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 pf 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,

07.01.2021

Dr. Hardik Soni
Senior Manager - R&D

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.

URS is a member of Registrar of Standards (Holdings) Ltd.
WHO GMP CERTIFIED COMPANY

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:

Medisol Life Science

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.

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CERTIFICATE

This is to certify that Ms/~~Mr~~ Sagar Ourtgi 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: Akshay Shah

Designation: Asst. Manager HR

Name of Organization:

For EXEMED PHARMACEUTICALS

Authorised Signatory

Address

EXEMED PHARMACEUTICALS
Plot No. 133/1 & 133/2, G.I.D.C.,
Selvas Road, Vapi-396 195
Tel. + 91 2606617700
+ 91 2606617777

Seal of the Organization

CERTIFICATE

This is to certify that Ms/Mr 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: Akshay Shah

Designation: Asst. Manager - HR

Name of Organization:

For EXEMED PHARMACEUTICALS

Authorised Signatory

Address

EXEMED PHARMACEUTICALS
Plot No. 133/1 & 133/2, G.I.D.C.,
Selvas Road, Vapi-396 195
Tel. + 91 2606617700
+ 91 2606617777

Seal of the Organization

CERTIFICATE

This is to certify that Ms/~~Mr~~ Bhupesh 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: Akshay Shah

Designation: Asst. Manager HR

Name of Organization:

Address

EXEMED PHARMACEUTICALS
Plot No. 133/1 & 133/2, G.I.D.C.,
Selvas Road, Vapi-396 195
Tel. + 91 2606617700
+ 91 2606617771

For EXEMED PHARMACEUTICALS

Authorised Signatory

Seal of the Organization

SAVISHANK PHARMACY

CHEMIST AND DRUGGIST

GSTIN: 24BFZPB7308R1ZO | Contact: 97147 38883

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

Signature:

Name of Authorized Signatory: Vinay Halpati

Designation: Chief Pharmacist

Scanned by CamScanner

GSTIN : 26AAHFA9905B1ZP

AMBICA
Medical & General Stores

The Trusted Shoppe, Since 1987

House No. 10/89, Sea Face Road, Nani Daman, DAMAN - 396210. Mob.: 09824560465

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:- Patel

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

Patel 15/9/2020

Seal of the Organization

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

TIN: 25000008769

CST:8219

LIFE CARE MEDICAL STORE

Behind Sarvajanik School, Near Dhobi Talav,
Khariwad, Nani Daman, Daman – 396210, Mob:9510657150

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 Sarvajanik School, Near Dhobi Talav,
Khariwad, Nani Daman, Daman-396210.
Tin No. 25000008789
CST No. 8219

GSTIN : 26AAHFA9905B1ZP

AMBICA

Medical & General Stores

The Trusted Shoppe, Since 1987

House No. 10/89, Sea Face Road, Nani Daman, DAMAN - 396210. Mob.: 09824560465

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:- Ketcen 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

Scanned with CamScanner

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 -S3,
GROUND FLOOR,HALAR ROAD
OPP BAI AVABAI HIGH SCHOOL
VALSAD 396001

Scanned with CamScanner

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

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 -S3,
GROUND FLOOR,HALAR ROAD
OPP BAI AVABAI HIGH SCHOOL
VALSAD 396001

Scanned with CamScanner

SHANTI MEDICAL & GENERAL STORE

SHOP NO:- 01 ANAND NIWAS 1307 (1) (2) OPP TELEPHONE EXCHANGE

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

SHANTI MEDICAL & GENERAL STORE
Shop No:-1, Anand Niwas,
Opp. Telephone Exchange,
Tokarkhada, Silvassa-396 230.D&NH

Royal Chemists & Druggist

Below Shanti Hospital, Opp. Bhagwati Colony
Udwada 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

For M/s. Royal Chemist & Druggist

Signature K. V. Kamli

Proprietor

Name of Authorized Person : Mr. Kishor V. Kamli

Designation : Proprietor

GSTIN – 24ADYPK6963F1ZZ
20/21 G/SVL 113, 111
20B/21B G/SVL 320, 310

POONAM MEDICAL AND GENERAL STORE

SHOP NO 14 CHAMUNDA DREAM CITY KOPARLI ROAD RAMNAGAR CHIRRI

CERTIFICATE

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

Her/his work at our organisation was found satisfactory.

Your Sincerely,

Signature 19/9/2020

Name of Authorized Signature: Vrushank N Patel

Designation: Proprietor

Name of Organisation: POONAM MEDICAL AND GENERAL STORE

Address: SHOP NO 14 CHAMUNDA DREAM CITY KOPARLI ROAD RAMNAGAR CHIRRI

पुनम मेडीकल एन्ड जनरल स्टोर्स
दुकान नं. २२, चामुन्डा ड्रीम सीटी,
कोपरली रोड, छीरी रामनगर, आपी

Seal of Organisation

URS is a member of Registrar of Standards (Holdings) Ltd.
WHO GMP CERTIFIED COMPANY

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:

Medisol Life Science

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.

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Palak Medical & Gen

Address: 207, near Goa Bank, Kachigam Nani Dama

Mob no. 8866539490

GST IN: 26BFSPR4253N1ZL

DL NO.: 37/2013/F-20 DL NO.: 38/2013/F-21

CERTIFICATI

This is to certify that Mr.Choudhary Pannaram Devaram has unde

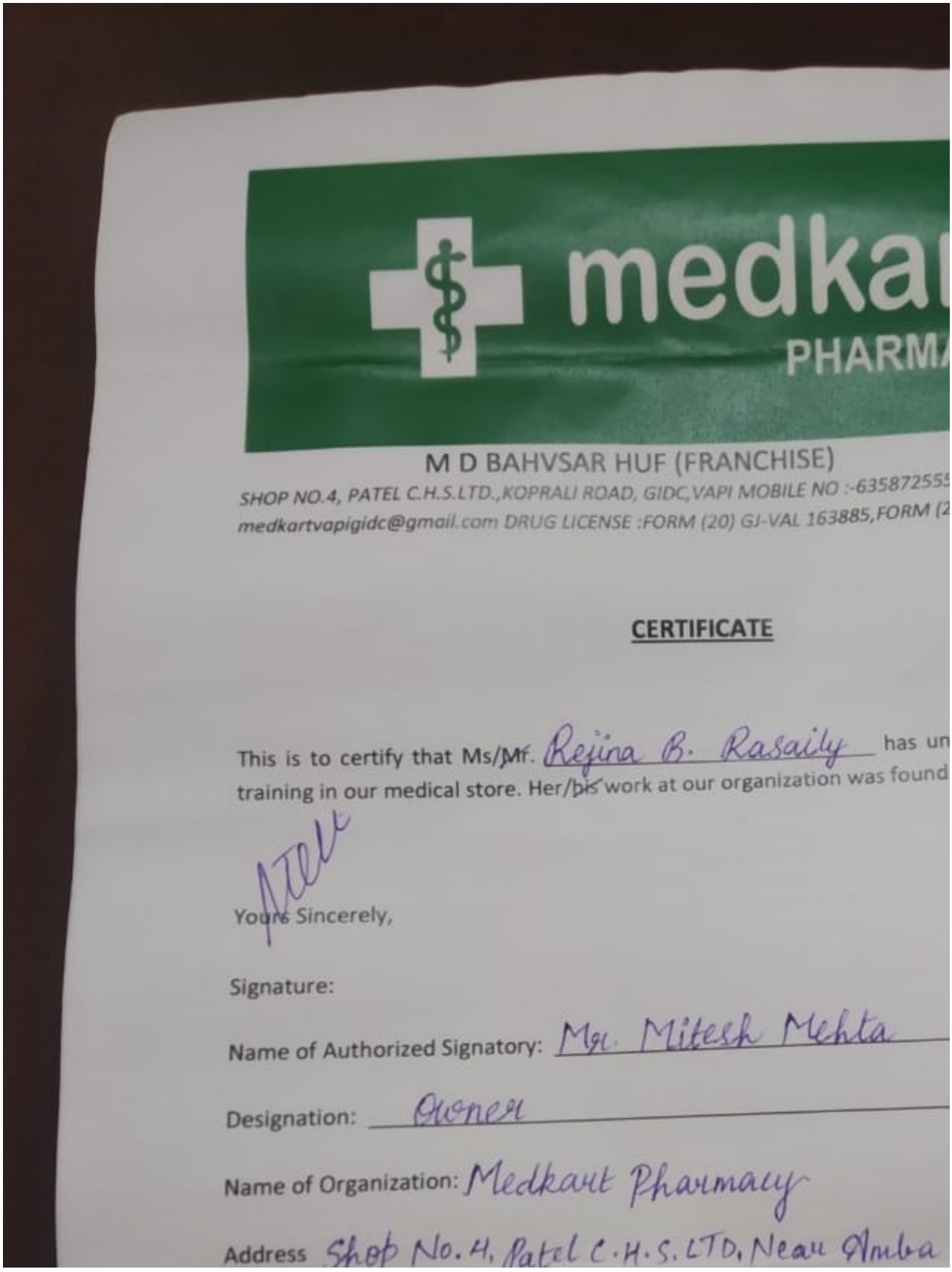
medical store. His work at our organization was found satisfactor

Yours Sincerely,

Signature: Rathwirmal

Name of Authorized Signatory: Rathore Nirmal

Designation: pharmacist



medkar
PHARMA

M D BAHVSAR HUF (FRANCHISE)

SHOP NO.4, PATEL C.H.S.LTD.,KOPRALI ROAD, GIDC,VAPI MOBILE NO :-635872555
medkartvapigidc@gmail.com DRUG LICENSE :FORM (20) GJ-VAL 163885,FORM (2

CERTIFICATE

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

Yours Sincerely,

Signature:

Name of Authorized Signatory: Mr. Mitesh Mehta

Designation: Owner

Name of Organization: Medkart Pharmacy

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

POONAM CHEMIST

CHEMIST & DRUGGIST

Just Dial :
94281 59140
88497 49209

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

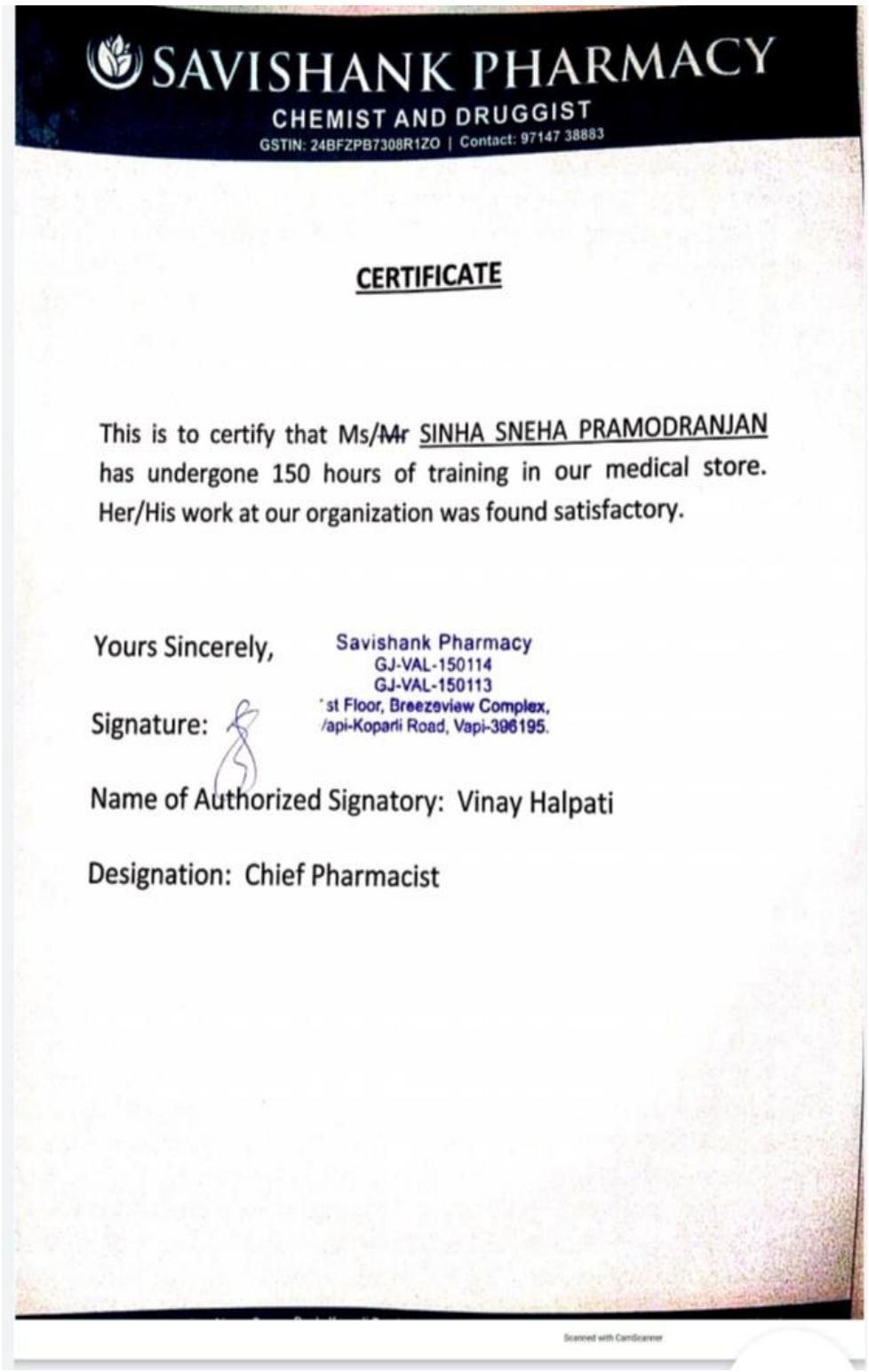
POONAM CHEMIST

Shop No. 9 Corner Point, Koparli Road, Vapi

For POONAM CHEMIST

Mandat/Proprietor

CERTIFICATE



SAVISHANK PHARMACY

CHEMIST AND DRUGGIST

GSTIN: 24BFZPB7308R1ZO | Contact: 97147 38883

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
st Floor, Breezeview Complex,
/api-Koparli Road, Vapi-396195.

Signature:

Name of Authorized Signatory: Vinay Halpati

Designation: Chief Pharmacist

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II SHREE KRISHNA II

Shop : 2465577
Resi : 2463850
(M) 9824455877

+ SHREENATH MEDICALS +

House No. 9/153, 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 9/153, BAZAR ROAD, VAPI TOWN - 396191

SHREENATH MEDICALS
BAZAR ROAD,
VAPI

MOB NO-8128292101

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 Sivvi Vikram Poonamchand has undergone 150 hours of training in our medical store. Her/His work at our organization was found satisfactory.

Yours Sincerely,

Prakash

Signature:

Name of Authorized Signatory: Prakash Punarani.

Designation: Owner.

Name of Organization: Manmohan Medical & General Store.

Address: Shop no-10 & 11, Shubh laxmi Appartment, Ward no-01, Vapi, Daman Main Road, Chala Vapi-396191.

Seal of the Organization

Manmohan Medical & General Store
Shop No. 10, Shubhlaxmi Apartment,
Vapi Daman Main Road,
Chala, VAPI - 396 191.

PRIMARY HEALTH CENTER ANKLACHH

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

CERTIFICATE

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

Yours Sincerely,

Signature:

Name of Authorized Signatory: DR. SHRISH S. SHETTY

Designation: M.O, PHC ANKLACHH. (MEDICAL OFFICER)

Name of Organization: PHC ANKLACHH.

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

Seal of the Organization

M. O.
P.H.C. ANKLAS
Ta. Umargam, Dist. Valsad

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Shiv Medical & General Store

Shop no. 14, Parishram Complex, Beside Canara Bank, Koparli Road, Vapi-396191, Dist. Valsad, Gujarat.
GSTIN No: 24BFAPA6220C1ZG; Contact No.: +91-9898375161; Email-ID. shivmedgen@gmail.com
Dealing in: Allopathic, Ayurvedic, Generic Medicines & First Aid Kit.

TO WHOMSOVER MAY CONCERN

Date : 10/10/2020

This is to certify Miss. Shallu 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. Subodh Anil Agrawal

SHIV MEDICAL & GENERAL STORE
Shop No.14, Parishram Complex,
Beside Canara Bank, Koparli Road, 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 pf 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

PAYMENT ADVICE

Payment Date :	**21/01/2020**
Bank Account :	**7328672**
Beneficiary Name :	**ROTARY FOUNDATION FOR EDUCATION AND LEARNING**
UTR No :	**RATNN20021133872**
Amount (INR) :	*****99,855.00*****
Payment Type :	**N06**
Payment Remark :	
Reason for Payment :	**Adv 70Per Less TDS**
Remitter Name :	**VASU HEALTHCARE PVT LTD**

PAYMENT ADVICE

Payment Date :	**04/12/2020**
Bank Account :	**7328672**
Beneficiary Name :	**ROTARY FOUNDATION FOR EDUCATION AND LEARNING**
UTR No :	**RATNN20339233698**
Amount (INR) :	*****43,984.00*****
Payment Type :	**N06**
Payment Remark :	
Reason for Payment :	**Bal 30Per Less TDS**
Remitter Name :	**VASU HEALTHCARE PVT LTD**

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

ATBU HARITA PHARMACEUTICALS PRIVATE LIMITED
HouseNo:110,Shreeji Desai Market,Sardar Chowk,Nr.Old Bus Stand, Vyara-394650.(Gujarat) INDIA
Email:dratuldesai@rediffmail.com, Ph.:+91(02626)220493
atbuharita@gmail.com **9879031621**

L. M. COLLEGE OF PHARMACY

The Lallubhai Motilal College of Pharmacy

Managed by Ahmedabad Education Society

Estd. 1947

Ref. No: 213/2019 Date: 23/03/2019

To,

Ms. Sanaa Ansari,

ROFEL Shri G. M. Bilakhia College of Pharmacy,

Namdha road, Vapi - 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.ssip.cteguj.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

Dr. P. D. Bharadia
Coordinator, SSIP Cell

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

Phone: +91 79 2630 2746 | Fax: +91 79 2630 4865 | principal@lmcp.ac.in | www.lmcp.ac.in

VASU
Research Centre
(A Division of Vasu Healthcare Pvt. Ltd.)

Rofel Shri G.M. Bilakhia College of Pharmacy
Award No.: 194
Date: 16-1-19
Sign.:

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,

12.01.19

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

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.B. No. 11, Vapi (West)- 396191 (Gujarat)

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

20.02.18

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