## Nursing Diploma Course Shikshan Shulka Samiti - 2023-24, Mumbai

Student nurses hostel building, Ground floor, St. Georges hospital campus, p d'molo road, Fort, Mumbai-400001

Submit Query

## Online Fee Approval Proposal for Academic Year 2023-24

To, The Hon'ble Chairman, Nursing Diploma Course Shikahan Shuika Samiti, Maharashtra State, Mumbai - 400 001

Name of the College /Institute 0003 - SMT. S. C. NANAVATI OF POLYTECHNIC SCHOOL OF NURSING, MUMBAI 338, R.A. KIDWAI ROAD, MATUNGA MUMBAI

|          | Online fee approval proposal for academic year 2023-24   |       |  |  |  |
|----------|--|-------|--|--|--|
| INDEX    |  |       |  |  |  |
| Sr<br>No | Particulars  | Statu |  |  |  |
| ı        | Affidavit in the prescribed format (as per the proforma published) duly verified and attested by the person duly authorized  | Yes   |  |  |  |
| 2        | Audited financial statements of the Institute/College for the financial year 2021-22. The audited financial statements must accompanied (i) Audit Report.  | Yes   |  |  |  |
| 3        | (ii)Receipt & Payment Account,   | Yes   |  |  |  |
| 4        | (iii)Income & Expenditure Account, and   | Yes   |  |  |  |
| 5        | (iv)Balance Sheet. Note: Audited Financial statements must be signed by the Chartered Accountant & to be counter signed by the person duly authorized  | Yes   |  |  |  |
| 6        | (v) All the financical statements as mentioned above should be accompanied by detailed schedules and notes to accounts.  | Yes   |  |  |  |
| 7        | The Auditors Report for the Financial Year 2021-22. Note: The Auditors Report must be in prescribed proforma i.e. form A1 & form A2 (Amexure - A) duly signed by Auditors along with particulars such as Name of firm, firm registration number, name of their partner or proprietor with his/her membership number, UDIN.               | Yes   |  |  |  |
| 8        | TDS return/statement for salary in Form No. 24Q for quarter-4 along with Annexure II (i.e. Annual Salary Details) duly certified by the college/institute  | Yes   |  |  |  |
| 9        | TDS return/ quarterly statements for non-salary in Form No. 26Q along with details of dedutee, nature of payment, amount, etc, in excel sheet duly certified by the college/institute  | Yes   |  |  |  |
| 10       | Copy of audited annual financial statements of the Trust/Society for the financial year 2021-22 running the colleges/institute along with all schedules and notes to accounts.   | You   |  |  |  |
| 11       | Conies of income tax return/assessment order filed by the trust and institute/college for the assessment year 2021-22 & 2022-23 duly attested by the Auditor.  | Yes   |  |  |  |
| 12       | Proposed budget of the institute/college for the financial year 2023-24 duly signed by the President, Secretary of the Trust & the Principal of the institute/college.   | Yes   |  |  |  |
| 13       | Certified copy of the bank account statement(s) of the institute /college for the Financial Year 2021-22 showing debits entries of the salary paid to teaching and Non-Feaching  | Yes   |  |  |  |
| 14       | Certified copy of bank account statement(s) of the institute /college for the Financial Year 2021-22 showing debits entries of the all payments made as non-satury experiments   | Yes   |  |  |  |
|          | made through bank.  The certified of the Bank account showing the payment made through cheques/NEFT non-salary expenditure by the Hospital run by the Trust and anached to the medical college.  | Yes   |  |  |  |
| 15       | Authority duly attested by the Principal of the institute college.   | Yes   |  |  |  |
| 16       | Letter showing the sanctioned intake capacity approved by the competent authority for the academic year 2018-19, 2019-20, 2020-21, 2021-22 and 2018-19, 2019-20, 2020-21, 2021-22 and 2018-2018-2018-2018-2018-2018-2018-2018-   | Yes   |  |  |  |
| Ľ.       | Copy of fees structure approved by the Fees Regulating Authority for the academic year 2019-20, 2020-21, 2021-22 & 2022-23 (as per course duration).   | Yes   |  |  |  |
| 18       |  | Yes   |  |  |  |
| 19       | Certified copy of the property card and/or 7/12 extract showing the ownership of the fail of the ownership of the fail of the purpose of assessing property.  Certified copy of the Municipal Property Assessment Register issued by the Municipal Corporation /Municipal Council, Gram Panchayat for the purpose of assessing property. | Yes   |  |  |  |
| 20       |  | Yes   |  |  |  |
| 21       | Fees collected from students admitted from NRI/Management/ Institutional quota in the prescribed proforms as per Annexure - B  | Yes   |  |  |  |
| 22       | Fees collected from students admitted them the college for the course, appeared & passed in examination.  Statement showing the number of students admitted in the college for the course, appeared & passed in examination.   | _     |  |  |  |

## Nursing Diploma Course Shikshan Shulka Samiti - 2023-24, Mumbai

Student nurses hostel building, Ground floor, St. Georges hospital campus, p.d'melo road, Fort, Mumbai-400001

| I coo I my mem I receipt | Fees | Payment | Recei | pt |
|--------------------------|------|---------|-------|----|
|--------------------------|------|---------|-------|----|

| rees in yment receipt |   |  |  |
|-----------------------|---|--|--|
| Institute Name        | SMT. S. C. NANAVATI OF POLYTECHNIC SCHOOL<br>OF NURSING, MUMBAI |  |  |
| Institute Code        | 0003  |  |  |
| Fee Type              | Processing Fees 2023-24   |  |  |
| Fees Paid             | 15000.0   |  |  |
| Receipt No            | 2023-24/378   |  |  |
| Transaction No        | 1692879840  |  |  |
| UTR No                | E230824YTZ8ZV7  |  |  |
| Transaction Date      | 24-08-2023  |  |  |
|                       | success   |  |  |
|                       |   |  |  |