

## 6.3 - Faculty Empowerment Strategies

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

The college provides welfare measures for teaching and non-teaching staff as per their needs for financial and academic facilities. Adarsh Co-operative Society provides home loan, vehicle loan facility, emergency loan etc.

1. Financial support and sanction of duty leave for attending conference, seminar, workshop, symposium and training program
2. Felicitation of staff those who were appointed in various bodies and received awards.
3. The medical reimbursement facility is also available to the staff members as per the Government norms

### Felicitation of Faculty Members for their achievements in various activities

आदर्श शिक्षण संस्था बीड संचलित...

कालिकादेवी कला, वाणिज्य व  
विज्ञान महाविद्यालय  
शिरूर (का.), जि.बीड.

**अभिर्निर्घ्न**

**प्राचार्य डॉ. विश्वास कंधारे**  
डॉ. बा. आं. म. विद्यापीठ  
प्राचार्य गट अधिसभा सदस्यपदी निवड

**डॉ. ज्ञानेश्वर येवले**  
यांची डॉ. बा. आं. म. विद्यापीठ वाणिज्य अभ्यास  
मंडळावर सदस्यपदी निवड तसेच ICSSR च्या लघु  
शोध प्रकल्पाकरिता अनुदान प्राप्त

**डॉ. विठ्ठल जाधव**  
यांची डॉ. बा. आं. म. विद्यापीठ  
लोकप्रशासन अभ्यास मंडळावर सदस्यपदी निवड

**डॉ. चेतना डोंगळीकर**  
यांची डॉ. बा. आं. म. विद्यापीठ  
गृहशास्त्र विषयाच्या अभ्यास  
मंडळावर सदस्यपदी निवड

**डॉ. नयनाथ पवळे**  
यांना गणजी शिवाजी राष्ट्रीय आदर्श शिक्षक  
पुरस्कार - २०२२ ने सन्मानित

**डॉ. उद्भव चौधर**  
यांना अधिष्कार फाऊंडेशनच्या राष्ट्रीय  
उत्कृष्ट शिक्षक पुरस्काराने सन्मानित

**डॉ. बाघमारे के. एच.**  
यांना डॉ. बा. आं. मराठवाडा विद्यापीठ,  
औरंगाबादची हिंदी विषयातील पीएच.डी. पदवी प्राप्त

आदर्श  
२०२०-२०२३











544

Kalikadevi Arts, Commerce, & science Sr. College Shirur (K.) Ta. Shirur Kasar Dist Beed			
Statement showing the amount to be credited to the respective individual savings account of the employees towards Medical payment for Medical Bill . 2022			
Sr. No.	Name Of the Employee	A/c No.	Medical Bill amount
1	Mr.Choudhar Uddhav Nivratti	68009499764	43900
Total			43900

*[Signature]*  
Principal  
Kalikadevi Arts, Commerce and Sci.  
College, Shirur (Ka), Dist. Beed

4/11/2023



Sl. No.	Name of the Employee	Account No.	Medical Bill Amount
62	श्री. बी.एस. पी.एच. महोदय, महाविद्यालय, गौराव	श्री. सोरपान तुकाराम किर्लो, सहायक प्राध्यापक	जा.क्र.सं./ऑनलाइन/२०२२/३१/०१/२२
63	श्री. अशोक महोदय, महाविद्यालय, गौराव	श्री. उस्ताधर गोविंद आनंदार, अध्यापक	जा.क्र.सं./ऑनलाइन/२०२२/३१/०१/२२
64	श्री. अशोक महोदय, महाविद्यालय, गौराव	श्री. उषा विठ्ठल चौधर, सहायक प्राध्यापक	जा.क्र.सं./ऑनलाइन/२०२२/३१/०१/२२
65	श्री. अशोक महोदय, महाविद्यालय, गौराव	श्री. संजानी व्यंकटराव अंबेकर, क. अध्यापक	जा.क्र.सं./ऑनलाइन/२०२२/३१/०१/२२
66	श्री. अशोक महोदय, महाविद्यालय, गौराव	श्री. अमृत प्रभुश्याम विरानदार, य. शिक्षक	एनजीसी/२०२२/सांघ./३/१३३४४.४१/०१/२२
67	श्री. अशोक महोदय, महाविद्यालय, गौराव	श्री. सानंद अमर धाऊत, सहायक प्राध्यापक	एनजीसी/२०२२/सांघ./३/१३३४४.४१/०१/२२
68	श्री. अशोक महोदय, महाविद्यालय, गौराव	श्री. मालती बापूराव केशव, प्रयोगशाळा परिचर	जा.क्र.सं./ऑनलाइन/२०२२/३१/०१/२२
69	श्री. अशोक महोदय, महाविद्यालय, गौराव	श्री. दादासाह ज्ञानोबा वाघमारे, प्र.शा. परिचर	जा.क्र.सं./ऑनलाइन/२०२२/३१/०१/२२
70	श्री. अशोक महोदय, महाविद्यालय, गौराव	श्री. सुनिल विठ्ठल पवार, प्राध्यापक	जा.क्र.सं./ऑनलाइन/२०२२/३१/०१/२२
71	श्री. अशोक महोदय, महाविद्यालय, गौराव	श्री. दादा सांजानी सुर्वेशी, प्राध्यापक	जा.क्र.सं./ऑनलाइन/२०२२/३१/०१/२२
72	श्री. अशोक महोदय, महाविद्यालय, गौराव	श्री. सुमित्रा संजय कोरवार, सहयोगी प्रध्यापक	जा.क्र.सं./ऑनलाइन/२०२२/३१/०१/२२
73	श्री. अशोक महोदय, महाविद्यालय, गौराव	श्री. परमेश्वर आनंदराव पिठल, सहायक प्रा.	जा.क्र.सं./ऑनलाइन/२०२२/३१/०१/२२
		एकूण रकम	१३५५६५५

*[Signature]*  
Joint Director  
Higher Education  
Aurangabad Region, Aurangabad

Principal  
Kalikadevi Arts, Commerce and Sci.  
College, Shirur (Ka), Dist. Beed

# Financial Support for Teaching and Non-teaching Staff

676

**Adarsh Shikshan Sanstha's**  
Kalikadevi Art's Com. & Sci. (Sr.) College, Shirur (Ka.) Dist  
Beed.

Shukla N A T. A. & D. A. FORM Designation O.S.

Basic Pay Rs. \_\_\_\_\_  
Reason of Journey \_\_\_\_\_

Particulars of journey and Halts							Amount Rs.	Ps.
Departure							80	80
Station	Date	Hours	Station	Date	Hours			
Total Hours of Journey _____								
Mode of Journey _____ Railway/Bus _____								
Cash Receipt (in case of Istelass) _____								
From _____ To _____ and back								
Fare each way Rs. _____							100	
Daily Allowance								
For _____ Days _____ Per day							148	
For Rs.							408	

I hereby declare that no traveling allowance form any public or semipublic authority for a part the whole of the above bill has been claimed by me.

Date: / /20

Signature \_\_\_\_\_

Principal \_\_\_\_\_

Passed for Payment Rs. 408/-

Account \_\_\_\_\_

678

**Adarsh Shikshan Sanstha's**  
Kalikadevi Art's Com. & Sci. (Sr.) College, Shirur (Ka.) Dist  
Beed.

Adgaonkar T. A. & D. A. FORM Designation Assoc Prof

Basic Pay Rs. \_\_\_\_\_  
Reason of Journey Work shop. at Beed. Swarnim College Beed.

Particulars of journey and Halts							Amount Rs.	Ps.
Departure							80	80
Station	Date	Hours	Station	Date	Hours			
Total Hours of Journey _____								
Mode of Journey _____ Railway/Bus _____								
Cash Receipt (in case of Istelass) _____								
From _____ To _____ and back								
Fare each way Rs. _____							100	
Daily Allowance								
For _____ Days _____ Per day							148	
For Rs.							408	

I hereby declare that no traveling allowance form any public or semipublic authority for a part the whole of the above bill has been claimed by me.

Date: / /20

Signature \_\_\_\_\_

Principal \_\_\_\_\_

Passed for Payment Rs. 408/-

Account \_\_\_\_\_

676

**Adarsh Shikshan Sanstha's**  
Kalikadevi Art's Com. & Sci. (Sr.) College, Shirur (Ka.) Dist  
Beed.

Dr. Donglikar C V T. A. & D. A. FORM Designation Assoc Prof

Basic Pay Rs. \_\_\_\_\_  
Reason of Journey \_\_\_\_\_

Particulars of journey and Halts							Amount Rs.	Ps.
Departure							80	80
Station	Date	Hours	Station	Date	Hours			
Total Hours of Journey _____								
Mode of Journey _____ Railway/Bus _____								
Cash Receipt (in case of Istelass) _____								
From _____ To _____ and back								
Fare each way Rs. _____							100	
Daily Allowance								
For _____ Days _____ Per day							148	
For Rs.							408	

I hereby declare that no traveling allowance form any public or semipublic authority for a part the whole of the above bill has been claimed by me.

Date: / /20

Signature \_\_\_\_\_

Principal \_\_\_\_\_

Passed for Payment Rs. 408

Account \_\_\_\_\_

  
**Principal**  
Kalikadevi Arts, Comm. & Sci. College.  
Shirur (Ka.), Dist. Beed.

