



# V. V. INSTITUTE OF PHARMACEUTICAL SCIENCES

Seshadri Rao Knowledge Village, GUDLAVALLERU - 521 356, Krishna District, A.P.

(Approved by AICTE & PCI, New Delhi and Affiliated to JNTUK, Kakinada)

Sponsored by A.A.N.M. & V.V.R.S.R. Educational Society

Phone : 08674-274649, Fax : 08674-274441

E-mail : venkatadripharmacy@gmail.com, Website : www.vvipsgudlavalleru.ac.in

## LIST OF FULL TIME TEACHERS RECEIVED FINANCIAL SUPPORT

A.Y:2018-2019

S.NO	NAME OF THE STAFF	NAME OF THE PROGRAMME	DATES	AMOUNT
1	K.Madhavi	One Week Faculty Development Programme on Emerging trends in pharmacy practice	16-07-2018 to 21-07-2018	1550
2	R.Naga Ravali	Applied for Life Membership in Indian Pharmaceutical Association	4-8-2018	7198
3	Dr.A.Lakhmana Rao	Applied for Life Membership in Operant Pharmacy Fedaration	27-8-2018	5000
4	P.Bhargav Bhushan Rao	Applied for Life Membership in Operant Pharmacy Fedaration	27-8-2018	5000
5	Dr.Sk.Aminabee	Applied for Life Membership in Operant Pharmacy Fedaration	27-8-2018	5000
6	Dr.P.Raveesha	Applied for Life Membership in Operant Pharmacy Fedaration	27-8-2018	5000
7	K.Srikanth Kumar	Applied for Life Membership in Operant Pharmacy Fedaration	27-8-2018	5000
8	T.Prasanthi	Applied for Life Membership in Operant Pharmacy Fedaration	27-8-2018	5000
9	B.Satya Sree	Applied for Life Membership in Operant Pharmacy Fedaration	27-8-2018	5000
10	Dr.D.Sharmila	Applied for Life Membership in Operant Pharmacy Fedaration	27-8-2018	5000
11	M.Sai Vishnu	Applied for Life Membership in Operant Pharmacy Fedaration	27-8-2018	5000
12	T. Sravani	Applied for Life Membership in Operant Pharmacy Fedaration	27-8-2018	5000
13	V.L.Vinod Kumar	Applied for Life Membership in Operant Pharmacy Fedaration	27-8-2018	5000
14	A.Sai Datri	Applied for Life Membership in Operant Pharmacy Fedaration	27-8-2018	5000
15	D.Alekhya	Applied for Life Membership in Operant Pharmacy Fedaration	27-8-2018	5000



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GUDLAVALLERU - 521 356.



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16	K.Parimala	Applied for Life Membership in Operant Pharmacy Fedaration	27-8-2018	5000
17	Dr.D.S.N.B.K. Prasanth	Seminar on Medicinal Plants:Indigenous Wealth of India	07-03-2019	418
18	B.Kanaka Durga	One Week Faculty Development Programme on Intellectual Property Rights Emerging Issues and Challanges	22-04-2019 to 28-04-2019	1600
19	G.N.A.Lakshmi	One Week Faculty Development Programme on Intellectual Property Rights Emerging Issues and Challanges	22-04-2019 to 28-04-2019	1300



**PRINCIPAL**

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GUDLAVALLERU - 521 356

# P. RAMI REDDY MEMORIAL COLLEGE OF PHARMACY

(Approved by AICTE & PCI, New Delhi, Recognised by Govt. of A.P. Affiliated to JNTUA, Ananthapuramu.

Recognised U/S 2(f) & 12(B) of UGC Act, 1956.)

44/35-1, Prakruthi Nagar, Utukur, Kadapa – 516 003 A.P, India.



## CERTIFICATE OF PARTICIPATION

This is to certify that Dr/Mr/Mrs/Miss ...K. Madhavi.....of  
....V.V. Institute...of...Pharmaceutical Sciences..... has participated in  
A Six days Faculty Development Program on "Emerging trends in Pharmacy  
practice" held on 16<sup>th</sup> July 2018 to 21<sup>st</sup> July 2018 at P.Rami Reddy Memorial  
College of Pharmacy, Kadapa, Andhra Pradesh.

*P. Gowtham*  
**Dr. P. Gowtham Kumar Reddy**  
FDP Convenor



*Amar*  
PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356

*K. Ravindra Reddy*  
**Dr. K. Ravindra Reddy**  
Principal





**V. V. Institute of Pharmaceutical Sciences**  
**Seshadri Rao Knowledge Village, Gudlavalleru.**

**Application for Reimbursement of Expenditure**

Date: 23/07/2018

1. Name of the Applicant : ..... K. madhavi .....
2. Designation : ..... Assistant professor .....
3. Department : ..... pharmaceutical chemistry .....
4. Event attended : ..... FDP on emerging trends in pharmacy .....
5. Place of Event : ..... kadapa, Andhra pradesh .....
6. Dates of Event : ..... 16<sup>th</sup> - 21<sup>th</sup> July 2018 .....
7. Expenditure details : .....

Registration : ..... 300/- .....

Onward TA : ..... 200/- .....

Return TA : ..... 450/- .....

Boarding : ..... 200/- .....

Local Conveyance : ..... 200/- .....

Miscellaneous : ..... - .....

Total Expenditure : ..... 1550/- .....

(Rupees ...One thousand... five hundred fifty... Only)

*K. Madhavi*  
Calculations Verified by

*K. Madhavi*  
Signature of the Applicant

- Enclosures : 1. Letter of acceptance and approval  
2. Photo copy of the Certificate  
3. Bills



*K. Madhavi*  
PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356



*K. Madhavi*  
PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356



THE INDIAN PHARMACEUTICAL ASSOCIATION (IPA)

Membership Application Form  
 Kalina, Santacruz (East) Mumbai 400 098  
 Tel: 022 2667 1072 Fax: 022 2667 0744  
 Email: [ipacentre@ipapharma.org](mailto:ipacentre@ipapharma.org)  
 Website: [ipapharma.org](http://ipapharma.org)

To  
 Hon. Gen. Secretary,  
 The Indian Pharmaceutical Association  
 Sir,

Date: 4-08-2018

I hereby apply for the Patron / Life / Ordinary / Institutional / Foreign / Associate / Associate Life membership\* of the Indian Pharmaceutical Association and undertake that on admission, I shall abide by the rules and regulations of the Association.

*Ravali*  
 Signature of the Applicant

Full Name (In Capital letters) **R. NAGA RAVALI**  
 Date of Birth (DD/MM/YYYY) **12-07-1990**  
 Qualification (Highest only) **M. PHARMACY**  
 Year of Passing **2014**  
 Blood Group **A+ve**

Mailing address: **V.V. INSTITUTE OF PHARMACEUTICAL SCIENCES,  
 SESHADRI RAO KNOWLEDGE VILLAGE, GUDLAVALLERU - 521356  
 KRISHNA DIST, A.P, Ph: 9059130170**

Contact Details: Phone Number: **9059130170**  
 Mobile Number:  
 Email ID: **vyaliravali01@gmail.com**

Type of Membership\*  Patron / Life / Ordinary / Institutional / Foreign / Associate / Associate Life  
 Divisional preference  Community / Education / Hospital / Industry / Regulatory  
 Profession **TEACHING**  
 Designation **ASSITANT PROFESSOR**  
 Name of the Institution **V.V. INSTITUTE OF PHARMACEUTICAL SCIENCES**  
 Work place contact details **GUDLAVALLERU - 521356, Ph: 9542894455**

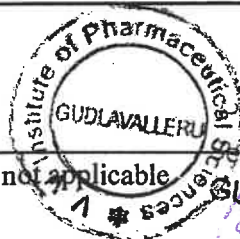
Two References (From IPA Members only)  
 Name, IPA Membership No. Signature  
 1. **Dr. A. Lakshmana Rao** **AP/GVL/LM/0001** *ARAO*  
 2. **K. Srikanth Kumar** **AP/GVL/LM/0004** *Srikanth*

Details of Remittance: By Cheque/DD In favor of "Indian Pharmaceutical Association" payable at Mumbai  
 Add: Bank charges -- For outstation cheques  
 Note: For Membership fees and IJPS subscription refer Table given below

Admission Fee	Rs.
Membership Fees (INCLUDING GST)	Rs. 7,198/-
IJPS Subscription	Rs.
Bank Charges	Rs.
GST @ 18%	Rs.
<b>Total</b>	<b>Rs. 7,198/-</b>

Cheque/DD No & Date: **143306, 06-08-2018**  
 Drawn on: **SBI Gudlavalleru**

For office use :  
 Membership No  
 Date of Admission



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**V. V. Institute of Pharmaceutical Sciences**  
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 GUDLAVALLERU - 521356  
*ARAO*  
 Hon. Gen. Secretary



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 Seshadri Rao Knowledge Village  
 GUDLAVALLERU - 521356

\*Strike out which is not applicable

भारतीय स्टेट बैंक  
 जारी करने वाला State Bank of India  
 Issuing Branch: GUDIVALLERU  
 कोड क्रं / CODE No: 01461  
 Tel No. 08874-273367

मांग ड्राफ्ट  
**DEMAND DRAFT**

Key: NILJEQ  
 Sr. No: 514523

06082018  
 D D M M Y Y Y Y

मांगे जानेपर INDIAN PHARMACEUTICAL ASSOCIATION\*\*\*\*\*

या उनके आदेश पर  
 OR ORDER

ON DEMAND PAY  
 रुपये RUPEES Seven Thousand One Hundred and Ninety Eight Only

अदा करें ₹ 7198.00

IOI 000454143308 Key: NILJEQ

Sr. No: 514523

AMOUNT BELOW 7199(7/4)

मूल्य प्राप्त / VALUE RECEIVED



भारतीय स्टेट बैंक  
 STATE BANK OF INDIA  
 अदाकर्ता शाखा / DRAWEE BRANCH: MUMBAI MAIN BRANCH  
 कोड क्रं. / CODE No: 00300

प्राधिकृत हस्ताक्षरकर्ता  
 AUTHORISED SIGNATORY

शाखा प्रबंधक  
 BRANCH MANAGER

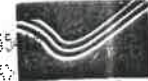
कम्प्यूटर द्वारा मुद्रित होने पर ही वैध  
 VALID ONLY IF COMPUTER PRINTED

केवल 3 महीने के लिए वैध  
 VALID FOR 3 MONTHS ONLY

₹ 1,50,000/- एवं अधिक के लिखत दो अधिकारियों द्वारा हस्ताक्षरित होने पर ही वैध है।  
 INSTRUMENTS FOR ₹ 1,50,000/- & ABOVE ARE NOT VALID UNLESS SIGNED BY TWO OFFICERS

⑈ 143306 ⑈ 0000020001: 000454 ⑈ 16

भारतीय डाक



EN515855415IN IQR:6978515855

SP GUDLAVALLERU S.O (521356)  
 Counter No:1,06/08/2018,13:01

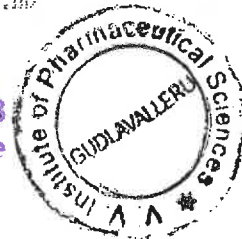
India Post

To: HON. GEN. SECRETARY, IPA  
 PIN: 400098, Vidyanagar S.O  
 From: DR. A. LAKSHMINA RAO, PRINCIPAL  
 Mt: 50/-

Address: V.V. Institute of  
 Pharmaceutical Sciences,  
 Seshadri Rao Knowledge Village,  
 Gudlavalluru, 521356  
 Tel: 08874-273367  
 Website: www.indiapost.gov.in



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V. V. Institute of Pharmaceutical Sciences  
Seshadri Rao Knowledge Village, Gudlavalleru.

Application for Reimbursement of Expenditure

Date: 4/8/18

1. Name of the Applicant : R. Naga Ravali  
2. Designation : ASSISTENT professor  
3. Department : pharmacology  
4. Event attended : Applied for life membership step in ind.  
5. Place of Event : - pharmaceutical  
6. Dates of Event : - ASSOCIATE  
7. Expenditure details :

Registration : 7198/-  
Onward TA :  
Return TA :  
Boarding :  
Local Conveyance :  
Miscellaneous :  
Total Expenditure : 7198/-  
(Rupees Seven thousand Ninty eight Ru only)

Calculations Verified by

R. Naga Ravali  
Signature of the Applicant

- Enclosures :
1. Letter of acceptance and approval
  2. Photo copy of the Certificate
  3. Bills



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GUDLAVALLERU - 521 356



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GUDLAVALLERU - 521 356



# OPERANT PHARMACY FEDERATION



## Life Membership

Presented to

*A Rao*  
**Dr. A. Lakshmana Rao**

Mem. No. : OPF/EBM/2018/LTM/006



PRINCIPAL  
V.V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356

*Kanav Midha*  
**Hon. Secretary**

*[Signature]*  
**President**



V. V. Institute of Pharmaceutical Sciences  
Seshadri Rao Knowledge Village, Gudlavalleru.

Application for Reimbursement of Expenditure

Date: 27/08/2018

1. Name of the Applicant : .....*Dr. A. Lakshmana Rao*.....  
2. Designation : .....*Principal*.....  
3. Department : .....*Pharmaceutical Analysis*.....  
4. Event attended : .....*Applied to life membership in Orissa Pharmacy Federation*.....  
5. Place of Event : .....  
6. Dates of Event : .....  
7. Expenditure details : .....

Registration : .....*5,000/-*.....  
Onward TA : .....*-*.....  
Return TA : .....*-*.....  
Boarding : .....*-*.....  
Local Conveyance : .....*-*.....  
Miscellaneous : .....*-*.....  
Total Expenditure : .....*5,000/-*.....

(Rupees ...*Five thousand*.....Only)

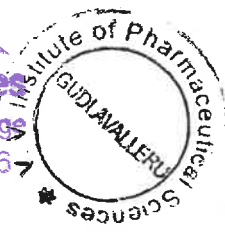
*K. R. Rao*  
Calculations Verified by

*A. Rao*  
Signature of the Applicant

- Enclosures : 1. Letter of acceptance and approval  
2. Photo copy of the Certificate  
3. Bills



*A. Rao*  
PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356



*A. Rao*  
PRINCIPAL  
V. V. Institute of  
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Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356



# OPERANT PHARMACY FEDERATION



## Life Membership

Presented to

*Dr. D. Bhargava Bhushan Rao*

Mem. No. : OPF/MEM/2018/LTM/011

*Amma*



*Kanav Midha*

Hon. Secretary

President



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**V. V. Institute of Pharmaceutical Sciences**  
**Seshadri Rao Knowledge Village, Gudlavalleru.**

**Application for Reimbursement of Expenditure**

Date: 27/8/2018

1. Name of the Applicant : ..... P. Bhargava Bhushan Rao:.....  
 2. Designation : ..... Associate Professor .....  
 3. Department : ..... Pharmaceutics: .....  
 4. Event attended : ..... Applied for the membership in OPICENT Pharma Federation .....  
 5. Place of Event : ..... - .....  
 6. Dates of Event : ..... - .....  
 7. Expenditure details : ..... - .....

Registration : ..... 5000/- .....  
 Onward TA : ..... - .....  
 Return TA : ..... - .....  
 Boarding : ..... - .....  
 Local Conveyance : ..... - .....  
 Miscellaneous : ..... - .....  
 Total Expenditure : ..... 5000/- .....  
 (Rupees ..... Five thousand rupees ..... Only)

Calculations Verified by *[Signature]*

*P. Bhargava* 27/8/2018  
 Signature of the Applicant

- Enclosures : 1. Letter of acceptance and approval  
 2. Photo copy of the Certificate  
 3. Bills



*[Signature]*  
 PRINCIPAL  
 V. V. Institute of  
 Pharmaceutical Sciences  
 Seshadri Rao Knowledge Village  
 GUDLAVALLERU - 521 356



*[Signature]*  
 PRINCIPAL  
 V. V. Institute of  
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 Seshadri Rao Knowledge Village  
 GUDLAVALLERU - 521 356



# OPERANT PHARMACY FEDERATION



**Life Membership**

Presented to

*Dr. Sk. Aminabee*

Mem. No. : OPF/MEM/2018/LTM/012

*Amas*

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Rao Knowledge Village  
GUDLAVALLERU - 521 356

*Kanav Mishra*  
Hon. Secretary

President



**V. V. Institute of Pharmaceutical Sciences**  
**Seshadri Rao Knowledge Village, Gudlavalleru.**

**Application for Reimbursement of Expenditure**

Date: 27/8/18

1. Name of the Applicant : Dr. S. Aminobee  
2. Designation : Associate Professor  
3. Department : Pharmacology  
4. Event attended : Applied for life membership in apex pharmacy federation  
5. Place of Event : -  
6. Dates of Event : -  
7. Expenditure details : -  
Registration : 5000/-  
Onward TA : -  
Return TA : -  
Boarding : -  
Local Conveyance : -  
Miscellaneous : -  
Total Expenditure : 5000/-  
(Rupees ..... Five thousand ..... rupees ..... Only)

Calculations Verified by *K. R. Rao*

*S. Aminobee* 27/8/18  
Signature of the Applicant

- Enclosures :
1. Letter of acceptance and approval
  2. Photo copy of the Certificate
  3. Bills



*Aminobee*  
PRINCIPAL  
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Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356



*Aminobee*  
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# OPERANT PHARMACY FEDERATION



**Life Membership**

Presented to

*Dr. P. Raveesha*

Mem. No. : OPF/MEM/2018/LTM/013



*Amgo*

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GUDLAVALLERU - 521 356

*Kanav Midha*

**Hon. Secretary**

**President**



**V. V. Institute of Pharmaceutical Sciences**  
**Seshadri Rao Knowledge Village, Gudlavalleru.**

**Application for Reimbursement of Expenditure**

Date: 20.09.2018

- 1. Name of the Applicant : Dr. P. Raveesha
- 2. Designation : Associate Professor
- 3. Department : Pharmacology
- 4. Event attended : Applied for Life-Membership in
- 5. Place of Event : Operant Pharmacy Federation
- 6. Dates of Event : .....
- 7. Expenditure details : .....

Registration : 5000/-  
 Onward TA : .....  
 Return TA : .....  
 Boarding : .....  
 Local Conveyance : .....  
 Miscellaneous : .....  
 Total Expenditure : 5000/-  
 (Rupees Five thousand Only)

Calculations Verified by

Signature of the Applicant

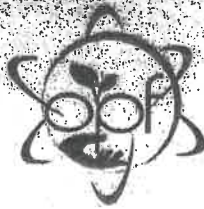
- Enclosures :
- 1. Letter of acceptance and approval
  - 2. Photo copy of the Certificate
  - 3. Bills



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 GUDLAVALLERU - 521 356



# OPERANT PHARMACY FEDERATION



**Life Membership**

Presented to

*Mr. K. Srikanth Kumar*

Mem. No. : OPE/MEM/2018/LTM/014

*Almar*

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V. V. Institute of

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Seshadri Rao Knowledge Village

GUDLAVALLERU - 521 356



*Kanav Mishra*

Hon. Secretary

President



**V. V. Institute of Pharmaceutical Sciences**  
**Seshadri Rao Knowledge Village, Gudlalleru.**

**Application for Reimbursement of Expenditure**

Date: 27/8/18

1. Name of the Applicant : K. Srikanth Kumar  
2. Designation : Associate Professor  
3. Department : Pharmaceutical Chemistry  
4. Event attended : Applied for Life membership in Special Pharmacy Fedn  
5. Place of Event :  
6. Dates of Event :  
7. Expenditure details :

Registration : 5,000/-  
Onward TA :  
Return TA :  
Boarding :  
Local Conveyance :  
Miscellaneous :  
Total Expenditure :

(Rupees five thousand.....Only)

Kunbo  
Calculations Verified by

Srikanth  
27/8/18  
Signature of the Applicant

- Enclosures : 1. Letter of acceptance and approval  
2. Photo copy of the Certificate  
3. Bills



Principal  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLALLERU - 521 356



Principal  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLALLERU - 521 356




# OPERANT PHARMACY FEDERATION



## Life Membership

Presented to

*Ms. J. Parasanthi* 

Mem. No. : OPF/MEM/2018/LTM/015

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V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 527356



*Kanav Mishra*

Hon. Secretary

  
President



**V. V. Institute of Pharmaceutical Sciences**  
**Seshadri Rao Knowledge Village, Gudlavalleru.**

**Application for Reimbursement of Expenditure**

Date: 27-08-2018

1. Name of the Applicant : ..... T. Prasanth .....  
2. Designation : ..... Associate Professor .....  
3. Department : ..... Pharmaceutical Analysts .....  
4. Event attended : ..... Applied for life Membership in .....  
5. Place of Event : ..... Operant Pharmacy Federation .....  
6. Dates of Event : ..... - .....  
7. Expenditure details : ..... - .....

Registration : ..... 5000/- .....

Onward TA : ..... - .....

Return TA : ..... - .....

Boarding : ..... - .....

Local Conveyance : ..... - .....

Miscellaneous : ..... - .....

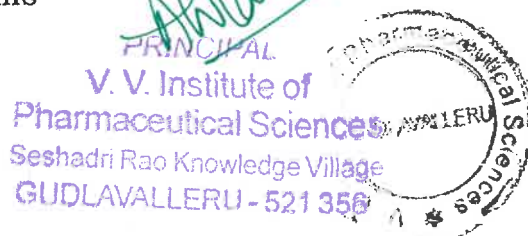
Total Expenditure : ..... 5000/- .....

(Rupees ..... Five Thousand ..... Only)

*K. S. S.*  
Calculations Verified by

*T. Prasanth*  
Signature of the Applicant

- Enclosures : 1. Letter of acceptance and approval  
2. Photo copy of the Certificate  
3. Bills



*Arav*  
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Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356



# OPERANT PHARMACY FEDERATION



**Life Membership**

Presented to

*Ms. B. Satya Sree*

Mem. No. : OPF/MEM/2018/LTM/016

*Almas*

PRINCIPAL

V. V. Institute of

Pharmaceutical Sciences

Seshadri Rao Knowledge Village

GUDLAVALLERU - 521 356



*Kanav Midha*

Hon. Secretary

President



**V. V. Institute of Pharmaceutical Sciences**  
**Seshadri Rao Knowledge Village, Gudlavalleru.**

**Application for Reimbursement of Expenditure**

Date: 27/8/2018

1. Name of the Applicant : Ms. B. Satya Sree
2. Designation : Associate professor
3. Department : pharmaceutical chemistry
4. Event attended : Applied for life membership in Operant pharmacy federation
5. Place of Event : -
6. Dates of Event : -
7. Expenditure details : -

Registration : 5,000/-

Onward TA : -

Return TA : -

Boarding : -

Local Conveyance : -

Miscellaneous : -

Total Expenditure : 5,000/-

(Rupees five thousand Only)

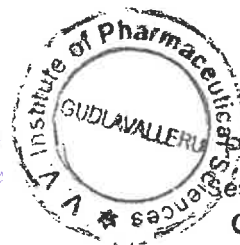
KUBO  
 Calculations Verified by

Satya S B  
 Signature of the Applicant

- Enclosures :
1. Letter of acceptance and approval
  2. Photo copy of the Certificate
  3. Bills



ARAO  
 PRINCIPAL  
 V. V. Institute of  
 Pharmaceutical Sciences  
 Seshadri Rao Knowledge Village  
 GUDLAVALLERU - 521 356



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 Pharmaceutical Sciences  
 Seshadri Rao Knowledge Village  
 GUDLAVALLERU - 521 356



# OPERANT PHARMACY FEDERATION



**Life Membership**

Presented to

*Ms. D. Sharmila*

Mem. No. : OPF/MEM/2018/LTM/017

PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 856



**President**

*Kanav Mishra*

**Hon. Secretary**



**V. V. Institute of Pharmaceutical Sciences**  
**Seshadri Rao Knowledge Village, Gudlavalleru.**

**Application for Reimbursement of Expenditure**

Date: 27/8/18

1. Name of the Applicant : ..... Dr. D. Sharmila .....
2. Designation : ..... Associate professor .....
3. Department : ..... pharmaceutical Analysis .....
4. Event attended : ..... Applied for life membership in opunt  
pharmacy fedarati .....
5. Place of Event : .....
6. Dates of Event : .....
7. Expenditure details : .....

Registration : ..... 5000/- .....

Onward TA : ..... - .....

Return TA : ..... - .....

Boarding : ..... - .....

Local Conveyance : ..... - .....

Miscellaneous : ..... - .....

Total Expenditure : ..... 5000/- .....

(Rupees ..... Only)

*Kun Rao*  
Calculations Verified by

*D. Sharmila*  
Signature of the Applicant

- Enclosures :
1. Letter of acceptance and approval
  2. Photo copy of the Certificate
  3. Bills



*AAAO*  
PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356



*AAAO*  
PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356



# OPERANT PHARMACY FEDERATION



**Life Membership**

Presented to

*Mr. M. Sai Vishnu*

**Mem. No. : OPF/MEM/2018/LTM/021**



*Amma*

PRINCIPAL

V. V. Institute of  
Pharmaceutical Sciences

Jeshadri Rao Knowledge Village,  
GUDLAVALLERU - 521 356

*Kanav Midha*  
**Hon. Secretary**

*[Signature]*  
**President**

ORIGINAL





**V. V. Institute of Pharmaceutical Sciences**  
**Seshadri Rao Knowledge Village, Gudlavalleru.**

**Application for Reimbursement of Expenditure**

Date: 27/08/2018

1. Name of the Applicant : ..... M. Sairishu .....
2. Designation : ..... Assistant professor .....
3. Department : ..... Pharmaceutics .....
4. Event attended : ..... Applied for life membership in Operant Pharmacy Federation .....
5. Place of Event : ..... - .....
6. Dates of Event : ..... - .....
7. Expenditure details : ..... - .....

Registration : ..... 5000/- .....

Onward TA : ..... - .....

Return TA : ..... - .....

Boarding : ..... - .....

Local Conveyance : ..... - .....

Miscellaneous : ..... - .....

Total Expenditure : ..... 5000/- .....

(Rupees ..... Five thousand ..... Only)

*K.R.S.*  
 Calculations Verified by

*M. Sairishu 27/8/18*  
 Signature of the Applicant

- Enclosures :
1. Letter of acceptance and approval
  2. Photo copy of the Certificate
  3. Bills



*AKR*  
 PRINCIPAL  
 V. V. Institute of  
 Pharmaceutical Sciences  
 Seshadri Rao Knowledge Village  
 GUDLAVALLERU - 521 356.



*AKR*  
 PRINCIPAL  
 V. V. Institute of  
 Pharmaceutical Sciences  
 Seshadri Rao Knowledge Village  
 GUDLAVALLERU - 521 356



# OPERANT PHARMACY FEDERATION



**Life Membership**

**Presented to**

*Ms. J. Sravan*

**Mem. No. : OPF/MEM/2018/LTM/022**

*Handwritten signature in green ink.*

**PRINCIPAL**  
**V. V. Institute of**  
**Pharmaceutical Sciences**  
Seshadri Rao Knowledge Villag-  
DLAVALLERU - 521 356



*Kanav Midha*  
**Hon. Secretary**

*Handwritten signature in black ink.*  
**President**



**V. V. Institute of Pharmaceutical Sciences**  
**Seshadri Rao Knowledge Village, Gudlalleru.**

**Application for Reimbursement of Expenditure**

Date: 27/8/2018

1. Name of the Applicant : .....T. Sravani.....  
2. Designation : .....Assistant Professor.....  
3. Department : .....Pharmaceutic.....  
4. Event attended : .....Applied for Life Membership in Bharat Pharma Federation.....  
5. Place of Event : .....-.....  
6. Dates of Event : .....-.....  
7. Expenditure details : .....-.....  
Registration : .....5000/-.....  
Onward TA : .....-.....  
Return TA : .....-.....  
Boarding : .....-.....  
Local Conveyance : .....-.....  
Miscellaneous : .....-.....  
Total Expenditure : .....5000/-.....  
(Rupees ...Five thousand Rupees.....Only)

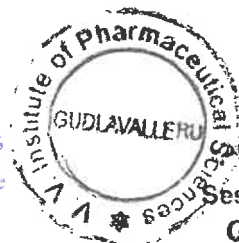
*K. Ramesh*  
Calculations Verified by

T. Sravani, 27/8/2018.  
Signature of the Applicant

- Enclosures : 1. Letter of acceptance and approval  
2. Photo copy of the Certificate  
3. Bills



*Arjun*  
PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLALLERU - 521 356



*Arjun*  
PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLALLERU - 521 356



# OPERANT PHARMACY FEDERATION

CERTIFICATE

**Life Membership**

Presented to

*Mr. V.L. Vinod Kumar*

Mem. No. : OPF/MEM/2018/LTM/024

*Kanav Mishra*  
**Hon. Secretary**



*Alwar*  
**PRINCIPAL**  
V. V. Institute of  
Pharmaceutical Sciences  
Beshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356

**President**



**V. V. Institute of Pharmaceutical Sciences**  
**Seshadri Rao Knowledge Village, Gudlavalleru.**

**Application for Reimbursement of Expenditure**

Date: 27/08-18

1. Name of the Applicant : V. V. Vinod Kumar  
 2. Designation : Asst. Professor  
 3. Department : Pharmaceutics  
 4. Event attended : Applied for life membership in oriental  
 5. Place of Event : Pharmacy Federation  
 6. Dates of Event : -  
 7. Expenditure details : -

Registration : 5000/-  
 Onward TA : -  
 Return TA : -  
 Boarding : -  
 Local Conveyance : -  
 Miscellaneous : -  
 Total Expenditure : 5000/-  
 (Rupees Five Zero Zero Zero Only)

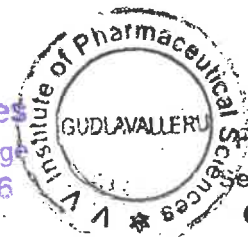
Calculations Verified by [Signature]

[Signature]  
 Signature of the Applicant

- Enclosures :
1. Letter of acceptance and approval
  2. Photo copy of the Certificate
  3. Bills



[Signature]  
 PRINCIPAL  
 V. V. Institute of  
 Pharmaceutical Sciences  
 Seshadri Rao Knowledge Village  
 GUDLAVALLERU - 521 356



[Signature]  
 PRINCIPAL  
 V. V. Institute of  
 Pharmaceutical Sciences  
 Seshadri Rao Knowledge Village  
 GUDLAVALLERU - 521 356



# OPERANT PHARMACY FEDERATION



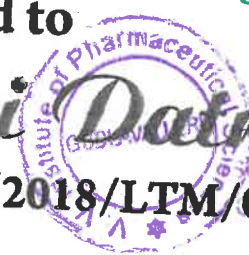
## Life Membership

Presented to

*Ms. A. Sai Datri*

Mem. No. : OPF/MEM/2018/LTM/025

*Amma*



PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Jeshadri Rao Knowledge Village,  
AVALLERU - 521 356

*Kanav Midha*

Hon. Secretary

President



**V. V. Institute of Pharmaceutical Sciences**  
**Seshadri Rao Knowledge Village, Gudlavalleru.**

**Application for Reimbursement of Expenditure**

Date: 27/8/2018

1. Name of the Applicant : *Ms. A. Sai Datri*  
 2. Designation : *Assistant Professor*  
 3. Department : *Pharmaceutical Analysis*  
 4. Event attended : *Applied for life membership in openant Pharma federation*  
 5. Place of Event : *-*  
 6. Dates of Event : *-*  
 7. Expenditure details : *-*

Registration : *5,000/-*

Onward TA : *-*

Return TA : *-*

Boarding : *-*

Local Conveyance : *-*

Miscellaneous : *-*

Total Expenditure : *5,000/-*

(Rupees *five thousand Rs* Only)

*Kudo*  
 Calculations Verified by

*A. Sai Datri*  
 Signature of the Applicant

- Enclosures :
1. Letter of acceptance and approval
  2. Photo copy of the Certificate
  3. Bills



*Arava*  
 PRINCIPAL  
 V. V. Institute of  
 Pharmaceutical Sciences  
 Seshadri Rao Knowledge Village  
 GUDLAVALLERU - 521 356.



*Arava*  
 PRINCIPAL  
 V. V. Institute of  
 Pharmaceutical Sciences  
 Seshadri Rao Knowledge Village  
 GUDLAVALLERU - 521 356



# OPERANT PHARMACY FEDERATION



**Life Membership**

Presented to

*Ms. D. Alekhya*

**Mem. No. : OPF/MEM/2018/LTM/026**

*Almao*  
PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Sugradri Rao Knowledge Village  
GUDLAVALLERU - 521 356

*Kanav Mishra*

**Hon. Secretary**

**President**





**V. V. Institute of Pharmaceutical Sciences**  
**Seshadri Rao Knowledge Village, Gudlavalleru.**

**Application for Reimbursement of Expenditure**

Date: 27/8/2018

1. Name of the Applicant : ..... D. Alekhya .....
2. Designation : ..... Assistant professor .....
3. Department : ..... Pharmaceutical Chemistry .....
4. Event attended : ..... Applied for life membership in Operant Pharmacy federation .....
5. Place of Event : ..... - .....
6. Dates of Event : ..... - .....
7. Expenditure details : ..... - .....

Registration : ..... 5000/- .....

Onward TA : ..... - .....

Return TA : ..... - .....

Boarding : ..... - .....

Local Conveyance : ..... - .....

Miscellaneous : ..... - .....

Total Expenditure : ..... 5000/- .....

(Rupees ..... Five thousand rupees ..... Only)

*KVR*  
Calculations Verified by

*D. Alekhya*  
Signature of the Applicant  
27/8/18.

- Enclosures :
1. Letter of acceptance and approval
  2. Photo copy of the Certificate
  3. Bills



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PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356

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PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356



# OPERANT PHARMACY FEDERATION



## Life Membership

Presented to

*Ms. K. Parimala*

Mem. No. : OPF/MEM/2018/LEM/027

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V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 501356

*Karav Midha*  
Hon. Secretary

President



**V. V. Institute of Pharmaceutical Sciences**  
**Seshadri Rao Knowledge Village, Gudlavalleru.**

**Application for Reimbursement of Expenditure**

Date: 27/8/2018

1. Name of the Applicant : *K. Pasimala*
2. Designation : *Assistant Professor*
3. Department : *Pharmaceutical Analysis*
4. Event attended : *Life membership Applied in Operant pharms Federation*
5. Place of Event : *-*
6. Dates of Event : *-*
7. Expenditure details : *-*

Registration : *5000/-*

Onward TA : *-*

Return TA : *-*

Boarding : *-*

Local Conveyance : *-*

Miscellaneous : *-*

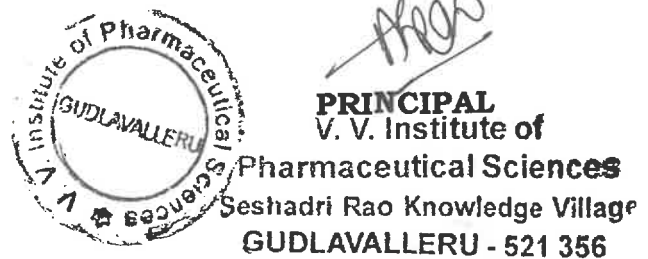
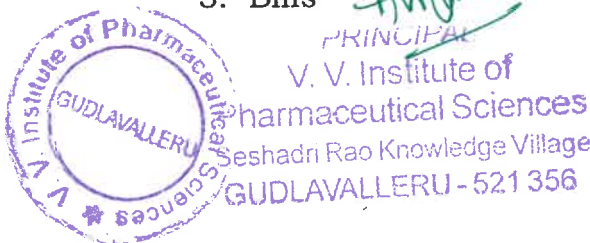
Total Expenditure : *5000/-*

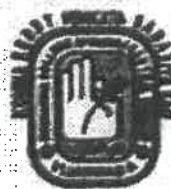
(Rupees *Five Thousand Rupees* Only)

*K. Pasimala*  
 Calculations Verified by

*K. Pasimala*  
 Signature of the Applicant

- Enclosures : 1. Letter of acceptance and approval  
 2. Photo copy of the Certificate  
 3. Bills *Amr*





**KOMMAREDDY VENKATA SADASTVA RAO  
SIDDHARTHA COLLEGE OF PHARMACEUTICAL SCIENCES**

ISO 9001:2015 Certified Institution

Sponsored by : Siddhartha Academy of General and Technical Education, Vijayawada  
In Association with : APTI - AP State Branch, Amaravati

*Certificate of Participation*

This is to certify that Prof./ Dr./ Mr./Mrs. / Miss DSNBK - PRASANTH of  
V.V. INSTITUTE OF PHARMACEUTICAL SCIENCES

has participated in National Seminar on 'Medicinal Plants : Indigenous Wealth of India' organized by Department of Pharmacognosy, KVS R Siddhartha College of Pharmaceutical Sciences, Vijayawada, Andhra Pradesh on 7<sup>th</sup> March, 2019 as delegate / Presented a Paper / Poster / Resource Person / Chairperson / Co-Chairperson / Judge.

**Dr. V. Karuna Sree**  
Organising Co-ordinator



**PRINCIPAL**  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village

**Dr. Devala Rao Garikapati**  
Chief Co-ordinator



V. V. Institute of Pharmaceutical Sciences  
Seshadri Rao Knowledge Village, Gudlavalleru.

Application for Reimbursement of Expenditure

Date: 13/3/19

1. Name of the Applicant : D.Y.D.: S.N.BE.....Prasanth.....  
2. Designation : .....Asso.c....Professor.....  
3. Department : .....pharmacognosy.....  
4. Event attended : ..National..seminar..on..Medical..plants..Indigenous  
wealth of India  
5. Place of Event : .....K.V.S.R...Siddhartha...college,...Vijayawada  
6. Dates of Event : .....1/3/19.....  
7. Expenditure details : .....

Registration : .....200/-.....

Onward TA : .....67/-.....

Return TA : .....76/-.....

Boarding : .....

Local Conveyance : .....60/-.....

Miscellaneous : .....20/-.....

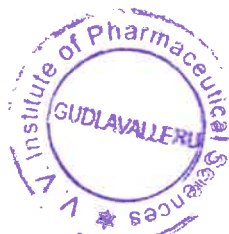
Total Expenditure : .....418.....

(Rupees ....Four....hundred....eighteen.....Only)

*tenfo*  
Calculations Verified by

D. prasanth  
Signature of the Applicant

- Enclosures : 1. Letter of acceptance and approval  
2. Photo copy of the Certificate  
3. Bills



*Arnoo*  
PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356



*Arnoo*  
PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356



# NRI COLLEGE OF PHARMACY

Run by Sri DurgaMalleswari Educational Society)

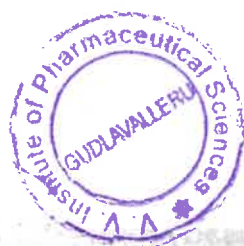
(Approved by AICTE & PCI - New Delhi : Affiliated to JNTUK, Kakinada)

Pothavarappadu (V), (Via) Nunna, Agiripalli (M), Krishna District, A.P., Pin : 521 212, Cell : 9394686868

## CERTIFICATE OF PARTICIPATION

*This is to certify that .....B. kanaka Durga.....has participated in one week Faculty Development Programme (FDP) on "INTELLECTUAL PROPERTY RIGHTS EMERGING ISSUES AND CHALLENGES" Organized by NRI College of Pharmacy from 22<sup>nd</sup> to 28<sup>th</sup> April 2019.*

*Y. V. Veerendranath*  
Coordinator



*ANAND*  
PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356

*P. Chandrasekhar*  
Principal



V. V. Institute of Pharmaceutical Sciences  
Seshadri Rao Knowledge Village, Gudlavalleru.

Application for Reimbursement of Expenditure

Date: 29/4/2019

1. Name of the Applicant : B. kanaka Durga  
2. Designation : Assistant professor  
3. Department : pharmacy  
4. Event attended : Intellectual Property Rights Emerging issues and challenges  
5. Place of Event : NRI college of pharmacy, Ajinipalli  
6. Dates of Event : 22nd to 28th April 2019  
7. Expenditure details :

Registration : 200

Onward TA : 250

Return TA : 300

Boarding : .....

Local Conveyance : 800

Miscellaneous : 50

Total Expenditure : 1600

(Rupees ..... Sixteen hundred only ..... Only)

Calculations Verified by *Arabo*

B. kanaka Durga  
Signature of the Applicant

- Enclosures : 1. Letter of acceptance and approval  
2. Photo copy of the Certificate  
3. Bills



*Arabo*  
PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356



*Arabo*  
PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Villag  
GUDLAVALLERU - 521 356



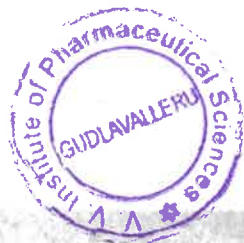
# NRI COLLEGE OF PHARMACY

Run by Sri Durgammaleswari Educational Society)  
(Approved by AICTE & PCI - New Delhi : Affiliated to JNTUK, Kakinada)  
Pothavarappadu (V), (Via) Nunna, Agiripalli (M), Krishna District, A.P., Pin : 521 212, Cell : 9394686868

## CERTIFICATE OF PARTICIPATION

*This is to certify that .....G.N.A. Lakshmi.....has participated in one week Faculty Development Programme (FDP) on "INTELLECTUAL PROPERTY RIGHTS EMERGING ISSUES AND CHALLENGES" Organized by NRI College of Pharmacy from 22<sup>nd</sup> to 28<sup>th</sup> April 2019.*

*Y. V. Veerendranath*  
Coordinator



*Alwar*  
PRINCIPAL  
V. V. Institute of  
Pharmaceutical Sciences  
Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356

*P. A. Chandrasekhar*  
Principal





V. V. Institute of Pharmaceutical Sciences  
Seshadri Rao Knowledge Village, Gudlavalleru.

Application for Reimbursement of Expenditure

Date: 29/4/2019

1. Name of the Applicant : G. N. A. Lakshmi  
2. Designation : Assistant Professor  
3. Department : Pharmaceutics  
4. Event attended : Intellectual property rights Emerging Issues and challenges  
5. Place of Event : NRI college of Pharmacy  
6. Dates of Event : 22<sup>nd</sup> to 28<sup>th</sup> April, 2019  
7. Expenditure details :

Registration : 200  
Onward TA : 250  
Return TA : 300  
Boarding :  
Local Conveyance : 500  
Miscellaneous : 50  
Total Expenditure : 1300

(Rupees ..... Thirteen hundred rupees ..... Only)

Calculations Verified by

G. Lakshmi  
Signature of the Applicant

- Enclosures : 1. Letter of acceptance and approval  
2. Photo copy of the Certificate  
3. Bills



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GUDLAVALLERU - 521 356



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Seshadri Rao Knowledge Village  
GUDLAVALLERU - 521 356