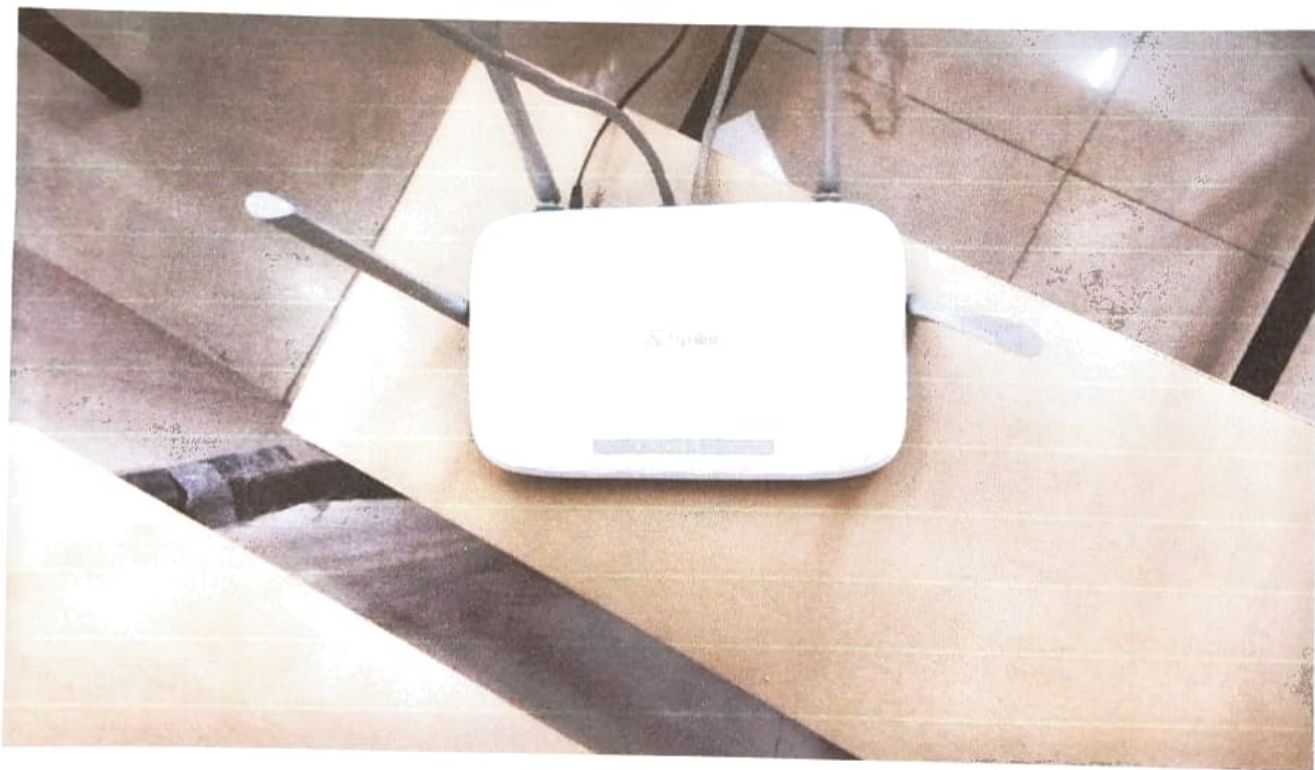


Non-teaching staff of Ghanxhyamdas Jalan
 College of science, Commerce and Arts.
 Non-teaching staff is provided with uniform.





Wi-Fi and LAN Facilities for teaching staff.





Parking area for Teaching and Non-Teaching staff.





Workspace for the Teaching- staff of
 Ghanashyamdas Jalan College of science,
 Commerce and Arts






**A.B.V.M. AGRAWAL JATIYA KOSH'S
G.D. JALAN COLLEGE OF
SCIENCE, COMMERCE & ARTS**
Upper Ground, Jaland, Jaland
Academic Year 2022-2023

PROF. APARNA GHADI
Department of Zoology


Blood Group : A+ve
Emergency Number : 7068966179

Director
Director


**A.B.V.M. AGRAWAL JATIYA KOSH'S
G.D. JALAN COLLEGE OF
SCIENCE, COMMERCE & ARTS**
Upper Ground, Jaland, Jaland
Academic Year 2022-2023

PROF. SHIVNETRA RAMPALLI
Department of Botany


Blood Group : O+ve
Emergency Number : 9968939954

Director
Director


**A.B.V.M. AGRAWAL JATIYA KOSH'S
G.D. JALAN COLLEGE OF
SCIENCE, COMMERCE & ARTS**
Upper Ground, Jaland, Jaland
Academic Year 2022-2023

PROF. SANKALP BANDEKAR
Department of Zoology


Blood Group : A+ve
Emergency Number : 8821331633

Director
Director


**A.B.V.M. AGRAWAL JATIYA KOSH'S
G.D. JALAN COLLEGE OF
SCIENCE, COMMERCE & ARTS**
Upper Ground, Jaland, Jaland
Academic Year 2022-2023

PROF. WAMAKSHI VERMA
Department of Chemistry


Blood Group : O+ve
Emergency Number : 8655764272

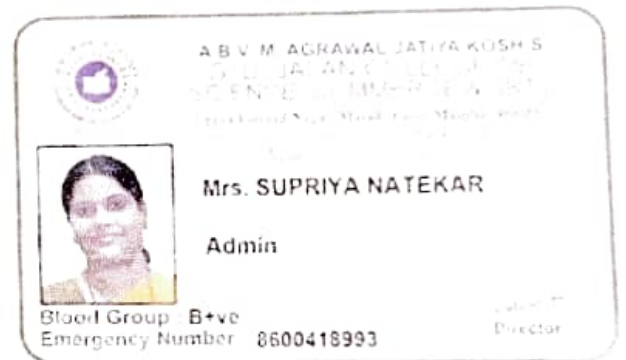
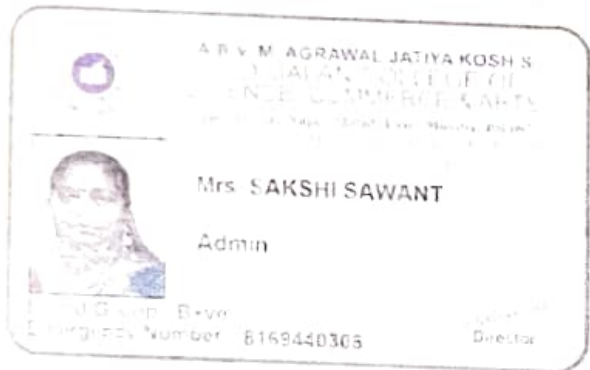
Director
Director

Identity Card of Teaching Staff



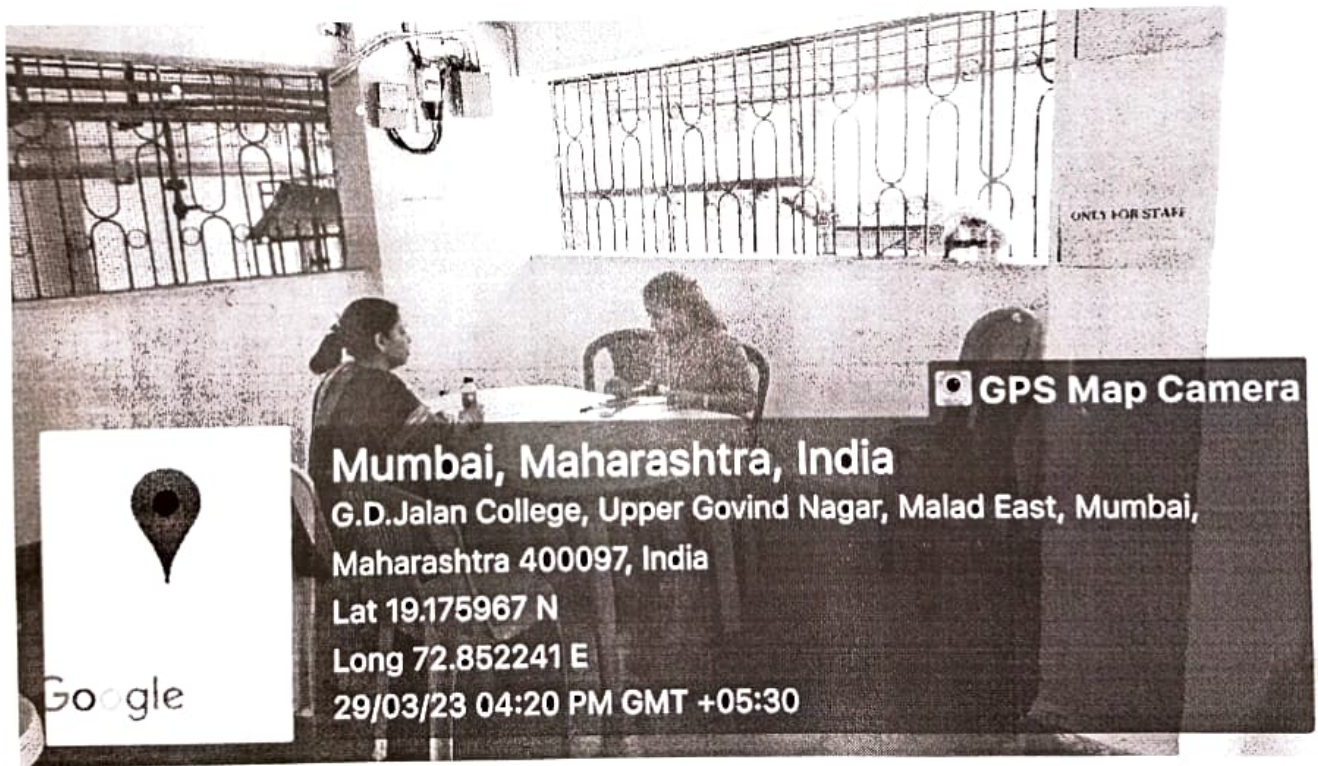


Identity cards of Non-teaching staff.



Identity card of Admin staff





Cafeteria in the Ghanashyamdas Talam
College of Science, Commerce, and Arts.





KOEL

KOEL
GREEN

Goel

GPS Map Camera

Mumbai, Maharashtra, India

Ghanshyamdas Jalan College of Science, Commerce and Arts,
Malad, Upper Govind Nagar, Malad East, Mumbai, Maharashtra
400097, India

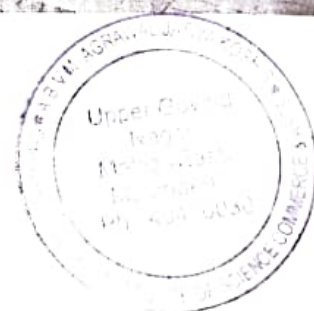
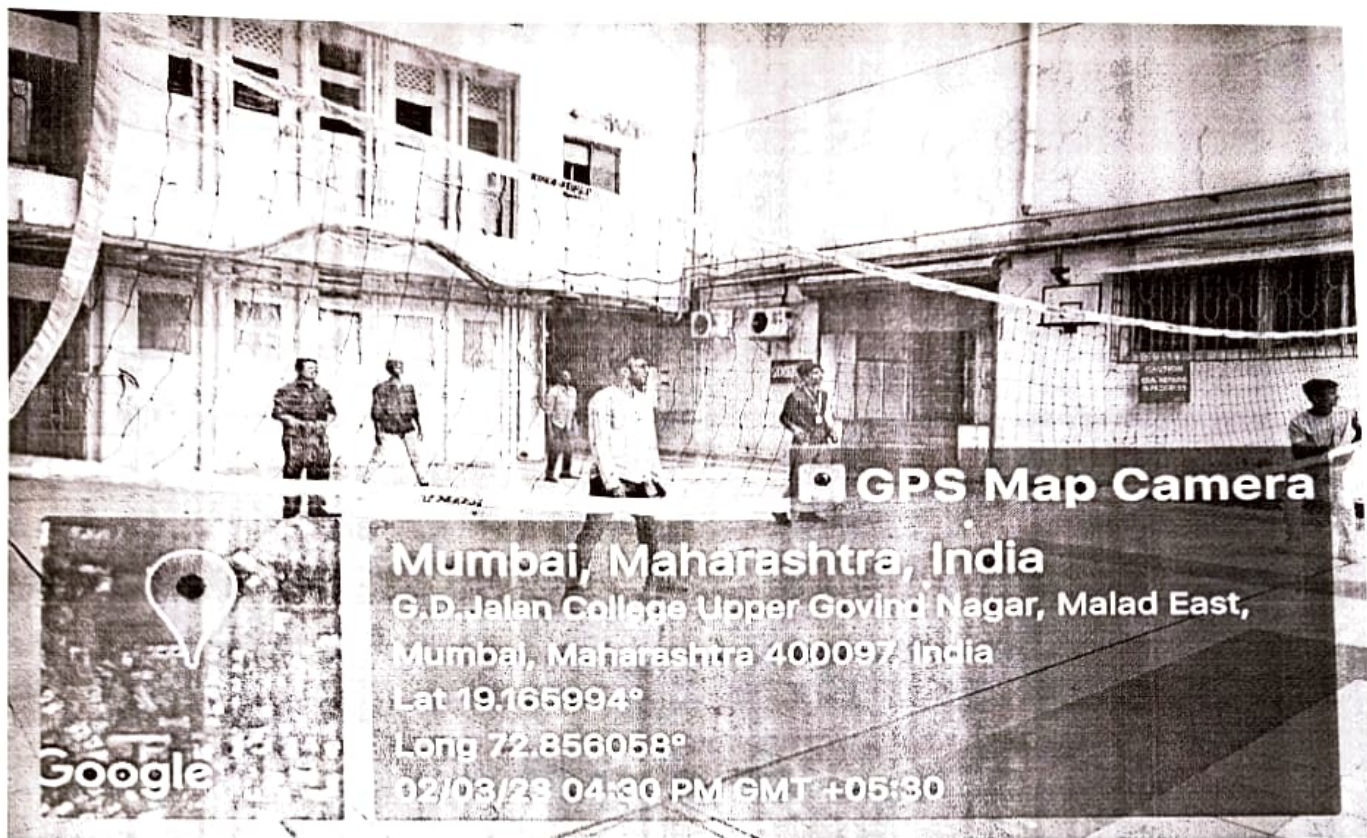
Lat: 19° 17' 10.1"

Long: 72° 31' 22.52"

07/03/23 04:49 PM GMT +05:30

Google







**A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE & COMMERCE
Upper Govind Nagar, Malad (East), Mumbai – 400097.**

Duty leave.
APPLICATION FOR ~~CASUAL LEAVE~~

1. Name Shivnetra Ranipalli Designation _____
2. Period of D.L. applied for 04 days (i.e. from) 02/01/2018 to 05/01/2018

OR

2. Period of Absence _____ days (i.e. from) _____ to _____
() may please be treated as Casual Leave.

3. Reason for C.L. / Absence PL / NSS Camp

4. On date, I have _____ days C.L. all my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: _____

[Signature]
Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement In the absence of Mr./Mrs./Kum. _____
Will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /Not recommended.

Prof. In-charged

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
SANCTIONED /REFUSED
Date: _____ Principal [Signature]

Noted in Leave Records L.F. _____ Initials _____



A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai - 400097.

APPLICATION FOR CASUAL LEAVE

1. Name Ms. Trupti Nagadiya Designation Asst. Professor
2. Period of C.L. applied for 01 days (i.e. from) 5th Jan. 2018 to D.L.

OR

2. Period of Absence _____ days (i.e. from) _____ to _____
() may please be treated as Casual Leave.

3. Reason for C.L. /Absence Attended Seminar on WDC
at N.L. College Malad (West),

4. On date, I have _____ days C.L. all my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 14/02/18

Trupti
Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement In the absence of Mr./Mrs./Kum. _____
Will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /Not recommended.

Prof. In-charged

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
SANCTIONED /REFUSED

Date: _____

Baray
Principal

Noted in Leave Records L.F. _____ Initials _____



A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE & COMMERCE
Upper Govind Nagar, Malad (East), Mumbai – 400097.

APPLICATION FOR CASUAL LEAVE

1. Name Raviprakash Jaiswal Designation Asst. Prof.
2. Period of C.L. applied for _____ days (i.e. from) _____ to _____

OR

2. Period of Absence 02 days (i.e. from) 08/08/2017 to 14/08/2017) may please be treated as Casual Leave. E

3. Reason for ~~C.L.~~ /Absence Personal

4. On date, I have _____ days C.L. all my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 31/08/2017

R. Jaiswal
Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement In the absence of Mr./Mrs./Kum. _____
Will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /Not recommended.

Prof. In-charged

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____

SANCTIONED /REFUSED

Date: _____

Baray
Principal

Noted in Leave Records L.F. _____ Initials _____



**A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai – 400097.**

APPLICATION FOR ~~CASUAL~~ LEAVE

1. Name Ms. Shrinetra Rampalli Designation Asst. Prof.

2. Period of C.L. applied for 8218 days (i.e. from - to

OR


2. Period of Absence _____ days (i.e. from) _____ to _____
 _____) may please be treated as Casual Leave.

3. Reason for P.L. / Absence Seminar

4. On date, I have _____ days C.L. all my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: _____


Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement In the absence of Mr./Mrs./Kum. _____

Will be/was made as under:

1.

2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /Not recommended.

Prof. In-charged

Superintendent

I/We confirm the alternative arrangement as above.

1.

2.

Casual Leave for _____ days from _____ to _____

SANCTIONED /REFUSED

Date: _____

Principal

Noted in Leave Records L.F. _____ Initials _____



**A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai – 400097.**

**DL
APPLICATION FOR CASUAL LEAVE**

1. Name Ms. Trupti Nagadiya Designation Asst. Professor
2. Period of C.L. applied for 01 days (i.e. from) 5th Jan. 2018 to D.L.
- OR
2. Period of Absence _____ days (i.e. from) _____ to _____) may please be treated as Casual Leave.
3. Reason for C.L. /Absence Attended Seminar on WDC at N.L. College Malad (West).
4. On date, I have _____ days C.L. all my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 14/02/18

Trupti
Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement In the absence of Mr./Mrs./Kum. _____

Will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /Not recommended.

Prof. In-charged

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
SANCTIONED /REFUSED

Date: _____

Sarav
Principal

Noted in Leave Records L.F. _____ Initials _____



A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
 Upper Govind Nagar, Malad (East), Mumbai - 400097.

APPLICATION FOR CASUAL LEAVE

1. Name Mr. Shivprakash Jaiswal Designation Asst. Professor
2. Period of C.L. applied for 2 days (i.e. from) 20/02/19 to 21/02/19
3. Period of Absence _____ days (i.e. from) _____ to _____
 _____) may please be treated as Casual Leave.
4. Reason for C.L. / Absence went to N.S. Camp.
5. On date, I have _____ days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 22/02/19

R. Jaiswal
 Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
 will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
 Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____

SANCTIONED REFUSED

Date: _____

S. Ray
 Principal

Noted in Leave Records L.F. _____ Initials _____



**A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai - 400097.**

APPLICATION FOR CASUAL LEAVE

1. Name Ms. Shwinita S.R. Designation Asst. Prof.
2. Period of C.L. applied for 01 days (i.e. from) 30 July 2018 to _____
- OR
3. Period of Absence _____ days (i.e. from) _____ to _____
() may please be treated as Casual Leave.
4. Reason for C.L. / Absence Tungareshwar Wildlife S.
5. On date, I have _____ days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: _____

Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____

SANCTIONED /REFUSED

Date: _____

Principal

Noted in Leave Records L.F. _____ Initials _____



A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
 Upper Govind Nagar, Malad (East), Mumbai – 400097.

APPLICATION FOR CASUAL LEAVE

1. Name Shivntra Rampalli Designation Asst. Prof.
2. Period of D.L. applied for 01 days (i.e. from) 12th March 2019 to _____.
- OR
3. Period of Absence — days (i.e. from) — to _____
 _____) may please be treated as Casual Leave.
4. Reason for D.L. /Absence N.S.S Meeting at Bandra
5. On date, I have 01 days D.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 11th March 2019

Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
 will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
 Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
 SANCTIONED /REFUSED

Date: _____ Principal

Noted in Leave Records L.F. _____ Initials _____



**A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai – 400097.**

APPLICATION FOR CASUAL LEAVE

1. Name Ms. Trupti Nagadya Designation Asst-Professor
2. Period of C.L. applied for 01 days (i.e. from) 27/11/18 to _____.
- OR
3. Period of Absence _____ days (i.e. from) _____ to _____
() may please be treated as Casual Leave.
4. Reason for C.L. /Absence Personal
5. On date, I have 01 days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 26/11/18

Trupti
Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.
Casual Leave availed of till this date _____ days.
Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
SANCTIONED /REFUSED
Date: _____ Principal Baray

Noted in Leave Records L.F. _____ Initials _____



A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
 Upper Govind Nagar, Malad (East), Mumbai - 400097.

APPLICATION FOR CASUAL LEAVE

1. Name Ms. Rupti Nagachia Designation Asst. Professor
2. Period of C.L. applied for 2 days (i.e. from) 01/04/2019 to 09/04/2019
3. Period of Absence 02 days (i.e. from) _____ to _____
) may please be treated as Casual Leave.
4. Reason for C.L. / Absence personal
5. On date, I have _____ days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 27/04/19

Rupti
 Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
 will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
 Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
 SANCTIONED /REFUSED

Date: _____ Principal Baray

Noted in Leave Records L.F. _____ Initials _____



**A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai - 400097.**

APPLICATION FOR CASUAL LEAVE

1. Name Shivnetra S.R Designation Asst. Prof.
2. Period of C.L. applied for 01 days (i.e. from) 24/Oct/2018 to _____
- OR
3. Period of Absence - days (i.e. from) - to _____
() may please be treated as Casual Leave.
4. Reason for C.L. / Absence 01 (Personal reason)
5. On date, I have 01 days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 25/Oct/2018

Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.
Casual Leave availed of till this date _____ days.
Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
SANCTIONED /REFUSED
Date: _____ Principal

Noted in Leave Records L.F. _____ Initials _____



**A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai – 400097.**

APPLICATION FOR CASUAL LEAVE

1. Name Mr. Raviprakash Jaiswal Designation Asst. Prof.
2. Period of C.L. applied for _____ days (i.e. from) _____ to _____
- OR
3. Period of Absence 01 days (i.e. from) 13/12/18 to _____
() may please be treated as Casual Leave.
4. Reason for C.L. /Absence personal
5. On date, I have _____ days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 15/12/18

R. Jaiswal
Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
SANCTIONED /REFUSED

Date: _____

R. Jaiswal
Principal

Noted in Leave Records L.F. _____ Initials _____



A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai – 400097.

Duty Leave

APPLICATION FOR CASUAL LEAVE

1. Name Ms. Aparna A Ghadi. Designation Asst. Prof.
2. Period of D.L. applied for 01 days (i.e. from) on 25th Nov 2019. To

OR

3. Period of Absence 01 days (i.e. from) 01 Nov 2015 to 02 Nov 2015
() may please be treated as Casual Leave.

4. Reason for ^{P.L.} Absence ^{Duty.} short excursion of S.Y.B.Sc & T.Y.B.Sc.

5. On date, I have 4 days ~~C.L.~~ to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 26/11/2019

Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.
 Balance CGL leave _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
SANCTIONED / REFUSED

Date: _____

Principal

Noted in Leave Records L.F. _____ Initials _____



**A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai – 400097.**

Duty Leave
APPLICATION FOR CASUAL LEAVE

1. Name Ms. Aparna Ashok Ghadi Designation Assistant Professor

2. Period of C.L. applied for _____ days (i.e. from) _____ to _____

OR

3. Period of Absence 05 days (i.e. from) 03/02/2020 to 07/02/2020 may please be treated as Casual Leave.

4. Reason for C.L. /Absence T.Y.B.Sc (Zoo.) Excursion to Karnataka

5. On date, I have _____ days C.L. to my credit as per norms laid down.

☐ B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 17/02/2020

Aparna
Signature of the applicant

For Office Use: Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____ will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
SANCTIONED /REFUSED

Date: _____ Principal Baray

Noted in Leave Records L.F. _____ Initials _____



A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
 Upper Govind Nagar, Malad (East), Mumbai - 400097.

Duty
APPLICATION FOR CASUAL LEAVE

1. Name CA. Dhanu K. Thakre Designation Assistant Professor
2. Period of C.L. applied for One days (i.e. from) 14. December 19 to _____
- OR Duty leave
3. Period of Absence _____ days (i.e. from) _____ to _____
 _____) may please be treated as Casual Leave.
4. Reason for C.L. /Absence to attend Seminar in HR College
5. On date, I have _____ days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 13/12/19

Dhanu K. Thakre
13/12/19
 Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
 will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
 Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
 SANCTIONED /REFUSED

Dhanu K. Thakre
 Principal

Date: _____

Noted in Leave Records L.F. _____ Initials _____



A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai – 400097.

APPLICATION FOR CASUAL LEAVE

1. Name Dipika S. Gupta Designation Asst. Professor.
2. Period of C.L. applied for 08 days (i.e. from) 2nd December, 2019 to 10th December, 2019.
- OR
3. Period of Absence 08 days (i.e. from) 2nd December, 2019 to 10th December, 2019) may please be treated as Casual Leave.
4. Reason for C.L. /Absence Personal Reason.
5. On date, I have _____ days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 23/11/19

Dipika S. Gupta
Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
will be/was made as under:

- 1.
- 2.

Vice-Principal/
Prof. In-charge

Date: _____

Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
SANCTIONED /REFUSED

Date: _____

Sarav
Principal

Noted in Leave Records L.F. _____ Initials _____



A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
 Upper Govind Nagar, Malad (East), Mumbai – 400097.

APPLICATION FOR CASUAL LEAVE

1. Name Ms. Aparna A. Ghadi Designation Assistant Prof.
2. Period of C.L. applied for 01 days (i.e. from) on 16th August 2019
- OR
3. Period of Absence 01 days (i.e. from) on 16th August 2019 to —) may please be treated as Casual Leave.
4. Reason for C.L. /Absence Field visit (phd Research work)
5. On date, I have — days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 14/08/2019

Aparna
 Signature of the applicant 14/08/2019

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
 will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
 Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
 SANCTIONED /REFUSED

Date: _____

Barney
 Principal

Noted in Leave Records L.F. _____ Initials _____



**A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai - 400097.**

Duty
APPLICATION FOR CASUAL LEAVE

1. Name Ms. Aparna Ghadi Designation Asst. Prof.
2. Period of C.L. applied for 01 days (i.e. from) on 16th Sep. 2019 to _____
- OR
3. Period of Absence 01 days (i.e. from) on 16th Sep. 2019 to _____
() may please be treated as Casual Leave.
4. Reason for C.L. /Absence Field visit of F.Y.B.Sc. & T.Y.B.Sc.
5. On date, I have 01 days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 24/09/19

Aparna
24/09/19
Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
SANCTIONED /REFUSED

Date: _____

Baray
Principal

Noted in Leave Records L.F. _____ Initials _____



**A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai - 400097.**

Duty
APPLICATION FOR CASUAL LEAVE

1. Name Mr. Vishal S. Gaikwad Designation ASST PROF.
2. Period of C.L. applied for _____ days (i.e. from) _____ to _____.
- OR
3. Period of Absence 05 days (i.e. from) 03/02/2020 to 07/02/2020 may please be treated as *Duty* Casual Leave.
4. Reason for C.L. /Absence EXCURSION TO KARNATAKA (DANDELI)
5. On date, I have _____ days C.L. to my credit as per norms laid down.

● B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 17/02/2020

Bgaikwad
Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____ will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
SANCTIONED /REFUSED

Date: _____

Baray
Principal

Noted in Leave Records L.F. _____ Initials _____



A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
 Upper Govind Nagar, Malad (East), Mumbai – 400097.

DUTY
APPLICATION FOR CASUAL LEAVE

1. Name Ms. SABHA S. SHAIKH Designation ASSISTANT PROFESSOR.
2. Period of C.L. applied for _____ days (i.e. from) _____ to _____.
- OR
3. Period of Absence 01 days (i.e. from) 05/10/2019 to 05/10/2019) may please be treated as Casual Leave.
4. Reason for C.L. /Absence EXTERNAL EXAMINER FOR T.Y.B.Sc. SEM-V PRACTICAL IN THAKUR COLLEGE
5. On date, I have _____ days C.L. to my credit as per norms laid down.

N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 07/10/2019

Shaiikh
7/10/2019
 Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____ will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
 Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
 SANCTIONED /REFUSED

Date: _____

Shaiikh
 Principal

Noted in Leave Records L.F. _____ Initials _____



APPLICATION FOR CASUAL LEAVE

1. Name A. Dhanu S. Thakare Designation Assistant Professor
2. Period of C.L. applied for one days (i.e. from) 13/12/2020 to

3. Period of Absence One days (i.e. from) 13/12/2020 to
I may please be treated as Casual Leave.

4. Reason for C.L. Abdominal Medical Unwell

5. On date, I have one days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 14/12/2020

D. S. Thakare
Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
will be was made as under:

1.
2.

Superintendent

Date: _____

Vice-Principal
Prof. In-charge

Casual Leave due as per norms _____

days.

Casual Leave availed of till this date _____

days.

Balance of C.L. due as per norms _____

days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I We confirm the alternative arrangement as above.

1.
2.

Casual Leave for _____ days from _____ to _____

SANCTIONED /REFUSED

Principal

Rajeshwari D. S.

Date: _____

Initials _____

Noted in Leave Records L.F. _____



APPLICATION FOR CASUAL LEAVE

1. Name CA Duni K. Thakare Designation Assistant Professor
2. Period of C.L. applied for one days (i.e. from) 13/12/2020 to _____
OR
3. Period of Absence One days (i.e. from) 13/12/2020 to _____
() may please be treated as Casual Leave.
4. Reason for C.L. / Absence Medical Unwell
5. On date, I have one days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 14/12/2020

D. K. Thakare
Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
SANCTIONED /REFUSED

Date: _____

Rajeshwari Patil
Principal

Noted in Leave Records L.F. _____ Initials _____



APPLICATION FOR CASUAL LEAVE

1. Name Mr. Raviprakash Jaiswal Designation Asst professor
2. Period of C.L. applied for 1 days (i.e. from) 16/02/2021 to _____
- OR
3. Period of Absence _____ days (i.e. from) _____ to _____
() may please be treated as Casual Leave.
4. Reason for C.L. /Absence Personal Reason
5. On date, I have 1 days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 23/02/2021

R. Jaiswal
Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____

SANCTIONED /REFUSED

Date: _____

Rajendra Kumar
Principal

Noted in Leave Records L.F. _____ Initials _____



APPLICATION FOR CASUAL LEAVE

1. Name Ms. Dipika S. Gupta Designation Assistant Professor
 2. Period of C.L. applied for 5 days (i.e. from) 15th November, 2021 to 20th November, 2021.
- OR
3. Period of Absence _____ days (i.e. from) _____ to _____
() may please be treated as Casual Leave. ;
 4. Reason for C.L. /Absence Personal
 5. On date, I have 8 days C.L. to my credit as per norms laid down.

☒ I.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 30th October, 2021

(D Gupta)
Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____

SANCTIONED /REFUSED

Date: _____

(Rajeshwar Bar)
Principal / Director

Noted in Leave Records L.F. _____ Initials _____



APPLICATION FOR CASUAL LEAVE

1. Name CA. Dr. Dhanu Kapil Thakore Designation Assistant Professor
2. Period of C.L. applied for One days (i.e. from) 13-October-2021 to

OR
3. Period of Absence _____ days (i.e. from) _____ to _____
() may please be treated as Casual Leave.
4. Reason for C.L. /Absence Ashtomi Pooja at home
5. On date, I have One days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 13/10/2021

D. K. Thakore
Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
will be/was made as under:

1.
2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

1.
2.

Casual Leave for _____ days from _____ to _____
SANCTIONED /REFUSED

Date: _____ Principal /Director

Noted in Leave Records L.F. _____ Initials _____



APPLICATION FOR CASUAL LEAVE

1. Name Mr. GURANJEEV Roy Designation Asst Professor
2. Period of C.L. applied for one days (i.e. from) 16/10/2021 to 16/10/2021
OR
3. Period of Absence _____ days (i.e. from) _____ to _____
() may please be treated as Casual Leave.
4. Reason for C.L. /Absence PERSONAL
5. On date, I have 7 days C.L. to my credit as per norms laid down.

N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 12/10/2021

Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
will be/was made as under:

1.
2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

1.
2.

Casual Leave for _____ days from _____ to _____

SANCTIONED /REFUSED

Date: _____

Principal /Director

Noted in Leave Records L.F. _____ Initials _____



APPLICATION FOR CASUAL LEAVE

1. Name Ms. Aparna Ghadi Designation Assistant Prof.
2. Period of C.L. applied for 01 days (i.e. from) on 06/01/2022 to _____
- OR
3. Period of Absence 01 days (i.e. from) on 06/01/2022 to _____
() may please be treated as Casual Leave.
4. Reason for C.L. / Absence Medical Issue.
5. On date, I have 08 days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 07/01/2022

Aparna
07/01/2022
Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of
Mr./Mrs./Kum. _____ will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/ Date: _____ Superintendent
Prof. In-charge

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____

SANCTIONED/REFUSED

Date: _____

Rajeshwar
Principal / Director

Noted in Leave Records L.F. _____ Initials _____

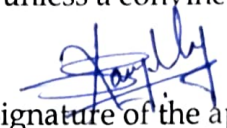


APPLICATION FOR CASUAL LEAVE

1. Name Ms. Shweta S. Rampalli Designation Asst. Prof.
2. Period of C.L. applied for 01 days (i.e. from) 21st April 2022 to _____
- OR
3. Period of Absence 01 days (i.e. from) _____ to _____
() may please be treated as Casual Leave.
4. Reason for C.L. / Absence Personal reasons
5. On date, I have 04 days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 21/04/2022


Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of

Mr./Mrs./Kum. _____ will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

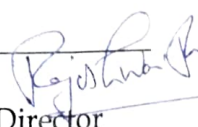
I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____

SANCTIONED/REFUSED

Date: _____


Principal /Director

Noted in Leave Records L.F. _____ Initials _____



APPLICATION FOR CASUAL LEAVE

1. Name Ramprakash Jaiswal Designation Asst. Professor

2. Period of C.L. applied for _____ days (i.e. from) _____ to _____

OR

3. Period of Absence 02 days (i.e. from) 02/08/2021 to 05/08/2021 to _____) may please be treated as Casual Leave.

4. Reason for C.L./Absence Appearing in Examination

5. On date, I have 02 days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 09/08/2021

R. Jaiswal

Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____ will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for 02 days from 02/08, 05/08 to _____

SANCTIONED / ~~REFUSED~~

Date: 09/08/2021

Rajeshwari K.
Principal/Director

Noted in Leave Records L.F. _____ Initials _____



A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE & COMMERCE
 Upper Govind Nagar, Malad (East), Mumbai - 400097.

APPLICATION FOR CASUAL LEAVE

1. Name Shrinika S.R. Arty Designation Asst. Professor
2. Period of C.L. applied for 01 days (i.e. from) 20/6/17 to _____
- OR
2. Period of Absence _____ days (i.e. from) _____ to _____
 _____) may please be treated as Casual Leave.
3. Reason for C.L. / Absence _____
4. On date, I have 01 days C.L. all my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 20/6/17

[Signature]
 Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
 Will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
 Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /Not recommended.

Prof. In-charged

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____

SANCTIONED / REFUSED

Date: _____

[Signature]
 Principal

Noted in Leave Records L.F. _____ Initials _____

MS. Supriya
to file
19/6/17

Shivnetra Rampalli

Asst. Professor

Botany

19th June 2017

To,

The Principal,

Subject :- Application of duty leave.

Respected Madam,

I Shivnetra Rampalli, Asst. Professor of Botany want to attend workshop of SYBSc syllabus. Due to which I will not be able to come to college on 21st June 2017 since workshop is from 9:00 am to 5:00 pm.

I request you to grant me duty leave on 21st June 2017. SYBSc students will not have Botany lectures tomorrow ~~sub~~ on 21st June 2017 subject to your approval of my leave.

Thanking you,

Yours sincerely,

~~Shivnetra~~

Shivnetra S. Rampalli



A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai – 400097.

APPLICATION FOR CASUAL LEAVE

1. Name Ms. Shumelita S.R. Designation Asst. Prof.
2. Period of C.L. applied for 01 days (i.e. from) 30 July 2018 to _____
- OR
3. Period of Absence _____ days (i.e. from) _____ to _____
 _____) may please be treated as Casual Leave.
4. Reason for C.L. /Absence Tungareshwar Wildlife.S.
5. On date, I have _____ days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: _____

Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
 will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
 Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____

SANCTIONED /REFUSED

Date: _____

Principal

Noted in Leave Records L.F. _____ Initials _____



A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE, COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai – 400097

Academic year 2018-19

Date: 27th July 2018

NOTICE

One day excursion to

Tungareshwar wildlife sanctuary

As part of the curriculum, a one day excursion to Tungareshwar wildlife sanctuary, Vasai- (West), has been organized by Botany Department (Degree College) and Science Department (Junior College) on Monday, 30th July 2018, from 7:30 am to 3:00 pm.

All Botany students of Degree College and Science students of Junior College should gather on or before 7:00 am, at Vasai station (West), Near Ticket Counter.


Some important **INSTRUCTIONS** to be followed by the students:

- Students must wear full sleeves clothes, No shorts and capris are allowed.
- They must wear shoes or rainy footwear.
- No sling bags and one side hanging bags are allowed, Carry college bags.
- They must carry umbrella or raincoats, water bottles, field notebook, stationary and 300 rupees with them.

For consent form or further queries please contact:

Ms. Shivnetra Rampalli (Degree College) - +918451067916

Mrs. Arti Yadav (Junior College) - +919987888037


Dr. Sunanda Narayan Bhat
Principal,
Ghanashyamdas Jalan College
of Science, Commerce & Arts
Upper Govind Nagar, Malad-E,
Mumbai-400 097.



**A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai – 400097.**

Duty
APPLICATION FOR CASUAL LEAVE

1. Name Ms. SABHA S. SHAIKH Designation ASSISTANT PROFESSOR
2. Period of C.L. applied for _____ days (i.e. from) _____ to _____.
- OR
3. Period of Absence 05 days (i.e. from) 03/02/2020 to 07/02/2020 may please be treated as *Duty* Casual Leave.
4. Reason for C.L. /Absence T.Y.B.Sc. Excursion to Karnataka (Dandele)
5. On date, I have _____ days C.L. to my credit as per norms laid down.

☒ B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 17/02/2020

S. Shaikh
Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____ will be/was made as under:



- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
SANCTIONED /REFUSED

Date: _____

S. Shaikh
Principal

Noted in Leave Records L.F. _____ Initials _____



Chhatrapati Sambhu Maharaj Pratishthan's
Sri Sitaram and Laxmi Shantabai Patkar College of Arts and Science and
V. P. Varde College of Commerce and Economics

S.V. Road, Goregaon (West), Mumbai - 400 062, Maharashtra(India)

AN AUTONOMOUS COLLEGE, University of Mumbai

ISO 9001:2015 Certified
Best College Award (2016-17)

'A+' Grade by NAAC 3rd cycle

DBT Star Scheme Awardee

India's Education Excellence Award 2018: Berkshire Media LLC, USA

Tel.:91-022-28723731/28721875

Website.:www.patkarvardecollege.edu.in

E-mail: principal@patkarvardecollege.edu.in & info@patkarvardecollege.edu.in

Date: 06/02/2020

To,

Ms. Sabha S. Shaikh

Ghanshyamdas Jalan College of Science
Malad (E), Mumbai - 97.

Subject: Revaluation in F.Y/S.Y/T.Y.~~B.A/B.Sc./B.Com~~ Semester ~~I/II/III/IV/V~~ & VI
Regular and ATKT examination held in October/November 2019.

Sir/Madam,

I on behalf of my colleagues in the department of Zoology
invite you to reevaluate the answer papers of F.Y/S.Y/T.Y.~~B.A/B.Sc./B.Com~~ Semester
I/II/III/IV/V & VI in the subject of Zoology - I/II/III/IV as per the following
Schedule:

Day: - Monday

Date: - 10/02/2020

Timings: - 12:30 pm

Kindly give your consent.

Thanking you

Yours faithfully,

H. H. H. H.
Principal

CC:
To,
The Principal,

Ghanshyamdas Jalan College of Science
Malad (E), Mumbai - 97,



Chikitsak Samuh

**Sir Sitaram and Lady Shantabai Patkar College of Arts and Commerce and
V. P. Varde College of Commerce and Economics**

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Website: www.patkarvardecollege.edu.in

E-mail: principal@patkarvardecollege.edu.in & info@patkarvardecollege.edu.in

Date: 10/02/2020.

To,

Ms. Sabha S. Shaikh,

Ghanshyamdas Jalan College of Science & Commerce.
Malad (East), Mumbai - 400097.

Sir/Madam,

We appreciate that you have accepted our invitation to Revaluation
~~E.Y./S.Y/T.Y./B.A./B.Sc./B.com~~ Semester ~~I/II/III/IV~~ V & VI Regular and A.T.K.T
examination held in October/November 2019 in the subject
of Zoology - I/II/III/IV

Thank you for sparing your valuable time to moderate the papers.

Yours faithfully,

Hange
Principal



**A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai – 400097.**

APPLICATION FOR ^{DUTY}CASUAL LEAVE

1. Name Ms. SABHA S. SHAIKH Designation ASSISTANT PROFESSOR.
2. Period of C.L. applied for _____ days (i.e. from) _____ to _____
- OR
3. Period of Absence 01 days (i.e. from) 05/10/2019 to 05/10/2019) may please be treated as Casual Leave.
4. Reason for C.L. /Absence EXTERNAL EXAMINER FOR T.Y.B.Sc. SEM-V PRACTICAL IN THAKUR COLLEGE
5. On date, I have _____ days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 07/10/2019

Shaiikh
7/10/2019
Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____ will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
SANCTIONED /REFUSED

Date: _____

Shaiikh
Principal

Noted in Leave Records L.F. _____ Initials _____



Thakur Educational Trust's (Regd.)

THAKUR COLLEGE OF SCIENCE & COMMERCE **TCSC**

UGC Recognised

(NAAC Re-Accredited with Grade 'A' [3rd Cycle] & ISO 9001 : 2015 Certified)

Shyamnarayan Thakur Marg, Thakur Village, Kandivali (East), Mumbai - 400 101, INDIA.

Tel.: 2846 2565 / 2887 0627 • Fax : 2886 8822

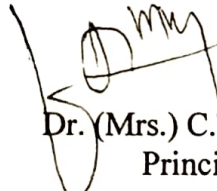
Website : www.tcsc.org.in • E-mail : tcsc@tcsc.org.in

05.10.2019

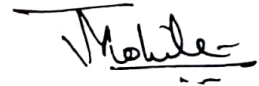
Duty Certificate

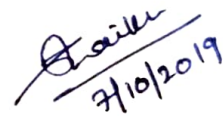
This is to certify that Ms. Sabha S. Shaikh from Ghanshyamdas Jalan College, Mumbai has worked as an external examiner for T.Y.B.Sc. (Zoology) Sem V Paper IV Practical Examination held in our College on 05.10.2019.

This certificate is given to the concerned teacher for availing duty leave from their respective Institution.


Dr. (Mrs.) C.T. Chakraborty
Principal






7/10/2019



A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai – 400097.

APPLICATION FOR CASUAL LEAVE

1. Name CA. Durnik Thabae Designation Assistant Professor
2. Period of C.L. applied for One days (i.e. from) 14. December 19 to _____
- OR duty leave
3. Period of Absence _____ days (i.e. from) _____ to _____
() may please be treated as Casual Leave.
4. Reason for C.L. /Absence to attend Seminar in HR College
5. On date, I have _____ days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 13/12/19

D. Thabae
13/12/19
Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
will be/was made as under:

- 1.
- 2.

Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave availed of till this date _____ days.

Balance of C.L. due as per norms _____ days.

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
SANCTIONED /REFUSED

Date: _____

S. D. Thabae
Principal

Noted in Leave Records L.F. _____ Initials _____

Durvi
12/12/19

DL

Date : 12/12/2019

C.A. Durvi Kapil Thakore

Assistant Professor

To,

The Principal Ma'am,

Ghanshyamdas Jalan College of Science and Commerce,

Malad (E),

Mumbai.

Subject : A request to Permit leave.

Respected Ma'am,

I am in the Mumbai University Examination Panel so I am supposed to attend this workshop for revision of syllabus of TYB Com. As GST is introduced from last two semesters no much reference is available and this workshop will help in upgrading me also.

I am requesting you to sanction the leave to attend the 'GST Workshop' in H.R. College on 14th December, 2019, Saturday.

Thanking you.



Yours faithfully,

(Prof. C.A. Durvi K. Thakore)

AK



**A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai – 400097.**

APPLICATION FOR ~~CASUAL~~ LEAVE

1. Name Ms. Aparna Ghadi Designation Asst. Prof.
2. Period of C.L. applied for 01 days (i.e. from) on 16th Sep. 2019 to
- OR
3. Period of Absence 01 days (i.e. from) on 16th Sep. 2019 to
() may please be treated as Casual Leave.
4. Reason for C.L. /Absence Field visit of F.Y.B.Sc. & T.Y.B.Sc.
5. On date, I have 01 days C.L. to my credit as per norms laid down.

(N.B.: When C.L. is not to the credit, C.L. will not be sanctioned unless a convincing reason is given)

Date: 24/09/19

Signature of the applicant

For Office Use Only

FOR TEACHING STAFF

Alternative arrangement in the absence of Mr./Mrs./Kum. _____
will be/was made as under:

- 1.
- 2.

2.
Date: _____ Vice-Principal/
Prof. In-charge Date: _____ Superintendent

Casual Leave due as per norms _____ days.

Casual Leave due as per norms _____ days.
Casual Leave availed of till this date _____ days.

Casual Leave availed on till this date _____ days.
Balance of C.L. due as per norms _____ 1-1 /not recommended

Alternative arrangement approved/Casual Leave recommended /not recommended.

Prof. in-charge

Superintendent

I/We confirm the alternative arrangement as above.

- 1.
- 2.

Casual Leave for _____ days from _____ to _____
SANCTIONED /REFUSED *Baray*

Date: _____

Noted in Leave Records L.F. _____ Initials _____

A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE, COMMERCE & ARTS
Upper Govind Nagar, Malad (East), Mumbai - 400097
Affiliated to University of Mumbai

APPRAISAL FORM- NON-TEACHING STAFF

A.Y._____

NAME OF EMPLOYEE:_____

SR. NO.	APPRAISAL	ACCEPTABLE OR COMPETENT	NEEDS IMPROVEMENT	UNACCEPTABLE
1	Self-Control and Poise			
2	Enthusiasm for Work			
3	Appearance / Presentation			
4	Regularity / Punctuality			
5	Positive Model			
6	Flexibility			
7	Discipline			
8	Professional Responsibility			
9	Knowledge / Skills required for work			
9	Professional Ethics			
10	Record Maintenance			
11	Attitude towards students			
12	Attitude towards parents			
13	Attitude towards colleagues			

**A.B.V.M. AGRAWAL JATIYA KOSH'S
GHANSHYAMDAS JALAN COLLEGE OF SCIENCE, COMMERCE & ARTS
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COMMENTS BY THE APPRASIER

1. STRENGTHS:

2. WEAKNESSES:

3. NEEDS IMPROVEMENT IN:

4. SUGGESTIONS FOR IMPROVEMENTS:

5. UNACCEPTABLE / INCOMPETENT:

THE EMPLOYEE'S SIGNATURE INDICATES ONLY THAT HE / SHE HAS SEEN AND READ THIS APPRAISAL AND DOES NOT NECESSARILY INDICATE HE / SHE AGREES IN EVERY INSTANCE WITH THE EVALUATION.

Employee's Signature:

Principal's Signature:

Date:

Self-Assessment Form

Year of Assessment: _____

(I) Basic Information:-

- i. Name of the college (in full): **Ghanshyamdas Jalan College of Science, Commerce & Arts.**
- ii. Region in which situated (urban/rural/suburban): _____
- iii. Name of the Lecturer (in full) Shri/Smt./Kumari: _____
(Beginning with surname) _____
- iv. Date of Birth: _____
- v. Qualifications of the Lecturer:-

Degree and post graduate degree examination	Special/Principal subject offered	Allied Additional Subordinate Subjects offered	Class obtained	Year of passing	University

- vi. Subject taught and faculty _____
- vii. Designation _____
- viii. (a) Date of joining the present college _____
(b) Date of approval of appointment by the University _____
- ix. Teaching experience at the college level _____ years, _____ month

Name of the institutions where employed previously	Period of Service with dates	Designation	Classes taught	Subjects taught	Scale to pay

II. Courses taught and work -load

Number of periods per work: _____

	Lectures	Tutorials	Practical's	Subjects and papers taught
(i) Under-graduate				
(ii) Post-graduate				
(iii) M. Phil.				

III. Teaching Methods applied:

Name and describe new teaching methods used, if any, besides lecture method, i.e.

- i. Distributing lecture synopsis and bibliography: _____
- ii. Encouraging questions in class: _____
- iii. Accouncing topics for discussion in advance: _____
- iv. Holding Seminars: _____
- v. Use of audio-visual aids: _____
(Wherever facilities exist)
- vi. Holding of moot courts, arranging for court visits etc. in case of the law students: _____

IV. Contribution of COSIP & COHSSIP Schemes in the college or through ULP (wherever such scheme exists)

V. Any other contribution in:-

- i. Teaching Methods: _____
- ii. Evaluation Techniques: _____
- iii. Course Development etc.: _____

VI. Academic and Professional Growth (during the preceding year):-

- i. Research qualifications acquired: _____
- ii. Research projects undertaken: _____
- iii. Research papers published indicating titles and name of journals ion which published: _____
- iv. Guidance rendered to Research Scholars: _____
- v. Participation in Seminars, Workshops and Conferences _____
- vi. Participation in orientation Programs, refresher courses etc. _____
- vii. Faculty improvement programme _____
- viii. Any other type of training _____

VII. Participation in Extra-mural Activities:-

- i. Extra-curricular activities-debates, cultural activities, counseling to students, Planning Forums, Union, NSS, NCC, Scouting etc.
- ii. Service to community-Adult Education, Extension Service etc.

*(Wherever such facilities exist)

VIII. Help rendered in college administration by membership of various committee such as Discipline Committee, Admission Committee, Student's Welfare Committee etc.

IX. Any other information about contribution (not conveyed above) relevant to a proper assessment of activities

X. General Observations:-

- i. Attendance
 - (a) Regularity _____
 - (b) Punctuality _____
- ii. Students-Teacher relationship _____
- iii. Colleague relationship _____
- iv. Class control _____
- v. Reading Habits and other matters _____

Place: _____

Date: _____

(Signature of the Lecturer)

- Evaluation by the Head of the Department or the senior-most Lecturer in the Department of Principal

Factual Verification			Evaluation				
Item	Correct	Exagge- Rated	Excellent	Very Good	Good	Average	Poor
**I							
**II							
III							
IV							
V							
VI							
VII							
VIII							
IX							
X							

Date:-_____

Signature of the Head of the
Department or the senior-most
Lecturer in the Department or
Principal

Observations of the Principal _____

Signature of the
Principal

Date:_____

(Seal of the college)

Principal where he happens to be Head of the Department shall verify that all the columns the form are filled in before he gives his ratings of evaluation and forwards the assessment part to the Principal/the University.

****Evaluation is not expected in respect of columns no. I. and no. II**



PSYCHOLOGICAL COUNSELING SESSION