



Rashtriya Aarogya Nyaya Sanshodhan Sanstha
NOOTAN HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL
(Recognized By NCH, New Delhi & Affiliated to MUHS, Nashik)
Narsinghaon (Landgewadi), Kavathemahankal Dist- Sangli.
Ph : 02341 222738 Email- nootanhch@gmail.com




Date: 28/1/2025

PART III-B-6

Utilization of student welfare schemes

Details	Availability	Remark
Earn and Learn Scheme	Yes	
Sanjivani student safety scheme	Yes	
Book bank scheme	Yes	
Savitribai phule vidyadhan scheme	Yes	
Dhanvantari vidyadhan scheme	Yes	
BahishalShikshanMandal scheme	Yes	


PRINCIPAL
Nootan Homoeopathic Medical College & Hospital
Narsinghaon, Kavathe Mahankal
Dist- Sangli, 416419, Maharashtra



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Date: 28/1/2025

Utilization of students welfare schemes

Sr. No.	Name of student welfare scheme	MUHS sanction letter no.	No. of students benefited
1	Savitribai Phule Vidhyadhan Scheme	मआविवि/एसडब्लू/स्कीम/403/2024 Dated- 28/02/2024	A.Y.2023-24 1 student
2	Earn and learn	मआविवि/एसडब्लू/स्कीम/682/2022 Dated- 01/06/2022	A.Y.2021-22 2 Students
3	Sanjeevani Student (Parent) Security Scheme	मआविवि/एसडब्लू/स्कीम/1560/2023 Dated- 05/10/2023 मआविवि/एसडब्लू/स्कीम/3095/2024 Dated- 18/10/2024	2 students

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महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

वणी - दिंडोरी रोड, म्हसळ, नाशिक Vani - Dindori Road, Mhasrul, Nashik - 422 004.

EPABX : 0253-2539100-300, Fax : 0253-2539170, Phone : 0253-2539173

E-mail : sw@muhs.ac.in Web.:www.muhs.ac.in



डॉ. मनोजकुमार बी.मोरे

एम.डी. (आयुर्वेद)

संचालक, विद्यार्थी कल्याण

Dr. Manojkumar B. More

M.D. (Ayurved)

Director, Student Welfare

मआविवि/एसडब्ल्यु/स्कीम/४०३/२०२४

दिनांक: 26/02/2024

प्रति,

अधिष्ठाता / प्राचार्य

नूतन होमिओपॅथिक वैद्यकीय महाविद्यालय

२००१ लक्ष्मी, नरसिंहगाव,

ला. कवठे महाकाळ,

जि. सांगली - ४१६४१९

विषय : सावित्रीबाई फुले-मुलीकरीता शिष्यवृत्ती योजनेचे अनुदान आर.टी.जी.एस. केल्याबाबत...

संदर्भ : मआविवि/एसडब्ल्यु/स्कीम/२७१/२०२३ दि.०१/०६/२०२३

महोदय / महोदया,

विद्यापीठाने लागू केलेल्या सावित्रीबाई फुले - मुलीकरीता शिष्यवृत्ती योजनेसाठी, आपल्या महाविद्यालयाचे शैक्षणिक वर्ष २०२३-२४ करीता प्रस्ताव प्राप्त झाले. सदर प्रस्तावाची छाननी केल्यानंतर योजनेच्या अटी व शर्तीनुसार अनुदान मिळणेसाठी खाली नमुद केलेल्या विद्यार्थीनींचा प्रस्ताव पात्र ठरला आहे.

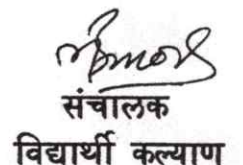
- १) गाडेकर शोभीणी भालचंद्र
- २) _____
- ३) _____
- ४) _____
- ५) _____

सदर विद्यार्थीनींस वर्ष २०२३-२४ साठी सावित्रीबाई फुले - मुलीकरीता शिष्यवृत्ती योजनेच्या अनुदानातून रु.२५,०००/- इतकी शिष्यवृत्ती मंजूर करण्यात आली आहे. सदर रक्कम विद्यार्थीनींच्या बचत खात्यात दि. २३/०२/२०२४ रोजी आर.टी.जी.एस.द्वारे जमा करण्यात आली आहे.

आपणांस विनंती करण्यात येते की, सदर रक्कम विद्यार्थीनींच्या बचत खात्यात आर.टी.जी.एस. झाल्याची पोहोच पावती या पत्रासोबत जोडलेल्या विहित नमुन्यात भरून दि. ३१/०३/२०२४ पर्यंत उलट-टपाली महाविद्यालयाचे अधिष्ठाता/प्राचार्य यांच्या सही व शिष्यानिशी विद्यापीठास पाठवावी.

धन्यवाद !


PRINCIPAL


संचालक
विद्यार्थी कल्याण

सोबत : १) विहित नमुन्यातील नमुना पावती

Nootan Homoeopathic Medical College & Hospital

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Ph : 02341 222738

Email- nootanhch@gmail.com

Ref: NHMC&H B996 / 2024

Date: 14 /03/ 2024

प्रति,
संचालक, विद्यार्थी कल्याण विभाग
महाराष्ट्र आरोग्य विज्ञान विद्यापीठ,
वणी दिंडोरी रोड, म्हसळ,
नाशिक - ४२२ ००४

विषय :- सावित्रीबाई फुले मुलींकरीता शिष्यवृत्ती योजनेचे अनुदान आर.टी.जी. एस. झाल्याची पोहोच पावती.

संदर्भ :- मजाविवि/एसडब्ल्यू /स्किम /४०३/२०२४ दिनांक - २८/०२/२०२४.

महोदय / महोदया,

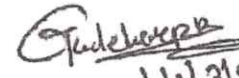
मला उपरोक्त संदर्भिय पत्रान्वये सावित्रीबाई फुले मुलींकरीता शिष्यवृत्ती योजनेचे, अनुदान आर.टी.जी.एम. द्वारे दि. २३/०२/२०२४ रोजी प्राप्त झाले आहे. सदर शिष्यवृत्ती रक्कमेचा उपयोग मी माझ्या शिक्षणासाठी करणार आहे असे प्रतिज्ञापूर्वक नमुद करते.

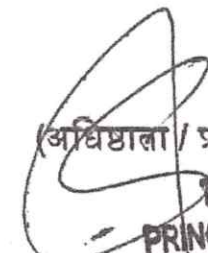
धन्यवाद !




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14/3/24
(कु. रोहिणी भालचंद्र गाडेकर)


(अधिष्ठाता / प्राचार्याची सही)
PRINCIPAL
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14/3/2024

Maharashtra University of Health Sciences, Nashik

Sanjeevani Student (Parent) Security Scheme

Claim Form to be submitted by the student in case of death of parent/s.

This claim form should be submitted with proposal if the parent / of the student has died in accident / natural /by serious disease.

Application Form

To, The Director, Student Welfare Maharashtra University of Health Sciences, Nashik, Maharashtra.	
First Name:- RAJ	Last Name:- BHUVAD
Upload Photograph:- <u>registration/raj</u> image_1720415575529.jpeg	Edit Student Details:-
PRN Number:- DAB0120223024	
Date of Birth:- 10-06-2003	
Mobile No.:- 8767354817	Email Id:- rajbhuvad188@gmail.com
Information regarding Refund of fees / Concession in fees, Scholarship / Fellowship Amount, Shikshan Sahayya Yojana Amount, Concession received from Govt. Of India / Govt. of Maharashtra or other: :-	Amount in Rs:- 200000
Relationship:- Father	
Mother Name:- POOJA	Address:-
State:- MAHARASHTRA	Pincode:-
District:-	
Occupation:-	Mobile No.:-
Email Id:-	
Father / Guardian Name:- ASHOK	Address:-
State:- MAHARASHTRA	Pincode:-
District:-	
Occupation:-	Mobile No.:-
Email Id:-	

College Name:- Nootan Homoeopathic Medical College and Hospital	
College Address:- A-P-Narsinhaon	State:- MAHARASHTRA
Pincode:- 416405	District:- Sangli
Email Id:- nootanhch@gmail.com	Mobile:- 02341222738
Faculty:- Homoeopathy	Principal Name:- Dr.Bajirao Appa Shinde
Course Duration:- 5 years 6 month	Stream:- Homeopathy
Academic Year:- 2025 - 2026	Present Year:- 2nd Year
Date of Admission to course:- 19-04-2022	Possible date of Course Completion:- 19-04-2026
Student Name as per Bank Records:- RAJ ASHOK BHUVAD	
Bank Name:- STATE BANK OF INDIA	Bank Address:- PUSHPRAJ SHIVAJI CHOWK CHIPLUN
IFSC Code:- SBIN0000350	Bank Account Number:- 40959111113
Aadhaar Card No.:- 0	Upload Aadhaar Card Copy:- registration/raj_aadhar_1720415060013.pdf
Claimant Full Name:- RAJ ASHOK BHUVAD	Claimant Full Address:- 87 GURAV WADI CHIPLUN NANDGAON RATANGIRI
Claimant Phone Number:- 8767354817	Claimant Occupation:-
Full Name of the Deceased Parent:- ASHOK GOPAL BHUVAD	Claimant Relationship with Parent in case of the Parent's death (Mother, Father, Brother, Sister, etc.):- Father
Claimant's Name as per his/her Bank Account:- RAJ ASHOK BHUVAD	Claimant Name and Address of the Bank:- PUSPRAJ SHIVAJI CHAUK CHIPLUN
Claimant Bank A/c Number:- 40959111113	Claimant IFS Code of Bank:- SBIN0000350
Details of Accident / Disease:- INFECTIVE ENDOCARDITIS	Date When the Accident / Disease happened:- 18/03/2023
Time When the Accident / Disease happened:- 07:10 AM	Place When the Accident / Disease happened:- KRISHNA HOSPITAL KARAD
Reason of Accident / Disease and Injuries from accident:- INFECTIVE ENDOCARDITIS	Injuries Details from accident:- NO ACCIDENT
Disease Details from accident:- NO ACCIDENT	Disease Symptom Details:- HYPERTANSION CRONIC KIDNEY DISEASE
Whether the accident was reported to police station? If yes then, Mention name of the Police Station and attach the attested copy of FIR:- 1	Name of Hospital:- KRISHNA HOSPITAL KARAD
Address of Hospital:- KRISHANA HOSPITAL KARAD	Contact no of Hospital:- 02164241555
FIR Date:-	Upload FIR Copy:-
Name of Police Station:- 1	Address of Police Station:- 1
FIR No:- 1	In case of accidental death, name of the hospital where the autopsy is done (Attach attested copy of autopsy and original copy of Death Certificate):- 1

Attested Copy of Atopsy:-

Contact No of Witness:- Dr. Pradnya Sutkar

Total Amount of Treatment Expenses:- 1

Disabled Limb (e.g. Hand, Leg, Eye, etc.):- 1

Attested Copy of Death Certificate:-

Name of the Witness:- Muskan Bhadalekar

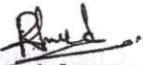
Information about Disability:-

Form of Disability (Permanent / Temporary):- 1

Inheritance certificate: Parent who demised by accident/natural/serious disease was the father / mother / parent of the student and request to receive cheque/DD of financial aid under the Sanjeevani Student Suraksha Yojana in the name of student mentioned above on above given address. I solemnly declare that information furnished above is true and correct to the best of my knowledge.

Place: Kavathemahankal

Date: 08/07/2024



Sign of righteous person / Claimant / Parent

Checklist

Sr. No.	Documents description	Write page numbers in the bracket of Page No.		
		Yes/No.	Page No.	For office use
1	Attested Copy of Adhaar Card	Yes		

CERTIFICATE

I hereby certify that papers are attached as per the check list. (N.B. Please note that all documents are mandatory. The application will be rejected if one or more documents in the check list are not attached).

Signature of
Scrutiny
Officer of MUHS

Place:
Date:

Chairman/Secretary



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Ph: 02341 222738 Email- nootanhch@gmail.com



Ref: NHMC&H/1357/2023

Date: 26/10/2023

To,
The Director,
Student Welfare Dept.
MUHS Nashik.

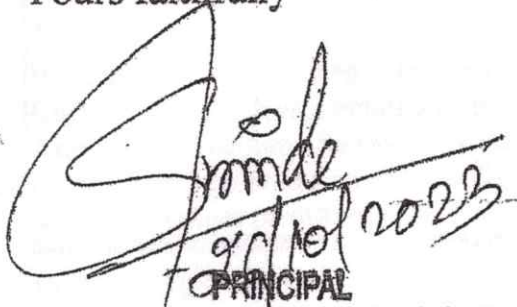
Sub: - Regarding submission of deficiencies of Mr.Raj Ashok Bhuvad under Sanjivani scholarship scheme.

Ref: - Your letter No. MUHS/SW/Schem/1560/2023 dated-05/10/2023.

Respected Sir,

With reference to the above subject, we are sending documents of Mr. Raj Ashok Bhuvad as per your letter under Sanjivani scholarship scheme. We are requesting you to consider our application and do the needful.

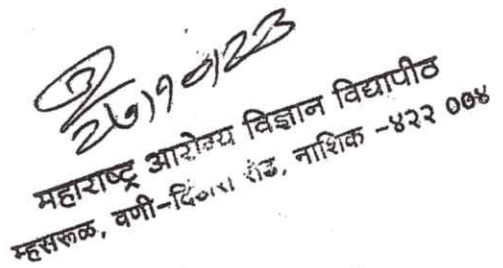
Thanking You
Yours faithfully


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महाराष्ट्र आरोग्य विज्ञान विद्यापीठ
महसलक, वणी-दिवाडा रोड, नाशिक - ४२२ ००४



Rashtriya Aarogya Nyaya Sanshodhan Sanstha
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Ph : 02341 222738 Email- nootanhch@gmail.com



Ref: NHMC&H/4636 / 2024.

Date: 12/11/2024

To,
The Director,
Student Welfare Dept,
MUHS Nashik.


Subject- Regarding submission of deficiencies of Mr. Aditya Ram Shendge under Sanjivani Scholarship Scheme.

Ref - Your letter no. मआविवि/एसडब्लू/स्कीम/3095/2024 dated 18/10/2024.

Respected Sir,

With reference to the above subject, we are sending documents of Mr. Aditya ram Shendge as per your deficiencies letter under Sanjivani scholarship scheme. Thus, we request you to consider our Proposal and do the needful.

Thanking You,
Yours Faithfully,


PRINCIPAL

Nootan Homoeopathic Medical College & Hospital
Narsinhaon, Kavathe Mahankal
Dist- Sangli 416410 Maharashtra

Enclosed: -

1) Income Certificate.


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Nootan Homoeopathic Medical College & Hospital
Narsinhaon, Kavathe Mahankal
Dist- Sangli 416410, Maharashtra

भारतीय डाक



EM577104252IN IVR:6977577104252
SP KAVATHE MAHANKAL S.O <416405>
Counter No:1,12/11/2024,11:48
To:THE DIRECTOR ,NASHIK
PIN:422004, Meri Colony S.O
From:PRINCIPAL N,NARSINHAON
Wt:20gms
Amt:41.30,Tax:6.30,Amt.Paid:41.00(Cash)
<Track on www.indiapost.gov.in>
<Dial 18002666868> <Wear Masks, Stay Safe>



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हस्रुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel: (0253 2539170/169/6659170/169

Student Helpline: 0253-2539111/6659111/100

Website: www.muhs.ac.in, E-mail: sw@muhs.ac



डॉ. राजेंद्र शिवाजी बंगाळ

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र), डी.एन.बी., एलएल.बी.

कुलसचिव

Dr. Rajendra Shivaji Bangal

M.B.B.S., M.D. (Forensic Medicine), D.N.B., LL..B.

Registrar

जा.क्र.: मआविवि/वि.क./जनरल/ 022/२०२४

दि. १८/०४/२०२४

अती-महत्वाचे व तातडीचे

प्रति,

मा. अधिष्ठाता/प्राचार्य

नूतन होमिओपॅथीक वैद्यकीय

महाविद्यालय म्हस्रुळ,

नरसिंहगाव, ता. कतठ मराठोळ

संगीली - ४१६४१९

विषय : कमवा व शिका योजने अंतर्गत अनुदान रकमेचा परतावा करणेबाबत....

महोदय,

उपरोक्त विषय अनुषंगाने आपणास कळविण्यात येते की, शैक्षणिक

वर्ष २०२२ - २०२३ साठी आपल्या महाविद्यालयास कमवा व शिका योजने अंतर्गत रु. ३२५००/- इतके अनुदान देण्यात आले होते. आपल्या महाविद्यालयाने अद्याप पावेतो विद्यापीठास प्रस्ताव किंवा अनुदान रक्कम जमा केली नाही. आपणास विदीतच आहे की, ज्या वर्षात अनुदान दिलेले असते त्याचे समायोजन त्या आर्थिक वर्षात करणे आवश्यक असते. तथापि आपल्या महाविद्यालयाने योजना राबविली असेल, तर प्रस्ताव विद्यापीठास सादर करावा. तसेच अनुदानाची रक्कम जर महाविद्यालयाने परत केली असेल तर बँक जमा पावती, धनाकर्ष छायंकीत प्रत, महाविद्यालयाचे पत्र, अथवा आरटीजीएस द्वारे इ.पावती विद्यापीठास सादर करावी. महाविद्यालयास वारंवार पत्रे, स्मरणपत्र देवुन देखील महाविद्यालयाकडून त्रुटीपुर्तता करत नाही अथवा अनुदान रक्कम विद्यापीठास परत करत नाही ही खेदाची बाब आहे. तरी ज्या महाविद्यालयाने अद्याप पावेतो विद्यापीठास समायोजन केलेले नाही अथवा अनुदान रक्कम जमा केली नसेल तर खालील दिलेल्या माहिती नुसार तात्काळ महाविद्यालयाने योग्य ती कार्यवाही करावी.

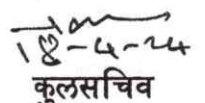
सबब, कमवा व शिका योजना अनुदान रक्कम "कुलसचिव, मआविवि नाशिक" यांचे नावे देय असलेल्या धनाकर्षाद्वारे अथवा आरटीजीएस द्वारे विद्यापीठास दि. १५/०५/२०२४ पर्यंत परत करावी अथवा अनुदान रक्कमेचे समायोजन करावे, जेणेकरुन आपल्याकडील प्रलंबित देयके वित्त व लेखा विभागाच्या यादीतुन नाव वगळणे शक्य होईल.


PRINCIPAL

Nootan Homoeopathic Medical College & Hospital

Narsinhgaon, Kavathe Mahankal

Dist- Sangli 416410, Maharashtra


कुलसचिव



Rashtriya Aarogya Nyaya Sanshodhan Sanstha
NOOTAN HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL
(Recognized By CCH, New Delhi & Affiliated to MUHS, NASHIK)
Narsinngaon (Landgewadi), Kavathe Mahankal Dist- Sangli.
Ph : 02341 222738 Email- nootanhch@gmail.com



Ref: NHMC&H/4158A/2022.

Date: 10/05/2024

To,
The Director,
Student Welfare Dept,
MUHS Nashik.

Subject- Regarding submission of Audit Report of Earn and Learn Scheme.

Ref - Your letter no. मआविवि/एसडब्लू/स्कीम/41/2023 dated 06/01/2023 & 18/04/2024.

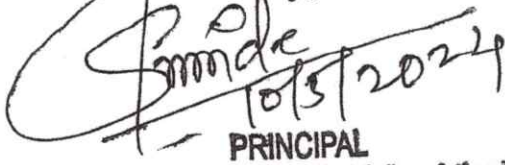
Respected Sir,

With reference to above subject, the Earn and Learn Scheme was sanctioned for two (02) students of our college for A.Y.2022-23. The amount of Rs. 32,500/- was deposited in college account on 04/01/2023 by RTGS. The details of expenditure is duly audited and signed by C.A. with Utilization certificate.

We have deposited amount of Rs 2000/- to the students account by cheque for every month and respective month voucher & bank statement of respective student is attached. The details are enclosed herewith.

We request you to consider our proposal and do the needful.

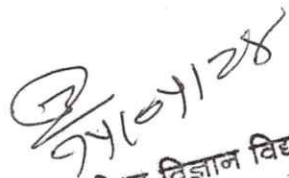
Thanking You,
Yours Faithfully,


PRINCIPAL

Nootan Homoeopathic Medical College & Hospital
Narsinngaon, Kavathe Mahankal
Dist- Sangli. 416410, Maharashtra

Enclosed:

- 1:- Attendance of Students.
- 2:- Bank Statements & Voucher of students.
- 3:- Utilization certificate.
- 4:- Expenditure certificate.
- 5: Audit Fee receipt.
- 6: Principal Certificate.


महाराष्ट्र आरोग्य विज्ञान विद्यापीठ
महाराष्ट्र, वजी-दिंडोरी रोड, नाशिक - 422 004


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Nootan Homoeopathic Medical College & Hospital
Narsinngaon, Kavathe Mahankal
Dist- Sangli. 416410, Maharashtra



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel:(0253) 2539140/6659143 Student Helpline:0253-2539111/6659111/100

Website: www.muhs.ac.in, E-mail: ACCOUNTS@muhs.ac.in

न. व्यं. कळसकर

वित्त व लेखा अधिकारी

N.V. Kalaskar

Finance & ACCOUNTS Officer

जावक क्र. मआविवि/वित्त/ ८७५ /२०२४

दिनांक : १२/६/२०२४

प्रति,

अधिष्ठाता / प्राचार्य

नूतन होमिओपॅथिक मेडीकल कॉलेज

अॅण्ड हॉस्पिटल,

नरसिंहगांव(लांडगेवाडी), कवठे महंकाळ,

सांगली ४१६४१९.

विषय :- महाविद्यालयीन अग्रिम समायोजनेबाबत...

संदर्भ :- MUHS/SW/Schemes-Earn While learn/FT/007/7804/2024, dt.07/06/2024

उपरोक्त विषयांस अनुसरून आपणास कळविण्यात येते की, आपल्याकडील संदर्भिय पत्राद्वारे प्राप्त झालेल्या शै. व. २०२२-२३ मध्ये कमवा व शिका या योजने अंतर्गत अग्रिम रकमांच्या हिशोबाचा तपशील खालीलप्रमाणे कळविण्यात येत आहे.

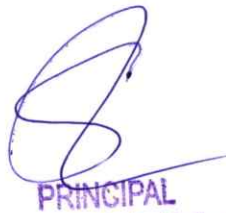
अ.क्र.	तपशील	रु.
१.	विद्यापीठाने महाविद्यालयास दिलेला अग्रिम	अ ३२,५००/-
२.	अग्रिम धारक महाविद्यालयाने केलेला खर्च	ब ३२,५००/-
३.	विद्यापीठाने अग्रिम धारक महाविद्यालयास मंजूर केलेला खर्च	क ३२,५००/-
४.	अग्रिम धारक महाविद्यालयाने विद्यापीठात जमा केलेली रक्कम रकमेची पावती क्र., दि.....	ड -
५.	अग्रिम धारकास विद्यापीठाकडून देय रककम क).....(-) अ).....=	ई -

प्रत:

संचालक,

विद्यार्थी कल्याण विभाग,

मआविवि, नाशिक


PRINCIPAL

Nootan Homoeopathic Medical College & Hospital
Narsinngaon, Kavathe Mahankal
Dist- Sangli 416419, Maharashtra

वित्त व लेखा अधिकारी