

VASU
RESEARCH CENTRE
(A DIVISION OF VASU HEALTHCARE PVT. LTD.)

Date: 07.01.2020

To,
Dr. Arindam Paul
Principal
ROFEL Shri G. M. Bilakhia College of Pharmacy, Vapi

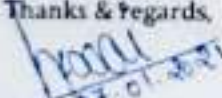
Sub: Acceptance of protocol & budget for collaborative projects

Dear Sir,

With reference to your letter no. ROFEL/Pharm/2020-21/250 dated 22-12-2020, herewith we accept protocol & budget proposal. Also agree to allocate following projects to research scholars under your supervision & guidance.

Sr. no.	Title of the project	Proposed budget	Name of PG Scholar
1	Effect of Polyherbal sugar free syrup VASU-DC on dry cough in experimental models	Rs. 30,200/-	Ms. Dimple Jain
2	Effect of Polyherbal formulation Vasu-PCOS02 on DHEA-induced PCOS model in rats	Rs. 76,160/-	Mr. Harshal Hivarkar
3	Evaluation of anti-urolithiatic and diuretic activity of herbo-mineral formulation VASU-AU01 in experimental animal models	Rs. 99,000/-	Ms. Jinal Patel
4	Evaluation of Immunomodulatory effect of polyherbal formulations VASU-IM in experimental animal models	Rs. 37,425/-	Ms. Priyanka Maisuria
	Total Amount	Rs. 2,42,785/-	

Thanks & Regards,


Dr. Hardik Soni
Senior Manager - R&D


PRINCIPAL
ROFEL
Shri G. M. Bilakhia College of Pharmacy
VAPI



To,

Date: 12/12/2020

The Principal,

ROFEL Shri G. M. Bilakhia College of Pharmacy,

Namdha Road, Vapi.

Dear Sir,

With reference to the discussion held on research segment with you and other faculty member of your institute. We hereby would like to carry out following pharmacological research as bellow:

Sr. No.	Name of scholar	Research segment	Name of Product	Animal Model/ Tentative title of work
1.	Ms. Maryam Abrar	Immunomodulatory studies	T-AYU-HM™ Premium	Evaluation of Immunomodulatory effect of T-AYU-HM™ Premium in experimental animal models

Please do forward us the bills of expenditure (upto Rs. 10,000/-) related to the above projects for the sanction and payment to the institute/ trust.

Thanking you.

Dr. Atul Desai

ATBU Harita

Pharmaceuticals Private Limited

110, SHREEJI DESAI MARKET

SARDAR CHOWK

NEAR OLD BUS STAND, VYARA – 394650.

ROFEL
Shri G. M. Bilakhia College of Pharmacy
VAPI

ATBU HARITA PHARMACEUTICALS PRIVATE LIMITED

House No: 110, Shreeji Desai Market, Sardar Chowk, Nr. Old Bus Stand, Vyara-394650 (Gujarat) INDIA

Email: dratuldesai@rediffmail.com,

atbuharita@gmail.com

Ph.: +91(02626)220493

9879031621



medisol
Lifescience Private Limited
Breather for.....Life.

Factory Address : 23/2, 26/P, Aklara, Tal - Umargam, Dist. Valsad, Gujarat - 396 105. Tel. : 0260 - 2730 036 / 38 / 39

Regd. Office : 228, Pragati Industrial Estate, N.M. Joshi Marg, Lower Parel (E), Mumbai - 400 011.

Tel : (91-22) 2300 3232/33/34 • Fax No. : (91-22) 2307 0618 • E-mail : medisol@asianitg.com

Website : www.medisol.in CIN : No. U85190MH2009PTC189536

Contact Number :- +91 9099931721

CERTIFICATE

Date:- 26/09/2020

This is to certify that Ms. Mistry Nirali Mukeshbhai has undergone 150 hours of training at **Medisol Life Science Pvt Ltd**. Her/His work at our organization was found satisfactory.

Yours Sincerely,

Signature:



Name of Authorized Signatory: Ashok Patel

Designation: Operational Manager

Medisol Lifescience Pvt. Ltd.

23/2, 26/P, Aklara, Nahuli Moti-Daman Road.

Near Mohan Gam Fatak, Vapi,

Dist.-Valsad (Gujarat) INDIA -396 105.


PRINCIPAL

PROF.
SHRI G. M. DINKHAR College of Pharmacy
VAPI

CERTIFICATE

This is to certify that Ms/Mr Sagar Oudgi has undergone 100 hours of training in our medical store. Her/His work at our organization was found satisfactory

Yours Sincerely,

Signature:

Name of Authorized Signatory: Akshay Shah

Designation: Asst. Manager HR

Name of Organization:

Address
EXEMED PHARMACEUTICALS
Plot No. 133/1 & 133/2, G.I.D.C.,
Satras Road, Vapi-396 195
Tel. + 91 2608817700
+ 91 2608817777

FOR EXEMED PHARMACEUTICALS



Seal of the Organization



PRINCIPAL

EXEMED
Shri G. M. Sitabhai College of Pharmacy
VAPI

CERTIFICATE

This is to certify that Mrs. Charven Shah has undergone 150 hours of training in our medical store. Her/His work at our organization was found satisfactory.

Yours Sincerely,

Signature:

Name of Authorized Signatory: Atshay Shah

Designation: Asst. Manager HR

Name of Organization:

For EXEMED PHARMACEUTICALS

Address

EXEMED PHARMACEUTICALS
Plot No. 133/1 & 133/2, G.I.D.C.,
Selvas Road, Vapi-356 195
Tel. + 91 2606617700
+ 91 2606617777

Atshay Shah Signatory

Seal of the Organization

Sanj
PRINCIPAL

ROTEL
SH. G. B. Dholakia College of Pharmacy
16/6

CERTIFICATE

This is to certify that Mr. Blueprakash Patel has undergone 150 hours of training in our medical store. Her/His work at our organization was found satisfactory.

Yours Sincerely,

Signature

Name of Authorized Signatory: Harshay Shah

Designation: ISSI Manager HR

Name of Organization

Address
EXEMO PHARMACEUTICALS
Plot No. 1337 & 1332, G.I.O.C.
Sahas Road, Vapi-391 195
Tel: +91 2806817700
+91 2806517771

For EXEMO PHARMACEUTICALS
Harshay Shah
Authorized Signatory

Seal of the Organization

Harshay Shah

PRINCIPAL

ROTEL
Sri G. M. Dabhi College of Pharmacy
VAPI

CERTIFICATE

This is to certify that Ms/Mr SHAIKH AAFRIN HAKIMBHAI has undergone 150 hours of training in our medical store. Her/His work at our organization was found satisfactory.

Yours Sincerely,

Savishank Pharmacy

GJ-VAL-150114

GJ-VAL-150113

Signature:



1st Floor, Brazeview Complex,
Vapi-Koparli Road, Vapi-396195.

Name of Authorized Signatory: Vinay Halpati

Designation: Chief Pharmacist



PRINCIPAL

ROFEL

Shri S. M. Dakhla College of Pharmacy
VAPI



GETN 25AAHFAK9W12P

AMBICA

Medical & General Stores

The Trusted Shoppe, Since 1987

House No. 10/89, Sea Face Road, Nani Daman, DAMAN - 396210. Mob: 09824500468

CERTIFICATE

This is Certify that Miss **PATEL DHRUVISHA PANKAJ** has undergone 150 hours of training in our Medical Store. Her work at our organization was found satisfactory.

Yours Sincerely,

Signature:-

Name of Authorized Signatory:- Ketan G. Patel

Designation:-

Partner

Name of Organization:

Ambica medical & General Stores.

Address:-

10/89 Sea Face Road.

Nani Daman Daman

Seal of the Organization

15/9/2020

M/s. AMBICA MEDICAL
& GENERAL STORES
Municipal Shopping Centre,
Shop No. 1 & 2, DAMAN-396210

TIN: 2500008799

CST 8218

LC LIFE CARE MEDICAL STORE

Behind Sarvajnik School, Near Dhobi Talav,
Kharwad, Nani Daman, Daman - 396210, Mob: 9510857150

CERTIFICATE

This is to certify that Miss **DIVYA BALRAM JHA** a student of Bachelor of Pharmacy has undergone 150 hours of training in our Medical Store. Her work at our organization has exceeded expectations and was found very satisfactory.

We wish her all the best for her future endeavors.

Warm Regards,

Signature: _____



Name of Authorized Signatory: SEJAL A. PATEL

Designation: CHIEF PHARMACIST

Name of Organization: LIFE CARE MEDICAL STORE

Address: LIFE CARE MEDICAL STORE, BEHIND

SARVAJANIK SCHOOL, NR. DHOBI TALAV, DAMAN

Seal of the Organization

M/S. LIFE CARE MEDICAL STORE
Behind Sarvajnik School, Near Dhobi Talav,
Kharwad, Nani Daman, Daman - 396210
Tin No. 2500008799
CST No. 8218



PRINCIPAL

ROJEL
Kharwad, Nani Daman, Daman - 396210
College of Pharmacy



GSTIN: 29AAHFA2295B129

AMBICA

Medical & General Stores

The Trusted Shoppe, Since 1987

House No. 1D/89, Sea Face Road, Nani Daman, DAMAN - 396210. Mob: 09824560466

CERTIFICATE

This is Certify that Miss QUAZI FIZA IRFAN has undergone 150 hours of training in our Medical Store. Her work at our organization was found satisfactory.

Yours Sincerely,

Signature:-

Name of Authorized Signatory:- Ketan K. Patel

Designation:-

Partner

Name of Organization: Ambica Medical & General

Address:- 1D/89 Sea Face Road,

Nani Daman Daman

Seal of the Organization

M/s. AMBICA MEDICAL
& GENERAL STORES
Municipal Shopping Centre
Plot No 1 & 2, DAMAN-396210

15/9/2020

Ketan

PRINCIPAL

PDFEL

Scanned with CamScanner Pharmacy



+ PEOPLE'S PHARMACY +

Drug Lic. No. : 20 GJVAL 159707 21 GJVAL 159708
GSTIN 24AADCJ9244P1Z1

R.N.C. Free Eye Hospital Compound, Paregji Desai Marg, Station Road,
Valsad - 396 001. Mo. 98985 60453

CERTIFICATE

This is To Certify That Ms/Mr. Foram Jignesh Rana Has Undergone 150 Hours Of Training In Our Pharmacy. Her Work At Our Organization Was Found Satisfactory.

Yours sincerely,



Amar s parekh

Admin.

People's pharmacy

Valsad.



PEOPLE'S PHARMACY
MILLENUM SHOP NO -33,
GROUND FLOOR, HALAR ROAD
OPP BAI AVABAI HIGH SCHOOL
VALSAD 396001


PRINCIPAL

ROFEL
Shri G. M. Bilalika College of Pharmacy
VAPI.

Mangalmurti Medical and Prov
Opp. Deepak Store, Jawaha
Bilimora, Dist: Navsari G

GST IN: 24AQNPP1239P1ZA DL NO: 20-GJ-NAV-128964, DL

CERTIFICATE

This is to certify that Miss Jigna Ramanbhai Patel has
training in our medical store. Her work at our
satisfactory.

We wish her bright and success future in further life car

Yours sincerely,

Signature: *H. D. Patel*

Name of Authorized Signatory: Hetalkumari Bhavendr

Designation: Pharmacist

[Signature]
PRINCIPAL

ROFEL,
Shri G. M. Dhanra College of Pharmacy
VAPI.



+ PEOPLE'S PHARMACY **+**

Drug Lic. No. : 20 GJVAL 159707 21 GJVAL 159708
GSTIN 24AADCJ9244P1Z1

R.N.C. Free Eye Hospital Compound, Paragji Desai Marg, Station Road,
Valsad - 396 001. Mo. 98985 50453

CERTIFICATE

This Is To Certify That Ms/Mr. Foram Jignesh Rana Has Undergone 150 Hours Of Training In Our Pharmacy. Her Work At Our Organization Was Found Satisfactory.

Yours sincerely,



Amar s parekh

Admin.

People's pharmacy

Valsad.



PEOPLE'S PHARMACY
MILLENIUM SHOP NO -33,
GROUND FLOOR, HALAR ROAD
OPP BAJ AVABAI HIGH SCHOOL
VALSAD 396001

Foram
PRINCIPAL

ROFEL
Shri G. M. Shinde College of Pharmacy
VAPL

CERTIFICATE

This is to certify that Mr. Patel Krunal Vinod has undergone 150 hours of training in our medical store. His work at our organization was found satisfactory.

Yours Sincerely,

Signature: 

Name of Authorized Signatory: VIPUL GULAB PATEL

Designation: Pharmacist

Name of Organization: Shanti Medical & General Store.

Address :- SHOP NO:- 01 Anand Niwas 1307 (1) (2) OPP. Telephone Exchange.

SILVASSA, DADRA AND NAGAR HAVELI

Seal of the Organization




PRINCIPAL

M. Shikha College of Pharmacy



Royal Chemists & Druggist

Below Shanti Hospital, Opp. Bhagwati Colony
Udhavada R. S. 396 185



CERTIFICATE

This is certify that Ms. Naitry Umeshbhai Patel has undergone 150 hours of training in our medical store. Her work at our organization was found satisfactory.

Yours Sincerely

Signature

K. V. Kamli
Proprietor

Name of Authorized Person : Mr. Kishor V. Kamli

Designation : Proprietor

GSTIN - 24ADYPK6963F1ZZ
20/21 G/SVL 113, 111
208/218 G/SVL 320, 310

PRINCIPAL

ROFEL
Shri G. M. Ellakbia College of Pharmacy
VAPI

POONAM MEDICAL AND GENERAL STORE
SHOP NO 14 CHAMUNDA DREAM CITY KOPALI ROAD KANUNGAR CHHRI

CERTIFICATE

This is to certify that Ms/Mr PATEL NIRALLKIRANBHAI has undergone 150 hours of training in our medical store.

Her/his work at our organisation was found satisfactory.

Your Sincerely,

Signature



Name of Authorized Signature: Vrushank N Patel

Designation: Proprietor

Name of Organisation: POONAM MEDICAL AND GENERAL STORE

Address: SHOP NO 14 CHAMUNDA DREAM CITY KOPALI ROAD KANUNGAR CHHRI

પુનમ વેદીયલ ઇન્ડિયન ડ્રગ્સ સ્ટોર
શુપ નં. ૧૪, ચામુન્ડા ડ્રીમ સીટી,
કોપાલી રોડ, કાનુન્ગર ચહરી

Seal of Organisation



PRINCIPAL

ROFEL
SHRI G.M. BILAKHIA College of Pharmacy



medisol
Lifescience Private Limited
Breathier for.....Life.

Factory Address : 23/2, 26/P, Aklara, Tal - Umargam, Dist. Valsad, Gujarat - 396 105. Tel. : 0260 - 2730 036 / 38 / 39

Regd. Office : 228, Pragati Industrial Estate, N.M. Joshi Marg, Lower Parel (E), Mumbai - 400 011.

Tel : (91-22) 2300 3232/33/34 • Fax No. : (91-22) 2307 0618 • E-mail : medisol@asianitg.com

Website : www.medisol.in CIN : No. U85190MH2009PTC189536

Contact Number : +91 9099931721

CERTIFICATE

Date:- 26/09/2020

This is to certify that Ms. Mistry Njruli Mukeshbhai has undergone 150 hours of training at Medisol Life Science Pvt Ltd. Her/His work at our organization was found satisfactory.

Yours Sincerely,

Signature:



Name of Authorized Signatory: Ashok Patel

Designation: Operational Manager

Medisol Lifescience Pvt. Ltd.

23/2, 26/P, Aklara, Nahuli Moti-Daman Road.

Near Mohan Gam Fatak, Vapi,

Dist.-Valsad (Gujarat) INDIA -396 105.

PRINCIPAL

ROFEL

Shri G. M. Bilakhia College of Pharmacy
VAPI.

Palak Medical & Gene

Address: 207, near Goa Bank, Kachigam Nani Dama

Mob no. 8866539490

GST IN: 26BF5PR4253N1ZL

DL NO.: 37/2013/F-20

DL NO.: 38/2013/F-21



CERTIFICATE

This is to certify that Mr. Choudhary Pannaram Devaram has under
medical store. His work at our organization was found satisfactory.

Yours Sincerely,

Signature: Rathore Nirmal

Name of Authorized Signatory: Rathore Nirmal

Designation: pharmacist

[Signature]
PRINCIPAL



medkart
PHARMACY

M D BAHVSAR HUF (FRANCHISE)

SHOP NO. 4, PATEL C.H.S. LTD., KOPRALI ROAD, GIDC, VAPI MOBILE NO. -635972552
medkartvapi@idc@gmail.com DRUG LICENSE - FORM (20) (G) VAL. 163885, FORM (2)

CERTIFICATE

This is to certify that Ms/Mr Rejina B. Rasaily has un-
dergone training in our medical store. Her/his work at our organization was found

Mitesh
Yours Sincerely,

Signature:

Name of Authorized Signatory: Mrs. Mitesh Mehta

Designation: Owner

Name of Organization: Medkart Pharmacy

Address: Shop No. 4, Patel C.H.S. LTD. Near Plot No

Mitesh
PRINCIPAL

ROFEL
Shri G. M. Dikshid College of Pharmacy
VAPI



POONAM CHEMIST

CHEMIST & DRUGGIST

Just Dial
94281 5914
88497 4920

Shop No. 9, Corner Point, Koparli Road, Vapi - 396 191 | E-mail: poonamchemist123@gmail.com

CERTIFICATE

This is to certify that Mr. AGRAWAL PREET SUSHIL has undergone 150 hours of training in our medical store.

His work at our organization was found satisfactory.

Yours Sincerely,

Rameshchandra N. Soni

Pharmacist

POONAM CHEMIST

Shop No. 9 Corner Point, Koparli Road, Vapi

For POONAM CHEMIST

Mandat/Proprietor

PRINCIPAL

RDYEL
Shri G. M. Bhambhani College of Pharmacy
VAPI

CERTIFICATE


 **SAVISHANK PHARMACY**
CHEMIST AND DRUGGIST
GSTIN: 24072961000120 - Contact: 87747 0881

CERTIFICATE

This is to certify that Ms/Mr SINHA SNEHA PRAMODRANJAN
has undergone 150 hours of training in our medical store.
Her/His work at our organization was found satisfactory.


Yours Sincerely,

Savishank Pharmacy
GJ-VAL-150114
GJ-VAL-150113
1st Floor, Breezeview Complex,
Opp. Kapani Road, Vapi-390195

Signature: 

Name of Authorized Signatory: Vinay Halpati

Designation: Chief Pharmacist


PRINCIPAL

ROTEL

VAPI

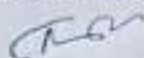
+ SHREENATH MEDICALS +

House No. 9153, Bazar Road, Vapi - 396 191.

CERTIFICATE

This is to certify that Miss URJA SHAILESHKUMAR BHAVSAR has undergone 150 hrs. of training in our Medical Stores. Her work at our organization was found satisfactory.

Yours sincerely,



Signature

Name of

Authorized Signatory : TUSHAR N. SHETH

Designation : PHARMACIST

Name of Organization: SHREENATH MEDICALS

Address : HOUSE NO 9153, BAZAR ROAD,
VAPI TOWN - 396191

SHREENATH MEDICALS
BAZAR ROAD,
VAPI


PRINCIPAL

ROFEL

Shri M. B. Bhatia College of Pharmacy
VAPI.

MANMOHAN MEDICAL & GENERAL STORE

SHOP NO -10 & 11, SHUBH LAXMI APPARTMENT, WARD NO - 01, VAPI DAMAN MAIN ROAD, CHALA, VAPI - 396191.

CERTIFICATE

This is to certify that Ms/Mr Sisvi Vikram Poonamchandra undergone 150 hours of training at our medical store. Her/His work at our organization was found satisfactory.

Yours Sincerely,

Prakash

Signature:

Name of Authorized Signatory: Prakash Punaram

Designation: Owner

Name of Organization: Manmohan Medical & General Store

Address: Shop no-10 & 11, Shubh Laxmi Apartment,
no-01, Vapi, Daman Main Road, Chala
396191.

Seal of the Organization

Prakash
PRINCIPAL

Manmohan Medical & General Store
Shop No. 10, Shubh Laxmi Apartment
Vapi Daman Main Road
Chala, VAPI - 396191

PRINCIPAL
Sisvi College of Pharmacy

PRIMARY HEALTH CENTER ANKLACHH

Anklachh Dadripada Ta: Umbergam Dist: Valsad Pin :- 396105

CERTIFICATE

This is to certify that Ms/Mr YUKTI NARENDR PATEL
has undergone 150 hours of training in our Primary Health Center Anklachh (P.H.C.) Her work
at our organization was found satisfactory.

Your Sincerely,

Signature:

Name of Authorized Signatory: DR. SHRISH S. SHETTY

Designation: M.O., P.H.C ANKLACHH (MEDICAL OFFICER)

Name of Organization: P.H.C ANKLACHH.

Address Anklachh Dadripada, Taluka - Umbergam.
Dist. - Valsad. Pin :- 396105

Seal of the Organization
M. O.
P.H.C. ANKLACHH
Ta. Umargam, Dist. Valsad

PRINCIPAL

ROFEL
Shri G. M. Bhatia College of Pharmacy
VAPI



Shiv Medical & General Store

Shop no. 14, Parishram Complex, Beside Canara Bank, Kopari Road, Vapi-396191, Dist. Valsad, Gujarat.
GSTIN No: 24HDAPA6220R1ZG; Contact No: +91-9698375161; Email-ID: shivmedgen@gmail.com
Dealing In: Allopathic, Ayurvedic, Generic Medicines & First Aid Kit.

TO WHOMSOEVER MAY CONCERN

Date: 10/10/2020

This is to certify Miss. Shalini Bhagat has undergone 150 hours of training at our pharmacy store. During training, she was found to be disciplined, hardworking and sincere.

For Shiv Medical & General Store,

Mr. ~~Subhojit~~ Agrawal
SHIV MEDICAL & GENERAL STORE
Shop No. 14, Parishram Complex,
Beside Canara Bank, Kopari Road, Vapi

PRINCIPAL

ROFEL,
Shri E. M. Dhalshia College of Pharmacy
VAPI,

VASU
RESEARCH CENTRE
(A DIVISION OF VASU HEALTHCARE PVT. LTD.)

Date: 12.08.2019

To,
Dr. Arindam Paul
Principal
ROFEL, Shri G. M. Bilakhia College of Pharmacy, Vapi

Sub.: Acceptance of budget for collaborative projects

Dear Sir,

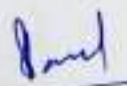
With reference to your letter no. ROFEL/Pharm/2019-20/223 dated 24.07.2019, herewith we accept budget proposal and allocate following projects to your scholars for collaborative research under your supervision & guidance.

Sr. no.	Topic	Student
1	Evaluation of anti-hemorrhoidal potential of polyherbal formulations against croton oil induced hemorrhoid model in rats	Ms. Snehal Shrikant Salunke
2	Evaluation of polyherbal formulation for anti-BPH activity using experimental rat models	Ms. Jainee Daxesh Vashi
3	Evaluation of laxative effect of Vasulax tablet	Ms. Ruchita Sahabudin Lakani

Thanks & regards,



Dr. Hardik Soni
Senior Manager - R&D


PRINCIPAL

ROFEL
Shri G. M. Bilakhia College of Pharmacy
VAPI

PAYMENT ADVICE

Payment Date : 21/03/2020
Bank Account : 7328672
Beneficiary Name : ROTARY FOUNDATION FOR EDUCATION AND LEARNING
UTR No : RATNN20021133072
Amount (INR) : ***99,855.00***
Payment Type : N06
Payment Remark :
Reason for Payment : Adv 70% Less TDS
Remitter Name : VASU HEALTHCARE PVT LTD




PRINCIPAL

ROFEL
Shri G. M. Bhabha College of Pharmacy
VAPI

PAYMENT ADVICE

Payment Date : 04/12/2020
Bank Account : 7328672
Beneficiary Name : ROTARY FOUNDATION FOR EDUCATION AND LEARNING
UTR No : RATNNDU39233698
Amount (INR) : ***43,984.00***
Payment Type : N/A
Payment Remark :
Reason for Payment : Bal 30%er Less TDS
Remitter Name : VASU HEALTHCARE PVT LTD



PRINCIPAL

ROFEL
Shri G. M. Bilakhia College of Pharmacy
VAPI.



To,

The Principal,

ROFEL Shri G. M. Bilakhia College of Pharmacy,

Namdha Road, Vapi.

Dear Sir,

With reference to the discussion held on research segment with you and other faculty member of your institute. We hereby would like to carry out following pharmacological research as bellow:

Sr. No.	Name of scholar	Research segment	Name of Product	Animal Model/ Tentative title of work
1.	Ms. Maitry Kalan	Toxicity studies	T-AYU-HM™ PREMIUM	SUB-CHRONIC TOXICITY STUDY OF T-AYU-HM™ PREMIUM :- A HERBO-MINERAL FORMULATION
2.	Ms. Kaynat Mustak Mulla	Gastric Ulcer	ACIDEZ	EFFECT OF A POLYHERBAL FORMULATION ACIDEZ, AGAINST EXPERIMENTALLY INDUCED GASTRIC ULCER IN RATS

Please do forward us the bills of expenditure (upto Rs. 20,000/-) related to the above projects for the sanction and payment to the institute/ trust.

Thanking you.

Dr. ATUL DESAI

PRINCIPAL

ROFEL
Shri G. M. Bilakhia College of Pharmacy
VAPI.

ATBU HARITA PHARMACEUTICALS PRIVATE LIMITED

House No: 110, Shreeji Desai Market, Sardar Chowk, Nr. Old Bus Stand, Vyara-394650, (Gujarat) INDIA

Email: dratuldesai@rediffmail.com,

atbuharita@gmail.com

Ph: +91(02626)220493

9879031621



Est'd. 1947

L. M. COLLEGE OF PHARMACY

The Jajbhav Mehta College of Pharmacy

Managed by Ahmedabad Education Society

Ref. No. 218/2019

Date: 23-03-2019

To,

Ms. Sanaa Ansari,

ROFEL, Shri G. M. Bilakhia College of Pharmacy,

Nandhu road, Vign - 396191.

Dear Student

Subject: Approval of financial assistance under SSIP scheme

With reference to your proposal for SSIP grant, it is informed that SSIP College Committee of L. M. College of Pharmacy has approved your project entitled "Effect of *Bauhinia purpurea* and *Anethum graveolens* on experimentally induced polycystic ovary syndrome in rats" for financial assistance worth INR 50,000/-.

Innovator/team should follow the regulations and conditions as given under:

1. The innovator/team is advised to follow the guidelines available on SSIP website (<http://www.ssiptegul.in/>) to utilize the grant.
2. Innovator/team should commence his/her project at earliest and complete in a stipulated time period.
3. The seed money will be sanctioned immediately to start up the project. Second installment will be sanctioned ONLY after submission of monthly progress report through the mentor.
4. Kindly submit original copy of bills/receipts related to any expense permitted under the project as a proof of expense. Apart from above, you are also required to record project related other miscellaneous expenses.
5. Innovator/team is also expected to submit monthly progress report and final completion report through the mentor in timely manner in the prescribed format.

You are requested to submit the declaration form after receiving the sanctioned letter in order to accept the terms and conditions of this SSIP grant.

Copy to:

1. Mr. Mittal V. Dalal, Mentor

Dr. M. T. Chhabria

Principal

PRINCIPAL

ROFEL

Shri G. M. Bilakhia College of Pharmacy

VAPL

Dr. P. D. Bhuradia

Coordinator, SSIP Cell

P. B. No. 4011, Navrangpura, Ahmedabad - 380 009, Gujarat, India.

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Date: 12.01.2019

To,
Mr. Mittal Dalal
Associate Professor, Dept. of Pharmacology,
ROFEL Shri G. M. Bilakhia College of Pharmacy,
Rofel Namdha Campus, Vapi-Namdha Road,
P.B. No. 11, Vapi (West)- 396191 (Gujarat)

Subject: Regarding 70% advance payment to initiate acute toxicity & pre-clinical study of Zeal Group of Products.

Dear Sir,

With reference to our subsequent discussion and your quotation, herewith I am sending you a cheque of 70% advance from the total proposed quote Rs. 30,000/- as a part of project initiation. Remaining 30% payment will be released after successful submission of FINAL report in hard copy as well as soft copy.

Sr. No.	Name of the product	Total project cost (In INR)	70% of Total Project	70% advance payment after deduction of 10% TDS (In INR)
1	Zeal Group of Products (4 Products)	30,000	21,000	18,900


Cheque no. 000329 dated 10.01.2019 (Enclosed)

Kindly acknowledge me with invoice / bill in favor of "Vasu Research Centre" for our accounting purpose.

Please feel free to contact me if you need any further assistance in this matter.

Thanks & Regards,


Dr. Hardik Soni
Manager - R&D
Mob.: 9409032725
E-mail: hsani@vasuresearch.com


PRINCIPAL
ROFEL
Shri G. M. Bilakhia College of Pharmacy,
VAPI.

VASU

Research Centre

(A Division of Vasu Healthcare Pvt. Ltd.)

Date: 20.02.2018

To,

Mr. Mittal Dalal

Associate Professor, Dept. of Pharmacology,
ROFEL Shri G. M. Bilakhia College of Pharmacy,
Rofel Namdha Campus, Vapi-Namdha Road,
P.R. No. 11, Vapi (West)- 396191 (Gujarat)

Subject: Regarding 70% advance payment to initiate pre-clinical study of Antacid Syrup and Anti-Spasmotic Syrup.

Dear Sir,

With reference to our subsequent discussion and your quotation, herewith I am sending you a cheque of 70% advance from the total proposed quote as a part of project initiation. Remaining 30% payment will be released after successful submission of FINAL report in hard copy as well as soft copy.

Sr. No.	Name of the product	Total project cost (In INR)	70% of Total Project	70% advance payment after deduction of 10% TDS (In INR)
1	Antacid Syrup	20,000	14,000	12,600
2	Anti-spasmodic Syrup	13,000	9,100	8,190
	TOTAL	33,000	23,100	20,790

Cheque no. 000073 dated 15.02.2018 (Enclosed)

Please feel free to contact me if you need any further assistance in this matter.

Thanks & Regards,


Dr. Hardik Soni

Manager - R&D

Mob.: 9409032725

E-mail: hsoni@vasuresearch.com


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VAPI