

Shri Vile Parle Kelavani Mandal's

# Institute of Technology, Dhule.

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

Phone No.: (02562) 297801, 297601

Web : svkm-iot.ac.in

Mail : IOTDhule@svkm.ac.in

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Medical Leave





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

## LEAVE APPLICATION

SFB

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

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

### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

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

Attach separate sheet if required

Kindly consider my application.

01- SL

SIGN OF APPLICANT

### FOR OFFICE USE

No. of 13 ~~15~~ CL / SL / DL / EL / Vacation / SL from 01/2/20 to 3-15/2020 is available as per leave records. Balance CL / SL / DL / EL / Vacation / SL leave due to your credit after this application is 18 days.

DATE: - 1/1/27/02/2020

SIGN OF OFFICE CLERK

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

(Reason for not sanctioning :- \_\_\_\_\_)

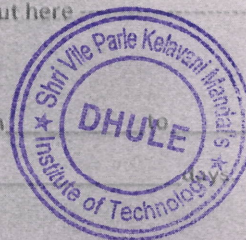
PRINCIPAL

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

HOD/INCHARGE OF DEPT.

### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from \_\_\_\_\_ balance CL / SL / DL / EL / Vacation  
 Leave due to your Credit after this application is \_\_\_\_\_



DATE:

SIGN OF OFFICE CLERK

Serial No.: 46

Date: 22-2-20

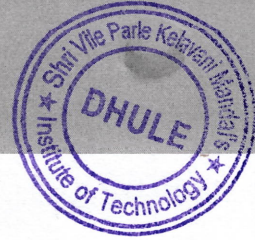
# Medical Certificate

To whomsoever it may concern

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

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

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



Dr. Arif Anisari  
Name: Arif Anisari  
Signature: [Handwritten Signature]



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

### LEAVE APPLICATION

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

Date: 22/7/2018 20

Name of the Employee: Khalid Alfatmi Post: Ast. Prof

Department: Computer Muster Number: \_\_\_\_\_ Thumb ID: 28210009

Type of Leave - CL / SL / DL / EL / Vacation / SL from 04/7/20 to 06/7/20 for \_\_\_\_\_ Day(s).

Cause of Leave: \_\_\_\_\_ Contact No. while on Leave: 9657724096

#### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

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

*Attach separate sheet if required*

Kindly consider my application.

03 - SL

SIGN OF APPLICANT

#### FOR OFFICE USE

No. of 16 CL / SL / DL / EL / Vacation / SL from 1/7/2018 to 20/6/2018 is available as per leave records. Balance CL / SL / DL / EL / Vacation / \_\_\_\_\_ leave due to your credit after this application is 13 days.

DATE: 1/7/2018 23/7/2020   
SIGN OF OFFICE CLERK

1. Above requested 03 ML leave(s) has been sanctioned.
2. Out above requested \_\_\_\_\_ leave (s) \_\_\_\_\_ has been sanctioned.
3. Above requested \_\_\_\_\_ leave(s) has not been sanctioned.

(Reason for not sanctioning: \_\_\_\_\_)

PRINCIPAL

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

HOD/INCHARGE OF DEPT

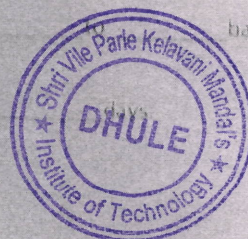
Cut here

#### TO BE RETURNED TO THE APPLICANT:

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

Leave due to your Credit after this application is \_\_\_\_\_

DATE: \_\_\_\_\_



SIGN OF OFFICE CLERK

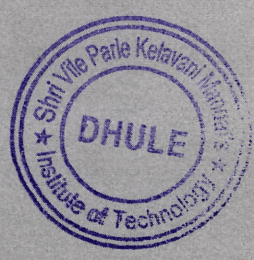
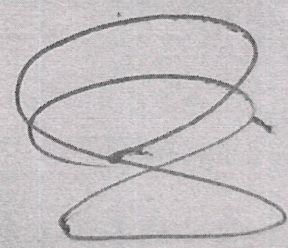
Sub

Orthopone

ets. Yankel 0025  
ets. Zentel 2p  
ets. Pannelus  
ets. Metro 400



8 days



Rehaneh



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

**LEAVE APPLICATION**

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

Date: 30/06/2018-2021

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

Department: Electrical Engg. Muster Number: \_\_\_\_\_ Thumb ID: \_\_\_\_\_

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

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

**ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)**

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

*Attach separate sheet if required*

Kindly consider my application.

SL-01

SIGN.OF APPLICANT

**FOR OFFICE USE**

No. of SL 10 CL / SL / DL / EL / Vacation / SL from 11/7/20 to 3-17/24 is available as per leave records. Balance CL / SL / DL / EL / Vacation / SL leave due to your credit after this application is 09 days.

DATE: - 1/2018 30/06/2021

SIGN OF OFFICE CLERK

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

(Reason for not sanctioning :- \_\_\_\_\_)

PRINCIPAL

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

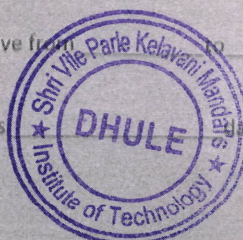
NOD/INCHARGE OF DEPT.

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**TO BE RETURNED TO THE APPLICANT:**

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

Leave due to your Credit after this application is \_\_\_\_\_ days.



DATE:

SIGN OF OFFICE CLERK



Ministry of Health & Family Welfare  
Government of India

## Provisional Certificate for COVID-19 Vaccination - 1<sup>st</sup> Dose

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव

T M Shubham

Age / वय

32

Gender / लिंग

Male

ID Verified / ओळखपत्र

PAN Card # EAGPS2714P

Unique Health ID (UHID)

Beneficiary Reference ID

36465759898180

### Vaccination Details

Vaccine Name / लसीचे नाव

COVISHIELD

Date of Dose / डोसची तारीख

28 Jun 2021 (Batch no. 4121Z106)

Next due date / पुढील देय तारीख

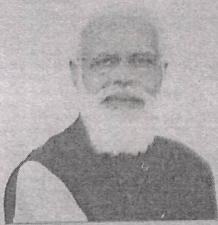
Between 20 Sep 2021 and 18 Oct 2021

Vaccinated by / यांच्याद्वारे लसीकरण

ASHISH AKHADE

Vaccination at / लसीकरणाचे स्थळ

SUB CENTER MORANE, Dhule, Maharashtra



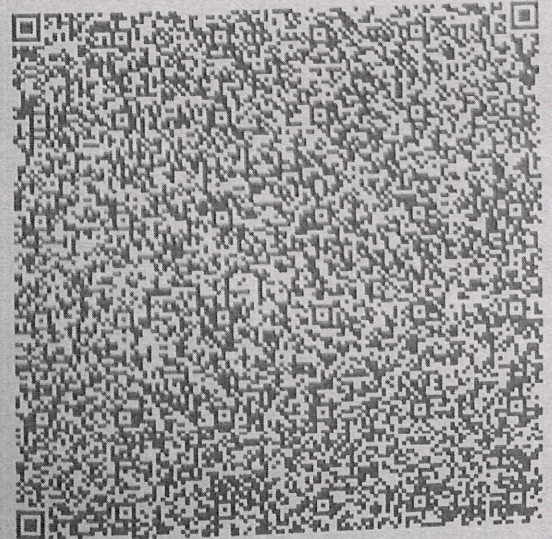
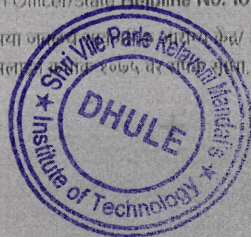
औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

कोणतेही प्रतिकूल परिणाम आढळून आल्यास कृपया जवळपासच्या सार्वजनिक आरोग्यसेवा  
कर्मचारी/जिल्हा लसीकरण अधिकारी/राज्य हेल्पलाईन नंबर १०७५ वर संपर्क साधा.

**COWIN**  
Winning Over COVID



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



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

**LEAVE APPLICATION**

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

Date: 21/8/2021

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

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

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

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

**ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)**

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

*Attach separate sheet if required*

Kindly consider my application.

01-52

[Signature]  
SIGN. OF APPLICANT

**FOR OFFICE USE**

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

DATE: 11/29/08/2021

[Signature]  
SIGN OF OFFICE CLERK

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

(Reason for not sanctioning :- \_\_\_\_\_)

[Signature]  
PRINCIPAL

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

[Signature]  
HOD/INCHARGE OF DEPT.

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**TO BE RETURNED TO THE APPLICANT:**

Day Casual/Sick Leave/Earned Leave/Duty Leave from \_\_\_\_\_ balance CL / SL / DL / EL / Vacation  
Leave due to your Credit after this application is \_\_\_\_\_

DATE:



SIGN OF OFFICE CLERK



DR. RATHI K.R.

M.B.B.S.

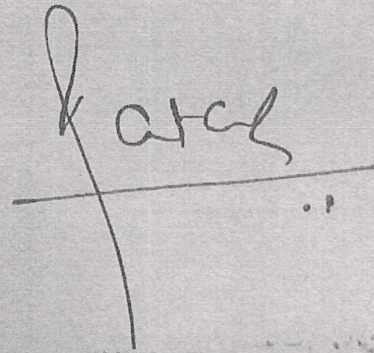
R.No.40374

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

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

Date: 21/8/21

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

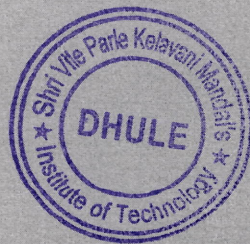


Dr. Kiran R. Rath

M.B.B.S.

Regd. No. 40374

Niphad, (Nashik)





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

## LEAVE APPLICATION

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

Name of the Employee: Deore Dhanraj Shamrao Date: 27/09/2024  
 Department: Civil Engrg. Post: Lab Asst.  
 Type of Leave: CL/SL/DL/EL/Vacation/ S.L from 21/9/24 to 21/9/24 for 01 Day(s).  
 Cause of Leave: medical. Contact No. while on Leave: 9624010874  
 Muster Number: 18 Thumb ID: 28220030

### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

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

Kindly consider my application.

Attach separate sheet if required

SL-61

SIGN. OF APPLICANT

### FOR OFFICE USE

No. of 08 CL / SL / DL / EL / Vacation / S.L from 18/11/2024 to 18/11/2024  
 records. Balance CL / SL / DL / EL / Vacation / SL leave due to your credit after this application is  
07 days.

DATE: 11/27/9/2024

SIGN OF OFFICE CLERK

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

(Reason for not sanctioning :- \_\_\_\_\_)

PRINCIPAL

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

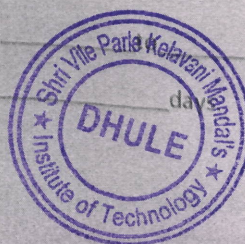
HOD/INCHARGE OF DEPT.

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### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from \_\_\_\_\_ balance CL / SL / DL / EL / Vacation  
 Leave due to your Credit after this application is \_\_\_\_\_ da

DATE:



SIGN OF OFFICE CLERK



# आशीर्वाद क्लिनिक

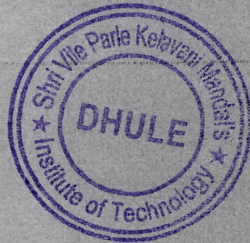
कहान अपार्टमेंट, मारुती मंदिरासमोर, प्रमोद नगर स्टेटबँक शाखेजवळ, आदर्श कॉलनी, देवपूर, धुळे.  
(फोन) (०२५६२) २२११२३ (नि) २२२०२३ (मो) ९४२२७ ८६२२३

- Certificate -

22/9/21

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

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



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

**डॉ. हेमलता दिपक पाटील**  
बी. ए. एम. एस्. पुणे  
आयुर्वेद सौंदर्य विशेषज्ञ व पंचकर्म कन्सल्टंट  
रजि. नं. आय-३९५५७ ए-१

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

वेळ - सकाळी ८.३० ते २.००, संध्याकाळी ५.०० ते १०.००



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

## LEAVE APPLICATION

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

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

### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	18/10/21	10 to 05	-	-	Mr. Narendra Patil	
2	20/10/21	-11-	-	-	Mr. Narendra Patil	
3	21/10/21	-11-	-	-	Mr. Narendra Patil	
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

SL-04

SIGN OF APPLICANT

### FOR OFFICE USE

No. of 10 CL / SL / DL / EL / Vacation / SL-04 from 03/17/21 to 02/07/2022 is available as per leave records. Balance CL / SL / DL / EL / Vacation / \_\_\_\_\_ leave due to your credit after this application is 06 days.

DATE: 1/22/10/2021

SIGN OF OFFICE CLERK

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

(Reason for not sanctioning :- \_\_\_\_\_)

PRINCIPAL

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

HOD/INCHARGE OF DEPT.

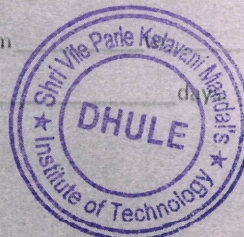
Cut here

### TO BE RETURNED TO THE APPLICANT:

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

Leave due to your Credit after this application is \_\_\_\_\_

DATE:



SIGN OF OFFICE CLERK

# आशीर्वाद क्लिनिक

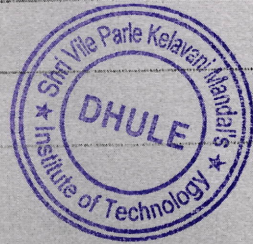
कहान अपार्टमेंट, मासती मंदिरासमोर, प्रमोव नगर स्टेटबीक शाखेजवळ, आदर्श कॉलनी, देवपूर, पुणे.  
 ☎ (मि.) (०२५६३) २२११२३ (मि) २२२०२३ (मो) ९४२२० ८६२२

22/10/21

- Certificate -

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

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



डॉ. हेमलताज्  
 हर्बल थेअर डॉक्टर एन्ड फिजियन केअर

डॉ. दिपक रघुनाथराव पाटील

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

डॉ. हेमलता दिपक पाटील

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

फॅमिली फिजिशियन • आयुर्वेद व पंचकर्म • स्टीम बाथ • मसाज • स्लिम सेंटर • विविध प्रकारचे फेशियल्स  
 किडनीस्टोन • अॅलर्जी व दमा • स्त्री रोग चिकित्सा • वंध्यत्व चिकित्सा • लैंगिक समस्या

वेळ - सकाळी ८.३० ते २.००, संध्याकाळी ५.०० ते १०.००

# सेवा क्लिनिक

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



डॉ. नारायण जी व्यास  
(बी. ए. एम. एस.)

डी.पी.सी.ए. (माधववाग, खोपोली)  
रजि. नं. I-11291A1

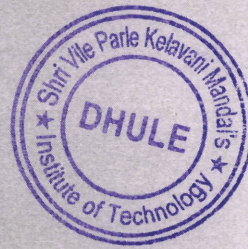
२४२३९९६२५६  
योगेश चौधरी

दिनांक:- १९/१०/२०२१

R  
Tub  
Oflomec 400 (5)  
दुधातु १ ठिपानांतर  
- TB  
Calpal 600 (10)  
१ २१ १ १  
- CP  
Omnes D (10)  
१ १ १ १  
CP  
Zincosorb (5)  
१ १ १ १

Dr. H. S.  
S. J.

Dr. N. J.  
19/10/21



COMPUTERISED

**Shree Datta** CLINICAL LAB

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



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

Reporting Date : 19/10/2021  
 Sex : Male

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

WIDAL TEST

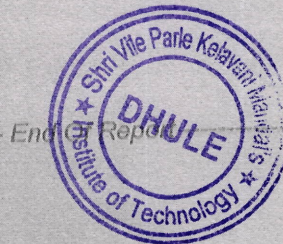
S.typhi "O": : 1:120 DIL.  
 S.typhi "H": : 1:120 DIL.  
 Paratyphi "AH": : --  
 Paratyphi "BH": : --

Impression : This Test Is Positive.

Titre of 1:120 or more is significant.

BIOCHEMISTRY TESTS

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



End of Report

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



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

COMPUTERISED

**Shree Datta** CLINICAL LAB

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



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 Age : 31 Years  
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Reporting Date : 19/10/2021  
 Sex : Male

**URINE ROUTINE EXAMINATION****Physical Examination**

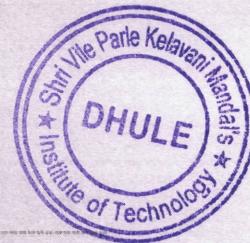
Colour: Yellow  
 Appearance: Clear  
 Reaction: Acidic

**Chemical Examination**

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

**Microscopic Examination**

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



----- End Of Report -----

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