



V.V. INSTITUTE OF PHARMACEUTICAL SCIENCES
Seshadri Rao Knowledge Village, GUDLAVALLERU - 521 356.

Date: 2/1/24

LEAVE APPLICATION FORM (CL/EL/LP/OD/AL)

Name : A. Fullavi
Designation : Assistant Professor
No. of Days & Period : 1/2 day (1/2) Day(s) From: 12.7/12/23 To: 27/12/23
Purpose : Health Problem
Place : Gudlavalluru
Arrangements Made :

T-I-B-Sec 5th hour - T. Balakrishna Sir

Signature of Employee 2/1/24.

FOR OFFICE USE ONLY

Leaves At Credit

CL	EL
3 1/2	

Availed

CL	EL
1/2	

Balance

CL	EL
3	

PRINCIPAL



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



V.V. INSTITUTE OF PHARMACEUTICAL SCIENCES

Seshadri Rao Knowledge Village, GUDLAVALLERU - 521 356.

Date: 30/12/2023

LEAVE APPLICATION FORM (CL/EL/LP/OD/AL)

Name : S. Kiran Kumar
Designation : Lab-Technician
No. of Days & Period : 1/2 (AV) Day(s) From: 30/12/2023 To: -
Purpose : III - P B.Tech Exam Answer booklet submission
Place : Vijayawada (Sri Engg. College)
Arrangements Made :

 30/12/23.
Signature of Employee

FOR OFFICE USE ONLY

Leaves At Credit


CL	EL

 Availed


CL	EL

 Balance

CL	EL


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30/12/23.




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

TRRN 1222401002927

ECR Id 99552784

LIN : 1116301085

Establishment Code & Name GRGNT0058173000 VALLABHANENI VENKATADRI PHARMACEUTICAL SCIENCES Dues for the wage month of December 2023
Address : SESHADRI RAO KNOWLEDGE VILLAGE, GUDLAVALLERU, GUDLAVALLERU, KRISHNA, ANDHRA PRADESH

Total Subscribers :	EPF 27	EPS 27	EDLI 27
Total Wages :	3,23,700	3,23,700	3,23,700

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	1,619	0	0	0	1,619
2	Employer's Share Of	12,000	0	26,955	1,619	0	40,574
3	Employee's Share Of	38,844	0	0	0	0	38,844
Grand Total : Eighty-One Thousand Thirty-Seven Rupees Only							81,037

(This is a system generated challan on 08-JAN-2024 13:25, 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.) -	81,037	
F) Total amount of uploaded ECR (D + E) (81,037	



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GUDLAVALLERU - 521 350



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Seshadri Rao Knowledge Village
GUDLAVALLERU - 521 350



V. V. INSTITUTE OF PHARMACEUTICAL SCIENCES

Seshadri Rao Knowledge Village, Gudlalleru-521 356.

PROVIDENT FUND DETAILS FOR THE MONTH OF DECEMBER-2023

Sl. No.	P.F.NO.	Name of the Staff	Worker's Share		Employer's Share		A/C. No.10 8.33%
			Wages	E.P.F.	A/C. No. 1 3.67%	EPF A/C.1	
1	2	3	4	5	6	7	8
1.	AP/GNT/58173/1	Dr. A. Lakshmana Rao	15000	1800	551	2351	1249
2.	AP/GNT/58173/3	Sri. K. V. Maheswara Rao	15000	1800	551	2351	1249
3.	A9/GNT/58173/5	Sri. P. Soma Sekhar	15000	1800	551	2351	1249
4.	AP/GNT/58173/7	Dr. Sk. Aminabee	15000	1800	551	2351	1249
5.	AP/GNT/58173/9	Mr. MD. Yaseen	15000	1800	551	2351	1249
6.	AP/GNT/58173/12	Mr. J. Venkateswara Rao	15000	1800	551	2351	1249
7.	AP/GNT/58173/15	Ms. MD. Shahera Begum	15000	1800	551	2351	1249
8.	AP/GNT/58173/17	Mr. J. Durga Rao	15000	1800	551	2351	1249
9.	AP/GNT/58173/21	Dr. T. Prasanthi	15000	1800	551	2351	1249
10.	AP/GNT/58173/26	Ms. B. Satya Sree	15000	1800	551	2351	1249
11.	AP/GNT/58173/31	Mr. A. Tataiah	15000	1800	551	2351	1249
12.	AP/GNT/58173/32	Dr. T. Raja	15000	1800	551	2351	1249
13.	AP/GNT/58173/42	Ms. M. Anjali	15000	1800	551	2351	1249
14.	AP/GNT/58173/44	Mr. B.Ch. Subrahmanyam	15000	1800	551	2351	1249
15.	AP/GNT/58173/45	Mr. S. Kiran Kumar	15000	1800	551	2351	1249
16.	AP/GNT/58173/51	Mr. M. Gangadhara Rao	12000	1440	551	1991	1000
17.	AP/GNT/58173/52	Ms. G. Naga Lakshmi	7250	870	266	1136	604
18.	AP/GNT/58173/55	Ms. P. Naga Mani	7350	882	270	1152	612
19.	AP/GNT/58173/56	Ms. M. Durga Bhavani	6950	834	255	1089	579
20.	AP/GNT/58173/57	Ms. A. Pandu	5200	624	191	896	433
21.	AP/GNT/58173/58	Mr. B. Vamsi Krishna	6500	780	239	1019	541
22.	AP/GNT/58173/62	Ms. B. Pavani	5100	612	187	799	425
23.	AP/GNT/58173/63	Mr. B. Nagaraju	6750	810	248	1058	562
24.	AP/GNT/58173/64	Mr. G. Gangachalam	15000	1800	551	2351	1249
25.	AP/GNT/58173/65	Dr. B. Mohan Gandhi	15000	1800	551	2351	1249
26.	AP/GNT/58173/66	Dr. T. Balakrishna	15000	1800	551	2351	1249
27.	AP/GNT/58173/67	Ms. Ch. Naga Rani	5100	612	187	799	425
28.	AP/GNT/58173/68	Mr. Sk. Alimuddin	6500	780	239	1019	541
Total:			338700	40644	12551	53276	28204



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GUDLALLERU - 521 356

Total No's : 28
Total Wages : 3,38,700.00

Employer's share :

A/C. No. 1	:	12,551.00	
A/C. No. 10	:	28,204.00	<u>Amount</u>
A/C. No. 21	:		Rs. Ps.
(3,38,700 x 0.5%)	:	1694.00	42,449.00

<u>Employee's share</u>	:		<u>Amount</u>
			Rs. Ps.
			40,755.00

<u>Admn. Charges</u>	:		
A/C.No.2			
(3,38,700 x 0.5%)	:		1694.00

Total : 84,898.00

(Rupees Eighty Four Thousand Eight Hundred Ninty Eight only)



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GUDLAVALLERU - 521 35F



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Transaction Details

Required Fields

Transaction status:	Completed successfully.
Employer's Code No:	62000345640001304
Employer's Name:	V.V. INSTITUTE OF PHARMACEUTICAL SCIENCES
Challan Period:	Dec-2023
Challan Number :	06224101244101
Challan Created Date	08-01-2024 22:38:19
Challan Submitted Date	11-01-2024 17:08:20
Amount Paid:	6478.00
Transaction Number:	CHO7429019

Print Close

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A Rao
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GUDLAVALLERU - 521 356



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Seshadri Rao Knowledge Village
GUDLAVALLERU - 521 356



Employees' State Insurance Corporation

691
9/1/24
Aman

Contribution History Of 62000345640001304 for Dec2023

IP Contribution	Total Employer Contribution	Total Contribution	Total Government Contribution	Total Monthly Wages
5.00	5,353.00	6,478.00	0.00	164,698.00

Is Disable	IP Number	IP Name	No. Of Days	Total Wages	IP Contribution	Reason
-	6209402726	MOHAMMAD YASEEN	0	0.00	0.00	On Leave
-	6209402740	JAVVADI VENKATESWARA RAO	0	0.00	0.00	On Leave
-	6207958557	SK SAHERA BEGUM	0	0.00	0.00	On Leave
-	6209402757	JONNALAGADDA DURGA RAO	0	0.00	0.00	On Leave
-	6209402774	ANKANI TATAIAH	31	19976.00	150.00	-
-	6209402783	MADHIRI ANJALI	31	19976.00	150.00	-
-	6209402798	BOLEM CHINNASUBRAMANAYAM	31	19423.00	146.00	-
-	6209402805	SEGA KIRAN KUMAR	31	20574.00	155.00	-
-	6209402823	BUSARA VAMSI KRISHNA	31	6500.00	49.00	-
-	6209512310	BATNA NAGARAJU	31	6750.00	51.00	-
-	6209402745	GUDLAVALLETI GANGACHALEM	31	16049.00	121.00	-
-	6209794746	SHAIK ALIMUDDIN	31	6500.00	49.00	-
-	6208186018	M. GANGADHARA RAO	31	12000.00	90.00	-
-	6208186920	P.NAGA MANI	31	7350.00	56.00	-
-	6208185966	G. NAGA LAKSHMI	31	7250.00	55.00	-
-	6208186027	M.DURGA BHAVANI	31	6950.00	53.00	-



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PRINCIPAL
V. V. Institute of
Pharmaceutical Sciences
Seshadri Rao Knowledge Village
GUDLAVALLERU - 521 251

10:37:55PM

Printed On: 1/8/2024

SNo.	Is Disable	IP Number	IP Name	Co. Of Days	Total Wages	IP Contribution	Reason
7	-	6208961721	ATMAKURI PANDU	31	5200.00	0.00	-
8	-	6209379375	BOYINA PAVANI	31	5100.00	0.00	-
9	-	6209239441	CHODAVARAPU NAGA RANI	31	5100.00	0.00	-
0	-	6209512312	B ANNAPURNA	0	0.00	0.00	On Leave



Handwritten signature in green ink
PRINCIPAL
V. V. Institute of
Pharmaceutical Sciences
 Seshadri Rao Knowledge Village
 GUDLAVALLERU - 521 303

10:37:55PM

Printed On: 1/8/2024

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY Ltd. ADDRESS: HYDERABAD - BRANCH 1-2-73/2 1-2-63 TO 64, NO.302, 3RD FLOOR,S R ARCADE, PARKLANE PARKLANE CITY: HYDERABAD STATE:TELANGANA GSTIN: 36AABCC6633K1ZK	GST Invoice No.:2823378209876 DATE: 09/06/2022 PAN: AABCC6633K SAC Code: 997133 SAC Description: Accident and health insurance services
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------

Business Location: HYDERABAD - BRANCH

Policy Number : 2823/00123377/000/00 **Customer Code:** 1002041413910001

A. Insured Details		
1	Name of Insured	V V INSTITUTE OF PHARMACEUTICAL SCIENCES
2	Business / Profession	EDUCATIONAL INSTITUTION
3	Address of Insured	SESHADRI RAO KNOWLEDGE VILLAGE,GUDLAVALLERU POST,GUDLAVALLERU S.O
	City	KRISHNA
	State	ANDHRA PRADESH
	Pin Code	521356
4	Aadhar No.	-
5	PAN No.	-
6	Period of Insurance / Insured Period	From (time) 00:00 31/05/2022 (effective date) To (time) Midnight of 30/05/2023 (expiration date)
7	Loan account no.	Nil
8	Premium Receipt	1048607951 Date : 31/05/2022

B. Benefits Covered :

Benefits	Covered
Accident Death Benefit	Covered
Permanent Total Disability Benefit	Covered
Permanent Partial Disability Benefit	Covered
Accident Medical Reimbursement	Covered
Accident Weekly Indemnity	Covered
Educational Benefit	Covered

41 Members are covered under this policy (list enclosed)

Conditions / Other Clause
1. The Insurer's liability in any one incident / accident shall be cumulatively limited to Rs. 500000/-*2. As per Annexure Attached.

C. Premium Component

Total Sum Insured	: Rs.	20,500,000.00
Premium	: Rs.	13,624.00
CGST (0%)	: Rs.	0.00
SGST (0%)	: Rs.	0.00
Kerala Flood Cess	: Rs.	0.00
IGST (18%)	: Rs.	2,452.00
Total Premium	: Rs.	16,076.00

PREMIUM: RUPEES Sixteen Thousand Seventy Six Only

D.Co- Insurance Details :

Cholamandalam MS General Insurance Co Ltd	100%
-------------------------------------------	------



It is warranted that in case of dishonour of premium cheques, the Insurance Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Consolidated Stamp Duty Paid Vide G.O. Rt No.69,Commercial Taxes and Registration (1) Department, Tamil Nadu dated 07/03/2022.

Intermediary Name: CHOLA INSURANCE DISTRIBUTION SERVICES PRIVATE LIMITED
Code:200572295173 Contact No:8121312351

POSP Aadhaar No.:

Note: The Certificate of Insurance / Policy Schedule is an important document issued based on your declaration. We request you to verify the details and ensure that everything is in order. In case of any discrepancies, please contact us within 15 days from the date of issuance of policy.

Place : CHENNAI	CHOLAMANDALAM MS GENERAL INSURANCE CO. LTD Signature valid Digitally signed by: KANCHANRAM SRIDHAR VARISH Authorised Signatory
Date : 09/06/2022	  PRINCIPAL V. V. Institute of Pharmaceutical Sciences

Pharmaceutical Sciences
Seshadri Rao Knowledge Village
GUDLAVALLERU - 521 356

Patients Name: P. RAVEESHA Age: 40 Sex: F

Diagnosis: Compressive Myelopathy + Sciatica

Leave from: 13-12-23 to 26-12-23 = Days: 14 days

Medical Fitness Certificate

Signature of applicant: _____

I DR. SK. NOUSHADALI after careful personal examination of the

case hereby certify that P. RAVEESHA

Whose signature has been given above was suffering from Compressive

Myelopathy + Sciatica and was under my

treatment for the same. He/~~She~~ was advised rest for period of 14 days.

He/~~She~~ recovered from the illness and he/~~she~~ is fit to resume his/~~her~~ duty with effect

from 27-12-23

Identification marks:

1) _____

2) _____

Date: _____


Authorized medical officer

Dr. SK. NOUSHAD ALI, M.D.,
Regd. No. 57948
Associate Professor
Department of General Medicine
ACSR Govt. Medical College / GGH Nellore-4.

OK
considered

AKAO
27/12/23

AKAO



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

Gudlavallera,
13.12.2023.

To
The Principal,
V.V. Institute of Pharmaceutical Sciences,
Seshadri Rao Knowledge Village,
Gudlavallera.

Respected Sir,

Sub: Requisition for Medical leave - Reg.

I am Dr. P. Raveesha working as a Professor
in your esteemed Institution. As I am suffering
from severe back pain & in accordance of
suggestion given by doctor I hereby
request to grant me medical leave for 13
days i.e from 14.12.2023 to 26.12.2023. for the
cause bed rest.

Kindly do the needful.

Thanking you Sir,

Yours Sincerely,
Dr. P. Raveesha
Professor
V.V. Institute of
Pharmaceutical Sciences
Gudlavallera.

As
permitted



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

Gudlavalleru,
17/08/2023.

To:

The principal,

V.V. Institute of Pharmaceutical Sciences,
Seshadri Rao Knowledge Village,
Gudlavalleru - 521356.

Respected Sir,

Subject:- Request for utilizing maternity leave-Req:

I M-Anjali working as Lab-Technician
in V.V. Institute of Pharmaceutical Sciences. As I was
9th month pregnant. I request you to issue me
maternity leave from 21/08/2023 to 18/10/2023.
Kindly do the needful Sir.

One Permitted
Anjali
17/08/23

Yours faithfully,
M-Anjali



Anjali
PRINCIPAL
V.V. Institute of
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GUDLAVALLERU - 521 356

VALLABHANENI VENKATADRI INSTITUTE OF PHARMACEUTICAL SCIENCES
SESHADRI RAO KNOWLEDGE VILLAGE :: GUDLAVALLERU- 521 356.

FORM OF SELF APPRAISAL FROM TEACHING STAFF-2023

1. Name and Designation : Dr. St. Aminabee, Professor
2. Specialization : pharmacology
3. Qualification : M.Pharm., PH.D
4. No. of Refresher/Orientation : 07
courses attended
5. Subjects taught : Pharmacology - II
Pharmacology - III
6. University examination results in the
Subjects taught :

SUBJECT I			SUBJECT II			SUBJECT III			SUBJECT IV		
A	P	%	A	P	%	A	P	%	A	P	%
102	85	83.33	102	99	97.05						

A: No appeared

P: No passed

7. Coverage of syllabus in the papers concerned
(Reasons for not covering as per schedule may
Be indicated) : yes
8. Whether staying in headquarters
(If: yes, furnish local address) : No



Principal
V. V. Institute of
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Seshadri Rao Knowledge Village
GUDLAVALLERU- 521 356

9. Regularity in attendance (Nature of leave and Reasons for applying Leave to be Indicated :

	JUNE	JULY	AUG	SEP	OCT	NOV
No. of Working days in each month	13	25	22	25	19	25
No. of days attended	12	19	17 1/2	24 1/2	17	20 1/2
No. of days in leave, OD, etc.,	1	6	4 1/2	0.5	2	4 1/2

	DEC	JAN	FEB	MAR	APR	MAY
No. of Working days in each month	27	22	24	23	19	27
No. of days attended	25	21	16	21	18	27
No. of days in leave, OD, etc.,	2	1	8	2	1	0

Reasons for applying leave:

10. Are you teaching any restructured/ Vocational subject (If yes, do you need any Orientation for teaching the subject : NO
11. Have you prepared annual plans in all The subjects you are teaching : Yes
12. Are you maintaining academic records like Teaching dairies, teaching notes, synopsis regularly? : Yes
13. Are you involved in conducting co-curricular and extra curricular activities in the college? : Yes
14. What is your contribution to college administration In maintaining campus discipline, college Admissions Conducting examinations, NSS, NCC? : Yes
15. Are you participating in socially useful activities? : Yes
16. Any teaching aids improvised/innovative practices Adopted by teacher for presenting lectures? : Yes
17. No of books published : 03
18. No. of papers published in National & International Journals : 51



ANAO
 PRINCIPAL
 V. V. Institute of
 Pharmaceutical Science:
 Seshadri Rao Knowledge Village
 GUDLAVALLERU - 521 25

S. A. S.
 Signature of the Faculty

**VALLABHANENI VENKATADRI INSTITUTE OF PHARMACEUTICAL SCIENCES
SESHADRI RAO KNOWLEDGE VILLAGE :: GUDLAVALLERU- 521 356.**

FORM OF SELF APPRAISAL FROM TEACHING STAFF-2023

1. Name and Designation : Dr. P. Raveesha
2. Specialization : Professor
Pharmacognosy
3. Qualification : M. Pharm., Ph.D
4. No. of Refresher/Orientation : 06
courses attended
5. Subjects taught : 1. Herbal Drug Technology
2. Quality Control of Herbal
Drugs
6. University examination results in the
Subjects taught :

SUBJECT I			SUBJECT II			SUBJECT III			SUBJECT IV		
A	P	%	A	P	%	A	P	%	A	P	%
102	97	95.09	91	91	100						

A: No appeared

P: No passed

7. Coverage of syllabus in the papers concerned
(Reasons for not covering as per schedule may
Be indicated) : 100%
8. Whether staying in headquarters
(If: yes, furnish local address) : No



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

9. Regularity in attendance (Nature of leave and Reasons for applying Leave to be Indicated :

	JUNE	JULY	AUG	SEP	OCT	NOV
No. of Working days in each month	13	25	22	25	19	25
No. of days attended	13	19	18.5	24	17.5	23
No. of days in leave, OD, etc.,	0	6	3.5	1	1.5	2

	DEC	JAN	FEB	MAR	APR	MAY
No. of Working days in each month	27	22	24	23	19	27
No. of days attended	22.5	16.5	17	21	12	20
No. of days in leave, OD, etc.,	4.5	5.5	7	2	7	7

Reasons for applying leave:

10. Are you teaching any restructured/ Vocational subject (If yes, do you need any Orientation for teaching the subject) : No
11. Have you prepared annual plans in all The subjects you are teaching : Yes
12. Are you maintaining academic records like Teaching dairies, teaching notes, synopsis regularly? : Yes
13. Are you involved in conducting co-curricular and extra curricular activities in the college? : Yes
14. What is your contribution to college administration In maintaining campus discipline, college Admissions Conducting examinations, NSS, NCC? : Yes
15. Are you participating in socially useful activities? : Yes
16. Any teaching aids improvised/innovative practices Adopted by teacher for presenting lectures? : Yes
17. No of books published : 3
18. No. of papers published in National & International Journals : 140



Ashwini
 PRINCIPAL
 V. V. Institute of
 Pharmaceutical Sciences
 Shashidri Rao Knowledge Village
 GUDLAVALLERU 521 356

[Signature]
 Signature of the Faculty