

ANNEXTURE "E"

Information of Director of Training Center

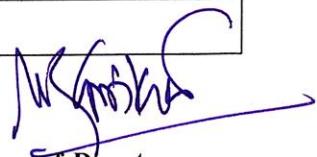


Information of Director of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	-	Information to be filled
01.	Name of the Director	:	Hanmant Ramdas Gaikwad
02.	Date of Birth	:	21.10.1972
03.	Address	:	D-9, Varsha Park, Baner - 45
04.	Tel. No./ Mob. No.	:	9822009325
05.	E-mail id	:	hrg@bvginia.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	B.E. Electronics
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	:	-
09.	Present Appointment	:	Director, BVSS
10.	Publications (List & Proof)	:	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	-
12.	Any other relevant information	:	-

Date: - 2010512022


Name & Sign. of Director

For the use of affiliated Training Center:

I have verified the eligibility of the above Director as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017(Amended).


Co-Ordinators
BVSS, Pune
Sign & Stamp
Head of the Department
Date: 2015122

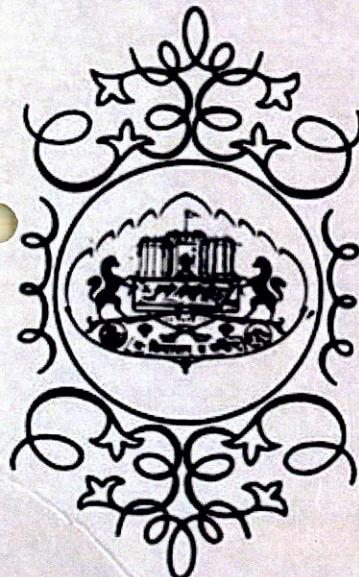

Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 2015122



Training Centre Round Seal

University Of Pune

(Formerly
University of Poona)



We, the Chancellor,
the Vice Chancellor and
the Members of the Management Council
and the Academic Council of the
University of Pune certify
that Gailwad Harmantrao
Ramdas
of Vishwakarma Institute of Technology
Pune
having been examined and found duly qualified
for the degree of

Bachelor of Engineering

(Electronics Branch)
and placed in the First Class
in November 1994

The said degree has been conferred on him.
In testimony whereof is set
the seal of the said University.

[Signature]
Co-Ordinators
BVSS, Pune

[Signature]
Vice Chancellor

Information of Director of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	-	Information to be filled
01.	Name of the Director	:	Vaishali Hanmantrao Gaikwad
02.	Date of Birth	:	13. 01. 1975
03.	Address	:	D-9, Varsapark Baner-415
04.	Tel. No./ Mob. No.	:	9850953939
05.	E-mail id	:	vhg@bvgsindia.com
06.	Nationality	:	India
07.	Qualification in details : (attach documentary proof)	:	M.Phil. (Commerce-Marketing)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	:	-
09.	Present Appointment	:	Director BVSS.
10.	Publications (List & Proof)	:	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	-
12.	Any other relevant information	:	-

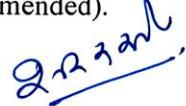
Date: - 2015/2022

Vaikwad
Name & Sign. of Director**For the use of affiliated Training Center:**

I have verified the eligibility of the above Director as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017(Amended).


Co-Ordinators
BVSS, Pune
Sign & Stamp
Head of the Department
Date: 2015/22




Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/ Director of Training Centre
Date: 2015/22

University of Pune



**Declaration of result of the Master of Philosophy (M. Phil) Degree to
Smt. Nipane Vaishali Vyanktesh (श्रीमती. निपाने वैशाली व्यंकटेश)**
The dissertation submitted by the above mentioned candidate for the award of the M. Phil. Degree has been accepted by the University as per reports of the referees. The candidate has also passed in theory papers, viva-voce examination and Final Seminar prescribed for this degree. Accordingly it is hereby notified that the above mentioned candidate is declared to have passed the M.Phil. Examination and has become eligible for the award of the degree.

RELEVANT DETAILS ARE AS UNDER :

1. Faculty : Commerce
2. Subject : Marketing
3. Title of the Dissertation : "A Study of Job Satisfaction Level and Employee Turnover in Call Centres with special reference in Pune Region".
4. Place of Research : Brihan Maharashtra College Of Commerce, Pune - 411004.
5. Name and Address of the Guide : Dr. Mukund M. Tapkir
T. J. College, Khadki,
Pune - 411003.
6. Date of Registration : 12th August 2002.
7. Date of Declaration of Result : 31st March 2008.
8. Final Grade : "O"

Ganeshkhind, Pune 411007.
Reference : No. PGs/M.Phil./S/122
Date : 28/4/08

For Controller Examinations

Co-Ordinators
RVSS, Pune



Name of the student	Course work			Final Seminar	Viva - voce test	Evaluation of Dissertation			Total points columns 1 to 5 + 6	Grade
	Course 1	Course 2	Course 3			By Internal guide	By External referee	Average		
Maximum grade point	12 grade points 1	12 grade points 2	12 grade points 3	6 grade points 4	6 grade points 5	24 grade points 6	24 grade points 7	24 grade points 8	72 grade points 9	
Ms. Nipane Vaishali Vyanktesh	8	10	12	5	5	24	24	24	64	'O'

UNIVERSITY OF PUNE

GRADESHEET FOR M. PHIL. COURSE EXAMINATION IN COMMERCE

NAME OF THE STUDENT : Ms. NIPANE VAISHALI VYANKTESH

Head of Passing	Maximum Grade Point	Minimum Grade Point	Grade Points Awarded
Course 1- Research Methodology for Social sciences	12	4	8
Course 2- Mathematical methods & Statistical techniques of research	12	4	10
Course 3- Advanced courses & recent Developments in Com & Mgt.	12	4	12
COURSE WORK (Total)	36	16	30
Final Seminar	6	3	5
EVALUATION OF DISSERTATION	By Internal Guide	24	12
	By External Referee	24	12
	Average	24	12
Viva-voce test	6	3	5
TOTAL GRADE POINT	72	36	64
FINAL GRADE			'O'

[Signature]
Co-ordinator
B.M. College of Commerce
M. Phil Com. Programme
Pune - 411004

Date : 31.03.2008

University of Pune
Ganeshkhind, Pune - 7.
PGS/M.Phil/
Date

[Signature]
Co-Ordinators
BVSS, Pune

[Signature]
Chairman
B.M. College of Commerce
M. Phil Com. Programme
Pune - 411004

Date : 31.03.2008

[Signature]
for REGISTRAR

Date :

ANNEXURE – “E”

Information of Director of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	-	Information to be filled
01.	Name of the Director	:	Dr. Dattatray R. Gaikwad .
02.	Date of Birth	:	16/07/1976
03.	Address	:	250, Kawade nagar, New Sangavi
04.	Tel. No./ Mob. No.	:	9822002989
05.	E-mail id	:	
06.	Nationality	:	Indian .
07.	Qualification in details : (attach documentary proof)	:	BAMS, M.D (Swasthvritta)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	:	-
09.	Present Appointment	:	Director, BVSS
10.	Publications (List & Proof)	:	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	-
12.	Any other relevant information	:	-

Date: - 20/05/2022

Name & Sign. of Director

For the use of affiliated Training Center:

I have verified the eligibility of the above Director as per the criteria of eligibility prescribed by the University vide clause no. 7 of the University Direction No. 05/2017(Amended).

Co-Ordinators

BVSS, Pune

Sign & Stamp

Head of the Department

Date: 20/05/22

2/23rd.
Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 20/05/22

Training Centre Round Seal



**MAHARASHTRA UNIVERSITY OF HEALTH
SCIENCES, NASHIK**

**STATEMENT OF MARKS FOR AYURVEDA VACHASPATI
(M.D.-AYURVEDA) SWASTHA VRITTA - SUMMER-2018
EXAMINATIONS**

Name of the Student:- GAIKWAD DATTATRAYA RAMDAS

**College:- Lok.Rajaram Bapu Patil Ayurvedic Medical College,
Islampur**

Seat No:-18581

PRN No:-

2916131236

NAME OF PAPER	THEORY	PRACTICAL+VIVA-VOCE	RESULT
PAPER - I			
PAPER - II			
PAPER - III	PASS	PASS	PASS
PAPER - IV			
REMARK			

Result Date:-09 August 2018

NOTE: 1) The above result is subject to change in case of any error in the processing of the results in accordance with the provisions under section-63 of Ordinance 1/2014.

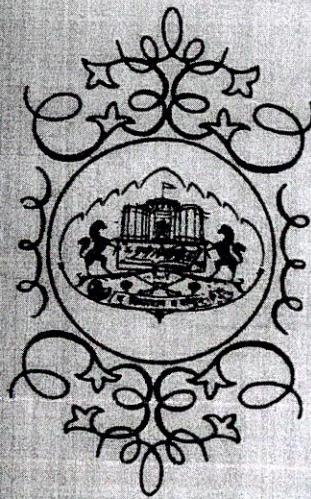
2) For Verification of marks of Theory,Practical/Oral/Viva only (If any), send an application with prescribed fees through the college before **16 August 2018*** As Per Notification No.93/2018 dtd.21/07/2018. And for Photostate(Xerox) copies of Answer books (If any), send an Application with requisite fee through the college before **16 August 2018*** As Per Notification No.93/2018 dtd.21/07/2018.


Co-Ordinators
BVSS, Pune



University Of Pune

(Formerly
University of Poona)



We, the Chancellor,
the Vice Chancellor and
the Members of the Management Council
and the Academic Council of the
University of Pune certify
that Gaikwad Battataya
Ramdas
of College of Ayurved and Research
Centre, Akudi Pune
having been examined and found duly qualified
for the degree of

Ayurvedacharya

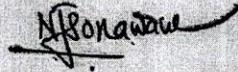
(B.A.M.S.)

in April 1999

The said degree has been conferred on him
In testimony whereof is set
the seal of the said University.

13th December 2000




Vice Chancellor

Information of Director of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	-	Information to be filled
01.	Name of the Director	:	Dz. Sharad P. Sabnis
02.	Date of Birth	:	2010411955
03.	Address	:	plot 37, Saknupahous Soc. Dhanawadi - 411043
04.	Tel. No./ Mob. No.	:	9422035377.
05.	E-mail id	:	sharad.sabnis14@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	M13135, MD (PSM)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	:	7 yrs.
09.	Present Appointment	:	Director, BVSS
10.	Publications (List & Proof)	:	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	-
12.	Any other relevant information	:	JO-TB&. laprosy .

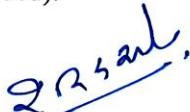
Date: - 201512022

22nd
Name & Sign. of Director

For the use of affiliated Training Center:

I have verified the eligibility of the above Director as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017(Amended).


Co-Ordinators
BVSS, Pune
Sign & Stamp
Head of the Department
Date: 20151222


Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 20151222

Training Centre Round Seal



We, the CHANCELLOR,
the VICE-CHANCELLOR
and the MEMBERS
of the EXECUTIVE COUNCIL,
on the recommendation of the SENATE
of the UNIVERSITY of POONA certify
that Sahnis Sharad
Ganditirtha
of B.M. Medical College, Pune
having been examined for the Degree of

Diploma of Medicine
(Branch V. Preventive and Social Medicine)
in October 1928
and having passed in the examination,
the said degree has been
conferred on him at PUNE
Twenty fifth October
One Thousand Nine Hundred eighty nine
IN TESTIMONY whereof are set the Seal of the
University and the Signature of the
Vice-Chancellor.

पुणे विद्यापीठाच्या संस्थाती

(पुणे प्रशिक्षण एवं शास्त्र अकादमीकरण संस्थानापाठ्याती आणि कैनॉकलेखक)

ही पदवी, पुणे येथे हि.श.आक्सेलर १९८९
या दिवशी शालेल्या पदवीदातसमारंभप्रसंगी,
प्रदत्त करण्यात येत आहे.
याची सांख म्हणून
पुणे विद्यापीठाच्या कुलगुरुंची स्वाक्षरी आणि
विद्यापीठाची अधिकृत मुद्रा
येथे अकित करण्यात येत आहेत.

१९८९-१९९०
कृष्ण

VICE-CHANCELLOR



**Maharashtra Medical Council, Bombay
Certificate of Registration**

Registration No. : 39720

This is to certify that Doctor Shri Shrimati
Kumari SABNIS SHARADKUMAR PANDITRAO
possessing the qualifications of M.B.B.S. (POONA), 1978;

has been duly registered under the Maharashtra
Medical Council Act, 1965 (Mah. XLVI of 1965), in
Part _____ of the register.

In witness whereof are herewith affixed the
seal of the Maharashtra Medical Council, Bombay
and the signature of the Registrar.

Dated the 22ND JUNE 1978.

[Signature]
Registrar

TRUE COPY.

[Signature]
सहाय्यक संचालक

आरोग्य सेवा (कुष्ठरोग) पुणे-

22/6/78
get attested



University of Poona

No. 1472



Seat No. 91

CERTIFICATE

This is to certify that

Shri/Smt. Sabnis Sharad Panditao

passed the M.D.B.Sc.(Preventive & Social Medicine)

Examination held by the University of Poona in the

month of December 1988.

Ganeshkhind, PUNE-411007.

Date 9 - 1 - 1989.


for Registrar.

*Self Attest
D.G.Z.A.*



ANNEXURE – “E”

Information of Director of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	-	Information to be filled
01.	Name of the Director	:	Pushpraj Bapurao Kadam
02.	Date of Birth	:	29/04/1983
03.	Address	:	Manik Colony, Link Road, Chinchwad, Pune - 411033
04.	Tel. No./ Mob. No.	:	9850292954
05.	E-mail id	:	Pushpraj.kadam@yahoo.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	D. Pharmacy
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	:	-
09.	Present Appointment	:	Director, BVSS
10.	Publications (List & Proof)	:	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	-
12.	Any other relevant information	:	-

Date: - 20/05/2022

Pushpraj Kadam.
Name & Sign. of Director

For the use of affiliated Training Center:

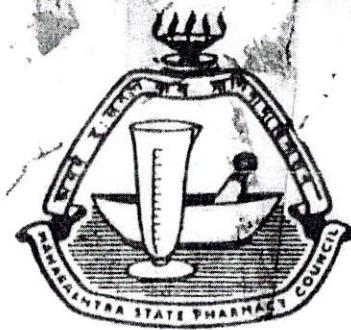
I have verified the eligibility of the above Director as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017(Amended).

AV
Co-Ordinators
Sign & Stamp: BVSS, Pune
Head of the Department
Date: 20/05/22

gaurav
Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 20/05/22

Training Centre Round Seal





Maharashtra State Pharmacy Council

Certificate No. **67146**

Date of Registration **08-April-2003**

This is to certify that within signed

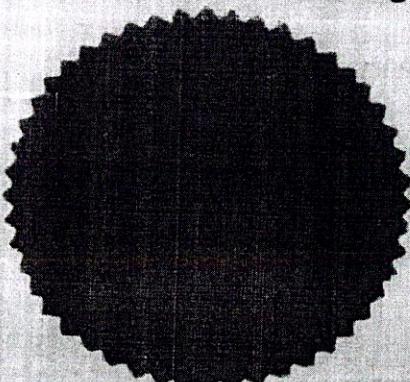
Shri/Smt. **PUSHPARAJ BAPURAO KADAM**

~~S.O./D.O./W.O.~~

has been duly registered as
a Registered Pharmacist

and is entitled to all the privileges granted under the Pharmacy
Act, 1948 (8 of 1948).

His/Her date of birth as per record is **29-April-1983** In Witness
whereof are herewith affixed the seal of the Maharashtra State Pharmacy
Council and the signature of the Registrar of the Pharmacy Council.



[Signature]
**Co-Ordinators
BVSS, Pune**

[Signature]
Registrar

Every person receiving a certificate under this Act shall keep the same conspicuously displayed in the place of business
where he is working in his capacity as a Registered Pharmacist and shall notify the Registrar of the Pharmacy Council
any change of place of business.

This certificate is the property of the Maharashtra State Pharmacy Council and is issued to the abovenamed Pharmacist
under sub-section (4) of section 33 of the Pharmacy Act, 1948.



MAHARASHTRA STATE BOARD OF TECHNICAL EDUCATION'
CERTIFICATE OF MARKS OBTAINED BY

MR. / MS.

KADAM PUSHPARAJ BAPURAO

ENROLMENT NO. 00044014

EXAMINATION

SUMMER 2002

SEAT NO. 765125

FINAL YEAR

COURSE

DIPLOMA IN PHARMACY

NAME OF SUBJECTS	SUBJECT HEAD	MAX. MARKS	MIN. MARKS	MARKS OBTAINED
PHARMACEUTICS - II	TH	080	000	061
	TM	020	000	015
	AG	100	040	076
	PR	080	000	060
	PM	020	000	017
PHARMACEUTICAL CHEMISTRY - !!	AG	100	040	077
	TH	080	000	055
	TM	020	000	017
	AG	100	040	072
	PR	080	000	059
	PM	020	000	017
PHARMACOLOGY & TOXICOLOGY	AG	100	040	076
	TH	080	000	053
	TM	020	000	017
	AG	100	040	070
	PR	080	000	065
PHARMACEUTICAL JURISPRUDENCE	PM	020	000	018
	AG	100	040	083
	TH	080	000	043
	TM	020	000	017
DRUG STORE & BUSINESS MANAGEMENT	AG	100	040	060
	TH	080	000	063
	TM	020	000	017
HOSPITAL & CLINICAL PHARMACY	AG	100	040	080
	TH	080	000	051
	TM	020	000	015
	AG	100	040	066
	PR	080	000	066
	PM	020	000	016
	AG	100	040	082
DATE : 28/06/2002 2/249/PH2S 21941	TOTAL MAX. MARKS	RESULT WITH %	TOTAL MARKS OBTAINED	
	1000	74.20	742	
				FIRST CLASS

INSTRUCTIONS

1. If any discrepancy observed in this certificate of marks, report immediately to head of institution.
2. This certificate of marks is issued as per prevailing rules and regulations of MSBTE.

ABBREVIATION DETAILS

TH	Theory	TW	Term Work	AB	Absent	%	Percentage of Marks
TM	Theory Test Marks	PJ	Project Work	EX	Exemption	WFLY	Result Withheld Due to Pending Lower Year
PR	Practical	SW	Sessional	OPT	Optional		Condoned
PM	Practical Test Marks	IT	Industrial Training	LSP	Lower Semester Pending	CON	Failure But Allowed to Keep Term Allowed to Keep Term Distinction
AG	Aggregate	@	Condoned Marks	PLY	Pending Lower Year	F.T.	
AP	Additional Practical	*	Failure Marks	WFLS	Result Withheld Due to Pending Lower Semester	A.T.K.T.	
OR	Oral	#	Carry Forward Marks			DIST.	

† Ref.: Formerly known as The Board of Technical Examinations Maharashtra State. Maharashtra State Board of Technical Education Act 1997 (Mah XXXVIII of 1997) and Maharashtra Government Gazette Notification under Section IV - B issued on March 31, 1999.

ANNEXURE – “E”

Information of Director of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	-	Information to be filled
01.	Name of the Director	:	Vikas Vyankat Nipane
02.	Date of Birth	:	24/11/1976
03.	Address	:	Alankar, Plot 237, Sector 28 Pradhikaran, Nigadi - 411044
04.	Tel. No./ Mob. No.	:	9822033580.
05.	E-mail id	:	vikasnipane@yahoo.com .
06.	Nationality	:	Indian .
07.	Qualification in details : (attach documentary proof)	:	B.Com, DBM
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	:	-
09.	Present Appointment	:	Director, BVSS ,
10.	Publications (List & Proof)	:	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	-
12.	Any other relevant information	:	-

Date: - 20/05/2022

Nipane
Name & Sign. of Director

For the use of affiliated Training Center:

I have verified the eligibility of the above Director as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017(Amended).

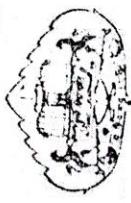
QMV
Co-Ordinators
BVSS, Pune
Sign & Stamp
Head of the Department
Date: 20/05/22

22nd,
Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 20/05/22

Training Centre Round Seal



UNIVERSITY OF PUNE



Seat No.: 11314 Date: 27/06/97
Permanent Reg. No.: 295047590 College: 070

This is to certify that

Shri/Smt. NIPANE VIKAS VYNAKETESH
Passed the B.COM. (NEW COURSE)
UNIVERSITY OF PUNE in the month of APR/MAY 1997
and was placed in FIRST CLASS

Eswar

for Registrar

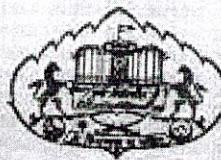
0094475

Co-Ordinators
BVSS, Pune

COMPUTERSKILL LTD. 9596

UNIVERSITY OF PUNE

GANESHKHIND, PUNE 411 007.



NO.: 98 - 0034251

STATEMENT OF MARKS FOR

DIPLOMA IN BUSINESS MANAGEMENT

SEAT NO. 1687
NAME NIPANE VIKAS VYNAKATESH

PRN. : 0219990661

INSTITUTE / COLLEGE 339 D.Y.PATIL INST.PIMPRI,PNA

YEAR APRIL 1999

COURSE NAME

MARKS OBTAINED

PASSING/OUT OF	16/40 INT.	24/60 EXT.	50/100 TOT
----------------	---------------	---------------	---------------

111	ECONOMIC ANALYSIS AND BUSINESS POLICY PRINCIPLES & PRACTICE OF MANAGEMENT & COMMUNICATION MGMT.	27	36	63
113	PERSONNEL MANAGEMENT AND INDUSTRIAL RELATIONS	29	33	62
114	BUSINESS ACCOUNTING	31 33	41 39	72 72

GRAND TOTAL (OUT OF 400) 269

PASSES


Co-Ordinators
BVSS, Pune

* * CONGRATULATIONS * *

J. Maslani

* - Appearing \$ - Ordinance

CONTROLLER OF EXAMINATIONS

STATEMENT NO.:

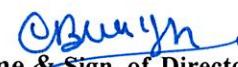
DATE: 1 JULY 1999

Information of Director of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	-	Information to be filled
01.	Name of the Director	:	Vikram Balasaheb Waghi
02.	Date of Birth	:	05/04/1976.
03.	Address	:	55/145 Kavade nagar Pimple Gurav. Pune-
04.	Tel. No./ Mob. No.	:	9860361936 .
05.	E-mail id	:	bvss.edu@gmail.com .
06.	Nationality	:	India .
07.	Qualification in details : (attach documentary proof)	:	Diploma in Automobile.
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	:	-
09.	Present Appointment	:	Director, BVSS .
10.	Publications (List & Proof)	:	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	-
12.	Any other relevant information	:	-

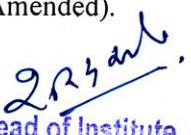
Date: - 15/5/22


Name & Sign. of Director

For the use of affiliated Training Center:

I have verified the eligibility of the above Director as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017(Amended).


Co-Ordinators
BVSS, Pune
Head of the Department
Date: 15/5/22


2nd and
Head of Institute
Bharat Vikas Shikshan Sanstha
Sign & Stamp PUNE
Dean/ Principal/ Director of Training Centre
Date:

Training Centre Round Seal





संग्रह विभाग

Board of Technical Examinations Maharashtra State

VIKRAM BHIKOBH WAGH

C. Bhikobh Wagh

the within signed

having been examined for the **DIPLOMA IN**

AUTOMOBILE ENGINEERING

and having been adjudged to have passed
in the **SECOND** class, has been awarded, the

DIPLOMA IN

AUTOMOBILE ENGINEERING

by the Board of Technical Examinations,
on behalf of the Government of Maharashtra,

on the **16TH** day of the month of **FEBRUARY**

in the year One thousand nine hundred and
ninety **SIX** In testimony whereof is set

the seal and signature of the Chairman,
Board of Technical Examinations.



R. Bhikobh Wagh

Principal
Satara Polytechnic
Seal of the
Manufacturers

Chairman

Pmz
Co-Ordinators
BVSS, Pune