

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1187**

Payment Voucher

Date: 2017

Name: P. Nagantenyayudu

Contact No. : towards: conference

Amount Received : In words : Two thousand two hundred only

₹ 2,200/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1076**

Payment Voucher

Date : ...2017...

Name : K. Sora Sincha

Contact No. : towards : Conference

Amount Received : In words : two thousand two hundred only

₹ 2,200/-

Cash / Cheque No. cash


Head of Account


Paid by


Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1077**

Payment Voucher

Date : 2017

Name : R. Jana methucula

Contact No. : towards : Conference

Amount Received : In words : two thousand two hundred only

₹ 2001

Cash / Cheque No. cash


Head of Account



Paid by


Received by



Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: R. NAGANTENAYULU
2. Designation: Associate professor
3. Department: pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____

JNTUA college of Engineering, Anantapur

5. Date and Duration of the Program: 20/11/17 - 2/12/17 [11 days]

6. Associating professional body/ Agency: -

7. Financial support particulars: -

1. Registration Charges: 1200

2. Travelling Allowances: 1000

3. Membership Fee: -

4. Others (if any): -

Date: 10/11/17

Nagantenu
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H.
KURNOOL-518218 (A.P.)
Account Department

Accountant: [Signature]

Date: 10/11/17





Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmpuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: K. SARA SIRISHA
2. Designation: Assistant professor
3. Department: pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____

JNTUA college of Engineering, Anantapur

5. Date and Duration of the Program: 20/11/17 - 2/12/17 [11 days]

6. Associating professional body/ Agency: -

7. Financial support particulars: -

1. Registration Charges: 1200

2. Travelling Allowances: 1000

3. Membership Fee: -

4. Others (if any): -

Date: 10/11/17

Smzll
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H.-44,
KURNOOL-518218 (A.P.)
Account Department

Accountant: [Signature]

Date: 10/11/17





Dr. K.V. Subba Reddy Institute of Pharmac

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmpuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: R. JONA METHUSULA
- 2. Designation: Associate professor
- 3. Department: pharmacy
- 4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____

JNTUA college of Engineering, Anantapur

- 5. Date and Duration of the Program: 20/11/17 - 2/12/17 Tu days
- 6. Associating professional body/ Agency: -
- 7. Financial support particulars: _____
- 1. Registration Charges: 1200
- 2. Travelling Allowances: 1000
- 3. Membership Fee: -
- 4. Others (if any): -

Date: 10/11/17

Jona Methusula
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

Account Department

Accountant: MM

Date: 10/11/17



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

Payment Voucher

S.No. **1046**

Date : 2017

Name : R. Venu Madhuri

Contact No. : towards : Conference

Amount Received : In words : Two thousand three hundred only

₹ 2,300/-

Cash / Cheque No. Cash


Head of Account


Paid by


Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. 1070

Payment Voucher

Date : 2017

Name : B. Anurag

Contact No. : towards : Conference

Amount Received : In words : Two thousand three hundred only

₹ 2,300/-

Cash / Cheque No. : cash

Head of Account

Paid by

Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1190**

Payment Voucher

Date: 2017

Name : Dr. C. H. Naveen Kumar

Contact No. :towards : conference

Amount Received : In words : two thousand and three hundred only / -

₹ 2300 / -

Cash / Cheque No.


Head of Account




Paid by


Received by



Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmpuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: DR. C.H. NAVEEN KUMAR
- 2. Designation: Associate professor
- 3. Department: pharmacy
- 4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____
Saathiram college of pharmacy, Nandyal
- 5. Date and Duration of the Program: 14/01/17 (7day)
- 6. Associating professional body/ Agency: _____
- 7. Financial support particulars: _____
 - 1. Registration Charges: 1200/-
 - 2. Travelling Allowances: 1000/-
 - 3. Membership Fee: -
 - 4. Others (if any): -

Date: 1/10/17

Naveen
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S.
KURNOOL
Account Department

Accountant: [Signature]

Date: 1/10/17





Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: B. ARUNA
- 2. Designation: Assistant professor
- 3. Department: pharmacy
- 4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____
Saathinaram college of pharmacy, Nandyal.
- 5. Date and Duration of the Program: 14/01/17 (Today)
- 6. Associating professional body/ Agency: _____
- 7. Financial support particulars: _____
 - 1. Registration Charges: 1300/-
 - 2. Travelling Allowances: 1000/-
 - 3. Membership Fee: -
 - 4. Others (if any): -

Date: 1/10/17

[Signature]
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL

Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H.-44
KURNOOL-518218 (A.P.)
Account Department

Accountant: _____

Date: _____





Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: R. VENUMADHURI
2. Designation: Assistant professor
3. Department: pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____

Santuram college of pharmacy, mandya

5. Date and Duration of the Program: 14/10/17 (2day)

6. Associating professional body/ Agency: -

7. Financial support particulars: _____

1. Registration Charges: 1300/-

2. Travelling Allowances: 1000/-

3. Membership Fee: -

4. Others (if any): -

Date: 1/10/17

V. Venkatesh
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

Account Department

Accountant: [Signature]

Date: 1/10/17



SANTHIRAM COLLEGE OF PHARMACY

MURDO, Nandyal - 525001, T. Anand Dist. A.P.

FACULTY DEVELOPMENT PROGRAMME

FOR THE BEST PHARMACEUTICAL RESEARCHERS

ON 14th October 2017

Group of Institutions and Pharmaceutical Researchers Respected at Murdo, Anand District

Certificate of Participation

R.venu madhusri

Dr. K.V.S.R. Institute of Pharmacy successfully attended a programme

the Faculty Development Programme held at Santiram College of Pharmacy, Murdo

on 14th October 2017.

Kilamerna

PRINCIPAL

Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H.-44,
KURNOOL-518218 (A.P.)

Secretary, 2017



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1058**

Payment Voucher

Date: 2017

Name : R. Janta methucula

Contact No. : towards : conf@rence

Amount Received : In words : two thousand three hundred only/-

₹ 2300/-

Cash / Cheque No. cash

Head of Account [Signature]

Paid by [Signature]

Received by [Signature]



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1064**

Payment Voucher

Date : 2017

Name : R. Naganjanayulu

Contact No. : towards : conference

Amount Received : In words : two thousand three hundred only

₹ 20300/-

Cash / Cheque No. cash



Head of Account

Paid by

Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1065**

Payment Voucher

Date : 2017

Name

: K. Sava Cinika

Contact No.

:towards : conference

Amount Received : In words

: two thousand three hundred only/-

₹

2,300/-

Cash / Cheque No.

: cash

Head of Account

Paid by

Received by





Dr. K.V. Subba Reddy Institute of Pharmac

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmpuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

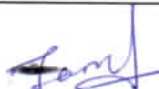
e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: R. JONATHAN MATHUSILA
2. Designation: Associate professor
3. Department: pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____
cree vidhanikethan college of pharmacy, tirupati
5. Date and Duration of the Program: 24/11/17 - 25/11/17 [2 days]
6. Associating professional body/ Agency: _____
7. Financial support particulars: _____
 1. Registration Charges: 1200
 2. Travelling Allowances: 1100
 3. Membership Fee: -
 4. Others (if any): -

Date: 15/11/17


Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____


PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H.-44,
KURNOOL-518218 (A.P.)
Account Department

Accountant: 

Date: 15/11/17





Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshimpuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: R. NAGANJENAYULU
2. Designation: Associate professor
3. Department: pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____

cree vidhaniketan college of pharmacy, tirupatt

5. Date and Duration of the Program: 24/11/17 - 25/11/17 [2 days]

6. Associating professional body/ Agency: _____

7. Financial support particulars: _____

1. Registration Charges: 1200

2. Travelling Allowances: 1100

3. Membership Fee: -

4. Others (if any): -

Date: 15/11/17

[Signature]
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: [Signature]

PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H.-44,
KURNOOL
Account Department

Accountant: [Signature]

Date: 15/11/17





Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshimpuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: K.SARA SIRISHA

2. Designation: Assistant professor

3. Department: pharmacy

4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____

Free vidhanikethan collage of pharmacy, Timpati

5. Date and Duration of the Program: 24/11/17 - 25/11/17 [2 days]

6. Associating professional body/ Agency: -

7. Financial support particulars: -

1. Registration Charges: 1200

2. Travelling Allowances: 1100

3. Membership Fee: -

4. Others (if any): -

Date: 15/11/17


Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy
Opp. Dupadu Railway Station,
Account Department
KURNOOL-518218 (A.P.)

Accountant: 

Date: 15/11/17



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1115**

Payment Voucher

Date : 2018

Name : R-Janamothukula

Contact No. : towards : conference

Amount Received : In words : two thousand three hundred only/-

₹ 2,300/-

Cash / Cheque No. cash


Head of Account


Paid by


Received by



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

Payment Voucher

Date : 2018

S.No.

1094

Name

M. Sivam chandra

Contact No.

towards :

conference

Amount Received : In words

Three thousand three hundred only

₹ 3,300/-

Cash / Cheque No.

cash

Head of Account

Paid by

Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1119**

Payment Voucher

Date : 2018

Name : Dr. G. Nagasatam

Contact No. : towards : conference

Amount Received : In words : two thousand three hundred only

₹ 2,300/-

Cash / Cheque No. : cash


Paid by


Received by

Head of Account





Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmpuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: R. Jona Methusala
- 2. Designation: Associate Professor
- 3. Department: Pharmacy
- 4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____

Santhiram College of Pharmacy, Nandhyal

5. Date and Duration of the Program: 27-08-2018 (1 day)

6. Associating professional body/ Agency: _____

7. Financial support particulars: _____

1. Registration Charges: 13,000/-

2. Travelling Allowances: 1000/-

3. Membership Fee: —

4. Others (if any): —

Date: 10-08-2018

R. Jona Methusala
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

Dr. K.V.S. Institute of Pharmacy
Opp. Dupadu Railway Station, N.H - 44,
KURNOOL - 518 218 (A.P.)
Account Department



Accountant: [Signature]

Date: 10-08-2018



Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: M. Srinam Chandra
2. Designation: Associate Professor
3. Department: Pharmacy.
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____
Santibaram College of Pharmacy, Nandhyal
5. Date and Duration of the Program: 27 - 08 - 2018 (1 day)
6. Associating professional body/ Agency: -
7. Financial support particulars: -
 1. Registration Charges: 1300 /-
 2. Travelling Allowances: 1000 /-
 3. Membership Fee: -
 4. Others (if any): -

Date: 10-08-2018

H. Srinam
Signature Member

1. Recommendations of the IQAC: _____
2. Recommendations of the Principal: _____

PRINCIPAL

Dr. K.V.S.R. Institute of Pharmacy
Opp. Dupadu R.S. N.H-44,
KURNOOL-518218 (A.P.)

Accountant: D

Date: 10-08-2018





Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, **KURNOOL - 518 218, A.P. INDIA**

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. G. Nagarajan
- 2. Designation: Professor of Principal
- 3. Department: Pharmacy
- 4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____

Santhiram college of pharmacy (Nandyala)

5. Date and Duration of the Program: 27-8-2018 (1day)

6. Associating professional body/ Agency: —

7. Financial support particulars: —

1. Registration Charges: 1300/-

2. Travelling Allowances: 1000/-

3. Membership Fee: _____

4. Others (if any): _____

Date: 10/8/18

[Signature]
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy
Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44,
Account Department
KURNOOL-518218 (A.P.)



Accountant: [Signature]

Date: 10/8/18

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1109**

Payment Voucher

Date : 2018

Name

K. Chandrasekhar

Contact No.

towards :

conference

Amount Received : In words

two thousand six hundred only

₹ 2,600/-

Cash / Cheque No.

cash


Head of Account


Paid by


Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1102**

Payment Voucher

Date: **2018**

Name : **R. Mohana Priya**

Contact No. : towards : **conference**

Amount Received : In words : **Two thousand six hundred only**

₹ **2,600/-**

Cash / Cheque No. **cash**


Head of Account


Paid by


Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No.

1110

Payment Voucher

Date : 2018

Name

Dr. G. Nagasara

Contact No.

towards :

conference

Amount Received : In words

two thousand ^{SIX} three hundred only

₹ 2,600/-

Cash / Cheque No.

cash


 Head of Account


 Paid by


 Received by



Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: K. Chandrashekar
- 2. Designation: Assistant Professor
- 3. Department: Pharmacy
- 4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: Conference

KrishnaTeja Pharmacy College (Tirupathi)

5. Date and Duration of the Program: 5/4/18 to 6/4/18 (2 days)

6. Associating professional body/ Agency: -

7. Financial support particulars: -

1. Registration Charges: 1500

2. Travelling Allowances: 1100

3. Membership Fee: -

4. Others (if any): -

Date: 2/3/18

Chandrashekar
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

Account Department

Accountant: [Signature]

Date: 2/3/18





Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: R. Mohana priya
2. Designation: Assitant professor pharmacy department.
3. Department: pharmacy department
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____

Krishna tija pharmacy college [Tirupathi]

5. Date and Duration of the Program: 5/4/18 to 6/4/18 [2days]

6. Associating professional body/ Agency: _____

7. Financial support particulars: _____

1. Registration Charges: 15,00

2. Travelling Allowances: 11,00

3. Membership Fee: -

4. Others (if any): -

Date: 2/3/18

Mohana priya
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL

Dr. K.V.S.R. Institute of Pharmacy
Opp. Dupadu, P.S. M.H. 44,
KURNOOL-518218 (A.P.)

Account Department

Accountant: [Signature]

Date: 2/3/18





Dr. K.V. Subba Reddy Institute of Pharmac

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmpuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. G. Nagarajan
- 2. Designation: Professor of Principal
- 3. Department: Pharmacy
- 4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____

Krishna Teja Pharmacy college (Timupatti).

5. Date and Duration of the Program: 5/4/18 to 6/4/18 (2days).

6. Associating professional body/ Agency: _____

7. Financial support particulars: _____

1. Registration Charges: 1500/-

2. Travelling Allowances: 1100/-

3. Membership Fee: _____

4. Others (if any): _____

Date: 2/3/18

[Signature]
Signature/Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL

Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H.-44,
KURNOOL-518218 (A.P.)
Account Department

Accountant: [Signature]

Date: 2/3/18



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No.

1191

Payment Voucher

Date : 2018

Name

Dr. G. Nagarajan

Contact No.

towards

conferenc

Amount Received : In words

two thousand two hundred only/-

₹ 2,200/-

Cash / Cheque No.

cash

Head of Account

Paid by

Received by



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1111**

Payment Voucher

Date : 2018

Name : R. Mohanapriya

Contact No. : towards : conference

Amount Received : In words : two thousand three hundred only

₹ 2,300/-

Cash / Cheque No. : cash


Head of Account


Paid by


Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No.

1089

Payment Voucher

Date : 20/7

Name

K. Chandrasekhar

Contact No.

towards :

Conference

Amount Received : In words

Two thousand two hundred only

₹ 2200

Cash / Cheque No.

Cash

Head of Account

Paid by

Received by





Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshimpuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. G. Nagarajan
2. Designation: Professor of Principal
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____
creative educational societies college of pharmacy (kurnool)
5. Date and Duration of the Program: 1/2/18 to 2/2/18 (2 days)
6. Associating professional body/ Agency: _____
7. Financial support particulars: _____
 1. Registration Charges: 1200/-
 2. Travelling Allowances: 1000/-
 3. Membership Fee: _____
 4. Others (if any): _____

Date: 20/1/18

[Signature]
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL
V.V.S.R. Institute of Pharmacy
Opp. Dupadu Railway Station, N.H-44,
KURNOOL-518218 (A.P.)
Account Department

Accountant: [Signature]

Date: 20/1/18





Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: R. Mohana priya
2. Designation: Assistant professor
3. Department: pharmacy department
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: creative education of society college of pharmacy [kurnool].
5. Date and Duration of the Program: 1/2/18 to 2/2/18 [2 days]
6. Associating professional body/ Agency: -
7. Financial support particulars: -
 1. Registration Charges: 1200
 2. Travelling Allowances: 1000
 3. Membership Fee: -
 4. Others (if any): -

Date: 20/1/18

Mohana priya
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

Accountant: [Signature]

Date: 20/1/18





Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principal@kvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: K. Chandrashekar
- 2. Designation: Assistant Professor
- 3. Department: Pharmacy
- 4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____

Creative Educational Societies College of Pharmacy (Kurnool)

5. Date and Duration of the Program: 12/18 to 21/18 (2 days)

6. Associating professional body/ Agency: -

7. Financial support particulars: -

1. Registration Charges: 1200

2. Travelling Allowances: 1000

3. Membership Fee: -

4. Others (if any): -

Date: 20/1/18

Chandrashekar
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL

Dr. K.V. Subba Reddy Institute of Pharmacy
Opp. Dupadu R.S. N.H-44,
KURNOOL-518218 (A.P.)
Account Department

Accountant: Muthu

Date: 20/1/18



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. 1101

Payment Voucher

Date : 2018

Name : Dr. G. Nagarajan

Contact No. : towards : Conference

Amount Received : In words three thousand three hundred only

₹ 3,300/-

Cash / Cheque No. cash



Head of Account

Paid by

Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

Payment Voucher

S.No. **1093**

Date : 2018

Name : R. Mohana priya

Contact No. : towards : Conference

Amount Received : In words : Three thousand three hundred only

₹ 3,300/-

Cash / Cheque No. : cash


Head of Account


Paid by


Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1100**

Payment Voucher

Date : 2018

Name : K. Chandrasekhar

Contact No. : towards : Conference

Amount Received : In words : three thousand three hundred only

₹ 3,300/-

Cash / Cheque No. cash

Dr. K.V. Subba Reddy
 Head of Account

[Signature]
 Paid by

[Signature]
 Received by



Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshimpuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. G. Nagarajan

2. Designation: Professor and Principal

3. Department: Pharmacy

4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____

Krupanidhi college of pharmacy (Banglor)

5. Date and Duration of the Program: 12/10/18 - 13/10/18 (2 days)

6. Associating professional body/ Agency: _____

7. Financial support particulars: _____

1. Registration Charges: 1800/-

2. Travelling Allowances: 1500/-

3. Membership Fee: _____

4. Others (if any): _____

Date: 25/9/18

Nagarajan
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

Account Department



Accountant: [Signature]

Date: 25/9/18



Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshimpuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: R. Mohana priya
2. Designation: Assistant professor.
3. Department: pharmacy.
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____

Krupanidhi college of pharmacy (Bangluru)

5. Date and Duration of the Program: 12/10/18 to 13/10/18 [2 days].

6. Associating professional body/ Agency: —

7. Financial support particulars: —

1. Registration Charges: 18,00

2. Travelling Allowances: 15,00

3. Membership Fee: —

4. Others (if any): —

Date: 25/9/18

Mohana priya
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

Accountant: HH

Date: 25/9/18



Account Department



Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshampuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: K Chandrashekar
2. Designation: Assistant Professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____
Krupanidhi College of Pharmacy (Bangalore)
5. Date and Duration of the Program: 12/10/18 - 13/10/18 (2 days)
6. Associating professional body/ Agency: -
7. Financial support particulars: 1
 1. Registration Charges: 1800
 2. Travelling Allowances: 1500
 3. Membership Fee: _____
 4. Others (if any): _____

Date: 25/9/18

Chander
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

Principal
Account Department

Accountant: [Signature]

Date: 25/9/18



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1149**

Payment Voucher

Date : 2019

Name : R-Jona methu-ris

Contact No. : towards : conference

Amount Received : In words : four thousand five hundred only

₹ 4500/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by

KURNOOL-518218

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **2167**

Payment Voucher

Date : 2019

Name : Dr. K. padmasa

Contact No. : towards : Conference

Amount Received : In words : Three thousand three hundred

₹ 3,300/-

..... only/-

Cash / Cheque No. cash

[Signature]

Paid by

Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1126**

Payment Voucher

Date : 2019

Name : Dr. B.V. Romana

Contact No. : towards : Conference

Amount Received : In words : Three thousand three hundred only

₹ 3000/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1120**

Payment Voucher

Date : 2019

Name : R. Mahapriya

Contact No. : towards : Confiance

Amount Received : In words : Three thousand three hundred only

₹ 3,300/-

Cash / Cheque No. : Cash

Head of Account

Paid by

Received by



Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmpuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. K. padmaja
- 2. Designation: Assistant professor
- 3. Department: pharmacy department
- 4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____

Amacharya college of pharmacy [Raiampete]

5. Date and Duration of the Program: 5/2/19 to (1 day)

6. Associating professional body/ Agency: -

7. Financial support particulars: -

1. Registration Charges: 18,00

2. Travelling Allowances: 15,00

3. Membership Fee: -

4. Others (if any): _____

Padmaja

Signature Member

Date: 20/1/19

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy,
Opp: Dupadu R.S. N.H.-44,
KURNOOL - 518218 (A.P.)
Account Department

Accountant: HH

Date: 20/1/19





Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshimpuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. B.V. Ramana
2. Designation: Professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:

Annamacharya college of Pharmacy, Rajampeta

5. Date and Duration of the Program: 5-02-19 (1 day)

6. Associating professional body/ Agency: -

7. Financial support particulars: -

1. Registration Charges: 1800/-

2. Travelling Allowances: 1500/-

3. Membership Fee: -

4. Others (if any): -

Date: 20-01-19

Ramana
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL

Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H.
Kurnool (A.P.)
Account Department

Accountant: [Signature]

Date: 20-01-19





Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshimpuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: R. Mohana prya
- 2. Designation: Assistant professor
- 3. Department: pharmacy
- 4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____

Annamacharya college of pharmacy, Rotampet

5. Date and Duration of the Program: 05/2/19 (1 day)

6. Associating professional body/ Agency: _____

7. Financial support particulars: _____

1. Registration Charges: 1800

2. Travelling Allowances: 1500

3. Membership Fee: -

4. Others (if any): -

Date: 20/1/19

[Signature]
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL
Dr. K.V. Subba Reddy Institute of Pharmacy
Opp. Dupadu R.S. N.H-44
KURNOOL - 518 218
Account Department

Accountant: [Signature]

Date: 20/1/19



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1155**

Payment Voucher

Date : 2019

Name : M. Sriram chandra

Contact No. : towards : conference

Amount Received : In words : four thousand five hundred only

₹ 4500/-

Cash / Cheque No. : cash

Head of Account

Paid by

Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1130**

Payment Voucher

Date: 20/9

Name: B. Anuna

Contact No. : towards: conference

Amount Received : In words four thousand five hundred only

₹ 4,500/-

Cash / Cheque No. cash


Head of Account


Paid by


Received by



Dr. K.V. Subba Reddy Institute of Pharmacy

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Opp. Dupadu Railway Station, Lakshimpuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: R. Jona Methusala
2. Designation: Assistant professor
3. Department: pharmacy
4. Name of activities in which need financial support: Conference/Publication/ ~~Membership Fee~~ / Workshop / FDP Certificate Details: Sri Rama chandra institute of higher education & Research, Chennai.
5. Date and Duration of the Program: 20-12-19 to 22-12-19 (3 days)
6. Associating professional body/ Agency: -
7. Financial support particulars: -
1. Registration Charges: 2500/-
2. Travelling Allowances: 2000/-
3. Membership Fee: -
4. Others (if any): -

Date: 1-12-2019

R. Jona
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL

Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H-44,
Kurnool-518218 (A.P.)

Account Department

Accountant: [Signature]

Date: 1-12-2019





Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: M. Sri Ram Chandra
2. Designation: Associate professor
3. Department: pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____
Sri Ramachandra Institute of Higher Education & Research (Chennai)
5. Date and Duration of the Program: 20/12/19 - 22/12/19 (3 days)
6. Associating professional body/ Agency: _____
7. Financial support particulars: _____
 1. Registration Charges: 2500/-
 2. Travelling Allowances: 2000/-
 3. Membership Fee: _____
 4. Others (if any): _____

Date: 1/12/19

[Signature]
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H.
Kurnool, A.P.
Account Department

Accountant: [Signature]

Date: 1/12/19





Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: B. Aruna
2. Designation: Asst. professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____
Sriroma chandsa Institute of Higher education & Research, Chennai
5. Date and Duration of the Program: 20/12/19 - 22/12/19 (3 days)
6. Associating professional body/ Agency: -
7. Financial support particulars: _____
 1. Registration Charges: 21500/-
 2. Travelling Allowances: 2000/-
 3. Membership Fee: -
 4. Others (if any): -

Date: 1/12/2019

Aruna.
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

Dr. K.V.S.R. Institute of Pharmacy
Opp. Dupadu R.S. N.H.-44,
KURNOOL-518218 (A.P.)
Account Department

Accountant: _____

Date: 1/12/19



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1146**

Payment Voucher

Date : 2019

Name : B. Anna

Contact No. : towards : conference

Amount Received : In words : four thousand five hundred only

₹ 4500/-

Cash / Cheque No. : cash


Head of Account


Paid by


Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1151**

Payment Voucher

Date: 2019

Name: Dr. S. KUSUMAKUMARI

Contact No. : towards : Conference

Amount Received : In words : four thousand four hundred only

₹ 4500/-

Cash / Cheque No. : cash


Head of Account


Paid by


Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1131**

Payment Voucher

Date : 20/9

Name : Dr. G. Nagarajan

Contact No. : towards : conference

Amount Received : In words : four thousand five hundred only

₹ 4,500/-

Cash / Cheque No. : cash

Head of Account

Paid by

Received by



Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: B. Aruna
2. Designation: Asst. professor
3. Department: pharmacy.
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: Krupanidhi college of pharmacy, Bangalore.
5. Date and Duration of the Program: 08/2/19 - 09/2/19 (2 days)
6. Associating professional body/ Agency: -
7. Financial support particulars: -
 1. Registration Charges: 21500/-
 2. Travelling Allowances: 2000/-
 3. Membership Fee: -
 4. Others (if any): -

Aruna.

Signature Member

Date: 20/1/2019

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy
Opp. Dupadu Railway Station,
KURNOOL-518218 (A.P.)

Account Department

Accountant: 8

Date: 20/1/19





Dr. K.V. Subba Reddy Institute of Pharmacy

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MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshimpuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. S. Kusuma Kumari
2. Designation: Assistant professor
3. Department: pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____
Krupanidhi college of pharmacy, Bangalore
5. Date and Duration of the Program: 08-02-2019 to 09-02-2019 (2 days)
6. Associating professional body/ Agency: _____
7. Financial support particulars: _____
 1. Registration Charges: 2,500/-
 2. Travelling Allowances: 2000/-
 3. Membership Fee: -
 4. Others (if any): -

Date: 20-01-2019

[Signature]
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

Account Department

Accountant: [Signature]

Date: 20-01-2019





Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. G. Nagarajan
- 2. Designation: Professor & Principal
- 3. Department: Pharmacy Department
- 4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____

Krupanidhi College of Pharmacy, Bangalore.

5. Date and Duration of the Program: 08-02-2019 to 09-02-2019 (2 days)

6. Associating professional body/ Agency: -

7. Financial support particulars: -

1. Registration Charges: 2,500/-

2. Travelling Allowances: 2000/-

3. Membership Fee: -

4. Others (if any): -

Date: 20-01-2019

G. Nagarajan
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

[Signature]
PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy
Account Department
KURNOOL-518218 (A.P.)

Accountant: [Signature]

Date: 20-01-2019



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1143**

Payment Voucher

Date : 2019

Name : Dr. R. V. Ramana

Contact No. : towards : conference

Amount Received : In words : two thousand five hundred only

₹

Cash / Cheque No. : cash

Head of Account

Paid by

Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1142**

Payment Voucher

Date : 2019

Name : Dr. K. Padmata

Contact No. : towards : Conference

Amount Received : In words : two thousand five hundred only

₹ 2,500/-

Cash / Cheque No. : cash

Head of Account

Paid by

Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1141**

Payment Voucher

Date : 2019

Name : Dr. S. Kusumakumari

Contact No. : towards : conference

Amount Received : In words : Two thousand five hundred only

₹ 2,500/-

Cash / Cheque No. cash


Head of Account


Paid by


Received by



Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshimpuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. B.V. Ramana
2. Designation: Professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____
Santhiram College of Pharmacy, Nandhyal
5. Date and Duration of the Program: 31-8-19 [1 day]
6. Associating professional body/ Agency: _____
7. Financial support particulars: _____
 1. Registration Charges: 1500/-
 2. Travelling Allowances: 1000/-
 3. Membership Fee: _____
 4. Others (if any): _____

Date: 20-7-19

Ramana
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H.-44,
KURNOOL - 518218, A.P.
Account Department

Accountant: _____

Date: 20-7-19





Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. K. padmaja
- 2. Designation: assistant professor
- 3. Department: pharmacy department
- 4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____

Santhiram college of pharmacy (Nandyal)

5. Date and Duration of the Program: 31/8/19 [1 day]

6. Associating professional body/ Agency: _____

7. Financial support particulars: _____

1. Registration Charges: 15,00

2. Travelling Allowances: 1000

3. Membership Fee: _____

4. Others (if any): _____

Date: 20/7/19

padmaja
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL

Dr. K.V.S.R. Institute of Pharmacy

Opp: Dupadu R.S. N.H.-44,

KURNOOL - 518218 (A.P.)

Account Department

Accountant: [Signature]

Date: 20/7/19





Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. S. Kuruma Kumari =
2. Designation: Assistant professor
3. Department: pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____
Santhirram college of pharmacy, Nandyal
5. Date and Duration of the Program: 31-08-2019 (1 day)
6. Associating professional body/ Agency: _____
7. Financial support particulars: _____
 1. Registration Charges: 1500/-
 2. Travelling Allowances: 1000/-
 3. Membership Fee: _____
 4. Others (if any): _____

Date: 20-07-2019

[Signature]
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL

Dr. K.V.S.R. Institute of Pharmacy

Opp: Dupadu R.S. N.H.-44

Kurnool (A.P.)
Account Department

Accountant: *[Signature]*

Date: 20-07-2019



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1169**

Payment Voucher

Date : 2020

Name : C. Rehma

Contact No. : towards : conference

Amount Received : In words : three thousand three hundred only

₹ 3300/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1168**

Payment Voucher

Date : 2020

Name : R. Mohanapriya

Contact No. : towards : Conference

Amount Received : In words : three thousand three hundred only

₹ 3,300

Cash / Cheque No. cash


Paid by


Received by


Head of Account

Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY

(Approved by AICTE & PCI New Delhi, Affiliated to JNTU Anantapur, Anantapuramu,
MoU with Government General Hospital, KMC, Kurnool)

Opp: Dupadu RS, N.H-44, Lakshmipuram (Post), Kurnool-518218



FINANCIAL SUPPORT REQUEST LETTER

DATE :

1. Name of the Staff Member: S. Reshma
2. Designation: Assisant
3. Department: pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____
chalapathy INSTITUTE OF PHARMACY college (quntug)
5. Date and Duration of the Program: 26/5/20(1day)
6. Associating professional body/ Agency: _____
7. Financial support particulars: _____
 1. Registration Charges: 1800/-
 2. Travelling Allowances: 1500/-
 3. Membership Fee: -
 4. Others (if any): -

Date: 20/4/20

Prof
Signature Member

1. Recommendations of the IQAC: _____
2. Recommendations of the Principal: PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S
KURNOOL

Account Department

Accountant: M

Date: 20/4/20



Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY

(Approved by AICTE & PCI New Delhi, Affiliated to JNTU Anantapur, Anantapuramu,
MoU with Government General Hospital, KMC, Kurnool)

Opp: Dupadu RS, N.H-44, Lakshmpuram (Post), Kurnool-518218



FINANCIAL SUPPORT REQUEST LETTER

DATE :

1. Name of the Staff Member: R. Mohana priya
2. Designation: Assistant professor
3. Department: pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: chalapathy institute of pharmacy college (Guntur)
5. Date and Duration of the Program: 26/5/20 (1day)
6. Associating professional body/ Agency: -
7. Financial support particulars:
 1. Registration Charges: 1800/-
 2. Travelling Allowances: 1500/-
 3. Membership Fee: -
 4. Others (if any): -

Date: 20/4/20


Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____



Account Department

Accountant: 

Date: 20/4/20



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1184**

Payment Voucher

Date : 2020

Name : R. Mohanapriya

Contact No. : towards : conference

Amount Received : In words : two thousand five hundred only

₹ 2000/-

Cash / Cheque No. cash


Paid by


Received by


Dt. 
Head of Account

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1160**

Payment Voucher

Date : 2020

Name : Dr - D.V. Ramana

Contact No. : towards : Conference

Amount Received : In words two thousand five hundred only

₹ 2500/-

Cash / Cheque No. cash 5



Head of Account

[Signature]
Paid by

[Signature]
Received by

Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY

(Approved by AICTE & PCI New Delhi, Affiliated to JNTU Anantapur, Anantapuramu,
MoU with Government General Hospital, KMC, Kurnool)

Opp: Dupadu RS, N.H-44, Lakshampuram (Post), Kurnool-518218



FINANCIAL SUPPORT REQUEST LETTER

DATE :

1. Name of the Staff Member: R. Mohana Priya
2. Designation: Assistant professor
3. Department: pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____

vignana pharmacy collage (vadlamudi)

5. Date and Duration of the Program: 23/5/20 (1 day)

6. Associating professional body/ Agency: -

7. Financial support particulars: -

1. Registration Charges: 1500/-

2. Travelling Allowances: 1000/-

3. Membership Fee: _____

4. Others (if any): _____

Date: 20/4/20

[Signature]
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL
Dr. K. V. S. R. Institute of Pharmacy
Account Department
Opp: Dupadu R.S. N.H.-44,
KURNOOL-518218 (A.P.)

Accountant: [Signature]

Date: 20/4/20



Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY

(Approved by AICTE & PCI New Delhi, Affiliated to JNTU Anantapur, Anantapuramu,
MoU with Government General Hospital, KMC, Kurnool)
Opp: Dupadu RS, N.H-44, Lakshmipuram (Post), Kurnool-518218



FINANCIAL SUPPORT REQUEST LETTER

DATE :

1. Name of the Staff Member: Dr B.V Ramana
2. Designation: professor
3. Department: pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____
vignan pharmacy college [vadalamedu]
5. Date and Duration of the Program: 23/5/20 [1 day]
6. Associating professional body/ Agency: -
7. Financial support particulars: _____
 1. Registration Charges: 15,00
 2. Travelling Allowances: 1000
 3. Membership Fee: -
 4. Others (if any): -

Date: 20/4/20

[Signature]
Signature Member

1. Recommendations of the IQAC: _____
2. Recommendations of the Principal: _____

PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H. 44,
KURNOOL-518218 (A.P.)
Account Department

Accountant: [Signature]

Date: 20/4/20



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1158**

Payment Voucher

Date: 2020

Name : Dr. G. Nagarajan

Contact No. : towards : conference

Amount Received : In words : two thousand five hundred only

₹ 2500/-

Cash / Cheque No. : cash

Head of Account

Paid by

Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1183**

Payment Voucher

Date : 2020

Name : Dr. B.V. Ramana

Contact No. : towards : conference

Amount Received : In words : two thousand five hundred only

₹ 2500/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by

Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY

(Approved by AICTE & PCI New Delhi, Affiliated to JNTU Anantapur, Anantapuramu,
MoU with Government General Hospital, KMC, Kurnool)

Opp: Dupadu RS, N.H-44, Lakshmipuram (Post), Kurnool-518218



FINANCIAL SUPPORT REQUEST LETTER

DATE :

1. Name of the Staff Member: Dr. G. Nagarajan
2. Designation: Assistant professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/ Publication/ Membership Fee/ Workshop
/FDP Certificate Details: _____

Balaji college of pharmacy (Anantapur)

5. Date and Duration of the Program: 8/8/20

6. Associating professional body/ Agency: -

7. Financial support particulars: -

1. Registration Charges: 1500/-

2. Travelling Allowances: 1000/-

3. Membership Fee: -

4. Others (if any): -

Date: 20/5/20

Nagarajan
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H.-44.
KURNOOL-518218 (A.P.)

Account Department

Accountant: M

Date: 20/4/20



Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY

(Approved by AICTE & PCI New Delhi, Affiliated to JNTU Anantapur, Anantapuramu,
MoU with Government General Hospital, KMC, Kurnool)

Opp: Dupadu RS, N.H-44, Lakshmipuram (Post), Kurnool-518218



FINANCIAL SUPPORT REQUEST LETTER

DATE :

1. Name of the Staff Member: Dr. B.v. Ramana
2. Designation: Professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____
Balaji college of Pharmacy (Anantapur)
5. Date and Duration of the Program: 8/6/20 (1 day)
6. Associating professional body/ Agency: _____
7. Financial support particulars: _____
 1. Registration Charges: 1500
 2. Travelling Allowances: 1000
 3. Membership Fee: _____
 4. Others (if any): _____

Date: 20/5/20

Rama
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: PRINCIPAL

Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H-44
KURNOOL-518218

Account Department

Accountant: M

Date: 20/5/20



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **1179**

Payment Voucher

Date : 2020.....

Name : S. Reema

Contact No. : towards : convoence

Amount Received : In words three thousand eight hundred only

₹ 8000/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

Payment Voucher

S.No. 1175

Date : 2020

Name : Dr. B.V. Ramana

Contact No. : towards : conference

Amount Received : In words : three thousand eight hundred

₹ 3,800/-

..... any/-
Cash

Cash / Cheque No.

Head of Account

Paid by

Received by



Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmpuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date :

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: S. Reebma
2. Designation: Assistant professor
3. Department: pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: Annai Tarku Sampoorani Ammai college of pharmacy (Tamil Nadu).
5. Date and Duration of the Program: 6/6/20
6. Associating professional body/ Agency: -
7. Financial support particulars: -
 1. Registration Charges: 2000/-
 2. Travelling Allowances: 1800/-
 3. Membership Fee: -
 4. Others (if any): -

Date: 20/5/20

Prof
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL

Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H.-44,
KURNOOL, A.P.

Account Department

Accountant: thf

Date: 20/5/20



Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY

(Approved by AICTE & PCI New Delhi, Affiliated to JNTU Anantapur, Anantapuramu,
MoU with Government General Hospital, KMC, Kurnool)

Opp: Dupadu RS, N.H-44, Lakshmipuram (Post), Kurnool-518218



FINANCIAL SUPPORT REQUEST LETTER

DATE :

1. Name of the Staff Member: Dr. B.V. Ramana
2. Designation: Professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: Annaijakkasampoorani Ammai College of Pharmacy (Tamilnadu)
5. Date and Duration of the Program: 6/6/20 (1 day)
6. Associating professional body/ Agency: _____
7. Financial support particulars: _____
 1. Registration Charges: 2000
 2. Travelling Allowances: 1800
 3. Membership Fee: _____
 4. Others (if any): _____

Date: 20/5/20

Ranj
Signature Member

1. Recommendations of the IQAC: _____
2. Recommendations of the Principal: PRINCIPAL

Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H-44
KURNOL

Account Department

Accountant: M

Date: 20/5/20



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. 2205

Payment Voucher

Date : 2021

Name : C. Rohith Srinubramanyam

Contact No. : towards : Conference

Amount Received : In words : Two thousand five hundred only

₹2,500/-

Cash / Cheque No. Cash

Head of Account

Paid by

Received by



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. **2172**

Payment Voucher

Date: 2021.....

Name : SK Rubina

Contact No. : towards : conference

Amount Received : In words : Two thousand five hundred only

₹ 2500

Cash / Cheque No. : cash

Head of Account

Paid by

Received by





Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

Payment Voucher

S.No. **2168**

Date : 2021

Name : Dr. K. Chandrasekhari

Contact No. : towards : Conference

Amount Received : In words : two thousand five hundred only

₹ 2,500/-

Cash / Cheque No. cash

[Signature]
Head of Account



[Signature]
Paid by

[Signature]
Received by

Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY

(Approved by AICTE & PCI New Delhi, Affiliated to JNTU Anantapur, Anantapuramu,
MoU with Government General Hospital, KMC, Kurnool)
Opp: Dupadu RS, N.H-44, Lakshmipuram (Post), Kurnool-518218



FINANCIAL SUPPORT REQUEST LETTER

DATE :

1. Name of the Staff Member: Dr. c. Rohith Sivi Subramanyam
2. Designation: Asst. Professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: NIMRA College of Pharmacy, Vijaywada
5. Date and Duration of the Program: 29/1/22 (1 day)
6. Associating professional body/ Agency: -
7. Financial support particulars: +
 1. Registration Charges: 1500/-
 2. Travelling Allowances: 1000/-
 3. Membership Fee: -
 4. Others (if any): -

Date: 15/1/22

C. Rohith
Signature Member

1. Recommendations of the IQAC: _____

2. Recommendations of the Principal: _____

PRINCIPAL
Dr. K.V. Subba Reddy Institute of Pharmacy
Opp: Dupadu R.S. N.H.-44,
KURNOOL-518218 (A.P.)
Account Department

Accountant: M

Date: 15/1/22



Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY

(Approved by AICTE & PCI New Delhi, Affiliated to JNTU Anantapur, Anantapuramu,
MoU with Government General Hospital, KMC, Kurnool)
Opp: Dupadu RS, N.H-44, Lakshmipuram (Post), Kurnool-518218



FINANCIAL SUPPORT REQUEST LETTER

DATE :

1. Name of the Staff Member: S.k. Rubina
2. Designation: Asst. Professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: NIMRA college of pharmacy, vijaywada
5. Date and Duration of the Program: 21/1/22 (1 day)
6. Associating professional body/ Agency: -
7. Financial support particulars:
 1. Registration Charges: 1500/-
 2. Travelling Allowances: 1000/-
 3. Membership Fee: -
 4. Others (if any): -

Date: 15/1/22

S. k. Rubina
Signature Member

1. Recommendations of the IQAC: _____
2. Recommendations of the Principal: _____

PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H.-44,
KURNOOL-518218 (A.P.)
Account Department

Accountant: MD

Date: 15/1/22



Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY

(Approved by AICTE & PCI New Delhi, Affiliated to JNTU Anantapur, Anantapuramu,
MoU with Government General Hospital, KMC, Kurnool)

Opp: Dupadu RS, N.H-44, Lakshmipuram (Post), Kurnool-518218



FINANCIAL SUPPORT REQUEST LETTER

DATE :

1. Name of the Staff Member: Dr. K. Chandra Sekhar
2. Designation: Assistant Professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____
NIMRA College of Pharmacy, Vijaywada
5. Date and Duration of the Program: 29/1/22 [1 day]
6. Associating professional body/ Agency: -
7. Financial support particulars: _____
 1. Registration Charges: 1500/-
 2. Travelling Allowances: 1000/-
 3. Membership Fee: -
 4. Others (if any): -

Date: 15/1/22

K. Chandra Sekhar
Signature Member

1. Recommendations of the IQAC: _____
2. Recommendations of the Principal: _____

PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H.-44,
Account Department.

Accountant: M

Date: 15/1/22



Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No.

2166

Payment Voucher

Date :

2021

Name

S.K. Rubina

Contact No.

towards :

conference

Amount Received : In words :

two thousand two hundred only

₹

2,200/-

Cash / Cheque No.

Cash

Head of Account

Paid by

Received by

KURNOOL-518218

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No. 2165

Payment Voucher

Date : 2021

Name : Dr. C. Ramesh Reddy

Contact No. : towards : conference

Amount Received : In words : Two thousand two hundred only

₹ 2,200/-

Cash / Cheque No. : cash

Head of Account

Paid by

Received by

Dr. K.V. Subba Reddy Institute of Technology / Pharmacy

Opp: Dupadu Railway Station, N.H-44, Kurnool-518218, Cell: 7660003344 / 56 / 57

S.No.

2170

Payment Voucher

Date

2021

Name

:

P. Mohana prasa

Contact No.

:

towards

conference

Amount Received : In words

:

Two thousand two hundred only

₹

2,200/-

Cash / Cheque No.

cash/-

Head of Account

Paid by

Received by

Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY

(Approved by AICTE & PCI New Delhi, Affiliated to JNTU Anantapur, Anantapuramu,
MoU with Government General Hospital, KMC, Kurnool)
Opp: Dupadu RS, N.H-44, Lakshmpuram (Post), Kurnool-518218



FINANCIAL SUPPORT REQUEST LETTER

DATE :

1. Name of the Staff Member: S.K. Rubina
2. Designation: Asst. professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____
VELS Institute of science Technology Advanced studies, Chennai
5. Date and Duration of the Program: 29/05/21 (1 day)
6. Associating professional body/ Agency: _____
7. Financial support particulars: _____
 1. Registration Charges: 1200/-
 2. Travelling Allowances: 1000/-
 3. Membership Fee: _____
 4. Others (if any): _____

Date: 12/05/21

Rubina
Signature Member

1. Recommendations of the IQAC: _____
2. Recommendations of the Principal: _____

PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H.-44,
KURNOOL-518218 (A.P.)
Account Department

Accountant: M

Date: 12/05/21



Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY

(Approved by AICTE & PCI New Delhi, Affiliated to JNTU Anantapur, Anantapuramu,
MoU with Government General Hospital, KMC, Kurnool)
Opp: Dupadu RS, N.H-44, Lakshmipuram (Post), Kurnool-518218



FINANCIAL SUPPORT REQUEST LETTER

DATE :

1. Name of the Staff Member: Dr. S. Rajesh Raja
2. Designation: Asst. professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____
VELS Institute of science, Technology Advanced studies, Chennai
5. Date and Duration of the Program: 29/05/21 (1 day)
6. Associating professional body/ Agency: _____
7. Financial support particulars: _____
 1. Registration Charges: 1200/-
 2. Travelling Allowances: 1000/-
 3. Membership Fee: _____
 4. Others (if any): _____

Date: 12/05/21

Ray
Signature Member

1. Recommendations of the IQAC: _____
2. Recommendations of the Principal: _____

PRINCIPAL
Dr. K. V. S. R. Institute of Pharmacy
Opp: Dupadu R.S. N.H.-44,
KURNOOL-518218 (A.P.)
Account Department

Accountant: M

Date: 12/05/21



Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY

(Approved by AICTE & PCI New Delhi, Affiliated to JNTU Anantapur, Anantapuramu,
MoU with Government General Hospital, KMC, Kurnool)

Opp: Dupadu RS, N.H-44, Lakshmipuram (Post), Kurnool-518218



FINANCIAL SUPPORT REQUEST LETTER

DATE :

1. Name of the Staff Member: R. Mohana Priya
2. Designation: Asst. professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: _____
VELS institute of science, Technology Advanced studies, Chennai
5. Date and Duration of the Program: 09/05/21 (1 day)
6. Associating professional body/ Agency: _____
7. Financial support particulars: _____
 1. Registration Charges: 1200/-
 2. Travelling Allowances: 1000/-
 3. Membership Fee: -
 4. Others (if any): -

Date: 12/05/21

Mohana Priya
Signature Member

1. Recommendations of the IQAC: _____
2. Recommendations of the Principal: _____
PRINCIPAL
Dr. K.V.S.R. Institute of Pharmacy
Opp. Dupadu R.S. N.H.-44,
KURNOOL-518218 (A.P.)
Account Department

Accountant: M

Date: 12/05/21

