



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 25/3/2023

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Iqbal Musani

Being payment being made towards reimbursement of
Workshop on Comprehensive Myofunctional Orthodontics
conducted by John Flutter on 10th to 12th March 2021 at
Groa.

Bill No. / Date _____

By Cheque No. 391665 Date 25/03/2023.

The enclosed bill amount Rs. 10,000/- 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.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 7/1/2023

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- for payment enclosed

Toward Expenses under A/c. head of Seminor Workshop / Conference

It is request to pass the bill for payment to M/s. Dr. Ramandeep Dugal

Being payment made towards reimbursement of
National Prosthodontic Conference held at New Delhi
on 10th to 13th Nov. 2022

Bill No. / Date _____

By Cheque No. 391843 Date 7/01/2023

The enclosed bill amount Rs. 10000/- 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.C.E. Society's
**M. A. RANGOONWALA COLLEGE OF DENTAL
SCIENCES & RESEARCH CENTRE, PUNE**

Approved by Government of India & Affiliated To M.U.I.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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 27/12/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- for payment enclosed
Toward Expenses under A/c. head of Senior Workshop / Conference
It is request to pass the bill for payment to M/s. Dr. Husna Patel.

Being payment made towards reimbursement of
33rd IAOMR National Conference held at
Bhubaneswar on 8th to 10th Dec. 2022.

Bill No. / Date _____

By Cheque No. 391837 Date 27/12/2022

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

APPROVED

Principal



Receivers

Accountant

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date : 27/12/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Shraddha Supnekar

Being payment made towards reimbursement of
33rd IAOMR National Conference held at
Bhubaneswar on 8th to 10th Dec. 2022.

Bill No. / Date _____

By Cheque No. 391836 Date 27/12/2022

The enclosed bill amount Rs. 10,000/- 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.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date : 27/12/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- for payment enclosed

Toward Expenses under A/c. head of Dr. Rashmi Sapkal

It is request to pass the bill for payment to M/s. Seminor Workshop/conference.

Being payment made towards reimbursement of
33rd IAOMR National Conference held at Bhuvaneshwar
on 8th to 10th Dec 2022

Bill No. / Date _____

By Cheque No. 391835 Date 27/12/2022

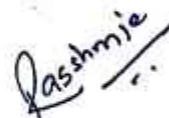
The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

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.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date : 27/12/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Nikhil Diwan

Being payment made towards reimbursement of
33rd IAOMR National Conference held at
Bhubaneswar on 8th to 10th Dec. 2022

Bill No. / Date _____

By Cheque No. 391834 Date 27/12/2022

The enclosed bill amount Rs. 10,000/- 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.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date : 27/12/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Vinod VC

Being payment made toward reimbursement of
33rd IAOMR National Conference held at
Bhuvaneshwar on 8th to 10th Dec. 2022

Bill No. / Date _____

By Cheque No. 391833 Date 27/12/2022

The enclosed bill amount Rs. 10,000/- 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.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

Date: 9/12/2022

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- for payment enclosed

Toward Expenses under A/c. head of Seemai Workshop & Conference

It is request to pass the bill for payment to M/s. Dr. Maheen Shaikh

Being pymt made toward reimbursement of
43rd ISPPD conference held at Bhopal on 23rd to 26th
Nov. 2022.

Bill No. / Date _____

By Cheque No. 391828 Date 9/12/2022

The enclosed bill amount Rs. 10,000/- 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.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 9/12/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- for payment enclosed
Toward Expenses under A/c. head of Seminor Workshop / Conference.
It is request to pass the bill for payment to M/s. Dr. Milind Rajan

Being payment made towards reimbursement of
43rd ISPPD Conference held at Bhopal on 23rd to 26th
Nov. 2022

Bill No. / Date _____

By Cheque No. 391829 Date 9/12/2022

The enclosed bill amount Rs. 10,000/- 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.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre,
Pune - 411 001.

Date : 9/12/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- for payment enclosed
Toward Expenses under A/c. head of Seminar, Conference, Workshop.
It is request to pass the bill for payment to M/s. Dr. Raopashi Saha.

Being Payment towards Reimbursement of
43 ISPPD Conference held at Bhopal

Bill No. / Date _____

By Cheque No. 391826 Date 9/12/2022

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

APPROVED


Accountant


Principal




Receiver

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

Date: 9/12/2022

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- for payment enclosed
Toward Expenses under A/c. head of Seminar Conference Workshop
It is request to pass the bill for payment to M/s. Dr. Amol Patil

Being Payment Towards Reimbursement of
43rd ISPPD Conference held at phopu

Bill No. / Date _____

By Cheque No. 391827 Date 9/12/2022

The enclosed bill amount Rs. 10,000/- 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.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 9/12/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- for payment enclosed
Toward Expenses under A/c. head of Seminar Conference Workshop
It is request to pass the bill for payment to M/s. Dr. J Noman Kazi

Being Payment towards Reimbursement of
Annual Conference of AMOST indore.

Bill No. / Date _____

By Cheque No. 391825 Date 9/12/2022

The enclosed bill amount Rs. 10,000/- 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.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 9/12/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- for payment enclosed
Toward Expenses under A/c. head of Seminor Workshop/Conference
It is request to pass the bill for payment to M/s. Dr. J.R. Gorde

Being payment made towards seeimbursement of
Annual conference of "AMOSI" held at Indore
on 15th - 17th Nov. 2022

Bill No. / Date _____

By Cheque No. 391824 Date 9/12/2022.

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

APPROVED


Accountant


Principal




Receiver

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 12/11/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- for payment enclosed
Toward Expenses under A/c. head of Seminar, workshop and conference
It is request to pass the bill for payment to M/s. Dr. Ajit Kalia.

Being payment may towards SG IO A Indian
Ortho dental conference held at Bhakti vidhyapeeth
education campus, pune on 15th to 18th Sep 2022

Bill No. / Date _____

By Cheque No. 391012 Date 12/11/2022

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

APPROVED


Accountant


Principal




Receiver

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date : 12/11/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Ashwith Hegde

Being payment made towards reimbursement of
Indian Orthodontics Conference held at Bharhya
Vidyapeeth Education Campus, Pune at 16th to 18th Sept
2022.

Bill No. / Date _____

By Cheque No. 391814 Date 12/11/2022

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

APPROVED

Principal

Accountant



Receiver

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre,
Pune - 411 001.

Date: 12/11/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Wasu Patil

Being payment being made towards reimbursement of
56th Indian Orthodontics Conference held at Bhartya Vidyaapeeth
Education Campus, Pune on 16th to 18th Sept. 2022.

Bill No. / Date _____

By Cheque No. 391816 Date 12/11/2022

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

APPROVED


Accountant


Principal




Receiver

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date : 12/11/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Juhi Joshi

Being payment made towards reimbursement of
56th Indian Orthodontics Conference held at Bharatiya
Vidyapeeth Education Campus, Pune on 16th - 18th Sept. 2022.

Bill No. / Date _____
By Cheque No. 391817 Date 12/11/2022
The enclosed bill amount Rs. 10000/- 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.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 12/11/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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 payment made towards reimbursement of 56th
Indian Orthodontics Conference held at Bhartya
Vidya peeth Education Campus, Pune on 16th-18th sept. 2022

Bill No. / Date _____

By Cheque No. 391813 Date 12/11/2022

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.


Accountant

APPROVED


Principal




Receivers

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 12/11/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Naseem Mirdehghan

Being payment made towards reimbursement of 56th
Indian Orthodontics Conference held at Bharhya
Vidyapeeth Education Campus, Pune on 16th - 18th Sept. 2022

Bill No. / Date _____

By Cheque No. 391815 Date 12/11/2022

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

APPROVED


Principal





Receivers


Accountant

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 15/9/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000 /- for payment enclosed
Toward Expenses under A/c. head of Seminars, workshop and conference.
It is request to pass the bill for payment to M/s. Dr. Abhinav Talakar

Being payment may towards conference held in
panjim south asia association of
pediatric dentistry on 26 to 28 Aug 2022.

Bill No. / Date _____

By Cheque No. 397800 Date 15/09/2022

The enclosed bill amount Rs. 10,000 /- is recommended for payment remark.

APPROVED

Principal



Receivers

Accountant

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 16/5/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- for payment enclosed

Toward Expenses under A/c. head of Seminar, workshop and conference

It is request to pass the bill for payment to M/s. Dr. Asiya Mujawar

Being payment made towards workshop on advance
molecular Biology techniques in Dental genetic. Research
organised by Dept of health Govt of India at Chennai on
14/05/22

Bill No. / Date _____

By Cheque No. 391776 Date 16/5/22

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

APPROVED


Accountant


Principal




Receiver

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 31/3/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 5000/- for payment enclosed
Toward Expenses under A/c. head of Seminar, workshop and conference
It is request to pass the bill for payment to M/s. Dr Salika SK

Being payment made towards reimbursement of conference
attended conference on maxillofacial infections past, present
and future at MEDC, New Delhi on 22/01/2022

Bill No. / Date _____

By Cheque No. 391748 Date 31/3/22

The enclosed bill amount Rs. 5000/- 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.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 10/2/2022

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 2717/- 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 Salim Sayyed.

Being payment made towards Reimbursement of conference
attended in pune 45th IPS National conference
held on 27th to 29th Oct 2021

Bill No. / Date _____

By Cheque No. 341744 Date 10/2/2022

The enclosed bill amount Rs. 2717/- 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.C.E. Society's
**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. Hidaytullah 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

Date: 9/2/2022

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 2,717 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. Bhagyashree Jadhav

Being Registration fee for ISP National Conference 2021 held
on 21-23-feb 2022

Bill No. / Date _____

By Cheque No. 593821 Date 9feb 2022

The enclosed bill amount Rs. 2,717 is recommended for payment remark.

APPROVED


Principal




Receivers


Accountant

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

Date: 6/12/2021

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- for payment enclosed

Toward Expenses under A/c. head of Seminar Workshop and Conference

It is request to pass the bill for payment to M/s. Dr. Asiya Mujawar

Being payment made towards reimbursement of conference
attended for paper presentation on A novel Fluid Filtration
model organized by Bioline Dental Implant system of India

Bill No. / Date _____

By Cheque No. 391725 Date 6/12/2021

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

APPROVED


Accountant


Principal




Receiver

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date : 11/12/2021

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- for payment enclosed

Toward Expenses under A/c. head of Seminar workshop and conference

It is request to pass the bill for payment to M/s. Dr Ashwith Hegde

Being Payment made towards reimbursement of
conference attended at Chennai 5th Indian
orthodontic conference held on 24th to 26th sept. 2021

Bill No. / Date _____

By Cheque No. 391724 Date 1/12/2021

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

APPROVED


Accountant


Principal




Receiver

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 1/12/2021

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Ajit Icalia.

Being payments made toward reimbursement of
Conference attended at Chennai 55th Indian
orthodontic conference held on 24th-26th Sep-2021

Bill No. / Date _____

By Cheque No. 391722 Date 1/12/2021

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

APPROVED


Accountant


Principal




Receiver

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**M. A. RANGOONWALA COLLEGE OF DENTAL
SCIENCES & RESEARCH CENTRE, PUNE**

Approved by Government of India & Affiliated To M.U.I.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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 11/12/2021

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Saeil Nene

Being payment made towards reimbursement of
conference attended at Chennai 55th Indian
orthodontic conference held on 24th - 26th sep 2021

Bill No. / Date _____
By Cheque No. 391723 Date 1/12/2021

The enclosed bill amount Rs. _____ is recommended for payment remark.


Accountant

APPROVED

Principal




Receivers

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date : 6/12/2019

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. wasu.patil

Being payment toward reimbursement of
54th Indian orthodontics conference. Bhubaneswar
from 22/11/19 - 24/11/19

Bill No. / Date _____

By Cheque No. 391541 Date 6/12/2019

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

APPROVED


Accountant


Principal




Receiver

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 6/12/2019

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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-Ajit Kalia.

Being Payment - made toward Reimbursement of -
54th Indian orthodontics conference Bhubaneswar
from. 22/11/19 - 24/11/19.

Bill No. / Date _____

By Cheque No. 391539 Date 6/12/2019

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

APPROVED


Accountant


Principal




Receiver

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 6/12/2019

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Satil. Nene

Being payment made towards reimbursement of -
54th Indian orthodontic Conference Bhubaneswar
from 22/11/19 - 24/11/19.

Bill No. / Date _____

By Cheque No. 39140 Date 6/12/2019

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.


Accountant

APPROVED


Principal




Receivers

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre,
Pune - 411 001.

Date: 6/12/2019

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Ramandeep Dugal

Being Payment made towards Reimbursement of-
Participation in Ips Conference Raipur

Bill No. / Date _____

By Cheque No. 391538 Date 6/12/2019

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

APPROVED


Accountant


Principal




Receiver

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 28/11/2019

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000 for payment enclosed

Toward Expenses under A/c. head of _____

It is request to pass the bill for payment to M/s. Dr. Renuka Nagarale

Being Payment made towards National Conference on
Public Health Dentistry at Ramoji Film city,
Hyderabad

Bill No. / Date _____

By Cheque No. 470941 Date 28/11/19

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.


Accountant

APPROVED


Principal




Receivers

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

Date: 22/7/2019

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Smita. Musani

Being Payment made towards Reimbursement of
Conference attended in Chennai on Cortical
implantology 4th International Conference

Bill No. / Date _____
By Cheque No. 391525 Date 22/7/2019

The enclosed bill amount Rs. 10,000/- 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.C.E. Society's
**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. Hidaytullah 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,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre,
Pune - 411 001.

Date: 22/4/2019

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Abhinav. Talekar

Being Payment made towards Reimbursement of
International Conference in Philippines

Bill No. / Date _____

By Cheque No. 391501 Date 22/4/2019


The enclosed bill amount Rs. 10,000/- is recommended for payment remark.


Accountant

APPROVED


Principal




Receivers

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 31/1/2019

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000 for payment enclosed
Toward Expenses under A/c. head of Seminars workshop & conference
It is request to pass the bill for payment to M/s. M. Juhí Jashi

Being payment made towards reimbursement of 53TH
Indian orthodontics conference on 7th - 9th Dec. 2018

Bill No. / Date _____

By Cheque No. 390789 Date 3.1.19

The enclosed bill amount Rs. 10,000 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.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 31/1/2019

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Ashwith Hegde.

Being Payment Made towards Reimbursement of
53 Indian Orthodontics Conference held in Kochi
Kerala.

Bill No. / Date _____

By Cheque No. 391471 Date 3/1/2019.

The enclosed bill amount Rs. 10,000/- 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.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date : 3/1/2019

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- for payment enclosed
Toward Expenses under A/c. head of Dr Seminar, Workshop, Conference
It is request to pass the bill for payment to M/s. Dr Salid Nene.

Being Payment Made towards Reimbursement of.
53 Indian Orthodontic Conference held in
Kochi Kerala

Bill No. / Date _____

By Cheque No. 391470 Date 3/1/2019.

The enclosed bill amount Rs. 10,000/- 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.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 31/1/2019

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Naseem Mirehgam

Being Payment Made towards Reimbursement of
53 Indian Orthodontic Conference held in Kochi
Kerala.

Bill No. / Date _____

By Cheque No. 391472 Date 3/1/2019.

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

APPROVED


Principal




Receiver


Accountant

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 31/12/2019

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- for payment enclosed

Toward Expenses under A/c. head of Seamless / Wembley / Confuse

It is request to pass the bill for payment to M/s. Mr. Ajio Kalra

Being Payment made towards purchase of 53 Indian
Orthodontics course held in Kochi Kerala.

Bill No. / Date _____

By Cheque No. 391269 Date 31/12/2019

The enclosed bill amount Rs. 10,000/- 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.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 21/12/2018

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Ramandeep Dugal

Being Payment Made towards Reimbursement of participation in
Indian Prosthodontic Society Mangalore.

Bill No. / Date _____

By Cheque No. 3914645 Date 21/12/18

The enclosed bill amount Rs. 10,000/- 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.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date : 12/11/2018

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. TOBAL MUSANI

Being Payment Made towards reimbursement of participation
in National Seminar Dental Traumatology at New delhi
on

Bill No. / Date _____

By Cheque No. 391452 Date 12/11/2018

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

APPROVED

Principal



Receivers

Accountant

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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



M.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 30/10/2018

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- for payment enclosed
Toward Expenses under A/c. head of Dr. Seminar Workshop / conference.
It is request to pass the bill for payment to M/s. Dr. AMOL PATIL

Being Payment Made towards reimbursement of Participation
in National Seminar KIDO - S - FILE H - FILE AND
HAND K - FILE In PRIMARY TEETH AS Invitro CBCT Machine.

Bill No. / Date _____

By Cheque No. 483647 Date 30/10/18

The enclosed bill amount Rs. 10,000/- 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.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 8/10/2018

SUBJECT : APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Anurag Shah.

Being Payment made towards reimbursement at 1st Annual
Conference and 16th National Conference of Info at Goa
on 29th 30th Sep. 2018.

Bill No. / Date _____

By Cheque No. 483653 Date 8/10/18

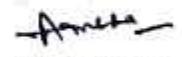
The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

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.C.E. Society's
**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

APPROVAL NOTE / BANK VOUCHER

To,
The Principal,
M.A.Rangoonwala College of Dental Sciences & Research Centre.
Pune - 411 001.

Date: 8/8/2018

SUBJECT: APPROVAL FOR MAKING PAYMENT / SELF-WITHDRAWAL.

Please approve the sum of Rs. 10,000/- 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. Wasu Panti

Being Payment made toward reimbursement of Conference
of the Indian Ortho.Myc - 2018 - Head of Branch

Bill No. / Date _____

By Cheque No. 483629 Date 8/8/2018

The enclosed bill amount Rs. 10,000/- is recommended for payment remark.

APPROVED


Accountant


Principal




Receiver

TDS calculation working

Bill Amount	
Less % TDS	
Amount payable to Party	

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