

Society of St. Francis Xavier, Pilar's

## Fr. Conceicao Rodrigues College of Engineering

Fr. Agnel Technical Education Complex Bandstand,  
Bandra Mumbai -400 050

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# SOCIETY OF ST. FRANCIS XAVIER, PILAR, INDIA

Fr. Agnel Ashram, P. O. Box No. 6656, Bandstand, Bandra (West), Mumbai - 400 050.  
Phone : 6711 4000 • Fax : 91-22-6711 4100 • E-mail : agnelashramnews@gmail.com

Ref.: SFX / 2022/ 359

Date: 12/10/2022

## CIRCULAR

### Sub :- Official Timings exclusively for Teaching Faculty of Fr. CRCE on experimental basis.

Dear Members of the Teaching Staff,

We are in the process of revising the policy of official timings for reporting to the Institute. You are hereby requested to take note of the revised policy and adhere to the same w.e.f. 17<sup>th</sup> October 2022.

Incoming timing for Teaching faculty can be anytime between 8.00 am to 10.00 am.

- 01 Outgoing timing for Teaching faculty can be anytime between 4.00 pm to 6.00 pm
- 02 Actual manhours spent shall be calculated as Outgoing Time minus Incoming Time which should be minimum 7 hours and maximum 8 hours.
- 03 Not less than 5 hours and not more than 8 hours a day work will be considered. Total number of hours of weekly working will not be less than Number of Institutional Working Days multiply by Seven hours. Once 40 hrs. in a week (in case if all are working days in a week) are completed then faculty can avail one full day leave in same week on Saturday and will not be carried forward for any reason. It will be helpful for the faculty members who are pursuing PhD. In turn it will enhance research profile of the institution.
- 04 No concept of grace period will be entertained.
- 05 Lectures and operation of laboratories should be taken strictly as per the time table. No excuse of timings will be accepted for academic loss of students.
- 06 Faculty or staff may be called in case of necessity of work (e.g. exam, events, meetings etc.) by the department or Institute.
- 07 To avail afternoon Half Day, it is essential to report before 1.00pm and work for minimum Three and Half Hrs from 1.00pm onwards.
- 08 To avail morning Half Day, it is necessary to work for minimum Three and Half Hrs and faculty can not leave before 1.00 pm.
- 09 Date of implementation of this policy is 17<sup>th</sup> Oct 2022 and it will be continued subject to effectiveness of this policy.

(FR. VALERIAN D'SOUZA)  
LOCAL SUPERIOR



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Phone : 6711 4000 • Fax : 91-22-6711 4100 • E-mail : agnelashramnews@gmail.com

Ref: SFX / 2022/ 358

Date: 12/10/2022

## CIRCULAR

### Policy for Leave Application

All employees should note that Leave Application process will be in online system from 1<sup>st</sup> Nov 2022 as approved by the Management.

The leave policy of the unit remains unchanged.

(FR. VALERIAN D'SOUZA)  
LOCAL SUPERIOR



**Fr. Conceicao Rodrigues College of Engineering**  
Extracts of Service Book

Select

**Personal Information**

- Personal Information
- General Information [Nomination, Family Details etc.]
- Information on Pay Scale, Increments, Promotions etc.

**Leaves**

- Leave Application [New Leave Application]
- List / View Status of Leave Application(s)
- Leave Register [w.e.f 2010-07-01]
- Leave Synonyms Descriptions

**Attendance**

- Attendance Records [Current & Previous Calender Year]
- Shift Timing Details [w.e.f 2010-07-01]

[BACK](#)

Online Leave Application	
Name	Akshay Save
Emp No.	10580
Designation	Asst. Prof - ME
Application for **	<input type="text" value="Select"/>
Start Date **	<input type="text" value="0"/> <input type="text" value="0"/> 2022
End Date **	<input type="text" value="0"/> <input type="text" value="0"/> 2022
No. Day(s) **	Full Day(s): <input type="text" value="0"/> and Half Day: <input type="text" value="0"/>
Duty adjustment **	<input type="text" value="Applicable"/>

\*\* Compulsory Fields

[Next](#)[Logout](#)[BACK](#)

नों व णी वे प्र मा ण प त्र

नोंवणी क. पी. वों. एम. ए. व. (लोकसेवा) / आ. एम. ए. (लोकसेवा) / ६६९ सं.

वा प्रमाणपत्राद्वारे प्रमाणित करण्यांत येत आहे की, आपले

राज्य शासनाच्या को-ऑपरेटिव्ह मेडिकल सोसायटी लि. मुंबई

ही संस्था महाराष्ट्र सरकारने संस्थाने अधिनियम, १९६० मधील

(सन १९६१ वा महाराष्ट्र अधिनियम क्रमांक २४) कलम ९

(१) अन्वये नोंवण्यात आलेला आहे.

उपरिनिर्दिष्ट अधिनियमाच्या कलम १२(१) अन्वये व

महाराष्ट्र सरकारी संस्थाने नियम, १९६१ मधील नियम-

क्रमांक १०(१) अन्वये संस्थाने वगीकरण पुस्तकालय

संस्था असून उपवगीकरण

१०१५ आहे.



स्वी :- जे. पी. बागल

स्थळ : मुंबई हुद्दा : सहायक निरीक्षक  
सरकारी संस्था पथ पश्चिम घाट  
मुंबई.

दिनांक: १६-६-१९६५

# AGNEL EMPLOYEES' CO-OP. CREDIT SOCIETY LTD.

Regd. No. Bom (W)/HW/RSR(SRI)/661 of 1985  
Fr. Agnel Ashram, Bandstand, Bandra, MUMBAI-400 050.  
Tel. : 2642 3841/3842/3048/3004 Fax. 91-22-22651 6831.

(2)

## LONG TERM LOAN APPLICATION FORM

To,  
The Secretary  
Agnel Employees Co-op. Credit Society Ltd.  
Bandstand, Bandra, Mumbai-400 050.

Date 20/07/2023

Dear Sir,  
I, DEEPAK BHIKAJI GAIKWAD L/F No. \_\_\_\_\_ the undersigned  
(Full Name in Capital Letters)

(Address) Bldg. No. - 195, Room No. 7609, B'wing, Kannamwar  
Nagar-2, Vikhroli (E), Mumbai - 400083  
apply for a loan of Rs. 7,50,000/- (Rupees Seven lakh Fifty  
Thousand only.)

to be repaid in 72 monthly instalments of Rs. 12,787/- plus interest.

I require the loan for repair house and  
I assure you that I will use the amount for the said purpose only.

I am not indebted to any other Co-operative Credit Society or Bank.  
I offer the following as Sureties.

- |     |  |   |
|-----|--|---|
| (1) | <u>XAVIER D'SOUZA</u><br>(Name in Capital Letters) | <u>[Signature]</u><br>Signature of Sureties |
| (2) | <u>Ajit S. Kamble</u><br>(Name in Capital Letters) | <u>[Signature]</u>                          |

Sign. of borrower [Signature]

I hereby give the following particulars as required by the Managing Committee :-

L.F. No	NAME	Salary per month (Rs.)	Shares Rs.	Deposit Rs.	Loan Outstanding Rs.	Total Liabilities as Surety Rs.	Remarks
1	<u>Deepak B. Gaikwad</u> (Applicant)						
2	<u>Xavier S. Dsouza</u> (1st Surety)						
3	<u>Ajit S. Kamble</u> (2nd Surety)						

(\* Not to be filled in by the applicant)

Amount admissible as per Bye-laws Rs. 7,50,000/-

Amount sanctioned Rs. 7,50,000/-

Repayable in 72 monthly instalments

Resolution No. 02 dated 30.9.23

Amount paid :

in Cash/by Cheque

No. 000812 Rs. 7,50,000

Sanctioned Amt.....Rs.....	7,50,000
Less : Previous Balance Rs.....	Nil
Net Payment.....Rs.....	7,50,000

[Signature]  
Secretary

[Signature]  
Treasurer

[Signature]  
Chairman

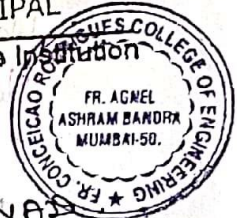
# CERTIFICATE OF EMPLOYMENT

This is to certify that Mr. / Mrs. Deepak. B. Gaikwad is employed as Lab. Asst. in the Fr. CRCE. since April 2007.

His / Her date of retirement is 13 Sept. 2032

  
PRINCIPAL

Head of the Institution



## OTHER DETAILS

Name of the Applicant

DEEPAK BHIKAJI GAIKWAD

Address

195/7609, Kannamwar Nagar-2 Vikhroli (E)  
Mumbai-400088.

Native Place

AT-POST- Maldan

Tal - Patan, Dist :- Satara,

State - Maharashtra

Name of the 1<sup>st</sup> Surety

Xavier S. Dsouza

Address

B 205/ Doshi Coral 4 Borampuri

Present Residence

Vasai (W) 401202

Name of the 2<sup>nd</sup> Surety

Ajit S. Kamble

Address

A/8 Flat no. 2 Vaishnavi Park  
Kailash Nagar, Katemanival.

Present Residence

Tal - Kalyan Dist - Thane



AGNEL EMPLOYEES' CO-OPERATIVE CREDIT SOCIETY LTD. 0000100/-

AGNEL EMP CO OP Reg. No. Bom/[W]HW/RSSR[SR]/661-OF-1985  
For Whom/In Profit: For Agnel Ashram, Bandstand, Bandra, MUMBAI-400 050.  
AAEAAG66557

ZERO ZERO ZERO ZERO ONE ZERO ZERO

3815750 1699014080260-00052000 AGREEMENT  
3815753 IGR-ACS-V-023-2023

EMERGENCY LOAN APPLICATION FORM

For M.D.C.C. BANK LTD.  
Fort Branch

Emergency Loan Sr. No. : \_\_\_\_\_

Date: 06/12/2023

Mr. V. P. MAHAJAN  
The Secretary  
Agnel Employees' Co-op. Credit Society Ltd.  
Bandstand, Bandra, Mumbai - 400 050.

Dear Sir,

I, Bhogilal G. Solanki L. F. No. \_\_\_\_\_ apply for an  
Emergency loan of Rs. 30,000 (Rupees THIRTY THOUSAND ONLY  
Only) for the purpose of MEDICAL and hereby authorise my employer FREE  
to deduct the above Emergency loan if granted, in 3000 instalments of Rs. 10 with interest  
thereon from my emoluments commencing from the month of DECEMBER 2023

Signature of Borrower [Signature]

Undertaking from Sureties :

In case of default by the borrower, we the sureties severally and jointly undertake to repay the above said loan with interest.

- |   |                      |                                 |
|---|----------------------|---------------------------------|
| 1. <u>SHATRUGHANA LAWOO NAIR</u><br>(Name in Capital Letters) | L. F. No. _____      | <u>[Signature]</u><br>Signature |
| 2. <u>Lakshma Janya Pasara</u><br>(Name in Capital Letters)   | L. F. No. <u>200</u> | <u>[Signature]</u><br>Signature |

FOR OFFICE USE ONLY

Sanctioned Emergency loan of Rs. 30,000 repayable in 10 instalments.

Authorised by :

[Signature]  
Chairman  
or  
Vice Chairman

[Signature]  
Secretary  
or  
Jt. Secretary

[Signature]  
Treasurer  
or  
Jt. Treasurer

Date: 07/12/23

Received from Agnel Employees' Co-operative Credit Society Ltd.,

the sum of Rupees Thirty Thousand only

on account of Emergency Loan by Cash/Cheque No. \_\_\_\_\_

Rs. 30,000/-

[Signature]  
Receiver's Full Signature  
Name: Bhogilal Solanki

Date: 7.12.23

**AGNEL EMPLOYEES' CO-OPERATIVE CREDIT SOCIETY LTD.**

Reg. No. Bom/[W]HW/RSR[SR]/661 OF 1985  
Fr. Agnel Ashram, Bandstand, Bandra, MUMBAI-400 050.

**PROMISSORY NOTE**

Rs. 30,000/-

Date: 06/12/2023

On demand, I/We BHOAILO. K. SOLAMI

promise to pay to Agnel Employees' Co-operative Credit Society Ltd. Bandstand, Bandra, Mumbai the sum of

Rupees THIRTY THOUSAND ONLY

with interest thereon rate of \_\_\_\_\_ percent per annum for Loan received.

**Borrower**

Signature :

[Signature]

Name :

BHOAILO. K. SOLAMI

**Surety**

Signature :

[Signature]

Name :

SHAKUNDA. L. MEER

**Surety**

Signature :

[Signature]

Name :

L. J. PASARCA

# AGNEL EMPLOYEES' CO-OP. CREDIT SOCIETY LTD.

Regd. No. Bom (W)/HW/RSR(SR)/661 of 1985  
Fr. Agnel Ashram, Bandstand, Bandra, MUMBAI-400 050.  
Tel. : 2642 3841/3842/3048/3004 Fax. 91-22-22551 6831.

## MEDIUM TERM LOAN APPLICATION FORM

Date 15/9/2023

To,  
The Secretary  
Agnel Employees Co-op. Credit Society Ltd.  
Bandstand, Bandra, Mumbai-400 050.

Dear Sir  
I, DATTARAM LAXMAN GAONKAR L/F No. \_\_\_\_\_ the undersigned  
(Full Name in Capital Letters)

(Address) 18, Karira Nagar, Marathe Colony, Galibor Rd,  
Santacruz (East) Mumbai - 400 055

apply for a loan of Rs. 2,00,000 (Rupees Two Lakhs Rupees only)

to be repaid in 60 monthly instalments of Rs. 3961 plus interest.

I require the loan for House Repairing and  
I assure you that I will use the amount for the said purpose only.  
I am not indebted to any other Co-operative Credit Society or Bank.  
I offer the following as Sureties.

- (1) Nandkumar A. Manchekar  
(Name in Capital Letters)
- (2) B. G. Solonki  
(Name in Capital Letters)

Signature of Sureties  
[Signature]  
[Signature]  
[Signature]

Sign. of borrower [Signature]

I hereby give the following particulars as required by the Managing Committee :-

L.F. No	NAME	Salary per month Rs.	Shares Rs.	Deposit Rs.	Loan Outstanding Rs.	Total Liabilities as Surety Rs.	Remarks
1	<u>Dattaram L. Gaonkar</u> (Applicant)						
2	<u>Nandkumar A. Manchekar</u> (1st Surety)						
3	<u>B. G. Solonki</u> (2nd Surety)						

(\* Not to be filled in by the applicant)

Amount admissible as per Bye-laws Rs. 2,00,000/-

Amount sanctioned Rs. 2,00,000/2

Repayable in 60 monthly instalments

Resolution No. 02 dated 30.9.23

Amount paid :  
in Cash/by Cheque

No. \_\_\_\_\_ Rs. 2,00,000/2

Sanctioned Amt.....Rs.....	2,00,000
Less : Previous Balance Rs.....	Nil
Net Payment.....Rs.....	2,00,000

[Signature]  
Secretary


[Signature]  
Treasurer

[Signature]  
Chairman

CERTIFICATE OF EMPLOYMENT

This is to certify that Mr. / Mrs. Dattaram L. Gromker is employed as \_\_\_\_\_ in the \_\_\_\_\_ since \_\_\_\_\_

His / Her date of retirement is 30/4/2038

  
PRINCIPAL

Head of the Institution

OTHER DETAILS

Name of the Applicant :

Dattaram L. Gromker

Address

18, Karina Nayan, Maratha Colony

Native Place

Chalibar, Rd, Santacruz (E)

Mumbai - 400 055

Name of the 1<sup>st</sup> Surety :

Nandkumar Anant Manchekar

Address

B1204 vithal Vinayak Sadan

Present Residence

S.S. Rd. Sevari Mumbai.

400 015

Name of the 2<sup>nd</sup> Surety :

Bhogilal Propal Solanki

Address

Talfor Baba Colony

Present Residence

Kadishanar mandir Marg

Bandra (W)

Mumbai 400 050

This **Memorandum of Understanding** is made on this **1<sup>st</sup> day of October 2011** between Society of St. Francis Xavier, Pilar, Fr. Agnel Ashram, Bandstand, Bandra (West), Mumbai - 400 050 hereinafter referred to as 'SOCIETY' and Holy Family Hospital, St. Andrews Road, Bandra (W), Mumbai 400 050 hereinafter referred to as 'HOSPITAL'.

This 'MOU' is entered into by the 'Society' and the 'Hospital' to provide Medical facility to the Students and Staff Members studying and working in the Institutes of the said Society.

The 'Society of St. Francis Xavier', Pilar runs several Educational Institutes at Bandra starting from Pre-Primary to Post Graduate Engineering Degree Courses wherein approximately 4000 Students are studying, and 400 Staff Members are serving in different capacities. The following are the prominent Institutes which conduct Diploma in Engineering, Degree and Post Graduate Engineering Degree Courses approved by All India Council for Technical Education (AICTE).

1. **AGNEL TECHNICAL COLLEGE (POLYTECHNIC)**
2. **FR. CONCEICAO RODRIGUES COLLEGE OF ENGINEERING**

The 'Hospital' which is situated within a kilometer distance from the 'SOCIETY' has hereby agreed to provide necessary medical assistance to the Students and Staff Members as and when such requirement arises. Medical assistance will include X-ray, pathological test and other diagnostic tests, etc. and treatment, as required.

**It is hereby agreed as follows:-**

1. The 'Hospital' will provide the medical facility to all Students and Staff Members as and when referred by the Institutes of the 'Society' by a written communication.
2. The 'Society' will provide transport for medical treatment in the 'Hospital'. In case of emergency i.e. accidents and acts of God, the Society may call for Ambulance service of the Hospital and Hospital will provide the same.
3. Medical treatment in cases referred by the Society will be billed to 'SOCIETY' which Society undertakes to pay to the Hospital directly within 7 days from the date of the billing / date of receipt. Hospital bill will give complete breakup of charges for various services rendered.



**HOLY FAMILY HOSPITAL**  
St. Andrew's Road,  
Bandra, Mumbai - 400 050.


Citizen Credit Co-op. Bank Ltd.  
Mumbai Apartments,  
57 Abad Cantt. Post Bag No. 1,  
Bandra-400 050  
D-5-2779911 C.R. (T) 11/11/11

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SPECIAL DELIVERY  
MAHARASHTRA  
INDIA  
POST DUTY


4. In case of admission to the 'Hospital', the required treatment will be given under 'Economy' or 'General Ward' class which may be upgraded if requested by the family members in writing with an undertaking to bear the incremental cost arising out of use of the higher class. In the absence of availability of the General Ward class bed the Hospital is hereby permitted to use its discretion and admit in the next higher classes. Post facto concurrence will be requested and obtained by the Hospital. In such cases billing will be done and accepted by the Society / treated patient or relative without demur.
5. Society will take the responsibility to inform patient's family members about hospitalization or treatment under OPD.
6. Hospital runs an OPD facility, and Students / Staff can avail of this facility. Bills will be raised every month based on such usage, and the same will be settled as per Para 3.
7. This MOU will be **effective from 1<sup>st</sup> October, 2011** and will remain in force unless terminated. Such termination can be done by either party, by giving one month's prior notice in writing.
8. Any dispute / arbitration between the Society and the Hospital will be settled by mutual resolution. In the event of a non-resolution, the matter may be referred to Arbitration, under provision of Indian Arbitration Act.

This MOU is signed, sealed and delivered on the **1<sup>st</sup> day of October 2011.**

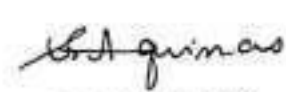
For Society of St. Francis Xavier, Pilar

  
(REV. FR. F. DINIZ)  
LOCAL SUPERIOR

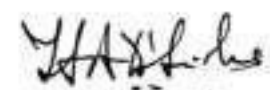
Witness :

  
(Rev. Fr. Victor Rebello)  
Director  
Agnel Technical Education Complex  
Bandra (W), Mumbai -50.

For Holy Family Hospital

  
(SR. AQUINAS)  
EXECUTIVE DIRECTOR

Witness :

  
(Mr. Herbert D' Silva)  
Finance Director  
Holy Family Hospital  
Bandra (W), Mumbai - 50.

**HOLY FAMILY HOSPITAL**  
St. Andrew's Road,  
Bandra, Mumbai - 400 050.



**Group Personal Accident**

*Schedule of Insurance*

Agent/Broker Name - AUXILLIUM INSURANCE BROKING PRIVATE LIMITED

Agent/Broker License Code - 616

Agent/Broker Contact No -9322290758(mobile or landline)

**Policy Number:** 0236871027 00  
**Policyholder Name:** SOCIETY OF ST. FRANCIS XAVIER  
**Address:** FATHER AGNEL ASHRAM,  
 MT MARRY BAND STAND,  
 MUMBAI - 400050  
 MUMBAI  
 MAHARASHTRA  
 INDIA  
 27AABTS9182Q1ZI(GSTIN Number)

**Contact number :**  
**Insurance Period :-** **Effective Date** 29/10/2018 **Expiry Date** 28/10/2019  
 (Beginning at 12:01 AM and ending at Midnight of the expiry date)

**Business Description:** Educational Institutes  
**Beneficiary :** As designated by each Insured person on file with the Company

**Eligible Persons 21753 (Classification of Insured)**

**The following persons shall be eligible for Insurance hereunder :**

**Age group : From 3 To 70 Years ( )**

**Hazards :** 24-Hour Protection



Sr No	Description of Insured Persons / Category / Designation	No. per category
1	Students	20111
2	Staff	1642