

THE MET LEAGUE OF COLLEGES

**MET**

AS SHARP AS YOU CAN GET

**Bhujbal**  
Knowledge City

Institute of Pharmacy

B. Pharm.

M. Pharm.

PhD

Institute of D. Pharmacy

Unnamed Road, Bhujbal Knowledge City,  
Adgaon, Nashik, Maharashtra 422207, India



Clou  
35.6 °C  
96.1 °F

12-Apr-2019 04:46 PM



Unnamed Road, Bhujbal Knowledge City,  
Adgaon, Nashik, Maharashtra 422207, India

13-Apr-1000 04:44 PM



Clou  
35.6 °C  
96.1 °F



Unnamed Road, 422207, Bhujbal Knowledge City, Adgaon, Nashik, Maharashtra 422207, India

12-Apr-2019 04:49 PM

● ○ REDMI NOTE 7 PRO  
AI DUAL CAMERA



Clou  
35.6 °C  
96.1 °F





**SICK ROOM**

Unnamed Road, Bhujbal Knowledge City, Adgaon, Nashik,  
Maharashtra 422207, India

Type	Degree	DMS
Latitude	20.0409066	20°2'27" N
Longitude	73.8507149	73°51'3" E

20-Feb-2019 01:58 PM

# SICK ROOM



Siddhi Cyber Cafe, A/P – Natepute, Dahigaon Chowk, Kale Complex. Pincode - 413109

Type	Degree	DMS
Latitude	-----	-----
Longitude	-----	-----

12-Apr-2019 09:59 am



Unnamed Road, Bhujbal Knowledge City, Adgaon, Nashik,  
Maharashtra 422207, India

Type	Degree	DMS
Latitude	20.04076351	20°2'27" N
Longitude	73.85145686	73°51'5" E

12-Apr-2019 10:04 am





Unnamed Road, Bhujbal Knowledge City, Adgaon, Nashik, Maharashtra 422207, India

13 Apr 2019 04:57 PM

RED NOTE 7 PRO  
AI DUAL CAMERA



Clouds  
35.6 °C  
96.1 °F

**SEMINAR HALL**

005  
  
**Gents Toilet**

004  
**Seminar  
Hall**



● ○ REDMI NOTE 7 PRO  
AI DUAL CAMERA

**006**



**Ladies Toilet**



REDMI NOTE 7 PRO  
AI DUAL CAMERA

**008**  
**STAFF ROOM**  
**&**  
**PLACEMENT OFFICE**



To,  
The Principal Sir,  
MET's Institute of Pharmacy,  
Nashik.

Respected Sir,

I am Aishwarya Sushant Lad  
from First Year B.Pharm Div-A. This application  
is for request to permit me extra time  
during second sessional exam.

This is because I am suffering  
from an Autoimmune Disorder: Overlap Disease  
which has problem of Rheumatoid Arthritis.


Because of having severe pain in my  
joints, I am unable to complete my papers  
in time. So please allow me to write  
papers for more 10 minutes.

Thank you.

Yours sincerely,  
Sir.

Aishwarya S. Lad

Allowed

  
1/4/19

डॉ. सौ. विजया साकळे

एम. बी. बी. एस.

स्त्री व बालरोग चिकित्सक

रजि. नं. ५२१२६



डॉ. उल्हास साकळे

एम. बी. बी. एस.

फॅमिली फिजिशियन

रजि. नं. २०१२/०५/११३५

२९/११/१८

This is to certify that  
Miss Arshwarya Lad is suffering  
from severe arthralgic pain,  
(severe joint pain both hands)  
a autoimmune disease & is  
under treatment of Jaslok hospital  
Mumbai. This condition is very  
painful for fingers so if possible  
you can allow her to move time for  
her writing exam. papers.

**Dr. U. S. SAKALE**  
M.B.B.S., M.E.R.I. N. & K  
Reg. No. 2012/05/1135

हॉस्पिटल : साकळे हॉस्पिटल, पोकार कॉलनी, आरटीओ कॉर्नरजवळ, दिंडोरी रोड, नाशिक. फोन : 0253-2308361

क्लिनिक : डॉक्टरांचे क्वार्टर्स, मरी कॉलनी, शॉपिंग सेंटर जवळ, दिंडोरी रोड, नाशिक. फोन : 0253-2308360

मा.

प्रान्तरी खोद्य.

भुजस्य नॉलेन विद्ये.  
कुंनसुंर. कौंडु फासिनी  
नासिदि आंन केवेरी.

अजदार्: मेवते अनिल कासिकाथ  
नासिदि

निषय :- रामर (मदतगण) देगे वान -

महाशय.

मी अजदार् विंगी अरुकरिनी श्री मादरी  
मुळगी नाके - भावना अनिल कथेवते हिचरी परीक्षा  
जाते. परंतु मागचा व लिखा अपघात आल्माकुच  
लिका येवर विदिपिमाण रामर सिनीवा ह  
विंगी

भावना मंग पावले

Forwarded to  
respected principal  
RABHARISAV  
plz permit  
ना. 2  
अनु मीर कासिकाथ

Allow / check medical  
certificate

  
13/12/18

Government of Maharashtra  
Form-IV

**Disability Certificate**

( In cases other than those mentioned in Forms II and III ) (See rule 4)

PI-4987  
19/01/2018



NAME OF THE HOSPITAL:

District Hospital, Nashik  
(Maharashtra, India)

Certificate Number: 490968

Date: 19/01/2018

This is to certify that I have carefully examined.

Person Identification Number: P151600674118

Aadhar Number: N/A

Shri/Smt./Kum: **YEOLE BHAVANA ANIL SUNITA**

Father Name: Shri/Smt./Kum. **ANIL**

Date of Birth (dd/mm/yyyy):

Age: 23 years

Gender: **Female**

**Permanent Address:**

House Address: **n53 vf2/9/9 near swadhya kendra patil ngr trimurti chuk nsk cidco nsk**

Village: **Nashik**

Taluka: **Nashik**

District: **Nashik**

Pincode: **000000**

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
<b>Physical Impairment</b>	<b>Lt. U/L, Lt. L/L</b>	<b>Lt. side Hemiplegia</b>	<b>50</b>

1. The Above condition is **Temporary, non-progressive, likely to improve**

2. Reassessment of disability is recommended/ after **3 years**, and therefore this certificate shall be valid till (DD / MM / YYYY) **19/01/2021**

3. The applicant has submitted following documents as proof of residence: **Aadhar Card, Ration card**

4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. G.V. Chevale  
Physician Class-I  
Member

Regn. No. : 62756

Dr. Govind Kulkarni  
General Surgen (M.S.) Class- I  
Member Secretary

Regn. No. : 50899

Dr. S.P. Jagdale  
Civil Surgeon  
President

Regn. No. : 52118

**M.M. & H.S. CL-I (Class) ADDL. CIVIL SURGEON, NASHIK**  
Signature/Thumb impression of the person whose favour disability certificate is issued

**CIVIL SURGEON, NASHIK.**

Note: This is not valid for Medico Legal cases.





**GOKHALE EDUCATION SOCIETY'S**  
**H.A.L. HIGH SCHOOL & Jr. COLLEGE OZAR T/S**  
IBO - 9001 - 2006 (Certified) U25101 - 278887

YEAR : 2018 - 2017 - 2018

Reg.No. - **11356**



**NAME :** TIDKE HARSHADA VILAS

**CLASS :** XI - XII - Sci

**ADDRESS :** H.A.L. Jr. COLLEGE,  
OZAR TOWNSHIP.

**PRINCIPAL**