



Dr. Ulhas Patil Homoeopathic Medical College and Hospital, Jalgaon Kh.

N.H. No. 6, Jalgaon-Bhusawal Road, Jalgaon (Kh.)-425 309, Jalgaon (M.S.) Tel. No.: 0257 - 2366683/84 Fax No.: 0257 - 2366648

Email Id : duphmchj@gmail.com Website : www.duphmc.ac.in

TO. The Principal, Godavari College Of Nursing, Jalgaon,

Date :- 15/03/2024

Subject: Request for Educational & Skill Lab Visit.

Respected Sir/Mam

I am writing to formally request permission for an educational & Laboratory visit to [Godavari college of nursing jalgaon] for the purpose of to gaining the knowledge related labs for First BHMS Students. As a representative of [Dr. Ulhas Patil Homoeoathic Medical College & Hospital, Jalgaon Kh.], it is imperative for us to gather insights and benchmarks from other esteemed institutions to enhance our academic standards and practices.

The objectives of our visit are.

1.Campus Tour: We seek to conduct a comprehensive tour of [GCON]'s campus to gain insights into its infrastructure, facilities, and academic environment. Observing best practices in campus management and student support services will inform our efforts to improve our own institutional setup.

2.Skill Lab Visit: Access to [GCON]'s laboratory facilities is crucial for benchmarking purposes and understanding the standards of laboratory infrastructure and equipment maintenance.

We assure you that our visit will be conducted with the utmost professionalism and adherence to your institution's guidelines and regulations.

Thank you for considering our request. We look forward to the opportunity to learn from [GCON]'s experiences and contribute to the enhancement of higher education standards collectively.

Thanking you

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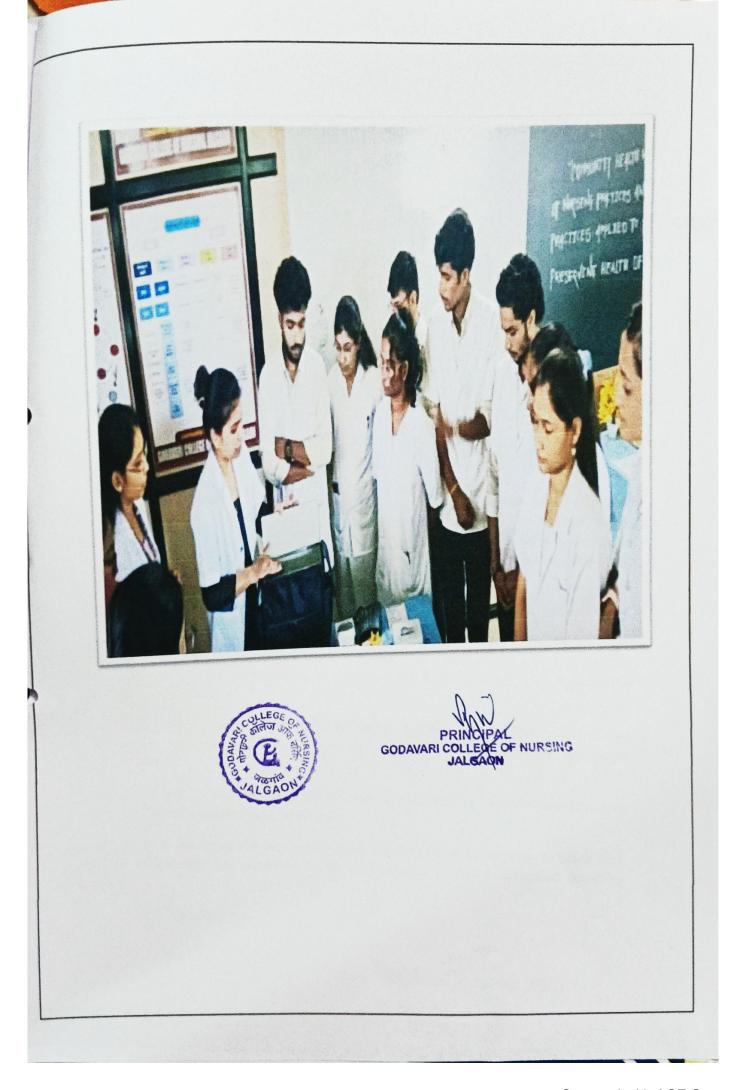
Dr. Dilip B. Patil Principal

Dr. U!has Patil Homoeopathic Medical College & Hospital, Jalgaen Kh.









गोटावरी फाऊंडेशन संचलित,



डॉ. केतकी पाटील स्कुल ऑफ नर्सिंग Dr. KETKI PATIL SCHOOL OF NURSING

प्लॉट नं. पी–६१, पी–६२, ॲडिशनल एमआयडीसी एरिया, जळगांव – ४२५००३ (महाराष्ट्र) भारत Plot No. P-61, P-62, Additional MIDC Area, Jalgaon-425003 (MH) India

DKPSON DKPSON

Ref.GF/DKPSON/12.3

Date: 18/04/2024

TO,

Godavari College Of Nursing,

Jalgaon,

Subject: Request for Educational Visit and Laboratory Access for NAAC Accreditation purposes.

Respected Sir/Mam

I am writing to formally request permission for an educational visit to [Godavari college of nursing jalgaon] for the purpose of facilitating our institution's NAAC accreditation process. As a representative of [ketki patil school of nursing], it is imperative for us to gather insights and benchmarks from other esteemed institutions to enhance our academic standards and practices.

The objectives of our visit are:

1.Campus Tour: We seek to conduct a comprehensive tour of [GCON]'s campus to gain insights into its infrastructure, facilities, and academic environment. Observing best practices in campus management and student support services will inform our efforts to improve our own institutional setup.

2. Laboratory Visit: Access to [GCON]'s laboratory facilities is crucial for benchmarking purposes and understanding the standards of laboratory infrastructure and equipment maintenance.

We assure you that our visit will be conducted with the utmost professionalism and adherence to your institution's guidelines and regulations.

Thank you for considering our request. We look forward to the opportunity to learn from [GCON]'s experiences and contribute to the enhancement of higher education standards collectively.

Thanking you

Ketki Patil School sing Jalgaon

Dr. Ketki Patil School of Nursing DKPSON DKPSON DKPSON DKPSON DKPSON DKPSON DKPSON

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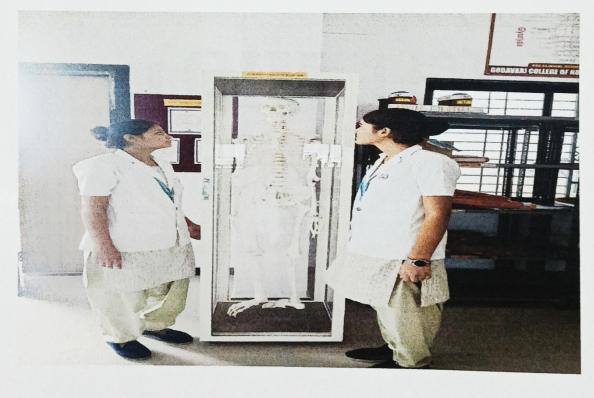














GODAVARI COLLEGE OF NURSING