



SHIVNAGAR VIDYA PRASARAK MANDAL'S

COLLEGE OF PHARMACY

Permission for Organising / Attending - Conference / Workshop / Event

Department _____

FRA Head No. _____

To,
Secretary,
Shivnagar Vidya Prasarak Mandal,
Malegaon Bk.

Sub: Permission for _____

Sir,
I / We Prof. / Dr. _____ wish to
organise / attend following conference / workshop / event.

Details

Sr.No.	Title of Event	Organiser	Place	Date	Approx. Cost

Budgetary Details:

1. Amount sanctioned Rs. _____
2. Amount utilized Rs. _____
3. Budgeted Amount Rs. _____

Please sanction permission for organising / attending conference / workshop / event.

Thanking You.

Yours Faithfully

Remark by Head: _____

Name of I/C _____

Signature _____

Principal _____

Permitted to start purchase procedure.

Secretary

Vice-President



COLLEGE OF PHARMACY

Permission for Chemicals / Glassware's / Equipment's / Material / Stationery

Department _____

FRA Head No. _____

To,
Secretary,
Shivnagar Vidya Prasarak Mandal,
Malegaon Bk.

Sub: Permission for procuring _____

Ref: _____

Sir,
Following material is required for _____

The equipment purchase under _____

Details of Material

Sr.No.	Details specifications of the equipment	List of Suppliers	Approx Rate	Quantity	Approx. Cost

Budgetary Details:

1. Amount sanctioned Rs. _____ 2. Amount utilized Rs. _____

Please sanction permission for organising / attending conference / workshop / event.

Thanking You.

Yours Faithfully

Remark by Head: _____

Name of I/C _____

Signature _____

Principal _____

Permitted to start purchase procedure.

Secretary

Vice-President