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Form ID: DYPCE	T: Account/05	Date:	
	CONSENT	FORM FOR ACTIVITY	
Name of Activit	y Coordinator	Department	
Activity details:			
Sr. No	Probable Ex	xpenditure Details	Amount (Rs)
Total			
Forwarded by (I	Dean/HoD):		
Amount Sanctio			
Timount Sunotio			
	Principal	Execut	tive Director
Note: Attach this du	uly signed consent form along with a	ndvance/expenditure submission form.	
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a D. Y. Patil Col		rashtra & Affiliated to Shivaji University, Kolha ./32/33	

D. Y. Patil College of Engineering & Technology, Kasaba Bawada, Kolhapur, Maharashtra 416006