

6.3.1

The institution has effective welfare measures for teaching and non teaching staff

Sr. No.	Description	Page No.
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2.	Staff welfare expenses	3
3.	Staff application	4-15
4.	Audit certificate	16

6.3 Faculty Empowerment Strategies

6.3.1: The institution has effective welfare measures for teaching and non-teaching.

Ans. The institution has undertaken various welfare measures both for teaching and non-teaching staff members.

Response:The College Management is liberal towards various welfare measures for teaching and non-teaching staff :-

1. Fee concession is granted to the wards of College employees for admission to the College.
2. Financial support for participation in International and National Seminars/Conferences/workshops.
3. International Yoga day is observed where trained yoga teachers conduct yoga sessions for staff and students.
4. Interest free advance against salary is granted to staff during festivals, higher studies of their children and medical emergencies.
8. Relaxation in working hours to researchers pursuing Ph.D. and Minor Research Projects and for carrying out social programme.
9. Mediclaim facility is available for non teaching staff with 50% of premium is borne by Management.
10. Special cubicle is available for teachers in Library reading room.
11. Gymnasium, sports facilities are provided to the staff.



JEEVANDEEP SHAIKSHNIK SANSTHA POI'S

ARTS, COMMERCE & SCIENCE COLLEGE, GOVELI

Tal. Kalyan, Dist. Thane - 421103

Accreditation with NAAC

(Permanently Affiliated to University of Mumbai)

Website : www.jsspcollegegoveli.in

Email : goveli_jssp@rediffmail.com

Dr. K. B. Kore
Principal

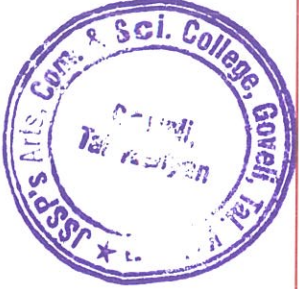
JSSP/ACS (G) / / 20 -20

Date :

Staff Welfare Expenses

Incurred In Previous 5 Years (As per Audited Statement)

YEAR	HEAD	AMOUNT	TOTAL
2015 -16	Diwali Gifts	- 1120/-	
	Staff Welfare	- 126,131/-	
	Tea & Snacks	- 75087/-	
	Diwali gift	- 1120/-	
			203458/-
2016 -17	Staff Welfare	- 55708/-	
	Tea & Snaks	- 58294/-	
	Uniform	- 35500/-	
	P.F. Contribute	- 86767/-	
			236269/-
2017-18	Lunch	- 59,810/-	
	P.F. Contribute	- 7,60,954/-	
	Staff Welfare	- 50,000/-	
	Tea & Snaks	- 75,122/-	
	Uni form exps.	- 8200/-	
	Insurance	- 99484/-	
			1053570/-



Principal

Jeevandeep Shaikshaik Sanstha's
Arts, Commerce & Science College, Goveli,
Goveli, Tal: Kalyan, Dist. Thane - 421 301.



मा. प्राचार्य

जे. एस.एस.पी कॉलेज,

गोवेली कल्याण

विषय. इ ५९ वी शाखेत प्रवेश फी कर्मचारी कोट्यातील सवलत मिळण्याबाबत

महोदय,

मी विनाय माकरी कुर्क आपल्या महाविद्यालयात शिपाई या पदावर

गेली १५ वर्षांपासून कार्यरत आहे. माझा मुलगा/मुलगी कुमार/कुमारी

जंदाणी विनाय कुर्क

ह्यास यावर्षी ५९ या शाखेत प्रवेश घेत आहे.

तरी माझ्या मुलाची/ मुलीची फी माफी कर्मचारी कोट्यातून सवलत द्यावी ही नम्र विनंती.

धन्यवाद

आपला कृपाभिलाषी

Principal
Jeevandeep Shikshnik Sanstha's
Arts, Commerce & Science College, Goveli,
Goveli, Tal: Kalyan, Dist. Thane - 421 301.



मा. प्राचार्य

जे. एस. एस. पी कॉलेज,

गोवेली कल्याण

विषय. इ 11th वी Sci शाखेत प्रवेश फी कर्मचारी कोट्यातील सवलत मिळण्याबाबत

महोदय,

मी चोरगे कल्पना शनिश्वर आपल्या महाविद्यालयात LibA पदावर

गेली 7 वर्षांपासून कार्यरत आहे. माझा मुलगा/मुलगी कुमर/कुमारी

चोरगे पुर्व शनिश्वर
ह्यास यावर्षी 11th Sci या शाखेत प्रवेश घेत आहे.

तरी माझ्या मुलगी/ मुलीची फी माफी कर्मचारी कोट्यातून सवलत द्यावी ही नम्र विनंती.

धन्यवाद

आपला कृपाभिलाषी

मा. प्राचार्य

जे. एस. एस. पी कॉलेज,

गोवेली कल्याण



विषय . इ १०/७ वी _____ शाखेत प्रवेश फी कर्मचारी कोट्यातील सबलत मिळण्याबाबत

महोदय,

मी श्री. अक्षय विठ्ठल आपल्या महाविद्यालयात लिपिक्या पदावर

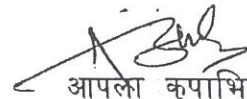
गेली 15 वर्षांपासून कार्यरत आहे. माझा मुलगा/मुलेगी कुमार/कुमारी

① श्री. अक्षय विठ्ठल ② श्री. अक्षय शिंदे

ह्यास यावर्षी १० दि. व. ७ व्या शाखेत प्रवेश घेत आहे.

तरी माझ्या मुलाची/मुलेगीची फी माफी कर्मचारी कोट्यातून सबलत द्यावी ही नम्र विनंती.

धन्यवाद


आपला कृपाभिलाषी



मा. प्राचार्य

जे. एस. एस. पी कॉलेज,

गोवेली कल्याण

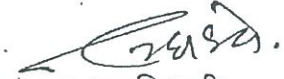
विषय. इ. २२ वी बी शाखेत प्रवेश फी कर्मचारी कोट्यातील सवलत मिळण्याबाबत

महोदय,

मी देवराज लक्ष्मण ३६१५ आपल्या महाविद्यालयात शिपाई या पदावर
गेली १५ वर्षांपासून कार्यरत आहे. माझा मुलगा/मुलगी कुमार/कुमारी
स्वल्प देवराज २६१५
ह्यास यावर्षी २२ या शाखेत प्रवेश घेत आहे.

तरी माझ्या मुलाची/ मुलीची फी माफी कर्मचारी कोट्यातून सवलत द्यावी ही नम्र विनंती.

धन्यवाद


आपला कृपाभिलाषी

मा. प्राचार्य
गोवेली कॉलेज,

पत्रांक
108/2021
9/09/2021



विषय :- अडव्हान्स मिळणे बाबत

परीत्य विषयाच्या अडव्हान्सची भी अर्ज करणारी प्राचार्यिका
प्रियेका पाटील, सध्या 10,000 रुपयांची ठारज अडव्हान्स
ती सध्या मिळाली ही नमू विबंती,

सदर रक्कम ही प्रॅक्टिकल विल भीळाव्यानेतर
कजा करव्यात याची ही नमू विबंती.

Pankaj
Pl. pay Salary Advance
₹. 10,000/-

69-09-2021

भायली विरवात
Prin
Prin. P. H. Patil

Prin

Principal
Jeevandeep Shaikshnik Sanstha's
Arts, Commerce & Science College, Goveli,
Goveli, Tal: Kaiyan, Dist. Thane - 421 301.



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED
Star Health and Allied Insurance Company Limited
 Head Office: 1, New Park Street, Vardar Kutch High Road, Hinganebhat, Chhatra - 400034
 Phone : 044 - 2628800 Telefax : 044 - 2628062 Website : www.starhealth.in
 IRDA Registration No : 129 ; Corporate Identity Number : UB6610TN2005PLC056649

Certificate of Insurance
STAR GROUP HEALTH INSURANCE POLICY FOR BANK CUSTOMERS
 Unique Id : SHAHLGP19102V011819

Master Policy No	P/200000/01/2020/000033
Certificate No	P/171121/01/2021/004104
Account Number	55622045768
Name and Address of the Proposer	M/S. MAHARASHTRA GRAMIN BANK JIVANSHREE PLOT NO.03 SECTOR G, TOWN CENTRE Aurangabad-431003 Maharashtra
Name and Address of the Account Holder cum Insured Person	MIRKUTE KAMLAKAR PARSHURAM AT DAHAGAON POST -WAHOLI TAL. KALYAN DIST. THANE - 421301 Mehkar-443301 Maharashtra

Details of Insured Person(s)

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No
1	MIRKUTE KAMLAKAR PARSHURAM	M	01/06/1975	Self	200000	4783	13929174004106427

Pre-existing disease: NIL

Details of Dependent

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	ID Card No
1	MIRKUTE SAVITA KAMLAKAR	F	01/06/1998	SPOUSE	13929174004106428
2	HARSH KAMLAKAR MIRKUTE	M	01/02/2007	DEPENDANT CHILD	13929174004106429
3	ROHIT KAMLAKAR	M	18/05/2008	DEPENDANT CHILD	13929174004106430

Pre-existing disease: NIL

Issue Office Address:
 Regency Plaza, office No. A - 04 & B - 05, Ground Floor,
 Wadhwani Bridge, Kalyan - Ambemath Main Road,
 Ulhasnagar - 421003,
 MUMBAI
 Date: 13/09/2020

For Star Health and Allied Insurance Co., Ltd.

[Signature]
 Authorized Signatory



Jyotandeep Shaikshnik Sanshtha's
Prinicipal
 Arts, Commerce & Science College, Govvel,
 Govvel, Tal. Kalyan, Dist. Thane - 421 301.

(Handwritten Signature)

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED
 Health and Allied Insurance Company Limited
 Phone : 022-26320000, 26320002, 26320002, 26320002
 P.O. Box : 421001, Thane - 421 002, Dist. Thane, Maharashtra 421002

Certificate of Issuance
STAR GROUP HEALTH INSURANCE POLICY FOR BANK CUSTOMERS
 Date of Issue: 01/01/2018

Policy No.	PA10000010000001
Order No.	2017110101000001
Account Number	9420040786
Name and Address of the Insured	MRS. MANASINDRA GHANSHYAM BANS BANSHIKRUPA NEST NO.28 SECTOR D TOWN CENTER AURANGABAD-431002 MAHARASHTRA
Name and Address of the Assured Member (for Individual Policies)	MURDUTE KAMALAKAR PARASHI PHAM AT. CHANDAKRASHI, MANAJI TAL. KALYAN DIST. THANE 421301 Maharashtra Maharashtra

Details of Insured Person(s)

S. No.	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No.
1	MURDUTE KAMALAKAR PARASHI PHAM	M	01/09/1975	Self	INR 50,00,000	4752	1000114501000001

Pre-existing disease: Nil

Details of Dependent

S. No.	Name of the Dependent Person	Gender	Date of Birth	Relation with the Member	ID Card No.
1	MURDUTE SANGITA KAMALAKAR	F	01/09/1976	SPOUSE	1000114501100429
2	WASDI KAMALAKAR KADAMATE	M	09/02/2007	DEPENDENT CHILD	1000114501100439
3	ROHIT KAMALAKAR	M	18/02/2019	DEPENDENT CHILD	1000114501100430

Pre-existing disease: Nil

Date: 01/01/2018

For Star Health and Allied Insurance Co. Ltd.
 (Signature)
 Regional Officer



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED
Star Health and Allied Insurance Company Limited
 Phone : 044 - 26288000 Telefax : 044 - 26288002 Website : www.starhealth.in
 IRDA Registration No. 129 - Corporate Entity Number : U66010TG0001C000540

Certificate of Insurance
STAR GROUP HEALTH INSURANCE POLICY FOR BANK CUSTOMERS
Unique ID : BHHLGP21290V022921

Master Policy No	P90000010202000083
Certificate No	PV17121012021006154
Account Number	8006029079
Name and Address of the Proposer	M/S. MAHARASHTRA GRAMIN BANK JIVANSHREE PLOT NO.35 SECTOR G, TOWN CENTRE, Aurangabad-431003 Maharashtra
Name and Address of the Account Holder cum Insured Person	JADHAV NAVNIT VITTHAL at: dh-m post shivaj tal-murbad dist-thane-421401 Murbad-421401 Maharashtra

Details of Insured Person(s)

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No
1	JADHAV NAVNIT VITTHAL	M	09/03/1977	Self	200000	4763	13829174008157885

Pre-existing disease: NIL

Details of Dependent

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	ID Card No
1	JADHAV SANJANA NAVNIT	F	01/02/1990	SPOUSE	13029174008157887
2	JADHAV SNEHA NAVNIT	F	16/06/2003	DEPENDANT CHILD	13829174008157888
3	JADHAV SHREYA NAVNIT	F	15/06/2012	DEPENDANT CHILD	13829174008157889

Pre-existing disease: NIL

Issue Office Address:
 Agency Plaza, office No. A - 04 & B - 05, Ground Floor,
 Walchand Bridge Kalyan - Ambassador Main Road,
 Maharashtra - 421003,
 Maharashtra
 Date: 13/10/2024

For Star Health and Allied Insurance Co., Ltd.

 Authorized Signatory

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED
Star Health and Allied Insurance Company Limited
 Phone : 044 - 26288000 Telefax : 044 - 26288002 Website : www.starhealth.in
 IRDA Registration No. 129 - Corporate Entity Number : U66010TG0001C000540

Certificate of Insurance
STAR GROUP HEALTH INSURANCE POLICY FOR BANK CUSTOMERS
Unique ID : BHHLGP21290V022021

Master Policy No	P900000819202000083
Certificate No	PV17121012021006154
Account Number	8006029079
Name and Address of the Proposer	M/S. MAHARASHTRA GRAMIN BANK JIVANSHREE PLOT NO.35 SECTOR G, TOWN CENTRE, Aurangabad-431003 Maharashtra
Name and Address of the Account Holder cum Insured Person	JADHAV NAVNIT VITTHAL at: dh-m post shivaj tal-murbad dist-thane-421401 Murbad-421401 Maharashtra

Details of Insured Person(s)

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No
1	JADHAV NAVNIT VITTHAL	M	09/03/1977	Self	200000	4763	13829174008157885

Pre-existing disease: NIL

Details of Dependent

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	ID Card No
1	JADHAV SANJANA NAVNIT	F	01/02/1990	SPOUSE	13029174008157887
2	JADHAV SNEHA NAVNIT	F	16/06/2003	DEPENDANT CHILD	13829174008157888
3	JADHAV SHREYA NAVNIT	F	15/06/2012	DEPENDANT CHILD	13829174008157889

Pre-existing disease: NIL

Issue Office Address:
 Agency Plaza, office No. A - 04 & B - 05, Ground Floor,
 Walchand Bridge Kalyan - Ambassador Main Road,
 Maharashtra - 421003,
 Maharashtra
 Date: 13/10/2024

For Star Health and Allied Insurance Co., Ltd.

 Authorized Signatory

Star Health and Allied Insurance Co., Ltd. is a member of Star Health and Allied Insurance Group. For more information, please visit our website: www.starhealth.in
 Star Health and Allied Insurance Co., Ltd. is a member of Star Health and Allied Insurance Group. For more information, please visit our website: www.starhealth.in



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034
 Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
 IRDA Registration No : 129 ; Corporate Identity Number : U68010TN2005PLC056649



Certificate of Insurance
STAR GROUP HEALTH INSURANCE POLICY FOR BANK CUSTOMERS
 Unique Id : SHAHLGP19102V011819

Master Policy No	P/900000/01/2020/000083
Certificate No.	P/171121/01/2021/004104
Account Number	55622045798
Name and Address of the Proposer	M/S.MAHARASHTRA GRAMIN BANK JIVANSHREE,PLOT.NO.35 SECTOR G, TOWN CENTRE Aurangabad-431003 Maharashtra
Name and Address of the Account Holder cum Insured Person	MIRKUTE KAMLAKAR PARSHURAM AT DAHAGAON POST -WAHOLI TAL. KALYAN DIST.THANE - 421301 Mehkar-443301 Maharashtra

Details of Insured Person(s)

SI.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No
1	MIRKUTE KAMLAKAR PARSHURAM	M	01/06/1975	Self	200000	4783	13929174004106427

Pre-existing disease: NIL

Details of Dependent

SI.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	ID Card No
1	MIRKUTE SAVITA KAMLAKAR	F	01/06/1988	SPOUSE	13929174004106428
Pre-existing disease: NIL					
2	HARSH KAMLAKAR MIRKUTE	M	01/02/2007	DEPENDANT CHILD	13929174004106429
Pre-existing disease: NIL					
3	ROHIT KAMLAKAR	M	18/05/2008	DEPENDANT CHILD	13929174004106430
Pre-existing disease: NIL					

Issue Office Address:
 Regency Plaza, office No: A - 04 & B - 05, Ground Floor,
 Waldhuni Bridge,Kalyan - Ambernath Main Road,
 Ulhasnagar - 421003.
 MUMBAI
 Date: 19/08/2020

For Star Health and Allied Insurance Co., Ltd.,

[Signature]
Principal
 Authorised Signatory.

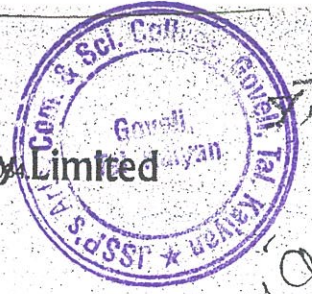
Jeevandeep Shaikshnik Sanstha's
Arts, Commerce & Science College, Govelli,
Govelli, Tal. Kalyan, Dist. Thane - 421 304.

Office: Valluvar Kottam High Road, Nungambakkam, Chennai - 600034. Phone : 044-28302300 / 28288800 Toll Free Fax No.: 1800-425
 Email: support@starhealth.in Website : www.starhealth.in IRDAI Regn. No: 129



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Star Health and Allied Insurance Company Limited
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : U66010TN2005PLC056649



Certificate of Insurance STAR GROUP HEALTH INSURANCE POLICY FOR BANK CUSTOMERS Unique Id : SHAHLGP21290V022021

Master Policy No	P/900000/01/2020/000083
Certificate No.	P/171121/01/2021/006154
Account Number	80060296079
Name and Address of the Proposer	M/S.MAHARASHTRA GRAMIN BANK JIVANSHREE,PLOT.NO.35 SECTOR G, TOWN CENTRE Aurangabad-431003 Maharashtra
Name and Address of the Account Holder cum Insured Person	JADHAV NAVNIT VITTHAL at. shivle post shivle tal murbad dist thane 421401 Murbad-421401 Maharashtra

Details of Insured Person(s)

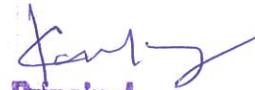
Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No
1	JADHAV NAVNIT VITTHAL	M	09/03/1977	Self	200000	4783	13929174006157886
Pre- existing disease: NIL							


Details of Dependent

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	ID Card No
1	JADHAV SANJANA NAVNIT	F	01/02/1980	SPOUSE	13929174006157887
Pre- existing disease: NIL					
2	JADHAV SNEHA NAVNIT	F	15/05/2003	DEPENDANT CHILD	13929174006157888
Pre- existing disease: NIL					
3	JADHAV SHREYA NAVNIT	F	15/08/2012	DEPENDANT CHILD	13929174006157889
Pre- existing disease: NIL					

Issue Office Address:
Regency Plaza, office No: A - 04 & B - 05, Ground Floor,
Waldhuni Bridge,Kalyan - Ambernath Main Road,
Ulhasnagar - 421003.
MUMBAI
Date: 13/10/2020

For Star Health and Allied Insurance Co., Ltd.,


Principal
Jeevandeep Shaikshnik Sanstha's
Arts, Commerce & Science College, Goveli,
Goveli, Tal: Kalyan, Dist. Thane - 421 301.


Authorised Signatory.



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
 IRDA Registration No : 129 ; Corporate Identity Number : U66010TN2005PLC056649



Certificate of Insurance
STAR GROUP HEALTH INSURANCE POLICY FOR BANK CUSTOMERS
 Unique Id : SHAHLGP19102V011819

Master Policy No	P/900000/01/2020/000083
Certificate No.	P/171121/01/2021/002858
Account Number	55622067233
Name and Address of the Proposer	M/S.MAHARASHTRA GRAMIN BANK JIVANSHREE,PLOT.NO.35 SECTOR G, TOWN CENTRE Aurangabad-431003 Maharashtra
Name and Address of the Account Holder cum Insured Person	DALVI BALARAM NAMDEV AT KUNDE POST MAMNOLI TALUKA KALYAN Kalyan-Dombivli (M Corp.)-421103 Maharashtra

Details of Insured Person(s)

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No
1	DALVI BALARAM NAMDEV	M	01/06/1979	Self	200000	4783	13929174002859928
Pre-existing disease: NIL							

Details of Dependent

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	ID Card No
1	DALVI BHARTI BALARAM	F	01/06/1985	SPOUSE	13929174002859929
Pre-existing disease: NIL					
2	DALVI BHAVESH BALARAM	M	05/06/2006	DEPENDANT CHILD	13929174002859930
Pre-existing disease: NIL					
3	DALVI PRANALI BALARAM	F	19/04/2008	DEPENDANT CHILD	13929174002859931
Pre-existing disease: NIL					

[Handwritten Signature]

Principal

Jeevandeep Shaikshnik Sanstha's
Arts, Commerce & Science College, Goveli,
Goveli, Tal: Kalyan, Dist. Thane - 421 301.

For Star Health and Allied Insurance Co., Ltd.,

[Handwritten Signature]

Authorised Signatory.

Issue Office Address:
 Regency Plaza, office No: A - 04 & B - 05, Ground Floor,
 Waldhuni Bridge, Kalyan - Ambernath Main Road,
 Ulhasnagar - 421003.
 MUMBAI
 Date: 23/07/2020



KVSS & Co.

Chartered Accountants

PARTNERS

CA Kishor Kulawade
FCA. ISA. B.Com.

CA Vijaykumar Prajapati
FCA. M.Com.

Staff Welfare Expenses Incurred In Previous 5 Years (As per Audited Statement)

YEAR	HEAD	AMOUNT	TOTAL
2015 -16			
	Diwali Gifts	- 1120/-	
	Staff Welfare	- 126,131/-	
	Tea & Snacks	- 75087/-	
	Diwali gift	- 1120/-	
			203458/-
2016 -17			
	Staff Welfare	- 55708/-	
	Tea & Snaks	- 58294/-	
	Uniform	- 35500/-	
	P.F. Contribute	- 86767/-	
			236269/-
2017-18			
	Lunch	- 59,810/-	
	P.F. Contribute	- 7,60,954/-	
	Staff Welfare	- 50,000/-	
	Tea & Snaks	- 75,122/-	
	Uni form exps.	- 8200/-	
	Insurance	- 99484/-	
			1053570/-



Jeevandeep
Principal
Jeevandeep Shaikshnik Sanstha's
Arts, Commerce & Science College, Govoli,
Govoli, Tal. Karpa, Dist. Office, Khadakpada, Kalyan (W) - 421 301.

Regd. Office : Shop No. 4, Sai Balaji Apt., Opp. Bank of India, Near Income Tax Office, Khadakpada, Kalyan (W) - 421 301.

Branch : Office No. 103, Chandrama Apt., Above Saraswat Co-op. Bank, Ambarnath (East) - 421 501.

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