidic

Chemical Examination

Albumin: Traces
 Sugar: Absent
 Ketone Bodies: Absent
 Blood: Absent
 Bile Salts: Absent
 Bile Pigment: Absent

Microscopic Examination

RBC : Absent
 Pus Cells: 2 - 3 / hpf
 Epithelial cells: 1 - 2 / hpf
 Crystals: Absent
 Casts: Absent
 Amorphous Material: Absent
 Spermatozoa: Absent
 Candida: Absent
 Trichomonads: Absent
 Bacteria: Absent



End Of Report

Mr. Laxmikant E. Sonawane
 D.C.E., B.Sc., D.M.L.T.

MPC Reg.No. B.Sc/MLT/0064/2020
 Mob.: 9405831396 / 8329205112



Mr. Ekanath K. Mali
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