6.3.1

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

Sr. No.	Description	Page No.
1.	Welfare measures for teaching and	2
	non teaching staff	
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 nonteaching 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.

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आपला कृपाभिलाषी

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

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जे. एस.एस.पी कॉलेज,

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म<u>चोरञे लिल्पल</u> <u>ज्ञानेश्वर</u> आपल्या महाविद्यालयांत<u>LibAH</u>या पदावर गेल<u></u> वर्षांपासून कार्यरत आहे. माझा मुल्र्णा/मुलगी कुम्र्गर/कुमारी -चोरञे पुत्र व्यानिश्वर् ह्यास यावर्ष<u> 14⁴⁵Sci</u> या शाखेत प्रवेश घेत आहे. तरी माझ्या मुलर्ग्वी/ मुलीची फी माफी कर्मचारी कोट्यातून सवलत द्यावी ही नम्र विनंती.

धन्यवाद

आपला कृपाभिलाषी

Jeevandeep Shaikshnik Sansthas Arts, Commerce & Science College Rovell: Govell, Tal. Kalyan, Dist. Thans - 42 / 301



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गेल<u>ी २५</u> वर्षांपासून कार्यरत आहे. माझा मुलगा/मुलगी कुमार/कुमारी

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CHILD CHILD	CHILD CHILD	3 ROHT KAMLAKAR M 18/05/2008 DEPENDANT 13929174004106430	Pre-existing disease: NIL 3 ROHT KAMLAKAR M 18/05/2008 DEPENDANT 1/35/29/17/504/ID64/0	MIRKUTE	2 HARSH KAMLAKAR M 01/02/2007 DEPENDANT 13829174004196429		1 MIRKUTE SAVITA F 01/06/1988 SPOUSE 13929174004108428	Image: MirkutE SAVITA F 01/06/1988 SPOUSE 13929174004106428	SLNo Name of the Insured Person Gender Date of Birth Reliation with the Member ID Card No 1 MIRKUTE SAVITA KAMLAKAR F D1/06/1988 SPOUSE 13929174004108428



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



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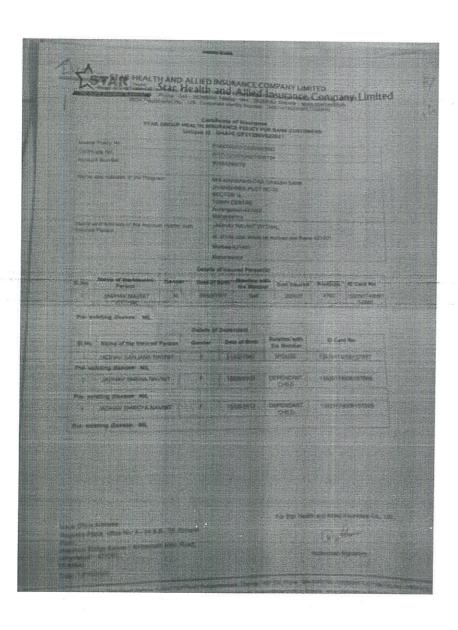
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THE HEALTH AND ALLIED INSURANCE COMPANY LIMITED SCALE HEALTH AND ALLIED INSURANCE COMPANY LIMITED Draw Out - 2000000 Taxing Out - 200000 Taxing Out - 2000000 Taxing Out - 20000000 Taxing Out - 200 Certificate of Insurance STAR GROUP HEALTH PISURANCE POLICY FOR BANK CUSTOMERS Unique Id : SHAMLGP21200V022021 Certificate of Insurance STAR GROUP HEALTH INSURANCE POLICY FOR BANK CUSTOMERS Unique M. BHAHLGF21290V622021 Master Policy No P/900000/01/2020/000083 Continuum No. P/171121/01/2021/006104 PHE00000/01/20/20/000083 Minister Palicy No. Account Number 80060296079 Centeran No. PV171721/01/2021/006154 Anaparet Nuigsber 80660296079 Name and Address of the Pioposis MIS MAHARASHTRA GRAMIN BANK JIVANSHREE PLOT NO 35 ME MANARASHTRA GRAMIN BONK IIYANSHREE PLOT NO 36 SILUTOR G. TOMN CENTRE Aurangawa 431003 Maharashtra Manne and Advents of the Persone TOWN CENTRE Aurangabari-431003 Mattimistara Name and Address of the Account Holder cam JADHAV NAVNET VITTHAL Name and Address of the Account Holder cure Insured Person JACHAY NAVNIT VITTHAL at, shi-ki post shifte isi marbad dist mone 421401 et, nimbe post shivid tal mostard doit thans 421401 Morbad-421401 Muthad-421401 Einhbranhbra Maharasitra Details of Insured Person(s) Details of Insured Person(s) Name of the Theured Gender Person Date of Birth Relation shift Sup Insured Premium ID Card No. SI.No Name Of the Insured Gender Date of Birls Relation with Person Date of Birls Relation with Sum Insured Presidum ID Caro No. SLNo 69/03/1977 Sell JADITAY NAVNIT 4783 139291740061 204 JADHAV NAVNIT 09/02/1977 Self 200000 4783 13829 7740051 VITTHE Pre-existing disease: NIL Pre- existing disease: Nit. Details of Dependent Details of Dependent Relation with Relation with SLNo Name of the lusured Parson Gender Date of Birth ID Card No SLNo Name of the insured Person Gender Date of Birth the Member the Menthe I LACHAV SANJANA NAVNIT F 01/02/1980 SPOUSE I JADHAY SANJANA NAVNIT 01/02/1980 SPOUSE 13929174008157587 Pre-existing disease: NIL Pre-existing disease: NIL 2 JADHAV SNEHA NAVNIT DEPENDANT 13929174006157855 DEPENDANT CHILD p -15/05/2003 JACHAY SNEHA NAVNIT 15/05/2003 13828174006157888 Pre-existing disease: Nil. Pre- existing disease: NRL DEPENDANT 3 JADHAV SHIREYA NAVNIT F 15/06/2012 15/08/2012 DEPENDANT 3 JACHAY SHREYA NAVNIT 138291740381157889 Pre-existing dispase: NH. Pre- existing disease: Nil. For Ster Health and Alleid Insurance Co., Ltd., Istue Office Address. For Star Hearth and Allied Insurance Co., Lin Respects of Plazar, officer bloc A : 04 & 8 - 05, Oround House Office Adverses Heightery Prace, affice No. A - 94 & 8 - 95 Ground From Strings, Kalyan - Ambremath Meth Road, 12 th Linas Appar - 421023. Waldhury & dige Kalvan - Ambasenth Main Road SE MEAL Library A21607 Authorised Signatory EAND 12 10 2020

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LIMITED Phone : 044 - 282888800 Telefax : 044 - 28260062 Website : IRDA Registration No : 129 ; Corporate Identity Number : U66010TN2005

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Certificate of Insurance STAR GROUP HEALTH INSURANCE POLICY FOR BANK CUSTOMERS Unique Id : SHAHL GP101021014

P/900000/01/2020/000083
P/171121/01/2021/004104
55622045798
M/S.MAHARASHTRA GRAMIN BANK JIVANSHREE,PLOT.NO.35 SECTOR G, TOWN CENTRE Aurangabad-431003 Maharashtra
MIRKUTE KAMLAKAR PARSHURAM AT DAHAGAON POST -WAHOLI TAL, KALYAN DIST.THANE - 421301 Mehkar-443301

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	139291740041 06427

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- exi	isting disease: NIL				
2	HARSH KAMLAKAR MIRKUTE	М	01/02/2007	DEPENDANT CHILD	13929174004106429
	sting disease: NIL				
Pre- exi			40/05/0008	DEPENDANT	13929174004106430
3	ROHIT KAMLAKAR	М	18/05/2008	CHILD	10020111001110
re- exis	sting disease: NIL				

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

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

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Authorised Signatory. Pfincipal Jeevandeep Sheikshnik Sanstha's Arts, Commerce & Science College, Govels.

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HEALTH AND ALLIED INSURANCE COMPANY LIMITED Health Dornels affice Starw HRalth vand KAHied RINSULTARGE Company Technist Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in IRDA Registration No : 129 ; Corporate Identity Number : U66010TN2005PLC056649 The Health Insurance Specialist

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)

SI.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No
1	JADHAV NAVNIT VITTHAL	М	09/03/1977	Self	200000	4783	139291740061
		1					57886

Pre- existing disease: NIL

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· · · · · · · · · · · · · · · · · · ·	Details of	Dependent		
Name of the Insured Person	Gender	Date of Birth	Relation with the Member	ID Card No
JADHAV SANJANA NAVNIT	F	01/02/1980	SPOUSE	13929174006157887
sisting disease: NIL			·	10020114000137007
JADHAV SNEHA NAVNIT	F	15/05/2003	DEPENDANT	13929174006157888
isting disease: NIL				
JADHAV SHREYA NAVNIT	F	15/08/2012	DEPENDANT	13929174006157889
	JADHAV SANJANA NAVNIT isting disease: NIL JADHAV SNEHA NAVNIT isting disease: NIL	Name of the Insured Person Gender JADHAV SANJANA NAVNIT F isting disease: NIL JADHAV SNEHA NAVNIT F isting disease: NIL	JADHAV SANJANA NAVNIT F 01/02/1980 Isting disease: NIL JADHAV SNEHA NAVNIT F 15/05/2003 Isting disease: NIL	Name of the Insured Person Gender Date of Birth Relation with the Member JADHAV SANJANA NAVNIT F 01/02/1980 SPOUSE isting 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

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Jeevandeep Shaikshnik Sanstka's Arts, Commerce & Science College, Govell. Goveli, Tal: Kalyan, Dist. Thane - 421 361. For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Conned hu ComSconner

PANY LIMITED

Phone : 044 - 282888800 Telefax : 044 - 28260062 Website : nce Company Limited IRDA Registration No ; 129 ; Corporate Identity Number : U66010TN2005P www.starhealth.in

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

Master Policy No Certificate No.	P/900000/01/2020/000083	and the second
Account Number	P/171121/01/2021/002858	
	55622067233	
Name and Address of the Proposer		e de Maria e
	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	

F			Details of Ins	ured Person(s)			
SI.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No
1	DALVI BALARAM NAMDEV	М	01/06/1979	Self	200000	4783	139291740028 59928

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	DALVI BHARTI BALARAM	F	01/06/1985	SPOUSE	13929174002859929
Pre- ex	isting disease: NIL				
2	DALVI BHAVESH BALARAM	М	05/06/2006	DEPENDANT CHILD	13929174002859930
Pre- exi	sting disease: NIL				
3	DALVI PRANALI BALARAM	F	19/04/2008	DEPENDANT CHILD	13929174002859931
^o re- exis	ting 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: 23/07/2020

Principal Jeevandeep Shaikshnik Sanstha's Arts, Commerce & Science College, Govell. Goveli, Tal: Kalyan, Dist. Thane - 421 304.

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

Authorised Signatory.

Regd, & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennal - 600 034, Phone: 044-28302300 / 28288800 Toll Free Fax No.: 1800-425-5522 Toll Free No.: 1800-425-2255 / 1800-102-4477, CIN : U66010TN2005PLC056649 Email : support@starhealth.in Website : www.starhealth.in IRDAI Regn. No: 129

Conned hy ComSconner



Regd. Office : Shop No. 4

Branch . Office



PARTNERS

CA Kishor Kulawade FCA. ISA. B.Com.

CA Vijaykumar Prajapati FCA. M.Com.

YEAR	udited Statemer HEAD		MOUNT	TOTA
				IUIA
2015 -16				
	Diwali Gifts	-	1120/-	
	Staff Welfare	-	126,131/-	
	Tea & Snacks	-	75087/-	
	Diwali gift	-	1120/-	
				203
2016 -17	*			
	Staff Welfare	-	55708/-	
	Tea & Snaks		58294/-	
	Uniform	-	35500/-	
	P.F. Contribute	-	86767/-	
	J.			236269
2017-18	a			
	Lunch	-	59,810/-	
	P.F. Contribute	-	7,60,954/-	
	Staff Welfare	-	50,000/-	
	Tea & Snaks	•	75,122/-	
	Uni form exps.	-	8200/-	
	Insurance	-	99484/-	
				105357
	tante	ind	-	
	Jeevendeep Shail	sheet	Sporthe's	