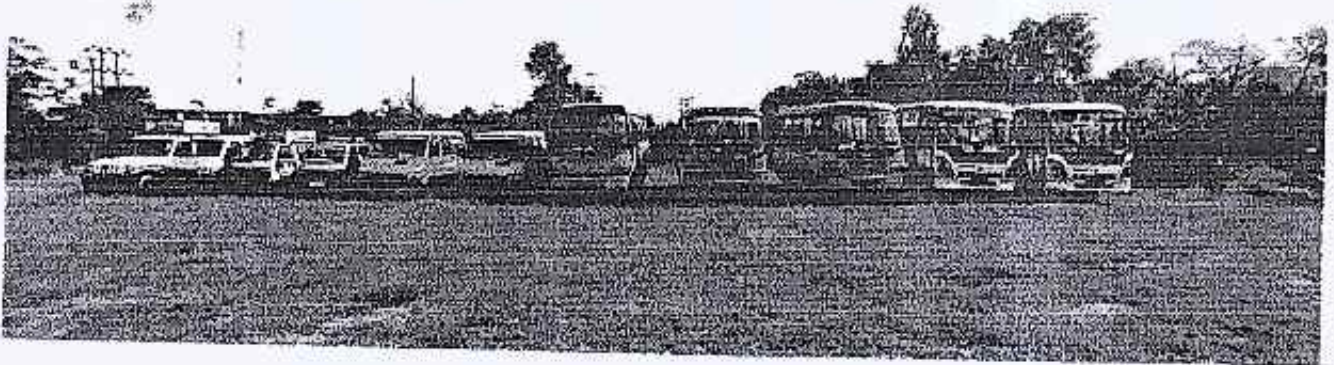
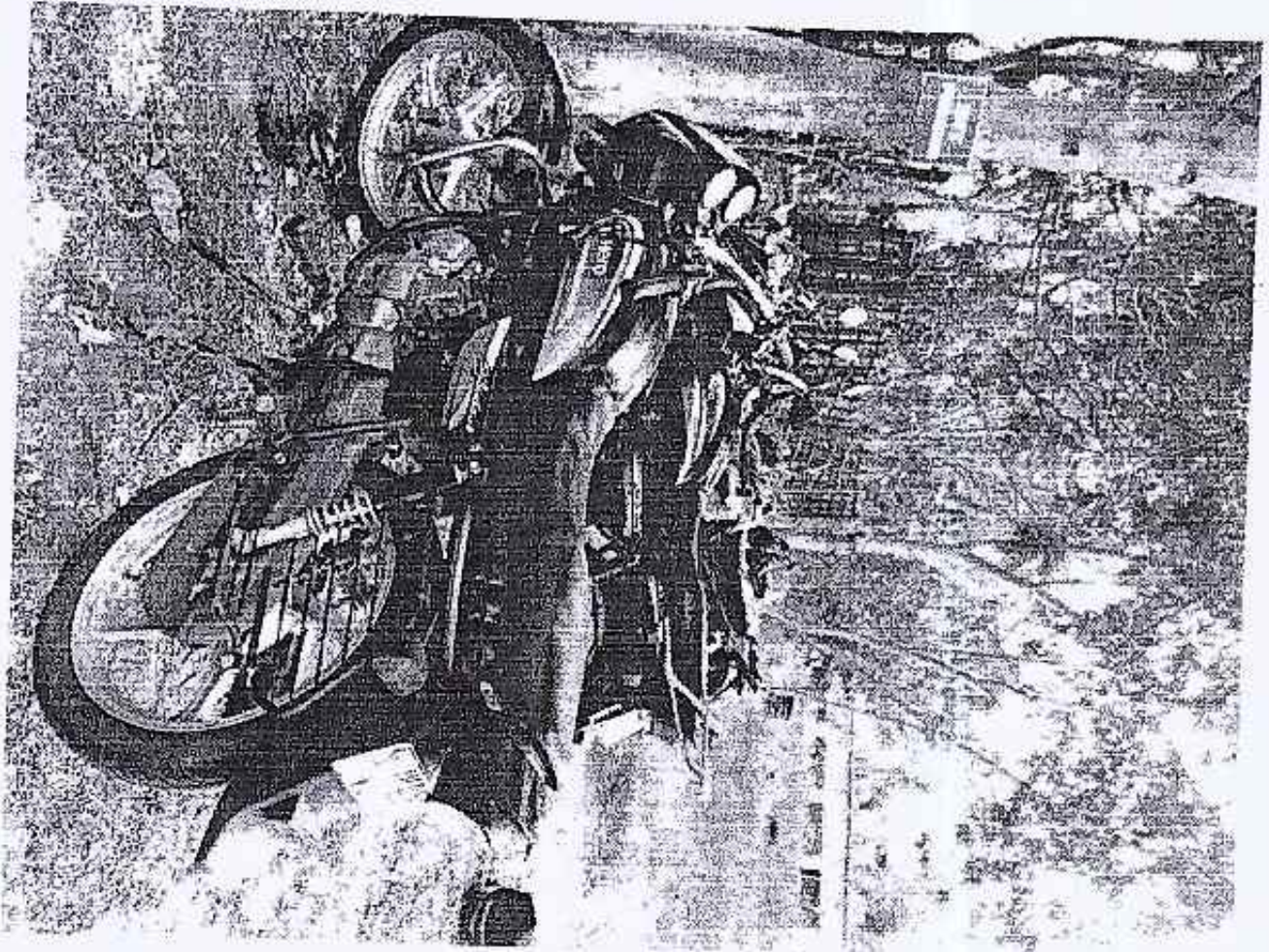


*Devesh K.*

34. Vehicle Parking



  
*Project Name*

  
*[Signature]*



COMBINED CHALLAN OF A/C NO. 01, 02, 10, 21 & 22 (With  
EMPLOYEES' PROVIDENT FUND ORGANISATION)

TRRN 1402311004038

ECR Id 97268597

LIN : 1383236747

Establishment Code & Name BRPAT0011103000 SITYOG INSTITUTE OF TECHNOLOGY

Dues for the wage month of October 2023

Address : GROWTH CENTER JASHOYA MORE, AURANGABAD, AURANGABAD, AURANGABAD, BIHAR

EPF EPS EDLI

Total Subscribers : 21 20 21

Total Wages : 1,24,353 1,19,708 1,24,353

SL.	PARTICULARS	A/C.01 (Rs.)	A/C.02 (Rs.)	A/C.10 (Rs.)	A/C.21 (Rs.)	A/C.22 (Rs.)	TOTAL
1	Administration Charges	0	622	0	0	0	622
2	Employer's Share Of	4,950	0	9,972	621	0	15,543
3	Employee's Share Of	14,922	0	0	0	0	14,922
<b>Grand Total : Thirty-One Thousand Eighty-Seven Rupees Only</b>							<b>31,087</b>

(This is a system generated challan on 10-NOV-2023 14:40, the particulars shown in this challan are populated from the Electronic Challan Cum Return (ECR) uploaded by the establishment for the specified month and year.

Note :- The following amounts are being remitted directly by Government of India on account of PMRPY / ABRY.

	PMRPY	ABRY
A) A/C no 1 (Employer share) ( Rs.) -	0	0
B) A/C no 10 (Pension fund) ( Rs.) -	0	0
C) A/C no 1 (Employee share) ( Rs.) -	0	0
D) Total (A + B + C) ( Rs.) -	0	0
E) Total remittance by Employer ( Rs.) -	31,087	
F) Total amount of uploaded ECR (D + E) (	31,087	





कर्मचारी भविष्य निधि संगठन  
Employees' Provident Fund Organization

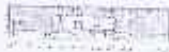
भविष्य निधि भवन, १४, भीकाजी कामा प्लेस, नई दिल्ली - ११००६६  
Bhavishya Nidhi Bhawan, 14, Bhikaji Cama Place, New Delhi - 110066

Generated On 06/12/2023 14:58:

**Payment Confirmation Receipt**

TRRN No :	1402311004038
Challan Status :	Payment Confirmed
Challan Generated On :	10-NOV-2023 14:40:34
Establishment ID :	BRPAT0011103000
Establishment Name :	SITYOG INSTITUTE OF TECHNOLOGY
Challan Type :	Monthly Contribution Challan
Total Members :	22
Wage Month :	OCT-2023
Total Amount (Rs) :	31,087
Account-1 Amount (Rs) :	19,872
Account-2 Amount (Rs) :	622
Account-10 Amount (Rs) :	9,972
Account-21 Amount (Rs) :	621
Account-22 Amount (Rs) :	0
Payment Confirmation Bank :	Axis Bank
CRN :	211141123002156
Payment Date :	14-NOV-2023
Payment Confirmation Date :	14-NOV-2023
Total PMRPY Benefit :	0





PROBATIONARY MEMBER



**Bajaj Allianz General Insurance Company Ltd.**  
**Bajaj Allianz House, Airport Road, Yerawade, Pune - 411006**  
**GROUP PERSONAL ACCIDENT POLICY SCHEDULE**  
**UIN: IRDA/NL-HLT/BAG/PP-P/V.1151/13-14**

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.:

SRI, 502, 5th Floor., Pranam Heights., Circular Road, Near Lalpur Chowk., Ranchi-834003 Phone No 0351-2531900/9262897654

Policy No. : OG-24-2406-9902-00000003  
 Product : GROUP PERSONAL ACCIDENT  
 Period of Insurance : From 00:01:00 00-MAY-23 To 07-MAY-24 Midnight  
 Policy Issued On : 15-MAY-23  
 Co-Insurance Details : Own Share: 100%  
 Insured Name : SITYDG INSTITUTE OF TECHNOLOGY  
 Insured Address : GROWTH CENTER-JASDIYA MORE-AURANGABAD., PO Area :., AURANGABAD(BH), BIHAR - 824102  
 Bank Details : No Details  
 GSTIN / UIN : NA  
 No Details :  
 Place of Supply/State : 10 - Bihar  
 Code/Name :  
 Invoice No : 381355986/1  
 Company GST No : 20AABCR5730G1ZB  
 Company PAN : AABCR5730G

Description	Sum Insured (Rs)
284 Total Member Covered	1,42,00,000.00
Highest Sum Insured	50000
Additional** Loading @	0 %
Additional Discount@	0 %
Base Premium	6,143.00
Special Discount	0
Net Premium	6,143.00
Terrorism** Surcharge	0.0
Stamp Duty	
Integrated GST (10%)	1,100.00
Final Premium	7,243.00

\*\*\* All Premium figures are in Rupee.

On specific request and subject to terms and conditions, record of information exchange will be made available.

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year.

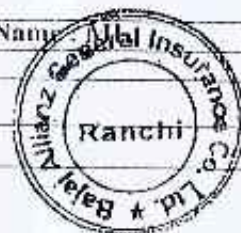
I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Scope of Cover : As per the policy wording attached.  
 Risk Covered : Group Personal Accident Risk Class I Basic : Accidental Death (Sum insured limited to 100 times of monthly salary or Rs. 50k whichever is Less) FOR 284 STUDENTS ONLY Age Bracket 13-28 yrs.  
 Special Perils : As per policy terms and conditions.  
 Special Exclusions : As per policy terms and conditions.  
 Subject to Clauses : Cormination charges is covered up to 5000%. Carriage of Dead body is covered up to 5000%. Repatriation of Remains is covered up to 5000%. Family Transportation is covered up to 5000%.  
 Warranties : Upon mutual agreement between the Insurer and the Group manager the claim settlement can be done by the Insurer either in favour of the Group Manager or the Insured Member / Nominee / Legal Heir. However, wherever it has been agreed to settle the claim in favour of the Group Manager, the Insurer must seek an undertaking from the Group Manager that confirms that the final claim settlement will be done to the Insured Member / Nominee / Legal Heir within 15 days of claim settlement to the Group Manager as per policy (S.C. The employer may utilize the insurance amount as part of the overall service benefit and pass on the balance, if any to the Insured Member / Nominee / Legal Heir. Age Restriction: Upto 70 years Students will not be enrolled on selection basis Valid proof along with the Unique registration number of students shall be mandatorily submitted at the time of claim Beside certificate from Institute specifying the students name is mandatorily at the time of claims.  
 Special Conditions : Previous Policy Number : OG-23-2406-9902-00000001 Beneficiary will be employee  
 Comments : As per policy terms and conditions.  
 Bank RM Employee Code : Y

Agency Code BAG10012248	Channel Name
Agency Name : ANITA KUMARI	
Contact No : 0-9934224606/0-9431270653	
Email - sanjay.bajajabad@gmail.com	

Fax No: 020-30512266  
 Give a Missed Call on 8030945060, SMS 'WORRY' to 575758  
 Say Hi on WhatsApp us on 7507245958

RAJESH KUMAR





# SITYOG INSTITUTE OF TECHNOLOGY

Growth Center, Jasoiya More, Aurangabad (Bihar) 824102

Approved By AICET Under Govt. of India (Ministry of HRD), Affiliated to Aryabhata Knowledge University, Patna

Phone : 06186-292401, Mob : 09308392306, 09308394144, 09322598410, 09308392310

email : sityogengg@yahoo.com, website : www. sityogengg.com

Ref. :

Dated 01/07/2023

## LEAVE APPLICATION FORM

1. Name of Applicant : SANJOY KUMAR.
2. Designation : asst. professor.
3. Branch : Civil Engg.
4. No. of Days : 06.
5. Date / Period : 21/06/2023 to 24/06/2023, 27/06/2023, 29/06/2023
6. Purpose : ph.D work
7. Type of Leave : OO/CL

Signature of The Applicant

Date : 01/07/2023

Date	Period Time	Assign Person	Signature	Mobile No.
		<u>No class</u>		

**For Office use**

Mr. / Mrs. \_\_\_\_\_ Designation : \_\_\_\_\_

May be / may not be sanctioned leave.

Leave Sanctioned / Not Sanctioned

SJK  
21/06/2023  
HOD of the Department of Civil Engineering,  
SITYOG INSTITUTE OF TECHNOLOGY  
Aurangabad, Bihar-824101

[Signature]  
Principal  
(If other than Chairman)

[Signature]



# SITYQG INSTITUTE OF TECHNOLOGY

Growth Center, Jasoia More, Aurangabad (Bihar) 824102

Approved By AICET Under Govt. of India (Ministry of HRD), Affiliated to Aryabhata Knowledge University, Patna

Phone : 06186-292401, Mob : 09308392306, 09308394144, 09322698410, 09308392310

email : sityogengg@yahoo.com, website : www. sityogengg.com

Ref. :

Dated 02/12/23

## LEAVE APPLICATION FORM

- Name of Applicant : Rajeev Nayin
- Designation : Assistant Professor
- Branch : CE
- No. of Days : 4-day
- Date / Period : 4/12/23 - 7/12/23
- Purpose : NET SEMESTER RESEARCH SEMINAR
- Type of Leave : CL

Signature of The Applicant

Date : 02/12/23

Date	Period Time	Assign Person	Signature	Mobile No.
4/12/23 7/12/23		NRAC WORK		
		↓		
		Vaibhav Kaur Singh		9304044929

For Office use

Mr. / Mrs. \_\_\_\_\_ Designation : \_\_\_\_\_

May be / may not be sanctioned leave.

*[Signature]*  
 Department of Civil Engineering  
 HOD of the Department of Technology  
 Aurangabad, Bihar-824101

Leave Sanctioned / Not Sanctioned

*[Signature]*  
 Principal  
 (If other than Chairman)

*[Signature]*  
 Principal  
 (If other than Chairman)



# SITYOG INSTITUTE OF TECHNOLOGY

Growth Center, Jasoia More, Aurangabad (Bihar) 824102

Approved By AICET Under Govt. of India (Ministry of HRD), Affiliated to Aryabhata Knowledge University, Patna

Phone : 06186-292401, Mob : 09308392306, 09308394144, 09322698410, 09308392310

email : sityogengg@yahoo.com, website : www. sityogengg.com

Ref. :

Dated...18/11/2023

## LEAVE APPLICATION FORM

1. Name of Applicant : SURAJ
2. Designation : Assistant Prof.
3. Branch : ME
4. No. of Days : 11 Days.
5. Date / Period : 22/11/2023 to 02/12/2023.
6. Purpose : Ph.D. Work (MIT Patna)
7. Type of Leave : OD.

Signature of The Applicant

Date : \_\_\_\_\_

Date	Period Time	Assign Person	Signature	Mobile No.
22/11 to 02/12/2023	10:50 to 10:50	Rajesh Nayak		8092838293

### For Office use

Mr. / Mrs. SURAJ Designation : A.P

May be / may not be sanctioned leave.

HOD of the Department  
Department of Mechanical Engineering  
SITYOG INSTITUTE OF TECHNOLOGY  
Aurangabad Bihar-824101

Leave Sanctioned / Not Sanctioned

Principal

(If other than Chairman)





# SITYQG INSTITUTE OF TECHNOLOGY

Growth Center, Jasoiya More, Aurangabad (Bihar) 824102

Approved By AICET Under Govt. of India (Ministry of HRD), Affiliated to Aryabhata Knowledge University, Patna

Phone : 06186-292401, Mob : 09308392306, 09308394144, 09322698410, 09308392310

email : sityogengg@yahoo.com, website : www. sityogengg.com

Ref. :

Dated...29/06/23...

## LEAVE APPLICATION FORM

1. Name of Applicant : SURAJ .
2. Designation : Assistant Prof .
3. Branch : ME
4. No. of Days : 06 Days.
5. Date / Period : 05/06/23 - 10/06/23
6. Purpose : Ph. Durst .
7. Type of Leave : DD .

Signature of The Applicant

Date : \_\_\_\_\_

Date	Period Time	Assign Person	Signature	Mobile No.
05/06/23 to 10/06/23	Academic work.	Mr. Ashwinika		
	and NAAC	A. Lishan		

For Office use

Mr. / Mrs

SURAJ

Designation :

A.P.

May be / may not be sanctioned leave.

Leave Sanctioned / Not Sanctioned

HOD of the Department  
Department of Mechanical Engineering  
SITYQG INSTITUTE OF TECHNOLOGY  
Aurangabad Bihar-824102

Principal

(If other than Chairman)

Rajesh Kumar





# SITYOG INSTITUTE OF TECHNOLOGY

Growth Center, Jasoia More, Aurangabad (Bihar) – 824102

Approved By AICTE under Govt. of India (Ministry of HRD),

Affiliated to Aryabhata Knowledge University, Patna/ Bihar Engineering University, Patna

Phone: 9322698410, 9308392310 E-Mail: [sityogengg@yahoo.com](mailto:sityogengg@yahoo.com), Website: [www.sityog.edu.in](http://www.sityog.edu.in)

## ON DUTY LEAVE FOR ATTENDING SEMINARS, CONFERENCES, WORKSHOP

FDP etc.

Requisition for delegate fee for attending conference/workshop/STTP

Date:

Name of the faculty:

Designation:

Department:

Name of the programme:

Organizer:

Organizer sponsor:

Programme date:

Name of the participants:

Registration fee/Head:

TA/DA to be provided:

By the college:

Payment mode:

Signature of the faculty

HOD

Director



*Rajesh Kumar*

(18CSE012)

Ref no. \_\_\_\_\_

SITYOG INSTITUTE OF TECHNOLOGY

Application Fee Waiver Request

A limited number of application fee waivers are available for applicants with extreme financial hardship. To request a waiver of the application fee, complete this form and submit it to the Office of Admissions at the institute. Your request will be reviewed and a determination will be made regarding waiver of the fee.

APPLICANT (To be completed by the individual applying for admission)

Applicant Name: Devanshu Pandey  
Father's name: Brajesh Pandey  
Branch Opted: \_\_\_\_\_  
Address: \_\_\_\_\_  
ID Number: 7739106474  
Category: General/OBC/SC/ST/Others: \_\_\_\_\_  
Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Please state the reasons of requesting for waiver: (to be filled by Authority)

Through Brajesh Pandey

I certify that the information in this form is true and correct to the best of my knowledge.

I further state that I will never claim for any amount what so ever granted to my name either by the govt. or R.G.O or D.R.C.C as a scholarship or any type of financial support during or after my study. The discount amount given by the Institute earlier deemed never to be adjusted with my scholarship granted by D.R.C.C/govt welfare department. The discounted amount will be deemed to be ended.

Signature of Applicant: Devanshu Pandey Signature of Parents: BJP

FOR OFFICE USE ONLY

- Reference Person Note - He will pay only university exam fee and registration fee
- Admission Cell Note -

One Time Discount	Amount -
Semester Discount	Amount -
Others (Specify)	Amount -

Referring Authority: \_\_\_\_\_  
 Admissions Cell: \_\_\_\_\_  
 Accounts Department: \_\_\_\_\_  
 Secretary/Chairman Recommendation: \_\_\_\_\_  
 Tally: \_\_\_\_\_  
 Rajesh Kumar (90)



सा में

18CSE012

दिनांक: 01/09/18

सचिव महोदय,  
शीतलदास इन्जीनियरिंग कॉलेज, औरंगाबाद

विषय:- नामांकन के संबंध में।

महोदय,

मैं (प्रोफेसर/पाठ्य (देवांशु पांडेय))

आपके संस्थान में B-tech (CSE) में नामांकन  
कराना चाहता हूँ। मेरी पिताजी आपकी संस्थान  
में कार्यरत हैं। मेरी पिताजी का आर्थिक स्थिति  
दयनीय है।

अतः श्रीमान से अनुरोध है कि  
मुझे नामांकन करने की अनुमति प्रदान करें।

Discount:  
He will pay only  
University Reg. & Exam  
Fee

Upendra Kumar  
01.09.2018

आपका विद्यार्थी

देवांशु पांडेय

S/o प्रोफेसर पांडेय

RE63/CSE

Roll No - 7231196434

Roll NO → 18CSE012

(22)

He has sign my presence



Upendra Kumar

(23)

## Affidavit

I Devendhu Pandey s/o Brasert Pandey Roll No. \_\_\_\_\_  
Village / Town \_\_\_\_\_ District A. S. D. Mobile No. \_\_\_\_\_  
do hereby solemnly swear and affirm as follows:

- 1.) That I have been admitted in Sityog Institute of Technology, Aurangabad, Bihar in B.Tech / Diploma / BBA / BCA session \_\_\_\_\_
  - 2.) That I belong to very a poor family whose annual income is \_\_\_\_\_
  - 3.) That I apply for the exemption of tuition fee \_\_\_\_\_ hostel fee \_\_\_\_\_ and Other miscellaneous fee I will only pay univ. & Reg. fee
  - 4.) That on my request for the nforesaid exemption of fee the managing committee of Sityog Institute of Technology, Aurangabad, Bihar has exempted my admission fee \_\_\_\_\_ tuition fee \_\_\_\_\_ hostel fee \_\_\_\_\_ & other miscellaneous fee Rs. \_\_\_\_\_
  - 5.) That as the management has already exempted my tuition fee \_\_\_\_\_ Hostel fee \_\_\_\_\_ & other miscellaneous fee Rs. \_\_\_\_\_ So, I will never claim to the scholarship money / help / support that is granted either by the government or by any NGO on my name for my higher study to this institute Sityog Institute of Technology, Aurangabad, Bihar.
  - 6.) That with all my knowledge and with true sense I further declare that the Sityog Institute of Technology, Aurangabad, Bihar will have its freedom to deduct the exempted amount what so ever paid to me during study period and even after completion of my course.
  - 7.) That I once again assure and affirm the management that I will never claim for any amount whatsoever granted to my name either by the government or NGO as scholarship or any type of financial support for my study.
  - 8.) If I claim for the same it will deem to be illegal and against my solemn declaration.
- That all above mentioned facts and contents of the affidavit are true to the best of my personal knowledge and without any pressure threat or prejudice I have signed over it.

Devansher Pandey  
Signature of deponent

Advocate Certificate

I know the deponent and  
He has sign my presence



Rejesh Kumar

23

सेवा में,

श्री मान् सचिव महोदय

सीतलगा इंजिनियरिंग कॉलेज, औरंगाबाद (विहार)

विषय :- Tuition Fee माफ़ करनी के संबंध में ।

महाराष्ट्र,

श्री. अनुराग कुमार पिता - श्री अरविन्द कुमार पाठक जी इस संस्थान में कार्यरत हैं। मैं B. TECH में CSE course करना है। सचिव महोदय के आदेश के अनुसार मैं यह course करनी जा रहा हूँ।

अतः निवेदन है कि हमें Tuition Fee एवं Keharany Fee माफ़ करनी हेतु आदेश देने की कृपा की जाए।

विश्वास भाजन

नाम :- अनुराग कुमार

ARVIND KUMAR

Contact No: - 0631121351

9931542714

RO14/CSE



Arvind Kumar

(87)

Forwarded to secretary sir  
pls may be allowed  
discount - total tuition  
fee; except extra charge.  
3/10/14

SITYOG INSTITUTE OF TECHNOLOGY

Application Fee Waiver Request

- A limited number of application fee waivers are available for applicants with extreme financial hardship. To request a waiver of the application fee, complete this form and submit it to the Office of Admissions at the institute. Your request will be reviewed and a determination will be made regarding waivers of the fee.

APPLICANT (To be completed by the individual applying for admission)

Applicant Name: ANURAG KUMAR  
Father's name: Ashwini K. Patil, K.  
Branch Opted: CSE  
Address: Karna Road, A. V. Chembur, B. D. S.  
Phone Number: 9631542717 / 9631135351  
Category: General/OBC/SC/ST/Others: OBC-N  
Date of Birth (DD/MM/YYYY): 19/08/2000

Please state the reasons of requesting for waiver (to be filled by Authority)

Ref A.K. Patil

- I certify that the information in this form is true and correct to the best of my knowledge, and that payment of the application fee would pose a financial hardship.

Signature of Applicant: ANURAG KUMAR Signature of Parents: [Signature]

Comments ONLY

1. Reference Person Note -

2. Admission Cell Note -

	Amount
One Year Discount	
Semester Discount	
Others (Specify): <u>Tuition fee</u>	
	Amount
	Amount
	Amount
	<u>₹5000 PER SEM</u>

[Signature]  
31/08/17

Referring Authority

[Signature]  
31/08/17

Admission Cell

[Signature]  
Accounts Department

Secretary/Chairman Recommendation:

[Signature]  
Secretary/Chairman

Date

Tally ok

