

M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE, PUNE

Approved by Government of India & Affiliated To M.U.H.S. Nashik

Add.: 2390-B, K.B. Hidayatullah Road, Azam Campus, Camp, Pune - 411 001. Tel.: 91-20-2643 0959 / 2643 0960 / 2643 0961. Fax No.: 91-20-2643 0962

THE THOUSANT TO THE	Marie
To,	Date: 25/3/2023
The Principal, M.A.Rangoonwala College of Dental Sciences Pune - 411 001.	& Research Centre.
SUBJECT: APPROVAL FOR MAKIN	NG PAYMENT / SELF-WITHDRAWAL.
	for payment enclosed
Toward Expenses under A/c. head of Sev	ning Worldhop/Conference
It is request to pass the bill for payment to M	Us. Dr. Igbal Musani
Being payment being made	2 towards reimbusement of
Worlehop on Comprehensive	Myofunctional Oxthodontics
conducted by John Flutte	e towards reimbusement of Myofunctional Oxthodontics on John to 12th March 2021
Bill No. / Date	100 mg/s
By Cheque No. 39 1665	Date 25/03/2023.
The enclosed bill amount Rs	is recommended for payment remark.
APP	ROVED M.A.
S A	E.S. O. S.
Accountant Pri	ncipal Receivers
TDS calculation working	
Bill Amount	
Less % TDS	
Amount payable to Party	Note : P.T.O. for More than One Bill



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Tel.: 91-20-2643 0959 / 2643 0960 / 2643 0961. Fax No.: 91-20-2643 0962

APPR	OVAL NOTE / BANK V	CUSTI-IN	
To, The Principal, M.A.Rangoonwala College of De Pune - 411 001.	ental Sciences & Resear		7/1/2023
SUBJECT: APPROVAL	FOR MAKING PAYM	ENT / SELF-WITHI	DRAWAL.
Please approve the sum of Rs Toward Expenses under A/c. he It is request to pass the bill for	10,000 - ad of Benina	N Walestop /	Conference.
It is request to pass the bill for	payment to M/s	r.Ramandeep	Dugal
Being payment ma National Prostuo en 10th to 13th N Bill No. / Date	ov. 2022		
By Cheque No. 391	_843	Date=	1/01/2023
The enclosed bill amount Rs	19,000/-	is recommended for	payment remark.
Accountant TDS calculation working	APPROVED Principal	M.A.A.D. CO M.C. S. CO M.C. S.	Receivers.
Bill Amount			
Less % TDS			4
Amount payable to Party		Note: P.T.O. for	More than One Bill



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To,	Date: 27/12/2022
The Principal, M.A.Rangoonwala College of Dental Science Pune - 411 001.	s & Research Centre.
SUBJECT: APPROVAL FOR MAKE	NG PAYMENT / SELF-WITHDRAWAL.
Please approve the sum of Rs. 10	for payment enclosed
Toward Expenses under A/c. head ofSex	ninon Worleshop / Conference M/s. Dr. Husna Patel
It is request to pass the bill for payment to	M/s. Dr. Husna Pafel
Being payment made tow	ands reimbursement of
334d IAOMR National	Conference held at
Bhuvaneshwar on 8th	to 10th Dec. 2022.
Bill No. / Date	
By Cheque No. 39 1837	
The enclosed bill amount Rs	$ \mathcal{O} $ is recommended for payment remark.
	PROVED
Accountant	incipal Receivers
TDS calculation working	
Bill Amount	
Less % TDS	
Amount payable to Party	Note : P.T.O. for More than One Bill



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To,	Date: 27/12/2022
The Principal, M.A.Rangoonwala College of Dental Scier	nces & Research Centre.
Pune - 411 001.	
SUBJECT: APPROVAL FOR MA	KING PAYMENT / SELF-WITHDRAWAL.
Please approve the sum of Rs1	0,000 - for payment enclosed
Toward Expenses under A/c, head of	Seminar Workshop/Conference.
	Dr. Shraddlag Sunnelcan
It is request to pass the bill for payment t	o M/s. Dr. Shraddha Supnekav
Being payment made tou	raids reimbursement of
3349 IAOMR National	Conference held at
Bhuvanesh war on 8th.	Conference held at to 10th Dec. 2022.
Bill No. / Date	
By Cheque No. 39 1836	Date 27/12/2022
The enclosed bill amount Rs	is recommended for payment remark.
<u>A</u>	PPROVED
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Accountant	Principal Receivers
TDS calculation working	
Bill Amount	
Less % TDS	
Amount payable to Party	Note : P.T.O. for More than One Bill



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To, The Principal,	Date: 27/12/2022
M.A.Rangoonwala College of Dental Scie Pune - 411 001.	nces & Research Centre.
SUBJECT: APPROVAL FOR MA	KING PAYMENT / SELF-WITHDRAWAL.
Please approve the sum of Rs	for payment enclosed
Toward Expenses under A/c. head of	Dr. Rashni sapkal
It is request to pass the bill for payment	to Mrs. Seminar Worleshop/Conference
Being payment made tou	onds reimbursement of onference held at Bhuraneshwa
3349 IAOMR National C	onference held at Bhuyaneshwa
on 8th to 10th Dec 2022	
Bill No. / Date	
By Cheque No. 391835	Date 27/12/2022
The enclosed bill amount Rs10,0	00 is recommended for payment remark.
Δ	PPROVED
Accountant	Principal Receivers
TDS calculation working	
Bill Amount	
Less % TDS	
Amount payable to Party	Note : P.T.O. for More than One Bill



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APPROVAL NOTE	BANK VOCCHER
To, The Principal, M.A.Rangoonwala College of Dental Sciences Pune - 411 001.	Date: 27/12/2022 & Research Centre.
SUBJECT: APPROVAL FOR MAKING	G PAYMENT / SELF-WITHDRAWAL.
Please approve the sum of Rs10,0	
	inar Woslahop & Conference
It is request to pass the bill for payment to M	s. Dr. Nikhil Diwan
Being payment made towas 33rd IAOMR National Co Bhuvaneshwan on 8th to	uds reimbursement of yearne held at Loth Dec. 2022
Bill No. / Date	
By Cheque No. 391834	Date 27/12/2022
The enclosed bill amount Rs	is recommended for payment remark.
A	COVED Cipal Receivers
TDS calculation working	
Bill Amount	
Less % TDS	
Amount payable to Party	Note : P.T.O. for More than One Bill



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To, The Principal,	Date: 27/12/2022
M.A.Rangoonwala College of Dental Pune - 411 001.	Sciences & Research Centre.
SUBJECT: APPROVAL FOR	R MAKING PAYMENT / SELF-WITHDRAWAL.
Please approve the sum of Rs.	10,000 for payment enclosed
Toward Expenses under A/c. head of	s_serrioran workstop/conference
It is request to pass the bill for paym	
Being payment made	toward reimbursament of
3340 IAOMR Nation	nal Conference held at
Bhuvaneshwar on 8	th to 10 th Dec. 2022
Bill No. / Date	
By Cheque No. 391833	Date 27/12/2022
The enclosed bill amount Rs	0,000 — is recommended for payment remark.
	APPROVED
. *	AD GET WILL
Accountant	Principal Receivers
TDS calculation working	
Bill Amount	
Less % TDS	
Amount payable to Party	Note a Paris of the same
	Note : P.T.O. for More than One Bill



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To.	-	Date : 9 1	2 2022
The Principal, M.A.Rangoonwala College of Den Pune - 411 001.	tal Sciences & Resear		
SUBJECT : APPROVAL F	OR MAKING PAYM	ENT / SELF-WITHDRA	WAL.
Please approve the sum of Rs.			
Toward Expenses under A/c. head	of <u>Seminal</u>	Warkshop 9	Conference
It is request to pass the bill for pa	ayment to M/s. Dv .	Maheen Sh	all
Being pynt made 43-d ISPPD confer Nov. 2012.	percented one	imbursament I Bhifal on	23701 1026
Bill No. / Date			
By Cheque No. 39182	28	Date - 9 113	12022
The enclosed bill amount Rs.	0,000/	s recommended for pay	
Accountant	APPROVED Principal	A. C. C. S.	Receivers
TDS calculation working			
Bill Amount			
Less % TDS			
Amount payable to Party		Note: P.T.O. for Mor	e than One Bill



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No. and Association Co.			av v es
To,		Date:	111212022
The Principal,	noos & Possos	rob Contro	
M.A.Rangoonwala College of Dental Scie Pune - 411 001.	nces & Resea	rch Centre.	
SUBJECT: APPROVAL FOR MA	KING PAYM	ENT / SELF-WITHI	DRAWAL.
Please approve the sum of Rs			
Toward Expenses under A/c. head of <u>A</u> It is request to pass the bill for payment	eminor	Workshop 14	onference.
Toward Expenses under the fleat of 22	7	Military Day	0
It is request to pass the bill for payment	to M/s	y. Muna Ra	van
- Dayment made form	and voiv	uburcanie.+	nl .
Being payment water towar	ios men	MENIZEMENT	04
Being payment made toward 434d ISPPD Conference h	eld at	Bhopal on	234d to 26th
Nov. 2022			
Bill No. / Date			
By Cheque No. 391829		Date	3/12/2022
The enclosed bill amount Rs. 10,000	0]	is recommended for	payment remark.
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1-2		R.D. Co	(a.
	Alber	E M.C.	JAN V
Accountant	Principal	3	Receivers
TDS calculation working		WE T	
Bill Amount		06	
Less % TDS			
Amount payable to Party		A A SAME AND A SAME AS A SAME A SAME AS A SAME	
		Note . PTO for	M 11 0 DUI



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To,		Date: 9	12/2022
The Principal, M.A.Rangoonwala College of Den Pune - 411 001.	atal Sciences & Research	Centre.	
SUBJECT : APPROVAL	FOR MAKING PAYMEN	NT / SELF-WITHDR	AWAL.
Please approve the sum of Rs	•	for pay	
Toward Expenses under A/c. hea	d of Seminar	Conference	Workshop.
It is request to pass the bill for p	ayment to M/s. D~	Roopashi	Saha.
- P . 1	D.		.0
	(200) (CO)	mbursment	04
43 JSPPD Co	inference hi	eld at Bl	nopal
		271	
DUINT /D.			
Bill No. / Date	5		
By Cheque No. 391826) B	Date	12 2022
The enclosed bill amount Rs	10,000/_ is	recommended for pa	yment remark.
	APPROVED		
	R.	MA.R.O	$C \cup D$
Accountant	Principal	(2 (Co. j.)	Receivers
TDS calculation working		307	
Bill Amount			
Less % TDS			
Amount payable to Party		Note : P.T.O. for M	ore than One Bill



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		1	1
To,		Date: 9'	12/2022
The Principal,	Cairmann & Donor	arch Contro	
M.A.Rangoonwala College of Dental	Sciences & nese	arch Centre.	
Pune - 411 001.			
SUBJECT: APPROVAL FOR	MAKING PAYM	MENT / SELF-WITHD	RAWAL.
	100001	for no	yment enclosed
Please approve the sum of Rs.	0,000,		
Toward Expenses under A/c. head of	Semin	a Conterent	- Workshop
Toward Expenses under A.C. head of			^
It is request to pass the bill for paym	ent to M/s.	r. Amol	Patil
It is request to pass the on for paym		10 1=80.04	
0 5		Block towns and Sec	<u>r</u>
Being Payment 10	wads K	eimburstem	at .
1200 Tapp C	0-	held at pho	04
43 TSTYD C	Onterence	nelo at pro	pu
Bill No. / Date			
Bill No. / Date			
By Cheque No. 391827	*	Date9	12 2022
			**
The enclosed bill amount Rs.	,000/	is recommended for p	ayment remark.
	APPROVED		
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V	40	4.	00
	Ath_	- (+(630)2)	
Accountant	Principal	3 5	Receivers
Accountant	Timorpui	F 30	
TDS calculation working		_	
Bill Amount			
Less % TDS			
Amount payable to Party			
to rarty		Note : P.T.O. for M	ore than One Bill



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To,		Date:	9/12/2022
The Principal,		4	111212022
M.A.Rangoonwala College of Dental Pune - 411 001.	Sciences & Rese	earch Centre.	
SUBJECT: APPROVAL FOR	MAKING PAY	MENT / SELF-WIT	HDRAWAL.
Please approve the sum of Rs.	3,000/-	fo	r payment enclosed
Toward Expenses under A/c. head of	Semina	Conference	Workshop
It is request to pass the bill for paym	ent to M/s. D	~. 3 No	man kazi
Boing Pourot Acres	le Deir	nhixenert	oF.
Annual Conference	of S	AMOST in	ndore.
Bill No. / Date			(10)
By Cheque No. 391925		Date_	9/12/2022
The enclosed bill amount Rs\C	0,000/-	_ is recommended f	or payment remark.
	APPROVED		, J
Ta		* m 3 5	1 why
Accountant	Principal	THE TOTAL	Receivers
TDS calculation working		_	
Bill Amount			
Less % TDS			
Amount payable to Party		Note : P.T.O. f	or More than One Bill

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То,	Date: 9/12/2022
The Principal, M.A.Rangoonwala College of Dental Sciences Pune - 411 001.	& Research Centre.
SUBJECT: APPROVAL FOR MAKIN	G PAYMENT / SELF-WITHDRAWAL.
	Od for payment enclosed
Toward Expenses under A/c. head ofSem	inon Westeshop/ confuence
It is request to pass the bill for payment to M	1s. DV. V.K. Grande
Being payment made towar Annual Conference of	rds recimbersament of "AMOSI" held at Indore
on 15th - 17th Nov. 2022	
Bill No. / Date	
By Cheque No. 391824	Date 9 /12/2022.
Y .	is recommended for payment remark.
K-	ROVED Acipal Réceiversur G
TDS calculation working	
Bill Amount	
Less % TDS	
Amount payable to Party	Note : P.T.O. for More than One Bill



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	فكالباخ فالخطاب المراد المراد المراد		
To,		Date: 12	111/2022
The Principal, M.A.Rangoonwala College of Dental So Pune - 411 001.	ciences & Research	Centre.	
SUBJECT : APPROVAL FOR I	MAKING PAYMEN	T/SELF-WITHDR	AWAL.
Please approve the sum of Rs	5 (150) 35 (5)		
Toward Expenses under A/c. head of _	seminar,	maskethop	and conference
It is request to pass the bill for payme	nt to M/s. Nr.	Ajit kal	in.
Being Payment may	tour and	A OL 12	Indian
non stead antico	serence bel	d at bl	seti vidleyape
Can restrate	yous , pune	on 12th	to 18th Sep 20
Bill No. / Date	.x		. 1
By Cheque No. 3910 12		Date	11 2022
The enclosed bill amount Rs	174	ecommended for pa	yment remark.
	APPROVED		
Accountant	Principal	PAR HORS	Receivers
TDS calculation working			
Bill Amount			
Less % TDS			
Amount payable to Party		Note : P.T.O. for Mo	ore than One Bill

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То,	Date: 12/11/2022
The Principal, M.A.Rangoonwala College of Dental Scien Pune - 411 001.	nces & Research Centre.
SUBJECT : APPROVAL FOR MA	KING PAYMENT / SELF-WITHDRAWAL.
	0,000 for payment enclosed
Toward Expenses under A/c. head of	to M/s. Dr. Ashwith Hegde
It is request to pass the bill for payment	to M/s. Dr. Ashwith Hegde
- no + mondo los	mul. million tol
Indian Orthodontics	onfumee held at Bhartya Campus, Pune at 16th to 18th sept
Vidyap eath Education	Campus, Pune at 16th to 18th sept
Bill No. / Date	
By Cheque No. 39181	Date 12/11/22.
The enclosed bill amount Rs. 10,0	is recommended for payment remark.
<u>A</u>	PPROVED
X -	Dr. A.R.O.
Accountant	Principal Receivers
TDS calculation working	39
Bill Amount	
Less % TDS	
Amount payable to Party	Note: PTO for Mone than One Bill



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To,	Date: 12/11/2022
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SUBJECT : APPROVAL FOR MAKE	NG PAYMENT / SELF-WITHDRAWAL.
Please approve the sum of Rs	for payment enclosed
Toward Expenses under A/c. head of Sex	uinan Walshop/ Confrience.
It is request to pass the bill for payment to I	Ns. Dr. Wasu Patil
Being payment being made	fowards leein busement of fuence held at Bhartya Vidyapei on 16th to 18th Sept. 2022.
50th Indian orthodoutics Con	fuence held at Bhartya Vidyapei
Education Campus, Pune of	2 16th to 18th Sept. 2022.
Bill No. / Date	V
001016	Date 12/11/2022
D) Cheque 1.0.	is recommended for payment remark.
APP	ROVED
Accountant	ncipal Receivers
TDS calculation working	
Bill Amount	
Less % TDS	
Amount payable to Party	Note : P.T.O. for More than One Bill



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SUBJECT: APPROVAL FOR MAKING PA	YMENT / SELF-WITHDRAWAL.
Please approve the sum of Rs. 10,000	
Toward Expenses under A/c. head ofService	W Westistrop Conjunce.
It is request to pass the bill for payment to M/s	Dr. Juli Joshi
Being Dament made towar	ds seeimbusement of
56th Indian Oxflordontia Confree	nee held at Bhanaya
Being payment made towar 56th Indian Oxfundontia Confree Vidyapeeth Education Campus	, Pune on 16th 18th Sept- 2022.
Bill No. / Date	
By Cheque No. 391817	Date
The enclosed bill amount Rs. 19000	is recommended for payment remark.
APPROVE	<u>D</u>
Accountant Principal	Receivers
TDS calculation working	
Bill Amount	
Less % TDS	
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SUBJECT: APPROVAL FOR MAK	ING PAYMENT / SELF-WITHDRAWAL.
	for payment enclosed
Toward Expenses under A/c. head of	minon Warleshop/Conference.
It is request to pass the bill for payment to	M/s. Dr. Salit Nene
Being Payment made town	ords reimbursenent of 56th
Indian Orthodontics Co	njuence held at Bhartya
Vidya perth Encation Car	ords reimbussment of 56th ufuence held at Bhartya Mpus, Pune on 16th 18th sept. 202
Bill No. / Date	
By Cheque No. 391813	Date
The enclosed bill amount Rs	is recommended for payment remark.
AP	PROVED
	rincipal Receivers
TDS calculation working	
Bill Amount	
Less % TDS	
Amount payable to Party	Note: PTO for More than One Bill



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SUBJECT: APPROVAL FOR MAKIN	IG PAYMENT / SELF-WITHDRAWAL.
Please approve the sum of Rs	
Toward Expenses under A/c, head of Sev	uing Walshop / Confuence
It is request to pass the bill for payment to M	uing Walshop Stoufuence Us. Dr. Naspern Mirdehghan
Being payment made towo	ords reimbursement of 56th revence held at Bhartya ampus, Pune on 16th 18th Sept. 2022
Indian orthodontics long	evence held at Bhartya
	ampus, Pune on 16th- 1879 Sept. 2022
Bill No. / Date	401410-0-
1 27 and a	Date 12/11/2022
The enclosed bill amount Rs. 10,000	is recommended for payment remark.
\$	ROVED ncipal Receivers
TDS calculation working	139
Bill Amount	
Less % TDS	
Amount payable to Party	Note: P.T.O. for More than One Bill



M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE, PUNE

Approved by Government of India & Affiliated To M.U.H.S. Nashik

Add.: 2390-B, K.B. Hidayatullah Road, Azam Campus, Camp, Pune - 411 001. Tel.: 91-20-2643 0959 / 2643 0960 / 2643 0961. Fax No.: 91-20-2643 0962

To,	Date: (5/9/2021
The Principal, M.A.Rangoonwala College of Dental Scien Pune - 411 001.	nces & Research Centre.
SUBJECT : APPROVAL FOR MA	KING PAYMENT / SELF-WITHDRAWAL.
Please approve the sum of Rs	for payment enclosed
Toward Expenses under A/c. head of	Seminar, works shop and conference
It is request to pass the bill for payment t	to M/s. Dr. Abhimar Tale has
Being payment may	towards conference held in
panjin South	acia association of
pediatric dentisky	on 20 to 28 Aug 2022.
Bill No. / Date	
By Cheque No. 39 7800	Date 15 09 2022
The enclosed bill amount Rs	is recommended for payment remark.
A	PPROVED
Name and a second secon	AD RO A
Accountant	Principal Receivers
TDS calculation working	River 357
Bill Amount	
Less % TDS	
Amount payable to Party	Note : P.T.O. for More than One Bill



M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE, PUNE

Approved by Government of India & Affiliated To M.U.H.S. Nashik

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Tel.: 91-20-2643 0959 / 2643 0960 / 2643 0961. Fax No.: 91-20-2643 0962

To,		Date: 16	5/2022
The Principal, M.A.Rangoonwala College of Dental Scier Pune - 411 001.	ces & Research	Centre.	
SUBJECT: APPROVAL FOR MA	KING PAYMEN	T/SELF-WITHDR	AWAL.
Please approve the sum of Rs to, &	00/-	for pay	ment enclosed
Toward Expenses under A/c. head of	ininar, w	whole and	conference
It is request to pass the bill for payment t	o M/s. <u>P</u> Y	Asiya muzac	SCH
Being Payment made ter	wards w	onethop on	2drante
moreuna Bronogy Techni	yunes in	Denteu gen	etic. Percuri
corganised by Dept of h	Path Govil	- of radici	At Chemin
Bill No. / Date			1410712
By Cheque No. 391776		Date	5/22
The enclosed bill amount Rs. 10,000) is 1	recommended for pay	yment remark.
	PPROVED		
2000-201	PPROVED		
	Alde	NA.R.O	ha
	Principal	(C. C. E)	Receivers
TDS calculation working		196 + 35M	
Bill Amount			
Less % TDS		*	
Amount payable to Party		Note: P.T.O. for Ma	ore than One Bill
Less % TDS Amount payable		Note : P.T.O. for Mo	ore than One Bill

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Tel.: 91-20-2643 0959 / 2643 0960 / 2643 0961. Fax No.: 91-20-2643 0962

To, The Principal,		Date: 31.	51 2022
M.A.Rangoonwala College of De- Pune - 411 001.	ntal Sciences & Resear	ch Centre.	
SUBJECT: APPROVAL	FOR MAKING PAYME	ENT / SELF-WITHDRA	AWAL.
Please approve the sum of Rs		-1200 = 7,400	
Toward Expenses under A/c. hea	ad of <u>Seminar</u>	working and co	nturne
It is request to pass the bill for p	payment to M/s	solika sk	
2	1 2	2 N S = -	
Being Physicat mode			
attended conference	en maxilla	tura infector	s post, pres
and Future at As	DC, New Deli	si as 22/01	12022
Bill No. / Date			
By Cheque No. 34174	3	Date 3	13)22
The enclosed bill amount Rs	50001 - is	s recommended for pay	ment remark.
	APPROVED	14	
Ĭ.	8	A.R.O.	L.Xor
	ABC	(* (C 3)))	3
Accountant	Principal	GRE # 353	Receivers
TDS calculation working			
Bill Amount			
Less % TDS			
Amount payable to Party		Note: P.T.O. for Mor	re than One Bill
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to Party

M.C.E. Society's

M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE, PUNE

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Add.: 2390-B, K.B. Hidayatullah Road, Azam Campus, Camp, Pune - 411 001.
Tel.: 91-20-2643 0959 / 2643 0960 / 2643 0961. Fax No.: 91-20-2643 0962

APPROVAL NOTE / BANK VOUCHER

To,	Date: 10/2/2022
The Principal, M.A.Rangoonwala College of Dental Science Pune - 411 001.	es & Research Centre.
SUBJECT : APPROVAL FOR MAKE	ING PAYMENT / SELF-WITHDRAWAL.
Please approve the sum of Rs. 2-7	for payment enclosed
	minor weresnop, continue
It is request to pass the bill for payment to	Ms. or salmon sayyee.
Prince on the second defined	IT Reimburg of carte
Cutter (10) Ch	45th IPS Nature continu
had on 2AT to	
Bill No. / Date	
By Cheque No. 341744	Date 10/2/2022
The enclosed bill amount Rs. 2717	/
API	PROVED
Accountant Pr	incipal Receivers
TDS calculation working	SE + 39
Bill Amount	
Less % TDS	
Amount payable	

Note: P.T.O. for More than One Bill



M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE, PUNE

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Add.: 2390-B, K.B. Hidayntullah Road, Azam Campus, Camp, Pune - 411 001.
Tel.: 91-20-2643 0959 / 2643 0960 / 2643 0961. Fax No.: 91-20-2643 0962

APPR	OVAL NOTE / BANK V	OUCHER
To, The Principal, M.A.Rangoonwala College of De Pune - 411 001.	ental Sciences & Researc	Date: 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
SUBJECT: APPROVAL	FOR MAKING PAYME	ENT / SELF-WITHDRAWAL.
		for payment enclosed
It is request to pass the bill for	payment to M/s. Dr.	shagyashree Jababe
Being Registration fee	for ISP Nationa	el Conference 2021 held
Bill No. / Date		2 / 1 2 2 2 2
25		Date 9 fcb 2022
The enclosed bill amount Rs. $_$	2,717 is	s recommended for payment remark.
Accountant TDS calculation working	APPROVED Principal	Receivers
Bill Amount		
Less % TDS Amount payable to Party		Note: P.T.O. for More than One Bill



M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE, PUNE

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Tel.: 91-20-2643 0959 / 2643 0960 / 2643 0961. Fax No.: 91-20-2643 0962

To,	Date: 6/12/2021
The Principal, M.A.Rangoonwala College of Dental S Pune - 411 001.	
SUBJECT : APPROVAL FOR	MAKING PAYMENT / SELF-WITHDRAWAL.
Please approve the sum of Rs.	0,000/ for payment enclosed
Toward Expenses under A/c. head of _	Seminar workshop and conference
It is request to pass the bill for payme	nt to M/s. my Asiya muzawar
	wonds reinmountement of confur
attended For papel	presentation on A nover Fluid Fil
model organized by B	Toline Denta, Innglan V system of Ind
Bill No. / Date	
By Cheque No. 391726	Date 612/2021
The enclosed bill amount Rs	is recommended for payment remark.
	APPROVED
Accountant	Principal Receivers
TDS calculation working	
Bill Amount	
Less % TDS	
Amount payable to Party	Note : P.T.O. for More than One Bill

M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE, PUNE

Approved by Government of India & Affiliated To M.U.H.S. Nashik

Add.: 2390-B, K.B. Hidayatullah Rond, Azam Campus, Camp, Pune - 411 001.
Tel.: 91-20-2643 0959 / 2643 0960 / 2643 0961. Fax No.: 91-20-2643 0962

To,	Date: 1 1 2 20 2 1
The Principal, M.A.Rangoonwala College of Dental Science Pune - 411 001.	es & Research Centre.
SUBJECT: APPROVAL FOR MAK	ING PAYMENT / SELF-WITHDRAWAL.
Please approve the sum of Rs. 10,0	for payment enclosed
Toward Expenses under A/c. head of _Ser	sinor wencehop and contern
It is request to pass the bill for payment to	M/s. Or Ashwith Hegde
Being Payment made ter	eards Reimburgment of
conference attended at	Chennai sth Indian
	a with to reth sept ron
Bill No. / Date	
By Cheque No. 391729	Date 1/12/202/
The enclosed bill amount Rs10,000	is recommended for payment remark.
AP	PROVED
4	(NARO)
	Bro (15) Ashiff
Accountant Pr	incipal
TDS calculation working	
Bill Amount	
Less % TDS	
Amount payable to Party	Note : P.T.O. for More than One Bill

M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE, PUNE

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California de la calculation d	
To,	Date: 1/12/2021
The Principal, M.A.Rangoonwala College of Dental Science Pune - 411 001.	es & Research Centre.
SUBJECT : APPROVAL FOR MAKE	NG PAYMENT / SELF-WITHDRAWAL.
	o / for payment enclosed
Toward Expenses under A/c. head of	eminar workshop & conferen
It is request to pass the bill for payment to	MIS. Dr. Ajit Icalia.
Being payment made	at chemnai 55th Indian hedd on 24th-26th Sept-2
Conference attended.	at chennai 55th Indian
ontrodonoic conference	hedd on 24th-26th Sept-2
Bill No. / Date	·
By Cheque No. 391722	Date// 12/202/
The enclosed bill amount Rs.	is recommended for payment remark.
APP	PROVED
Accountant	incipal Receivers
TDS calculation working	
Bill Amount	
Less % TDS	
Amount payable to Party	Note : P.T.O. for More than One Bill



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Tel.: 91-20-2643 0959 / 2643 0960 / 2643 0961. Fax No.: 91-20-2643 0962

APPROVAL NOTE / BANK VOUCHER

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APP	COVAL NOTE / BANK	TOTOTION	
To,		Date:	1/12/2021
The Principal, M.A.Rangoonwala College of Do Pune - 411 001.	ental Sciences & Resea	rch Centre.	
SUBJECT : APPROVAL	FOR MAKING PAYM	ENT/SELF-WITH	DRAWAL.
Please approve the sum of Rs.	10,000/-	for	payment enclosed
Toward Expenses under A/c. he	ad of <u>Semina</u>	~ wonceshing	& conference
It is request to pass the bill for	payment to M/s.	Y. Salil N	lene
Being Payment	made true	unds Beim	burgnus of
Conference at	tended at	chemmai	55th Indian
Being payment Conference at	uferem his	lel. on. 2	4th - 26th sep
Bill No. / Date			
By Cheque No. 39172	2_3	Date	1/12/2021
The enclosed bill amount Rs	i	s recommended for	payment remark.
	APPROVED		Der
	(HB)	A.R.O.C	()
Accountant	Principal	C. S. C. F.	Receivers
TDS calculation working		1	
Bill Amount			
Less % TDS			
Amount payable to Party		Note: PTO for	More than One Bill



M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE, PUNE

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A-P-ROVAL III	OTE / BANK VOODHER
To, The Principal, M.A.Rangoonwala College of Dental Scie Pune - 411 001.	Date: 6 12 2019 nces & Research Centre.
SUBJECT: APPROVAL FOR MA	KING PAYMENT / SELF-WITHDRAWAL.
Please approve the sum of Rs	for payment enclosed
	Seminar Workshop & conference
It is request to pass the bill for payment	to M/s. Dr. wasu.patil
Being payment tru	and Seimburnun-of-
_ 54th Indian ortho from. 22/11/19 -	dontics conference. Bhubanst 24/11/19
Bill No. / Date	
By Cheque No. 39154	Date 6/12/2019
The enclosed bill amount Rs. 10,00	o / is recommended for payment remark.
А	PPROVED
Accountant	Principal Receivers
TDS calculation working	
Bill Amount	
Less % TDS	
Amount payable to Party	Note : P.T.O. for More than One Bill



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Add.: 2390-B, K.B. Hidayatullah Road, Azam Campus, Camp, Pune - 411 001.
Tel.: 91-20-2643 0959 / 2643 0960 / 2643 0961. Fax No.: 91-20-2643 0962

ATROVAL	OTE / BANK	VOUCHER	
To, The Principal, M.A.Rangoonwala College of Dental Sci Pune - 411 001.	ences & Resea	$\mathbf{Date}:\mathcal{C}$ (rch Centre.	212019
SUBJECT: APPROVAL FOR M	AKING PAYM	ENT / SELF-WITHDR	AWAL.
Please approve the sum of Rs			
Toward Expenses under A/c. head of			
It is request to pass the bill for paymen	t to M/s.	Dr-Ajir Katio	
Being Payment- made 54th Indian orth from 22/11/19-	10000000000000000000000000000000000000	Seinburs m Conference	Bhubanes
Bill No. / Date			
By Cheque No. 391539		Date6/	12/2019
The enclosed bill amount Rs. 10,00	00/-	is recommended for pay	ment remark.
Accountant TDS calculation working	APPROVED Principal	AR.O.COLLANCE AND	Karlie Receivers
Bill Amount			
Less % TDS			
Amount payable to Party		Note: P.T.O. for Mor	re than One Bill

M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE, PUNE

Approved by Government of India & Affiliated To M.U.H.S. Nashik

Add.: 2390-B, K.B. Hidnyatullah Road, Azam Campus, Camp, Pune - 411 001. Tel.: 91-20-2643 0959 / 2643 0960 / 2643 0961. Fax No.: 91-20-2643 0962

APPROVAL N	OTE/ BANK VOUCHER
To, The Principal, M.A.Rangoonwala College of Dental Scie Pune - 411 001.	Date: (12 2019 ences & Research Centre.
SUBJECT : APPROVAL FOR MA	AKING PAYMENT / SELF-WITHDRAWAL.
	for payment enclosed
Toward Expenses under A/c. head of	Seminar workshop & conference
It is request to pass the bill for payment	to M/s. Dr. Salil. Nene
Being Paymens needs (Juscards Seinbusmen- of- douric Conference Bhubaneshwo
From 22/11/19-24	
Bill No. / Date	
	Date 6/12/2019
	is recommended for payment remark.
A	APPROVED 6/0
Accountant	Principal Receivers
TDS calculation working	
Bill Amount	
Less % TDS	
Amount payable to Party	Note: PTO for M

M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE, PUNE

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Add.: 2390-B, K.B. Hidayatullah Road, Azam Campus, Camp, Pune - 411 001. Tel.: 91-20-2643 0959 / 2643 0960 / 2643 0961. Fax No.: 91-20-2643 0962

APPROVAL NOTE / BANK VOUCHER

To,		Date:	6/12/2018
The Principal, M.A.Rangoonwala College of Dental Sci Pune - 411 001.	ences & Researc	h Centre.	
SUBJECT : APPROVAL FOR M	AKING PAYME	NT / SELF-WITH	DRAWAL.
Please approve the sum of Rs.	000/-	for	payment enclosed
Toward Expenses under A/c. head of	Seminar	Wencshop	Sconferere
It is request to pass the bill for paymen	t to M/s. Dr	Ramande	ep. Dugal
Being Payment- made Participation in I			
Participation in If	os Confe	renee Rai	par.
Bill No. / Date			2072
By Cheque No. 391538		Date	6/12/2019.
The enclosed bill amount Rs 0/0	00/—is	recommended for	r payment remark.
	APPROVED		
Accountant	Principal	A. C. COLLEGE	Receivers
TDS calculation working			
Bill Amount			
Less % TDS			
Amount payable to Party		Note : P.T.O. for	More than One Bill

Note: P.T.O. for More than One Bill

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Add.: 2390-B, K.B. Hidayatullah Road, Azam Campus, Camp, Pune - 411 001.
Tel.: 91-20-2643 0969 / 2643 0960 / 2643 0961. Fax No.: 91-20-2643 0962

To,		Date: 28	111/2019
The Principal, M.A.Rangoonwala College of Dent	al Sciences & Resea	arch Centre.	
Pune - 411 001.			
SUBJECT : APPROVAL F	OR MAKING PAYN	IENT / SELF-WITHDR	AWAL.
Please approve the sum of Rs.	10,000	for pay	ment enclosed
Toward Expenses under A/c. head	of		
It is request to pass the bill for pa	yment to Mys. <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u>	Renuka Naga	vale
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Being Parment man	de terrordo N	lational com	Larginie An
Being <u>Payment mac</u> <u>Public</u> Health	0:-1: ± =	L 0. '' (0
rubu Health	Hentistry 9	d Ramoji r	um city.
Hyderal	bad		
Bill No. / Date			
By Cheque No. 47 0941		Date2	8/11/19
The enclosed bill amount Rs.	10,000/	is recommended for pa	yment remark.
	APPROVED		\mathcal{V}
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Accountant	Principal	(6° c) E	Receivers
TDS calculation working	A Court of the Arthur	WE * 30	Company of the Part of the Company
Bill Amount			
Less % TDS			



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M.C.E. Society's

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Add.: 2390-B, K.B. Hidayatullah Road, Azam Campus, Camp, Pune - 411 001. Tel.: 91-20-2643 0959 / 2643 0960 / 2643 0961. Fax No.: 91-20-2643 0962

APPROVAL NOT	E / BANK VOUCHER
To, The Principal, M.A.Rangoonwala College of Dental Science Pune - 411 001.	Date: 22 7 2019 es & Research Centre.
SUBJECT: APPROVAL FOR MAKE	ING PAYMENT / SELF-WITHDRAWAL.
Toward Expenses under A/c. head of Se	minar workshop & Conference
It is request to pass the bill for payment to	M/s. Dr. Smita. Musani
Bill No. / Date	towards Reimbursonent- of ed in Chennai on Cartical Hernaimal Conference
By Cheque No. 391525	Date 22/7/2019
The enclosed bill amount Rs. 10,000	is recommended for payment remark.
<i>E</i>	PROVED That Incipal Receivers
TDS calculation working	
Bill Amount	
Less % TDS	
Amount payable to Party	Note : P.T.O. for More than One Bill



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APPROVAL NO	TE / BANK VOUCHER
To, The Principal, M.A.Rangoonwala College of Dental Scien Pune - 411 001.	Date: 22/4/2019 nces & Research Centre.
SUBJECT: APPROVAL FOR MA	KING PAYMENT / SELF-WITHDRAWAL.
Please approve the sum of Rs	for payment enclosed
Toward Expenses under A/c. head of	Seminar Woncshop Sconference O M/s. Dr. Abhinav. Talecar
It is request to pass the bill for payment t	o M/s. Dr. Abhinav. Talecar
Being Payment made	rference in Philippus
Bill No. / Date	
By Cheque No. 39150	Date 22/4/2019
The enclosed bill amount Rs. 10,000	is recommended for payment remark.
	Principal Receivers
TDS calculation working	
Bill Amount	
Less % TDS	
Amount payable to Party	Note : P.T.O. for More than One Bill



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The Principal, M.A.Rangoonwala College of Dental Science Pune - 411 001.	es & Research Centre.
SUBJECT: APPROVAL FOR MAKE	ING PAYMENT / SELF-WITHDRAWAL.
	inar workshop & conference
It is request to pass the bill for payment to	M/s. Nr. Juhi Joshi
Being payment made towar Indian orthodontics conf	evence on 7th -9th Nec. 2018
Bill No. / Date By Cheque No390789	Date 3.1.19
The enclosed bill amount Rs\0,000	is recommended for payment remark.
Accountant	PROVED AR.O. C.
TDS calculation working	
Bill Amount	
Less % TDS	A STATE OF THE STA
Amount payable to Party	Note : P.T.O. for More than One Bill



M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE, PUNE

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Tel.: 91-20-2643 0959 / 2643 0960 / 2643 0961. Fax No.: 91-20-2643 0962

To, The Principal,	Date: 3/1/2019
M.A.Rangoonwala College of Dental Sciences	& Research Centre
Pune - 411 001.	to research centre.
SUBJECT : APPROVAL FOR MAKIN	NG PAYMENT / SELF-WITHDRAWAL.
Please approve the sum of RsO, OC	Servinor Works for Donferonce
TD 177	Samon Worksha Coal
It is request to pass the bill for navment to N	11s. Dr. Ashwith Hegde.
The second part of the second part and second	No.
Being Payment Mare	towards Retubursment of
Being Payment Tare	(2 CON 2) (C 11 0012 1 CEL 2 0 L
53 Indian Orticolo	ntics Confronce held in leach
Keren.	
Bill No. / Date	
TO ACCUSE OF THE PARTY OF THE P	
By Cheque No. 39 1471	Date 3 1 2010.
	is recommended for payment remark.
APP	ROVED
V	ARO
4	D. O. B. M. APALI
Accountant	(Co.) []
Accountant	ncipal Receivers
TDS calculation working	
Bill Amount	
Less % TDS	
Amount payable	
to Party	Note: P.T.O. for More than One Bill



M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE, PUNE

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To,	Date: 3/1/2019
The Principal, M.A.Rangoonwala College of Dental Scie	nces & Research Centre.
Pune - 411 001.	teranty described and the section of
SUBJECT · APPROVAL FOR MA	KING PAYMENT / SELF-WITHDRAWAL.
Please approve the sum of Rs. 0,	for payment enclosed
	Der Servicer, Workstop Confere
Toward Expenses under A/c. head of	
It is request to pass the bill for payment	to M/s. Dr Salid Nere.
Pains Danny Made 1	rowards Reimburshert of.
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M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE, PUNE

Approved by Government of India & Affiliated To M.U.H.S. Nashik

Add.: 2390-B, K.B. Hidayatullah Road, Azam Campus, Camp, Pune - 411 001.
Tel.: 91-20-2643 0959 / 2643 0960 / 2643 0961. Fax No.: 91-20-2643 0962

	A CONTRACTOR OF THE PARTY OF TH
To, The Principal, M.A.Rangoonwala College of Dental Sciences & Pune - 411 001.	Date: 311/2019 Research Centre.
SUBJECT: APPROVAL FOR MAKING	PAYMENT / SELF-WITHDRAWAL.
Please approve the sum of Rs	for payment enclosed for Corference No. 1
It is request to pass the bill for payment to M/s.	_ Di Nassem Mirehga
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APPROVAL NOTE / BANK VOUCHER

To,		Date: 3/1/2019
The Principal, M.A.Rangoonwala College of l Pune - 411 001.	Dental Sciences & Research	Centre.
SUBJECT : APPROVA	L FOR MAKING PAYMEN	T / SELF-WITHDRAWAL.
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To,	Date: 21/12/2018
The Principal,	
M.A.Rangoonwala College of Dental Science	es & Research Centre.
Pune - 411 001.	
SUBJECT : APPROVAL FOR MAK	ING PAYMENT / SELF-WITHDRAWAL.
Please approve the sum of Rs	00 /- for payment enclosed
(Seminer Worldshop /conference.
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It is request to pass the hill for payment to	M/s. Dr. Ramandeep Dugal
It is request to pass the bill for payment to	Mas
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M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE, PUNE

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То,	Date: 12 11 2016
The Principal, M.A.Rangoonwala College of Dental Sciences Pune - 411 001.	
SUBJECT: APPROVAL FOR MAKIN	G PAYMENT / SELF-WITHDRAWAL.
	for payment enclosed
	eminar Workshop / conference.
It is request to pass the bill for payment to M	18. TOBAL MUSANI
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Gran Common Comm	
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By Cheque No. 391452	Date 12 11 2018
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To,	Date: 30)(0 2018
The Principal, M.A.Rangoonwala College of Dental Science Pune - 411 001.	es & Research Centre.
SUBJECT: APPROVAL FOR MAK	ING PAYMENT / SELF-WITHDRAWAL.
Please approve the sum of Rs. 10,00	of payment enclosed For payment enclosed Seminor Workshop conferen
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in National Seminar	KIDO-S-FILLE H- FILE AND
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To,		Date: 81	10 2018
The Principal, M.A.Rangoonwala College of Dental Scie Pune - 411 001.	nces & Research		
SUBJECT: APPROVAL FOR MA	KING PAYMEN	T/SELF-WITHDRA	WAL.
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Being Prymas made of	r Northeena	1 Confine or	Turo at Go
0 m 20 th 30 th.			
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To,		Date: 8/8/2018
The Principal, M.A.Rangoonwala College of Der Pune - 411 001.	ntal Sciences & Research	Centre.
SUBJECT: APPROVAL	FOR MAKING PAYMEN	T/SELF-WITHDRAWAL.
Please approve the sum of Rs.	10,0001-	for payment enclosed
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of the find	san antra.M.	1c- 2018. Heard at Drem
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By Cheque No. 4836	29	Date 8(8 20 18
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