



# Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I. New Delhi & Permanently Affiliated to JNTUA Anantapuramu,  
MOU with Government General Hospital & KMC, Kurnool)  
Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.  
E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....

2.3 Student centric methods such as experiential learning, participative learning and problem solving methodologies are used for enhancing learning experiences and teachers used ICT Enabled tools including online resources for effective teaching and learning process (AY:2020-21)

## INDEX

S. No	Description	Page No
1	Sample Copy of LCD Projector	2
2	Sample Copy of chalk and board	3
3	Sample Copy of LCD projector used classes	3-4
4	Sample Copy of online teaching	5-6
5	Sample Copy of blended teaching	7
6	Sample Copy of Edu blogs	8
7	Sample Copy of industrial training& internship	9-13
8	Sample Copy of hands on learning	14
9	Sample Copy of assignment	15-16
10	Sample Copy of innovative model making	17
11	Sample Copy of project based learning	18-116
12	Sample copy of case study learning	117-122
13	Sample Copy of E-learning	123-129
14	Sample Copy of workshop & guest lectures	130
15	Sample Copy of pharmacy seminars	131
16	Sample Copy of group discussion& debates	132-138
17	Sample Copy of bridge courses	139-144
18	Sample Copy of remedial classes	145-174
19	Sample Copy of lab sessions	175-178
20	Sample copy of quiz	179-180
21	Sample copy of think pair share	181-182
22	Sample copy of club activities	183
23	Sample copy of problem solving methods	184-185
24	Sample copy of virtual labs	186-187

*D. Venkatesh*  
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Opp: Dupadu R.S, N.H-7,



# Dr. K.V. Subba Reddy Institute of Pharmacy

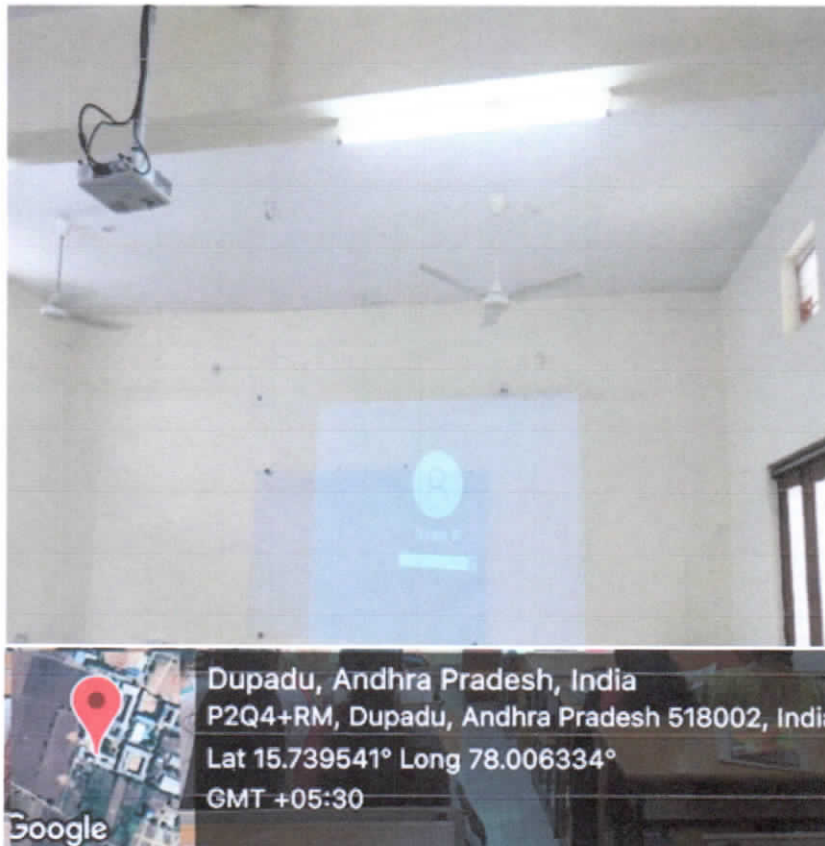
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## LCD PROJECTOR:

Spacious, well –lit and well –ventilated classrooms and seminar hall [with ICT] with comfortable seating arrangement are available for smooth conduct of UG and PG theory sessions. Besides the conventional teaching aids, classrooms are also equipped with state-of-the-art audiovisual technology viz. digital smart board, LCD Projectors, thus stepping up the teaching-learning experience to next higher level. Well –thought positioning of aisle in the classroom ensure proper interaction between teacher and students



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



The list of various ICT enabled pedagogical initiatives used by the faculty members for improving teaching and learning experience are as follows:

**Chalk and board:** To convey basics, critical information, backgrounds, theories

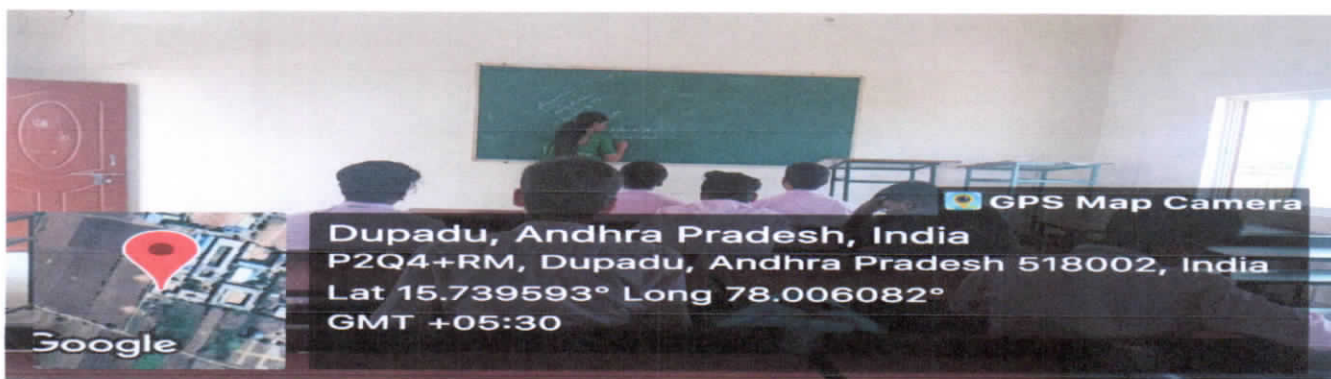
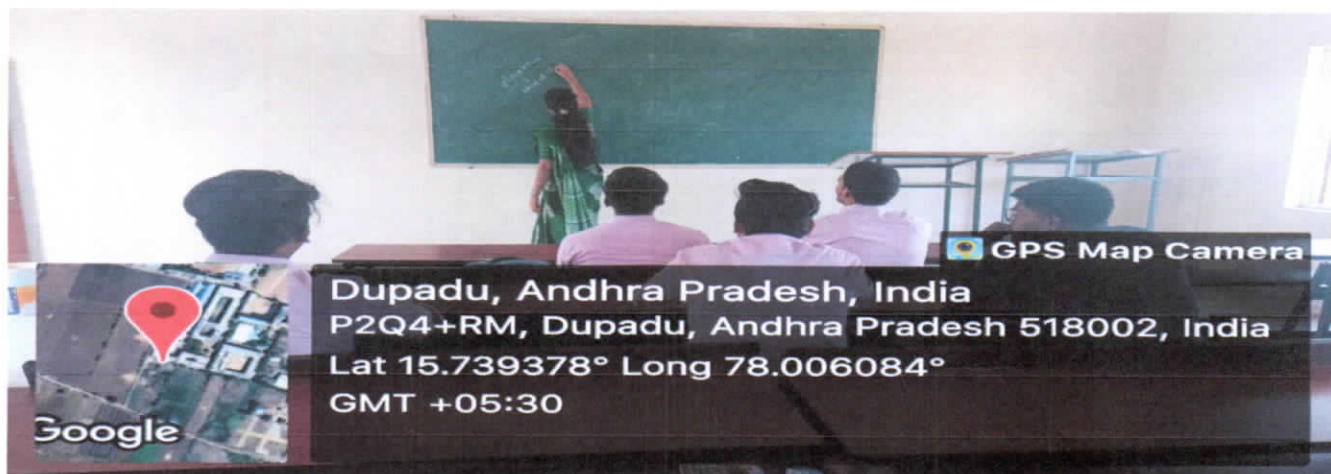


Fig1.1:Ms.E.Honey Assistant professor of department of Pharmacology explaining about concept of Anemia Disorder for B.Pharm I year students of pharmacy using chalk and board.



Fig: 1.2. Mr.Naganjenulu, Assistant professor of department of Pharmacognosy explains the concepts of Herbal Drug Technology using LCD projector.

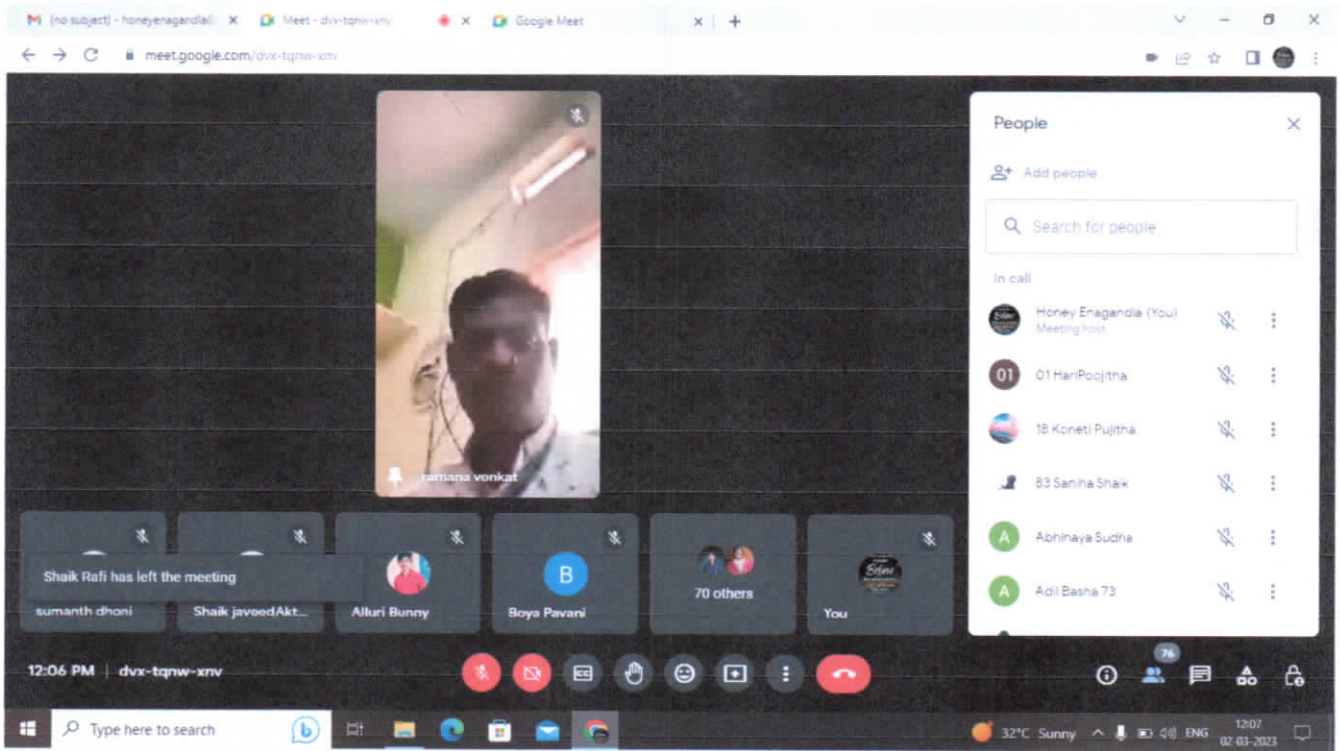
*S. Venkatesh*  
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Dr. K.V.S.R. Institute of Pharmacy  
Upp. Dupadu R.S. N. (I)-44,  
KURNOOL-518213 (A.P.)



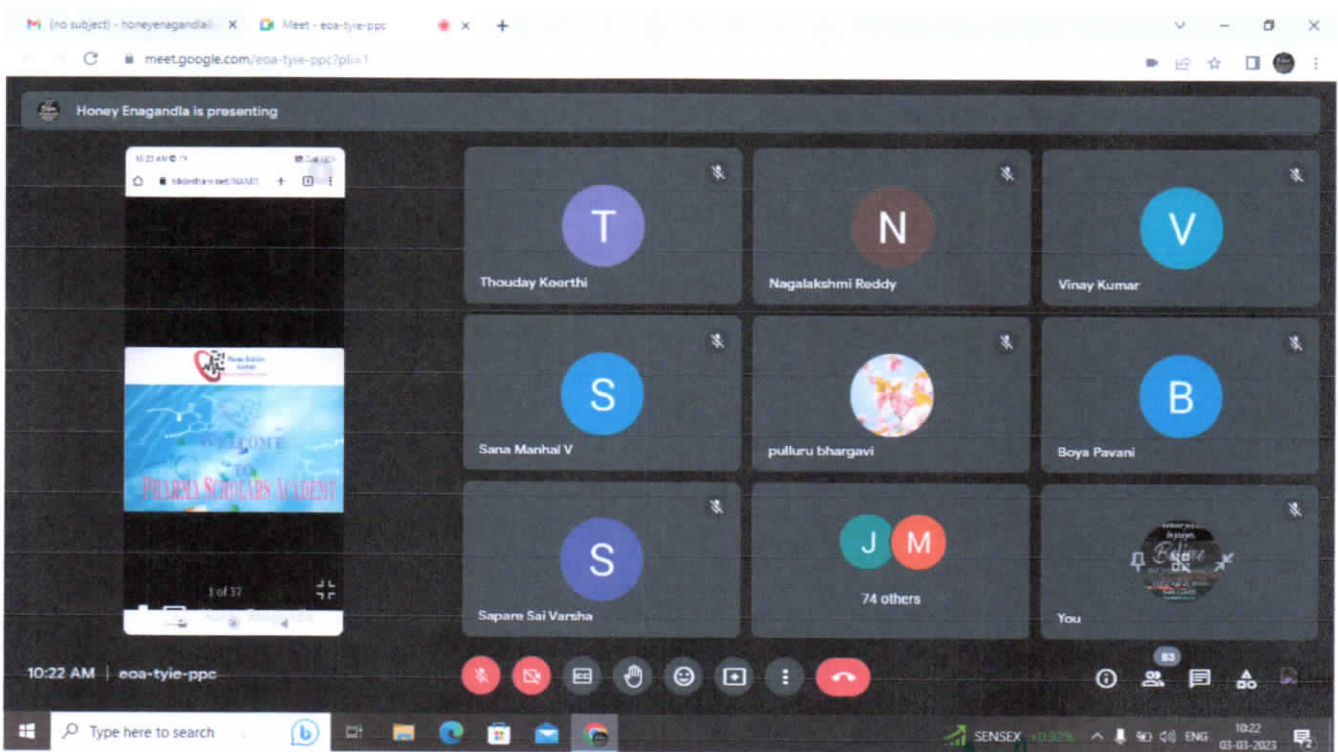
Fig 1.3 Mr.Gopal Krishna Assistant professor of department of Pharmaceutical Chemistry explaining about Source of Impurities in Pharmaceutical Inorganic Chemistry for Pharm.D I year students of pharmacy using chalk and board.

*Schemene*  
PRINCIPAL  
Dr. K.V.S.R. Institute of Pharmacy  
Cell: 9704838789  
Opp: Dupadu R.S. N.H.-44,  
KURNOOL-518218 (A.P.)





Dr. B. V. Ramana sir, Department of pharmaceutics explaining about spray dryer to B.Pharm II Year students by using Google meet platform.



*B. V. Ramana*  
 B. Pharm  
 Dr. B. V. Ramana sir, Department of Pharmaceutics  
 Govt. Dipartha R. S. Narayana  
 KARNATAKA S18218 (A-5)





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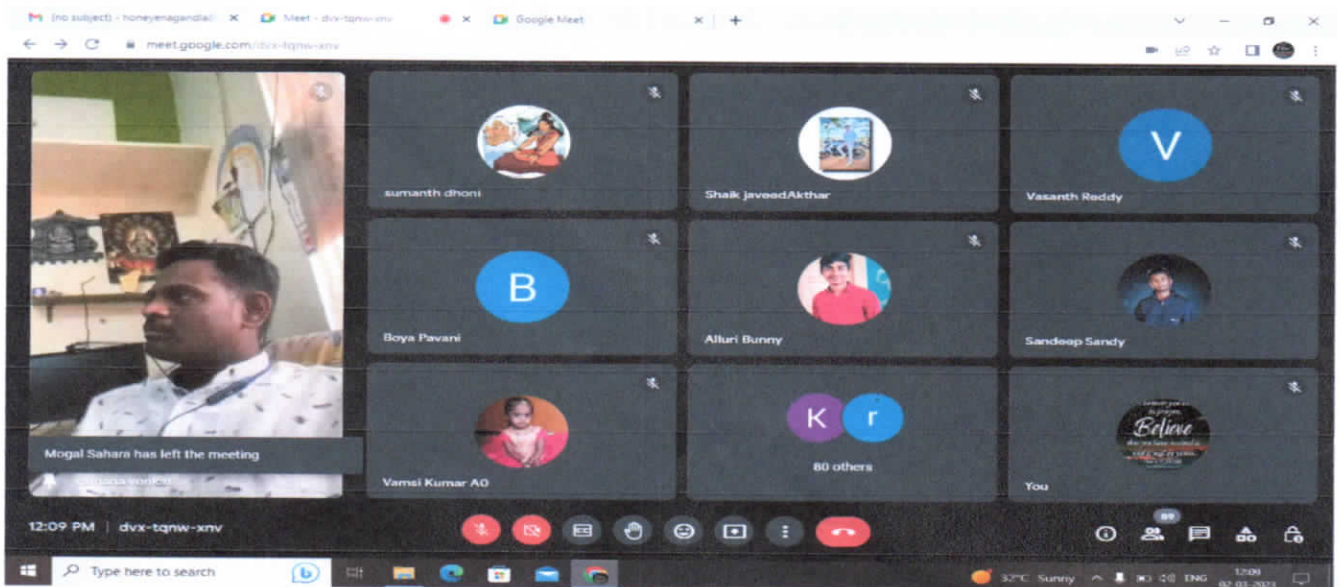
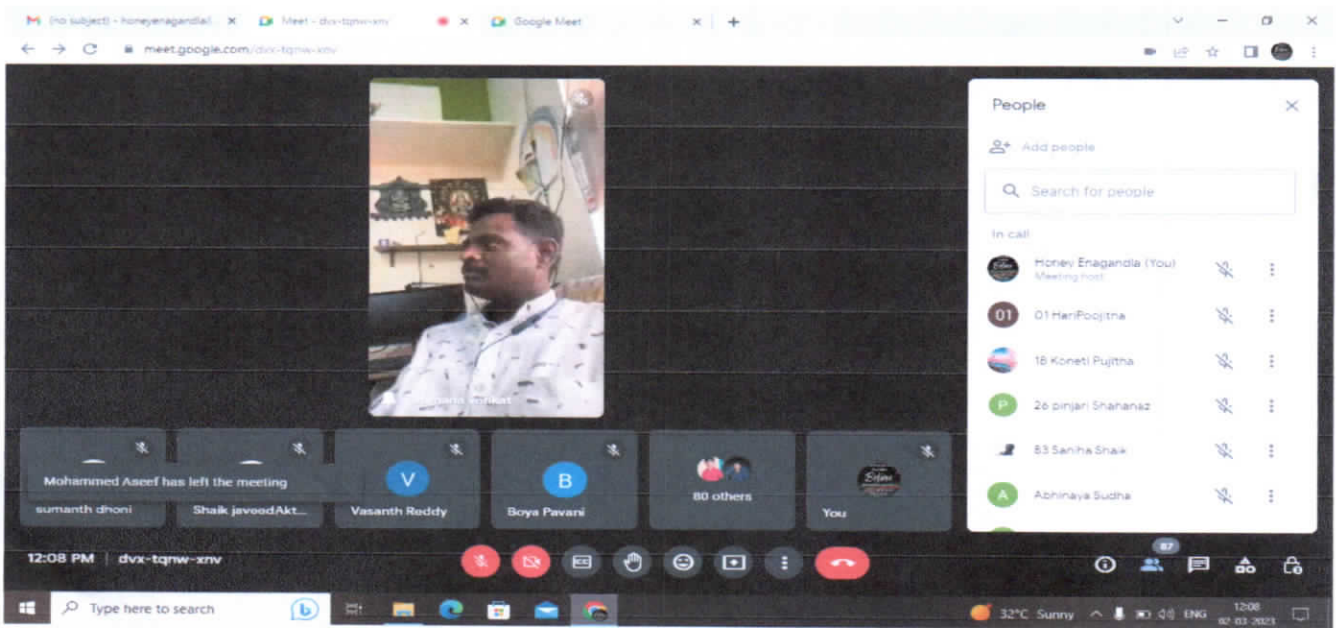
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## ONLINE TEACHING :

Especially during Covid-19 pandemic situation made a swift transition from classroom to online teaching by using platforms like Google meet, Google classroom, ZOOM, CISCO, WEB-EX, and You tube.



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

Cell : 9704 333 789  
9177287508  
7660003344



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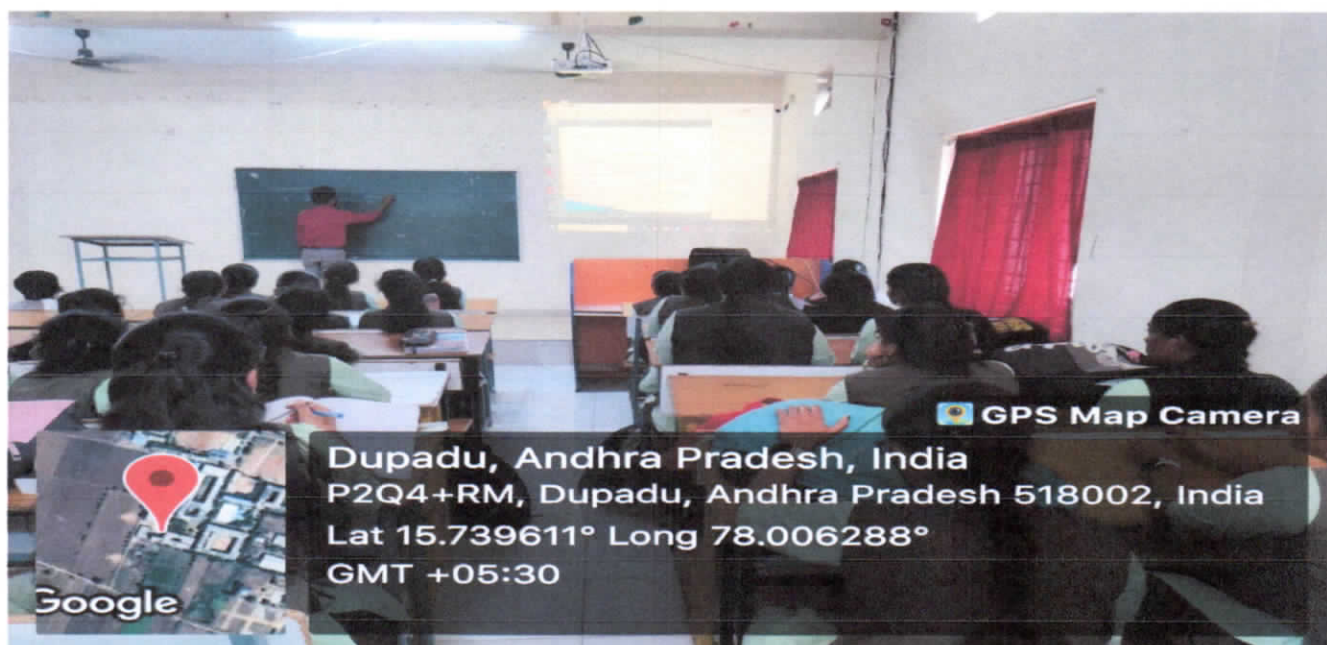
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### BLENDED TEACHING:

Teaching aid techniques such as video lectures and PowerPoint presentations are being used for the implementation of active learning strategies such as collaborative and individual learning activities.



Dr. K. Chandra sekhar sir Department of pharmaceutical Chemistry explaining synthesing & SAR of benzodiazepines to Pharm.D III Year students

*S. Suman*  
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Opp: Dupadu R.S. N.H.-44,  
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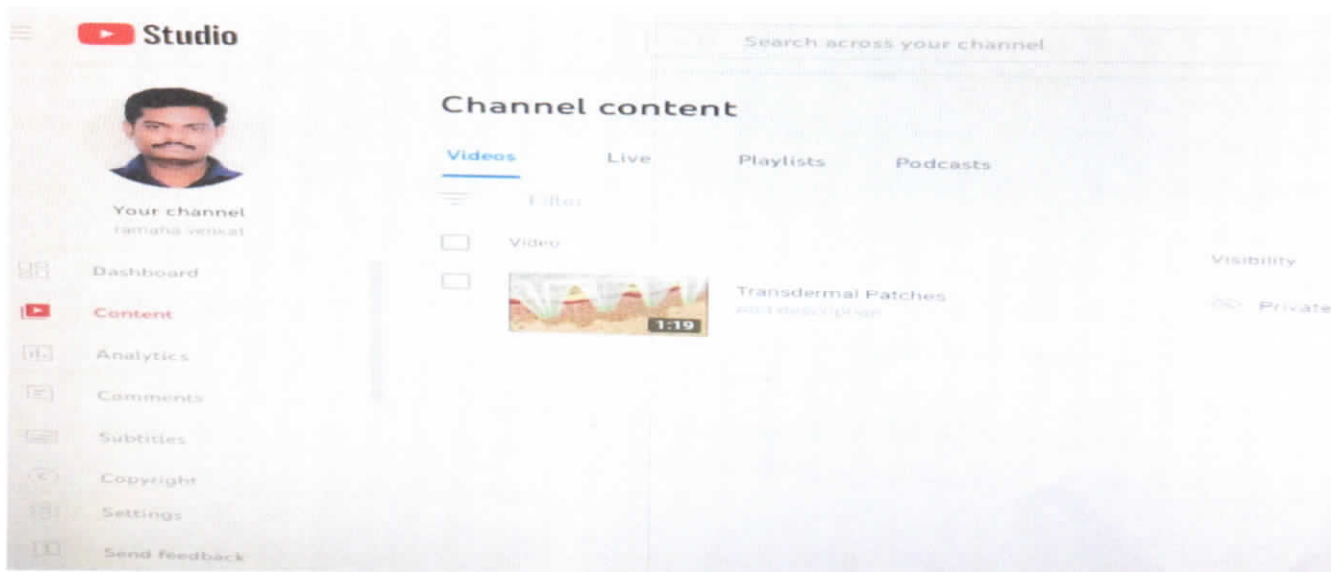
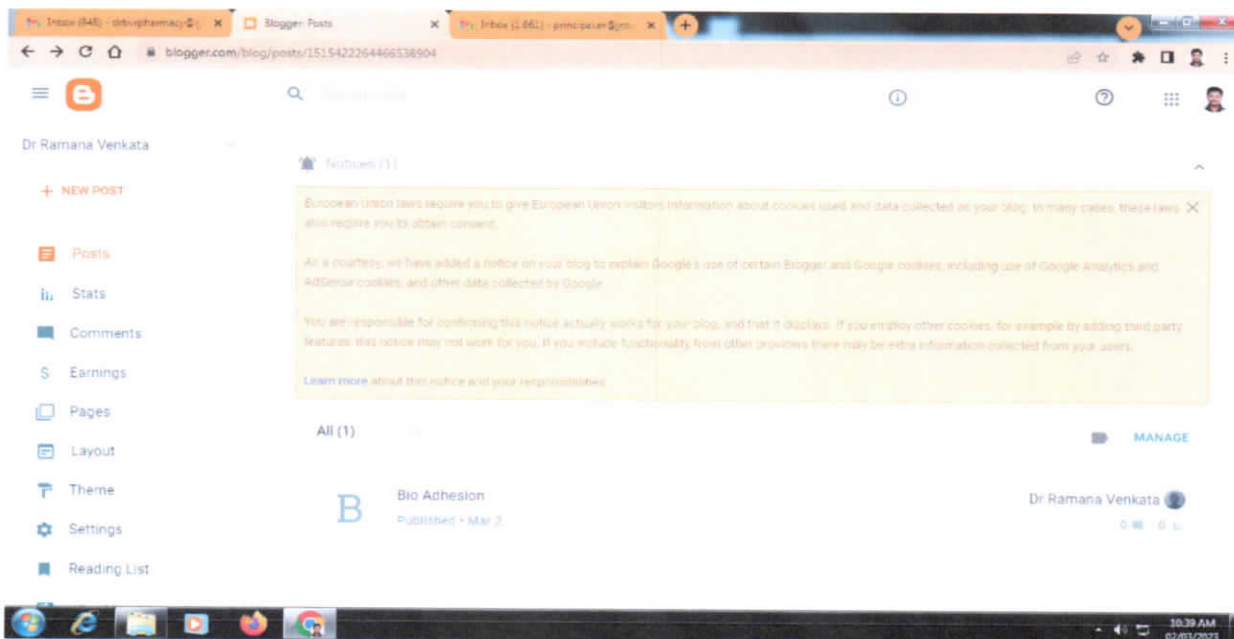
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**EDU-BLOGS:** Faculty blogs and channels are used as instructional potential of online resources to students.



*S. Hemana*  
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KURNOOL-518218 (A.P)





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**INDUSTRIAL TRAINING 03/06/2021- 15/06/2021**

Industrial training, where a student undertakes a period of training at an organization usually during a semester break, acts as an important part in preparing the student for a professional career. With the actively involved preparation, the student learns about the industrial demands, skill set and work ethics.

Every year students experience industrial training as per the syllabus prescribed in JNTUA and gain knowledge of various departments like Formulation and research department (FR&D) i.e., Manufacturing of Tablets, capsules and injection preparations etc., Quality Assurance, Quality control, Clinical research, Drug regulatory affairs, Hospital Pharmacy etc. as such III year B.Pharmacy students have visited SANZYME HEALTH CARE PROFESSIONAL Pashamylaram, sangareddy, Telangana-502307, ANLOG PHARMA, Hyderabad, Telangana-5000 72, India and received hands on experience about industry affairs.



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



Date:03/06/2021

**TO WHOM SO EVER IT MAY CONCERN**

This is to certify that Mr. B.MADHUSUDHAN(17ER1R0059) S/O B.VENKATAIAH is bonafied student of DR.K.V.SUBBAREDDY INSTITUTE OF PHARMACY, KURNOOL. He has undergone industrial training in our organization from 03.06.2021 to 15.06.2021 as part of partial fulfillment of his B. Pharmacy course.

During the training, he had interacted with Quality control, Quality Assurance & Production departments and acquired basic knowledge in these areas.

During this aforesaid period, we found hIS hard working, sincere and learning attitude

For KRISHCARE FORMULATIONS

Managing Partner



Mig.No:1 RR AP 2011 F.C.

11-6-56/2/25, Opp. IDPI Factory, Balanagar, Hyderabad - 500 037  
Cell : +91-9959666898 Telefax : 040-23060195 Email : krishcare@bharatnagar.com

*Dr. K.V.S.R.*

PRINCIPAL

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



Date:03/06/2021

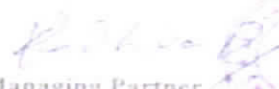

**TO WHOM SO EVER IT MAY CONCERN**

This is to certify that Ms .D.SHABHANA (17ER1R0065) D/O D.CHAND BASHA is bonafied student of DR.K.V.SUBBAREDDY INSTITUTE OF PHARMACY, KURNOOL. She has undergone industrial training in our organization from 03.06.2021 to 15.06.2021 as part of partial fulfillment of his B. Pharmacy course.

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During this aforesaid period, we found her hard working, sincere and learning attitude

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KURNOOL-518218 (A.P.)





Date:03/06/2021

**TO WHOM SO EVER IT MAY CONCERN**

This is to certify that Ms. K. YASHODA (17ER1R0075) D/O K.SHANKARAI AH is bonafied student of DR.K.V.SUBBAREDDY INSTITUTE OF PHARMACY, KURNOOL. She has undergone industrial training in our organization from 03.06.2021 to 15.06.2021 as part of partial fulfillment of his B. Pharmacy course.

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During this aforesaid period, we found her hard working, sincere and learning attitude


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**KURNOOL-518218 (A.P.)**



Date:03/06/2021

**TO WHOM SO EVER IT MAY CONCERN**

This is to certify that Ms. G.AKHILA REDDY (17ER1R0069) D/O G.RAMMOHAN REDDY is bonafied student of DR.K.V.SUBBAREDDY INSTITUTE OF PHARMACY, KURNOOL. She has undergone industrial training in our organization from 03.06.2021 to 15.06.2021 as part of partial fulfillment of his B. Pharmacy course.

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*S. Remane*

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**Dr. K.V.S.R. Institute of Pharmacy**  
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## INTERNSHIP:

DEPARTMENT OF PHARM.D

### STUDENTS INTERNSHIP REPORT

Academic Year: 2015-21

Batch: 2015

#### Internship Title:

The Pharm.D institutions are aligned with adjacent hospitals in order to provide real-time training including ward rounds. Students are acknowledged with practical in clinical pharmacy and medical pharmacy. After completion of the course, students are gained with the skills in diagnosis, therapeutic usage of drugs, treatment and selection of diseases.

**Internship Period:** 12-06-2015 to 27-06-2016

**Company/ Organization:** Kurnool General Hospital, Kurnool

#### Students Feedback:

FACTORS ON FEEDBACK		Very Poor	Poor	Satisfactory	Good	Excellent
<b>FACTOR: WARD ROUNDS</b>						
1.	The tasks given are related to the subjects that I have learned in the institution.				5	2
2.	The tasks given are Challenging and testing your mettle.			1	1	5
3.	The tasks given were able to complete within the given duration.				3	4
<b>FACTOR: CLINICAL AND MEDICAL PHARMACY SKILLS</b>						
4.	The work environment is suitable for training of industrial trainee.			1	6	
5.	The colleagues provide good support and respective of industrial trainees.			1	4	2
<b>FACTOR: IN DIAGNOSIS SKILLS</b>						
6.	The training attended has prepared me well to work in the industry in terms of knowledge.			1	3	3
7.	The overall learning in the institution had helped me to go through industrial training with confidence.				4	3

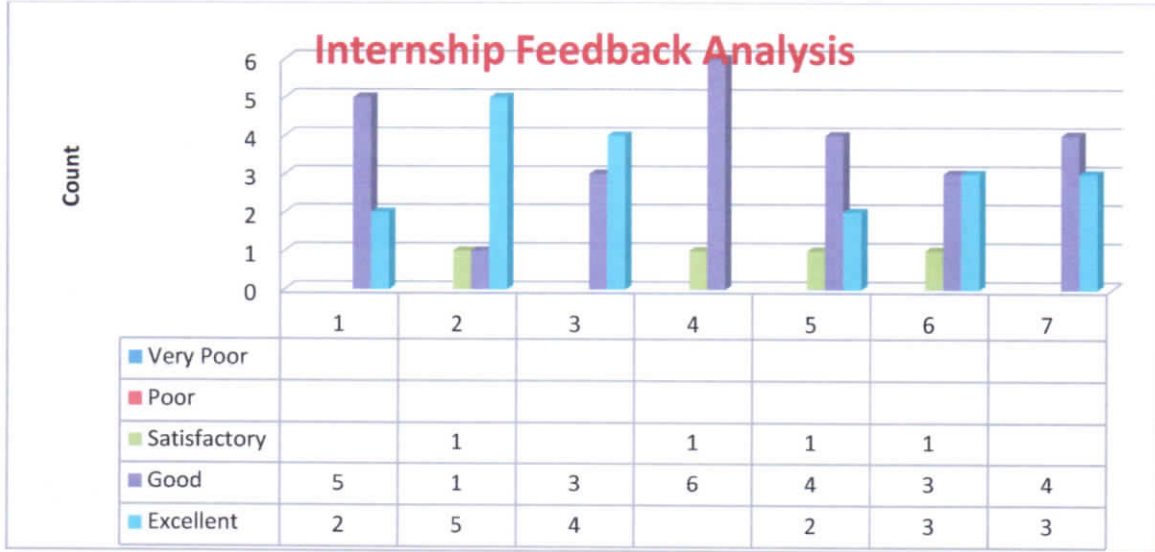
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**FACTOR: THERAPEUTIC USAGE OF THE DRUGS**

8	The training attended has prepared me well to work in the industry in terms of knowledge.			1	3	3
9	The overall learning in the institution had helped me to go through industrial training with confidence.					43



**Impact Analysis:**

The Internship help the students in the following ways.

- ✓ All the students got Valuable Work Experience
- ✓ Students can present papers in journals/conferences.
- ✓ Students can get placements in Companies.
- ✓ Students can easily choose right career.
- ✓ They will also get multiple Job opportunities.

**HOD**

*(Handwritten Signature)*

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 KURNOOL-518218 (A.P)

*Certificate for Internship*



This is to certify that Mr/Ms M. Harish with  
 Uds Regd No. 15ER1T0005 has successfully completed his/her internship as per  
 the curriculum of Pharm.D (Doctor of Pharmacy) prescribed under the regulation 16 and  
 Appendix C of Pharm.D Regulations-2008 of Pharmacy Council of India (PCI), New Delhi and  
 Jawaharlal Nehru Technological University Anantapur (JNTU), Anantapuramu at Government  
 General Hospital, Kurnool from 20/1/2020 to 30/4/2021 and it was Satisfactory

DEPARTMENT	TOTAL DURATION (IN MONTHS)
GENERAL MEDICINE	6 months
PEDIATRICS	2 months
GENERAL SURGERY	2 months
ORTHOPEDICS	2 months

*Preceptor*

Superintendent  
 GGH General Hospital  
 KURNOOL

Principal  
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 KURNOOL-518218 (A.P)

*Certificate for Internship*



This is to certify that Mr/Ms Thokala Rishika Reddy with  
 Uds Regd No. 15ER1T0023 has successfully completed his/her internship as per  
 the curriculum of Pharm.D (Doctor of Pharmacy) prescribed under the regulation 16 and  
 Appendix C of Pharm.D Regulations-2008 of Pharmacy Council of India (PCI), New Delhi and  
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 General Hospital, Kurnool from 20/1/2020 to 30/4/2021 and it was Satisfactory

DEPARTMENT	TOTAL DURATION (IN MONTHS)
GENERAL MEDICINE	6 months
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ORTHOPEDICS	2 months

*Preceptor*

Superintendent  
 GGH General Hospital  
 KURNOOL

Principal  
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*Certificate for Internship*



This is to certify that Mr/Ms Ganeshina Vijaya Bharathi with  
 Uds Regd No. 15ER1T0016 has successfully completed his/her internship as per  
 the curriculum of Pharm.D (Doctor of Pharmacy) prescribed under the regulation 16 and  
 Appendix C of Pharm.D Regulations-2008 of Pharmacy Council of India (PCI), New Delhi and  
 Jawaharlal Nehru Technological University Anantapur (JNTU), Anantapuramu at Government  
 General Hospital, Kurnool from 20/1/2020 to 30/4/2021 and it was Excellent

DEPARTMENT	TOTAL DURATION (IN MONTHS)
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*Preceptor*

Superintendent  
 GGH General Hospital  
 KURNOOL

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*Certificate for Internship*



This is to certify that Mr/Ms Roddam Mounisa with  
 Uds Regd No. 15ER1T0007 has successfully completed his/her internship as per  
 the curriculum of Pharm.D (Doctor of Pharmacy) prescribed under the regulation 16 and  
 Appendix C of Pharm.D Regulations-2008 of Pharmacy Council of India (PCI), New Delhi and  
 Jawaharlal Nehru Technological University Anantapur (JNTU), Anantapuramu at Government  
 General Hospital, Kurnool from 20/1/2020 to 30/4/2021 and it was Satisfactory

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*Preceptor*

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 GGH General Hospital  
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 Dr. K.V.S.R. Institute of Pharmacy  
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## HANDS – ON LEARNING

B. Pharmacy, Pharm.D & Pharm.D (PB) and M. Pharmacy students gain knowledge in theory by taking part in the pragmatic learning in various laboratories located within the institute. Faculty has designed various experiments according to the syllabus assigned by the JNTUA. Students gain practical awareness through live activities and handling the instruments such as Pharmaceutical Analysis instruments operation UV – Visible Spectrophotometry, HPLC, Pharmacology laboratory experiments with animals, and Pharmaceutical Chemistry etc.,



III Pharm.D students learning about Tablet Preparation in the Pharmaceutics Lab



I/II B.Pharmacy student learning about microscopic examination of blood in Human anatomy & physiology Pharmaceutical Laboratory.

*S. Venkatesh*  
**PRINCIPAL**  
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Date : .....

## ASSIGNMENTS

Assignments are the part of the internal examination evaluation process, in which would be immense value as additional learning instruments. Many types of assignments can be given to students of all such as essays, literature reviews, critical reviews, reflective journals, annotated bibliographies and case studies, depends upon the need and learning situations. It implies a task for students to accomplish the aim of learning particular contents, concepts or relationships etc., in this text, learning assignments involve students' independent information seeking and use of a wide range of information resources which are available for them. So every semester/year students are assigned with 2 or 3 topics per each subject regarding to their syllabus and asked to gather more relevant information. Allotment of marks to students is given according to their task completion. Through this student are enriched with knowledge regarding of topic, proof reading of and presentation techniques.

Student Name: Shah Mohammad Sameer Babu  
 Student Reg. No.: 2021000000000000  
 Year & Semester: II year 2<sup>nd</sup> semester  
 Name of the Subject: Pharmacology - II

S.No	Date of the Assignment	Pages	Marks Awarded	Signature of the Staff
1	7-11-22	1-5	5	
2	20-11-22	9-21	5	
3	10-12-22	22-28	5	
4	31-11-22	29-35	5	
5				

Signature of HOD: P. Sripada  
 HEAD  
 Department of Pharmacology  
 Dr. K.V.S.R. Institute of Pharmacy  
 Opp. Dupadu R.S., N.H-44,  
 Kurnool - 518218 (A.P.)

**General Instruction to Students**

- Bring this Assignment notes to College daily. Do not scribble in the assignment notes and do not use it as rough copy. Must maintain regularity & Punctuality.
- Come to College regularly and always be on time.
- Always be clean, well groomed and in proper College dress code.
- Keep the College premises clean and tidy and use all College property with respect and care.
- It is important to learn to be considerate towards all and courteous and respectful to your parents, teachers and all elders.
- Cultivate a good sportsman spirit and be fair and honest in your work and dealings.
- Go Green. Plastic is Obscene!

Dr. K.V. Subba Reddy Institute of Pharmacy - Kurnool

Assignment Form

Date: 11-11-22

Student Name: Shah Mohammad Sameer Babu

Student Reg. No.: 2021000000000000

Year & Semester: II year 2<sup>nd</sup> semester

Name of the Subject: Pharmacology - II

Signature of the Staff: P. Sripada

1. Pharmacokinetics  
 2. Pharmacodynamics  
 3. Pharmacotherapeutics  
 4. Pharmacovigilance  
 5. Pharmacoeconomics  
 6. Pharmacopoeia  
 7. Pharmacokinetics  
 8. Pharmacodynamics  
 9. Pharmacotherapeutics  
 10. Pharmacovigilance  
 11. Pharmacoeconomics  
 12. Pharmacopoeia

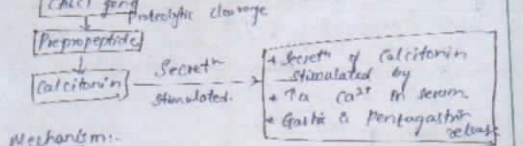
*S. Suman*  
PRINCIPAL

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

Assignment Name: Calcitonin

Calcitonin (Thyrocalcitonin)  
 Calcitonin hormone secreted by thyroid gland.  
 - It is polypeptide hormone produced by parafollicular cells of thyroid gland, also known as C-cells.  
 - Major stimulus for calcitonin secret is food plasma  $Ca^{2+}$  level.

Synthesis  
 Calcitonin is formed by proteolytic cleavage of prepropeptide of  $CaSI$  gene.



Mechanism  
 Calcitonin binds to Calcitonin receptor.

Calcitonin receptors are present in osteoblast cells, kidney & different regions of the brain.

Calcitonin receptor is a G-protein coupled receptor which stimulates adenylyl cyclase -- CAMP generated. (G<sub>q</sub>CDM)

which regulates  $Ca^{2+}$  metabolism & phosphate metabolism.

Assignment Name: \_\_\_\_\_

- It is an immediate defense, stress, repair, survival system.
- Vasodilation.
- Inflammation.
- Pain.
- mood, anxiety, learning
- Vomiting
- cell growth, proliferation, angiogenesis
- Migration

Clinical Significance

- Quantification in disease
- Blockade of disease with chronic immunological component.

Uses

- Mood disorders
- Major depressive disorders
- Anxiety disorders
- Arthritis cancer
- Infections like - HIV, AIDS, measles, RSV, & inflammatory bowel disease
- Others like Denervation super sensitivity male aggression.

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



# Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I. New Delhi & Permanently Affiliated to JNTUA Anantapuramu,  
MOU with Government General Hospital & KMC, Kurnool)  
Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.  
E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....

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Model making competition conducted by S.Rajesh Department of pharmacy practice in 2020



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



Cell : 9704 333 789  
9177287508  
7660003344



## Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I. New Delhi & Permanently Affiliated to JNTUA Anantapuramu,  
MOU with Government General Hospital & KMC, Kurnool)  
Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.  
E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....

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**PRINCIPAL**

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



# Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I. New Delhi & Permanently Affiliated to JNTUA Anantapuramu,  
MOU with Government General Hospital & KMC, Kurnool)  
Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.  
E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....


## B.PHARMACY PROJECT TITLES(AY:20-21)

BATC H	REG.NO	NAME OF THE STUDENT	GUIDE	PROJECT TITLE	DEPARTMENT
I	17ER1R0001	A C SAMEENA AFREEN	DR.G.NAGARAJAN	EVALUATION OF FLOATING IN-SITU GEL OF ACECLOFENAC FORMULATIONS &	PHARMACEUTICS
	17ER1R0002	A SUNITHA			
	17ER1R0003	BAIGADDA SUMALATHA			
	17ER1R0004	BAJANTRI PAVITHRA			
	17ER1R0008	BOYA PRAVEENKUMAR			
2	17ER1R0005	BANDAGATTU ANUSHA	Dr.B.V.RAMANA	ANTI HELMINTHIC ACTIVITY OF ETHANOLIC EXTRACTION TABERNAEMONTANA DIVARICATA FLOWER	PHARMACOLOGY
	17ER1R0006	BEGARI MANJULA			
	17ER1R0007	BOINI RAJYA LAKSHMI			
	17ER1R0009	BOYA VIDYAVANI			
	17ER1R0012	CHAKALI SREEKANTH			
3	17ER1R0010	BUDDAGARI SRAVANI	R.JONA METHUSALA	EVALUATING THE EFFECT OF COMORBID FACTORS ON FORMATION OF CALCIUM OXALATE AN INVITRO STUDY	PHARMACOLOGY
	17ER1R0013	CHILAMAKURI LAKSHMIDEVI			
	17ER1R0014	CHIRROLLA RAJAKUMARI			
	17ER1R0015	DAMAM BHAVANA			
	17ER1R0022	GOLLA MADHU SHEKAR			
	17ER1R0023	GOLLAKODIGI PRADEEP			
4	17ER1R0017	DASARI MERCY LEONA	Dr.SRIRAM	DESIGN SYNTHESIS & CHARACTERISATION OF FLUORESCENT PROBES FOR HYDRAZINE SENSING IN SOLUTION PHASE	PHARMACOLOGY
	17ER1R0018	DASARI VANAJA			
	17ER1R0019	DASHAVATH PRAVALLIKA			
	17ER1R0027	GURRALA ASHOK			
	17ER1R0028	MADHUSUDHANA			
5	17ER1R0020	GANDLA SWATHI	Dr.K.CHANDRASEKHAR	: Design and Synthesis of Fluorescent Probes For Hydrazine Sensing	PHARMACOLOGY
	17ER1R0021	GATTU MAMATHA			
	17ER1R0024	GORUVA MAMATHA			
	17ER1R0030	K DIVAKAR			
	17ER1R0031	KAMARTHI SREEDHAR			
VI	17ER1R0025	GOWNI PAVANI	Mrs.B.ARUNA	SIMULTANEOUS ESTIMATION OF APIXABAN & CLOPIDOGREL IN BULK & PHARMACEUTICAL DOSAGE FORM BY RP-HPLC METHOD	PHANALYSIS
	17ER1R0026	GUNTAPALLI SRAVANI			
	17ER1R0029	HARITHA M			
	17ER1R0032	KANCHARLA NAVEEN GOUD			
VII	17ER1R0033	KOMPALLI KALYANI	Mrs.K.SARA SIRISHA	: Simultaneous estimation of atazanavir and cobicistat in bulk and pharmaceutical dosage form by RP-HPLC method	PHARMACEUTICAL ANALYSIS
	17ER1R0034	KOOSURU AKHILA			
	17ER1R0035	KURUVA GEETHANJALI			
	17ER1R0038	MOOLINTI IRFAN BASHA			
	17ER1R0040	NENAVATH HEMANTH NAIK			
VIII	17ER1R0037	MASAPOGU PRATHIBHA	VENUMADHURI	: Invitro Screening Of Antacid activity of Ethanol and Aqueous Extract of Carica papaya leaves by Rosette rice Method	PHARMACOLOGY
	17ER1R0039	NAMALA RAJAMMA			
	17ER1R0041	PAGIDI VASANTHA KUMARI			
	17ER1R0043	PASEDDULA SATEESH KUMAR			
	17ER1R0046	SATHRI SUNDAR RAJU			
	17ER1R0042	PAKKIRI SHABANA			
IX	17ER1R0044	RAMAVATH AKHILA	R.MOHANA PRIYA	ANALYTICAL METHOD DEVELOPMENT & VALIDATION OF TENELIGLIPTINE IN PURE FORM BY USING UV SPECTROSCOPY	PH.ANALYSIS
	17ER1R0045	SAKE SAI TEJA			
	17ER1R0047	SHAIK MEHATAZ			
	17ER1R0049	SHAIK SHAKEER AHAMMAD			
	17ER1R0051	TALARI SAI KRISHNA			
X	17ER1R0048	SHAIK NIKHATH FAHEEM	P.T.NAGARAJU	PHARMACOGNOSTICAL PHYTOCHEMICAL & ANTIMICROBIAL ACTIVITY OF ADIANTUM CAPILLIS-VENERIS	PHARMACOGNOSIS
	17ER1R0050	SHARABU TEJASWINI			
	17ER1R0053	TELUGU SREELATHA			
	17ER1R0052	TAMBALE SUMAN			

*Sidemen*  
**PRINCIPAL**  
Dr. K.V. Subba Reddy Institute of Pharmacy  
Opp: Dupadu R.S., N.H - 44, KURNOOL - 518 218 (A.P.)



XI	17ER1R0052	TAMALLE SUMAN	R.NAGARIANEYULU	INVESTIGATION OF INVITRO ANTI HELMINTHIC POTENTIAL OF PANDANUS ODORATISSIMUS ROXB	PHARMACOLOGY
	17ER1R0054	V SHIVA SEKHAR			
	17ER1R0055	VANDAGATTI SANDHYA			
	17ER1R0057	AMMINENI AMRUTHA			
	17ER1R0060	BESTHA GAYATRI			
XII	17ER1R0056	YEDDULA RAM MANOHAR	E.HONEY	INVESTIGATION OF INVITRO ANTI HELMINTHIC POTENTIAL OF PANDANUS ODORATISSIMUS ROXB	PHARMACOLOGY
	17ER1R0058	B.DHANUNJAYUDU			
	17ER1R0064	CHALLA MOUNICA			
	17ER1R0065	DUDEKULA SHABANA			
	17ER1R0066	G.SAI DHARANI			
XIII	17ER1R0059	BAPANAPALLE MADHU SUDHANA	S.KUSUMA KUMARI	INVESTIGATION OF INVITRO ANTI HELMINTHIC POTENTIAL OF PANDANUS ODORATISSIMUS	PHARMACOLOGY
	17ER1R0061	SYED MD ASADULLA KHADRI			
	17ER1R0067	GITTAIAH HEMALATHA			
	17ER1R0068	GUDIPATI SUPRIYA			
	17ER1R0069	GUTTAPATI AKHILA REDDY			
XIV	17ER1R0062	BOMMAKA BHARGAVA REDDY	C.RENUKA TEJASWINI	INSILICO-SYNTHESIS, CHARACTERISATION OF NITRO-ANILINE CHAICONES & REDUCED MICHALE ADDUCTS NITRO ANILINE CHALCONES	PH.CHEMISTRY
	17ER1R0063	BOYA ANAND			
	17ER1R0070	K.E.ROOPASRI			
XV	17ER1R0071	KANAMARLAPUDI KATHYANI	P.NAVYA KRISHNA	INSILICO-SYNTHESIS, CHARACTERISATION OF NITRO-ANILINE CHAICONES & REDUCED MICHALE ADDUCTS NITRO ANILINE CHALCONES	PH.CHEMISTRY
	17ER1R0073	KOTHAKOTA PADMAVATHI			
	17ER1R0072	KATEGAR VIJAY			
	17ER1R0074	KUMMARI NAGA MAHESH			
	17ER1R0075	KUMMARI YASHODA			
	17ER1R0076	KURAGAYALA KRISHNA PRIYANKA			
	17ER1R0078	MAKA SHRAVANI			
XVI	17ER1R0077	KURUVA LAZER	D.MANASA	FORMULATION & EVALUATION OF HERBAL FOOT CRACK CREAM	PHARMACEUTICS
	17ER1R0081	MITHAI MAHABOOB BASHA			
	17ER1R0079	MANIYAR HEENA			
	17ER1R0080	MIDHE JYOTHI			
	17ER1R0082	MURAM VIJAYA BHARATHI			
XVII	17ER1R0085	NANDIPATI UDAY KUMAR REDDY	R.RENUKA DEVI	INVITRO SCREENING OF ANTACID & CARMINATIVE ACTIVITY OF CRASSUIA OVATA	PHARMACY PRACTICE
	17ER1R0088	SHAIK MOHAMMED IMRAN			
	17ER1R0083	N.SAI BHAVANA			
	17ER1R0084	NADIGADDA RESHMA			
XVIII	17ER1R0086	P.JYOTHI	S.IRFANA	EVALUATION OF FLOATING IN-SITU GEL OF ACECLOFENAC FORMULATIONS &	PHARMACEUTICS
	17ER1R0089	SHAIK MOHAMMED NAJEEM BASHA			
	17ER1R0090	SHAIK RASHID BASHA			
	17ER1R0087	PUTTA SRAVANI			
	17ER1R0091	SHAIK SHAMA PRAVEEN			
XIX	17ER1R0092	SUMAYA SHIREEN	S.PARVEEN	EVALUATION OF FLOATING IN-SITU GEL OF ACECLOFENAC FORMULATIONS &	PHARMACEUTICS
	17ER1R0093	SHEIK SHAVALI			
	17ER1R0095	SYED YOUNIS			
	17ER1R0094	SYED BUSHER ANJUM			
	17ER1R0097	TAMATAM SHIREESHA			
XX	17ER1R0098	THOGATA ANUSHA	S.RAJESH RAJA	EVALUATION OF FLOATING IN-SITU GEL OF ACECLOFENAC FORMULATIONS &	PHARMACEUTICS
	17ER1R0096	T.MOHAMMED			
	18ER5R0001	A.HEMASAGAR			
	17ER1R0099	AIREDDY NAGA KEERTHANA			
	17ER1R0100	HARDAGERI TALARI SUDHARANI			
	18ER5R0002	JAYANTHI ANANDA SAI			
	17ER1R0011	BUKKE SUMAN NAIK			
	17ER1R0016	DANDU MADHUSUDHAN			

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

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



Cell : 9704 333 789  
9177287508  
7660003344



# Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I. New Delhi & Permanently Affiliated to JNTUA Anantapuramu,  
MOU with Government General Hospital & KMC, Kurnool)  
Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.  
E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....

## PHARM.D V/VI PROJECT LISTS (AY:20-21)

BATCH	REG NO	NAME OF THE STUDENT	GUIDE	PROJECT TITLE	DEPARTMENT
I	16ER1T0002	M.AKSHITHA	DR.G.NAGARAJAN	A COMPARITIVE STUDY ON EFFICACY OF ATYPICAL ANTI PSYCHOTICS IN THE MANAGEMENT OF POSITIVE &NEGATIVE SYMPTOMS IN SCHIZOPHRENIA	PSYCHIATRY
	16ER1T0014	S.SUMERA IRHAM			
	16ER1T0015	D.SHARON ROJE			
	16ER1T00	D.JAYA RUPA VANJI			
II	16ER1R0009	P.PREMA LATHA	DR.B.V.RAMANA	A PROSPECTIVE STUDY ON EFFECTIVENESS OF NEBULIZER & CORTICOSTEROIDS IN THE MANAGEMENT OF COPD	GENERAL MEDICINE
	16ER1T0013	M.SAI DEEPIKA			
	16ER1T0019	S.JYOTHIKA			
	16ER1T0027	R.MANASA			
III	16ER1T0003	P.JAVEED	DR.R.SRIRAM	A PROSPECTIVE OBSERVATIONAL STUDY ON USAGE OF INOTROPIC DRUGS IN PEDIATRIC INTENSIVE CARE UNIT	PEDIATRICS
	16ER1T0006	S.MANIKANTA			
	16ER1T0020	S.LOKESH ROYAL			
IV	16ER1T0008	ASAD ALI KHAN	Dr. K. Chandrasekhar	EVALUATION OF ATROPINE& PRALIDOXIME THERAPY IN THE MANAGEMENT OF ORGANO PHOSPHATE POISONING	GENERAL MEDICINE
	16ER1T0010	M.RAMANJANEYULU			
	16ER1T0017	D.YAKUB BASHA			
V	16ER1T00007	G.NAVEEN BABU	R.JONA METHUSALA	A COMPARITIVE CROSS SECTIONAL STUDY OF PREVALENCE OF SEPSIS IN LOW BIRTH WEIGH VINEONATES & DETERMINING THE PRESCRIBING PATTERN OF ANTI BIOTICS SNCU	PEDIATRICS
	16ER1T0011	M.A.RAM SUNIL			
	16ER1T0023	S.SUBBA REDDDDY			
VI	16ER1T0018	B.BHAVANA	Dr. S. Kusuma Kumari	EVALUATION OF SAFETY &EFFICACY OF ANTIBIOTICS IN POST OPERATIVE HERNIOPLASTY &HERNIORRHAPHY	GYNAECOLOGY
	16ER1T0025	V.HARI SUSHMA			
	16ER1T0026	L.GRACE			
	16ER1T0028	S.SHABANA TAHASEEN			
VII	16ER1T0004	C.KEERTHI	DR.S.IRFANA	A CROSS SECTIONAL STUDY ON PREVALENCE OF COMPLICATIONS,ITS RISK FACTORS &PHARMACOLOGICAL TMT OF HYPERTENSION	GENRALMEDICINE
	16ER1T0005	T.LASYA			
	16ER1T0016	M.V.N.VASAVILATHA			
	16ER1T0024	I.VYSHNAVI			
VIII	16ER1T0001	B.AKHILA	Mrs.B.ARUNA	A STUDY ON PRREVALENCE OF NON ADHERENCE &ATTITUDE TOWARDS DIFFERENT ANTI PSYCHOTICSIN PATIENTS WITH PSYCHOTICS DISORDERS ATTENDING THE PSYCHIATRIC OUT PATIENT DEPARTMENT	PSYCHIATRY
	16ER1T0012	S.SADIYA SAMREEN			
	16ER1T0021	M.PRIYANJALI			
	16ER1T0029	L.SWETHA MADHURIMA			

PRINCIPAL

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

PRINCIPAL

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

Cell : 9704 333 789

EVALUATION OF SAFETY AND EFFICACY OF ANTIBIOTICS IN POST OPERATIVE  
HERNIOPLASTY ANDHERNIORRHAPHY



A Dissertation Submitted to

**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITYANANTAPUR,  
ANANTAPURAMU**

In partial fulfilment of the requirement for the award of

*DOCTOR OF PHARMACY*

By

**B. BHAVANA**  
No. 16ER1T0018)

**V. HARI SUSHMA** (Reg.  
(Reg. No. 16ER1T0025)

**L. GRACE**  
(Reg. No. 16ER1T0026)

**S. SHABANA TAHASEEN**  
(Reg. No. 16ER1T0028)

Under the Guidance of

**Dr. J. Jayaram, M.S., FMAS, FAIS.**  
Associate Professor Department  
of General surgery  
Kurnool Medical College, Kurnool

**Dr. S. Kusuma Kumari pharm D**  
Assistant Professor  
Department of Pharmacy practice  
Dr. K. V. Subba Reddy institute of  
pharmacy, Kurnool



DEPARTMENT OF PHARMACY PRACTICE  
Dr. K.V. SUBBA REDDY INSTITUTE OF PHARMACY  
DUPADU, KURNOOL – 518218(A.P)  
May-2021

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

# 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, Lakshmiapuram (Post), Kurnool-518218

Cell: +919440282181, +919704333789

Fax: 08518-287618

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## DECLARATION

We, Mrs. **B. Bhavana** (16ER1T0018), Mrs. **V. Hari Sushma** (16ER1T0025), Mrs. **L. Grace** (16ER1T0026) and Mrs. **S. Shabana Tahaseen** (16ER1T0028) pursued admission in Pharm. D Vyear program for the academic year 2020-2021, at Dr. K. V. Subba Reddy Institute of Pharmacy, Dupadu, Kurnool (Affiliated to JNT University Anantapur, Anantapuramu) and in connection with partial fulfillment for award of degree Doctor of Pharmacy, We hereby declare that the entitled research work "EVALUATION OF SAFETY AND EFFICACY OF ANTIBIOTICS IN POST-OPERATIVE HERNIOPLASTY AND HERNIORRHAPHY". Was carried out by us under guidance of Dr. S. Kusuma Kumari, Pharm-D, Assistant professor, Dr. K. V. Subba Reddy Institute of Pharmacy, Dr. J. Jayaram, M.S, FMAS, FAIS (General surgery), Associate Professor, Government General Hospital. We express no conflict of interest for due submission of this work to board of examiners for evaluation process.

### Name of student(s)

<b>B. Bhavana</b>	<b>16ER1T0018</b>
<b>V. Hari Sushma</b>	<b>16ER1T0025</b>
<b>L. Grace</b>	<b>16ER1T0026</b>
<b>S. Shabana Tahaseen</b>	<b>16ER1T0028</b>

B. Bhavana  
V. Hari Sushma  
L. Grace  
S. Shabana Tahaseen.

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



# 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, Lakshminipuram (Post), Kurnool-518218

E-mail: [principalkvsrip@gmail.com](mailto:principalkvsrip@gmail.com)


Cell: +919440282181, +919704333789

Fax: 08518-287618

## CERTIFICATE

It is to certify that the research project entitled "EVALUATION OF SAFETY AND EFFICACY OF ANTIBIOTICS IN POST OPERATIVE HERNIOPLASTY AND HERNIORRHAPHY" bearing research protocol approval number- KVSP/IRB/2020-21/Pharm.D/PROJ/018 was carried out by Mrs. B. Bhavana (16ER1T0018), Mrs. V. Sri Sushma (16ER1T0025), Mrs. L. Grace (16ER1T0026) and Mrs. S. Shabana Tahaseen (16ER1T0028) student of Pharm. D V Year Program for the academic year 2020-21 and the study was done under my direct supervision. The contents of the compiled work in this project book adequate to the best of my knowledge and is duly submitted to the board of examiners, in partial fulfillment for the award of degree of Doctor of Pharmacy as prescribed by JNT University Anantapur, Anantapuramu, Andhra Pradesh. We wish him/her all the best.

Project Supervisor

  
S. Kusuma Kumari, Pharm D.,

Assistant Professor,

Department of Pharmacy Practice,  
K.V. Subba Reddy Institute of Pharmacy,  
Kurnool

  
Dr. J. Jayaram M.S., FMAS, FAIS.

Associate Professor

Department of General Surgery,  
Govt. General Hospital, Kurnool.

Associate Professor  
Dept. of General Surgery  
Kurnool Medical College/GGH  
KURNOOL

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

## ACKNOWLEDGEMENT

It is a proud and privileged honour for us to express our heartfelt thanks and gratefulness to all individuals who lend a hand for us directly or indirectly throughout this project work.

It is the immense pleasure to express our gratitude and deepest appreciation to our institutional guide **Dr. S. Kusuma Kumari, PharmD**, Assistant Professor, Department of Pharmacy Practice, who braced us with her innumerable and valuable suggestions and continued guidance during the entire project work.

We express our sincere thanks and deep sense of gratitude to our hospital guide **Dr. J. Jayaram, M.S., FMAS, FAIS**. General Surgery, Associate Professor, Kurnool Medical College, Kurnool for exhilarating encouragement, valuable guidance and suggestions throughout the entire project work with his full patience.

We express our prerogatives and soulful thanks to our adept principal **Dr. Nagarajan, M Pharm, Ph. D.**, Professor, Department of Pharmaceutical Chemistry, for providing this great opportunity to carry out our dissertation project work and possible guidance for completion of this thesis work. We thank our **Honorable Chairman Dr. K. V. Subba Reddy, Correspondent K. Vijayalakshmi, Dr. KYSR Institute of Pharmacy**, from the bottom of our hearts for providing us all the facilities and support needed for our dissertation project work.

We are greatly indebted to **Dr. Ashfaq Ahmed**, Senior resident of General surgery, Kurnool Medical College, Kurnool for his invaluable guidance and help in carrying out this work

We soulfully acknowledge our **classmates, friends** for their necessitous help during our project work.


To commence with, we pay our obeisance to **GOD**, the almighty to have bestowed upon us the good health, courage, inspiration, zeal and the light throughout our dissertation work. Finally, we would like to thank everyone who were important throughout the study for successful completion, as well as expressing our apologies for whom we could not mention personally one by ones. YOURS,

B. Bhavana

V. Hari Sushma

L. Grace

S. Shabana

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

## TABLE OF CONTENTS

S.NO	CONTENTS	PAGE.NO.
1	INTRODUCTION	1 -30
2	REVIEW OF LITERATURE	31-36
3	NEED OF STUDY	37
4	AIM AND OBJECTIVES	38
5	METHODOLOGY	39-42
6	RESULTS	43-51
7	DISCUSSION	52-53
8	CONCLUSION	54
9	LIMITATIONS	55
10	BIBILOGRAPHY	56-59
11	ANNEXURES	
	Institutional protocol approval	
	Patient data collection proforma	



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



LIST OF TABLES

S.NO	TABLE NAMES	PAGE.NO
1	Relative frequency of external abdominal hernia	1
2	Classification	2
3	Cephalosporins	18
4	Difference between direct and indirect inguinal hernia	26
5	Risk factors of incisional hernia	28-29
6	Gender distribution for total study	43
7	Age distribution of total study	44
8	Co-morbid conditions of total study	45
9	Distribution of type of hernia of total study	46
10	Personal habits of total study	47
11	Post-operative antibiotics of total study	48
12	Timing of occurrence of wound infection of total study	49
13	Grading of wound infection post-operative antibiotics in total study	50
14	Comparison between wound status and post-operative antibiotics	51

*S. Venkatesh*

**PRINCIPAL**

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

## LIST OF FIGURES

S.No	Figure Name	PAGE. No
1	Types of hernia	3
2	Hernial sac	3
3	Palpation	10
4	Mesh used for hernia surgery	13
5	Inguinal ring	22
6	Indirect inguinal hernia	23
7	Direct inguinal hernia	23
8	Inguinal canal	25
9	Incisional hernia showing scar	27
10	Umbilical hernia	30
11	Gender distribution of total study	43
12	Age distribution of total study	44
13	Co-morbid conditions of total study	45
14	Type of hernia in total study	46
15	Personal habits of total study	47
16	Post-operative antibiotics of total study	48
17	Timing of Occurrence of Wound Infection in Total Study	49
18	Grading of wound infection post-operative antibiotics in total study	50
19	Groups of post-operative antibiotics	51

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

## ACRONYMS

- ❖ CT: Computed tomography
- ❖ MRI: Magnetic resonance imaging
- ❖ IIH: Indirect inguinal hernia
- ❖ DIH: Direct inguinal hernia
- ❖ CSF: Cerebrospinal fluid
- ❖ mRNA: messenger ribonucleic acid
- ❖ tRNA: transfer ribonucleic acid
- ❖ IM: Intra muscular
- ❖ IV: Intra venous
- ❖ BMI: Body mass index

*S. Kumar*  
PRINCIPAL  
Dr. K.V.S.R. Institute of Pharmacy  
Kurnool-518002 (A.P.)  
Dr. K.V.S.R. Institute of Pharmacy  
Kurnool-518002 (A.P.)  
PRINCIPAL



**DEDICATED**

**TO**

**MY**

**PARENTS**

**& TEACHERS**

## ABSTRACT

### *Aim:*

To evaluate the safety and efficacy of antibiotics in post-operative hernioplasty and herniorrhaphy.

### *Objectives:*

Assessing the clinical efficacy of post-operative antibiotics like ceftriaxone, amikacin and piperacillin plus tazobactam in reducing surgical site infections. By measuring the wound status of patients by using wound grading during post-operative follow up intervals. To determine social demographic details and categoric the types of hernia in study population.

### *Methods:*


This is a prospective observational study performed and conducted at General surgery department, Government General Hospital, Kurnool. Individual were analyzed by particulars of age, sex, date of admission and date of surgery, investigations, past history, comorbid conditions like hypertension, diabetes etc., patients were selected on the basis of inclusion and exclusion criteria

### *Results:*

A total of 58 patients the distribution of male (75.8%) and female (24.1%). The majority of type of hernia is direct inguinal hernia of 17(29.3%) when compared to all types of hernias. The administration of post-operative antibiotics like ceftriaxone + metronidazole, piperacillin/tazobactam + metronidazole, ceftriaxone + metronidazole + amikacin and sulbactam sodium + cefoperazonesodium + metronidazole, is markedly reduced surgical site infections. Wound grades in post-operative patients were comes under grade 0 was more compared to grade 1 and grade 2.

### *Conclusion:*

In this study the different groups of antibiotics like cephalosporins, Anti protozoal drugs and aminoglycosides in post-operative surgeries are showing equal effectiveness in reducing surgical site infection in both comorbid and non-comorbid conditions.

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

# INTRODUCT ION



# 1. INTRODUCTION

## DEFINITION<sup>1</sup>:

A hernia is defined as protrusion of whole or a part of viscus through the wall that contains it. The term can be applied to protrusion of a muscle through its fascial covering or of brain through fracture of skull or through foramen magnum into the spinal cord. The commonest variety of hernia is protrusion of a viscus or a part of it through the abdominal wall.

## EPIDEMIOLOGY<sup>1,2</sup>:

At first hernia was recorded In Egyptian papyrus 1500BC and then it was regarded as a social stigma. It will occur in all type of Male and Female. In all these abdominal hernias are common. It has approximately 10% of the general surgical workload. The relative frequency of external abdominal hernias is given in Table. 1.0. Inguinal hernias account for 75% of abdominal wall hernias and life time risk of 27% in men and 3% in women

Type of hernia	Incidence
Epigastric	1%
Incisional	10%
Inguinal	78%
Femoral	7%
Umbilical	3%
Others (rare)	1%

**Table. 1.0 Relative frequency of external abdominal hernias**

# INTRODUCTION

## CLASSIFICATION<sup>1,2</sup>:

---

Hernias are classified into congenital or acquired shown in Table 1.1

Congenital:

These are of pre-formed sac that occurs as consequence of intra uterine development.

Acquired:

This acquired type has two types:

- ✓ Primary hernia

These occur at natural points such as

- ❖ Structure penetrates the abdominal wall
- ❖ Muscles and aponeuroses fail to overlap normally
- ❖ Fibrosis tissue develops to close defect.

- ✓ Secondary hernia

These develops at surgical site and injury to wall which contents of a body cavity.

Congenital	Acquired
<ul style="list-style-type: none"><li>• Indirect inguinal hernia</li><li>• Umbilical hernia</li></ul>	<ul style="list-style-type: none"><li>• Direct inguinal hernia</li><li>• Femoral hernia</li><li>• Incisional hernia</li><li>• Epigastric hernia</li></ul>

Table 1.1 CLASSIFICATION





## INTRODUCTION

The most common types of hernias are Fig. 1.0

- Inguinal hernia
- Incisional hernia
- Femoral hernia
- Umbilical hernia
- Umbilical hernia
- Epigastric hernia



Fig. 1.0 Types of hernia

Rare varieties of hernias are

- Obturator
- Lumbar
- Gluteal
- Spigelian

Hernia consists of a sac, its coverings, its contents as its anatomical features.

In hernial sac it consists of mouth, neck, body and fundus. Covering refers to overlying layers. Fig. 1.1

The contents of hernia vary but intracavity viscera have been reported. In abdomen the contents are small bowel and greater omentum other are like the large bowel and appendix Meckel's diverticulum the bladder, the ovary may or may not with fallopian tube, ascitic fluid.

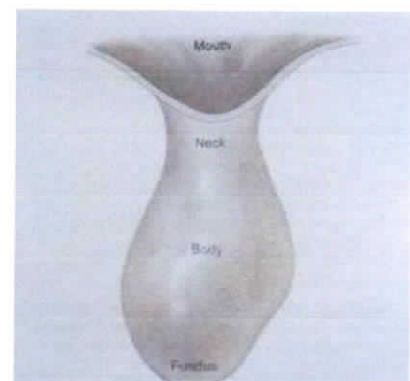


Fig. 1.1 Hernial sac



## INTRODUCTION

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### AETIOLOGY<sup>2</sup>:

The hernia is mainly occur based upon the two factors which are predisposing to hernia that develops intra activity pressure and weak abdominal wall. In abdomen the pressure occurs by heavy lifting, cough, straining to pass wire benign prostatic hyperplasia or carcinoma, straining to pass faeces- constipation or large -bowel obstruction, abdominal distension that may presence of an intra-abdominal contents. In weak abdominal wall it occurs by advancing age, malnutrition -macronutrients or micronutrients, paralysis of motor nerves, abdominal collagen metabolism.

### Pathophysiology<sup>3</sup>:

Defect or weakness in the muscular wall may be, congenita or acquired weakness or caused by trauma.

Increased the intrabdominal pressure as a result of risk factors.

As a result of weakness of the abdominal wall and increased pressure the abdominal contents can protrude causing herniation.

When the contents of the hernia sac can be replaced into the abdominal cavity by manipulation, the hernia is said to be reducible.

Irreducible and incarcerated hernia refers to hernias that cannot be replaced by manipulation.

When the pressure from the hernial ring cuts off the blood supply to the herniated segment of the bowel, it becomes strangulated.



## INTRODUCTION

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The inguinal hernia patients have demonstrated higher proportions of type III collagen as compare to type I collagen is associated with better tensile strength than type III.

During normal development the testes descend from the abdomen into the scrotum leaving behind the diverticulum through inguinal canal and vaginalis.

### Signs and Symptoms<sup>4</sup>:

For Inguinal, Incisional, Femoral, Umbilical, Epigastric these are signs and symptoms:

- Swelling beneath the skin of abdomen or groin
- Constipation and bloody stools
- Discomfort in abdomen when lifting or bending
- Burning sensation at bulge
- Weakness in groin
- Shooting pain
- Pain around testicles
- Vomiting

### Diagnosis tests<sup>5,6</sup>:

- Ultra sound
- Computer tomography scan [CT-scan]
- Magnetic resonance imaging [MRI]



Hernia is a clinical diagnosis:

### Imaging:

Ultra sound is being increasingly used to assess hernia that are difficult to define clinically.

CT and MRI an occasional role in rare pelvic hernia. They also helpful in the pre-operative assessment of large incisional hernia where multiple defects may be present.

CT or MRI scanning will exclude recurrent malignant disease in patients who have had previous cancer surgery.

Laparoscopy:

Unexpected hernia is in some cases discovered at time of laparoscopy for undiagnosed abdominal pain.

### Examination of hernia<sup>1</sup>:

HISTORY:

**Age:** Indirect inguinal hernia is usually met with in young individuals, whereas a direct hernia is mostly seen in older subjects.

**Occupation:** It is very important regarding their daily work, some type of heavy lifting work load leads to hernia in some cases.

Patient should be examined of

**1. Pain:** In the beginning when there is a 'tendency to hernia' the patient complains of a dragging and aching type of pain which gets worse as the

day





passes. pain may appear long before the lump is noticed. It continues so long as the hernia is progressing but ceases when it is fully formed.

When the hernia becomes very painful and tender, it is probably strangulated. At this time the patient may complain all over the abdomen due to drag on the mesentery or omentum.

- 2. Lumps:** Many hernias may cause no pain and the patient presents because he noticed a swelling in the groin. But this is very rare and some sort of discomfort is almost present.

When the patient arrives to the hospital the patients should be asked following types like

How did it start? (During coughing or lifting weight)

Where did it first appear? (Groin and extended to scrotum- Inguinal hernia, (below the groin and gradually ascends above it – Femoral hernia)

What was the size?

Does it disappear on lying down? (Disappears when patient lies down – direct inguinal hernia, if it should be reduced – indirect hernia.

### PAST HISTORY:

Whether the patient had any operation or not? During appendicectomy division of nerve may lead to weakness of the abdominal muscles at the inguinal region and a subsequent direct inguinal hernia. Mostly patient says about previous history of hernia on same side (recurrent hernia) if appears on opposite side (generally right-side hernia precedes to left side)



Local examination: Position of

patient—

First patient examined in the standing position and then in the supine position. Inguinal, femoral, epigastric, obturator, lumbar, gluteal and spigelian hernia are the best examined in the standing position and should not be omitted. The patient is asked to hold the clothes up during examination in the standing position. He must not bend forward while being examined.

*INSPECTION: -*

1. **Swelling-** If a swelling is already present, note (1) Size

&Shape—An indirect hernia is pyriform in shape, with a stalk at the external inguinal ring. It usually extends down into the scrotum. A direct hernia is spherical in shape and shows little tendency to enter into the scrotum. Femoral hernia, takes up a spherical shape starting from below and lateral to the pubic tubercle. Femoral hernia extends from below the inguinal ligament and ascends over it. (2) Visible peristalsis—If the covering is thin as in recurrent hernia peristalsis may be observed. It is never seen in femoral hernia. In case of inguinal hernia, the students should remember that the scrotal skin exhibits movements due to contraction of the dartos.

Skin over the swelling:

In uncomplicated hernia the overlying skin should be normal. If the hernia is strangulated the skin may be reddened.



### 2. Impulse on coughing:

The patient is asked to turn his face away from the clinician at the superficial inguinal ring. If a swelling already exists, it will expand during coughing during coughing as more abdominal contents will be driven out into the hernial sac due to increased abdominal tension (expansile cough impulse) but absence of this sign does not exclude a diagnosis of hernia. If the neck of the sac is blocked by adhesions additional viscera will not get access into the sac during coughing.

### 3. Position of the penis:

This is only important in case of inguinal hernia. A large hernia in the scrotum will push the penis to the other side.

### *PALPATION—*

If a swelling is present, it is palpated systematically from in front from the side and from behind noting all the points, e.g., temperature, tenderness, size and shape etc.,

1. **Position and extent:** If the swelling descends into the scrotum or labia majora, it is obviously an inguinal hernia. When it remains confined to the groin, it should be differentiated from a femoral hernia. An inguinal hernia is positioned above the inguinal ligament and medial to the pubic tubercle, whereas a femoral hernia lies below the inguinal ligament and lateral to the pubic tubercle. In obese patients it is very difficult to feel the pubic tubercle. One may follow the tendon of adductor longus upwards to reach the pubic tubercle.



2. To get above the swelling:

In case of a swelling this is important. This examination differentiates a scrotal swelling from an inguino-scrotal swelling. Fig.1.2. The root of the scrotum is held between the thumb in front and other fingers behind in an attempt to reach above the swelling. In case of inguinal hernia, one cannot get above the swelling, whereas in case of the pure scrotal swelling one can feel nothing



Fig.1.2. Palpation

between the fingers expect the structures within the spermatic cord. In case of femoral hernia this examination is of no use as femoral hernia does not give rise to a scrotal swelling.

3. Consistency:

The swelling feels dough and granular if the hernia contains omentum (omentocoele or epiplocele). It is elastic if it contains intestine (enterocoele). A strangulated hernia feels tense and tender. This is of great importance in diagnosing this condition.

4. Relation of the swelling to the testis and spermatic cord:

Inguinal hernia remains in front and sides of the spermatic cord and testis which remain incorporated in the swelling.

5. Impulse on coughing:

This examination should always be performed in standing position of the patient. When there is no swelling, a finger is placed on the superficial inguinal ring and the patient is asked to cough. The root of the scrotum can also be held between the index finger and the thumb and felt for impulse on





## INTRODUCTION

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coughing. contents of hernia will force out through the superficial inguinal ring and separate the thumb and the index finger. This is an expansile impulse. Impulse on coughing will be absent in case of strangulated hernia. Remember this technique (Zieman's technique) can only be applied when there is no obvious swelling or after the hernia has been completely reduced. The patient is asked to hold the nose and blow (this is better according to zeiman) or to cough. When impulse is felt on the index finger the case is one of indirect hernia, when impulse is felt on the middle finger the case is one of direct hernia and when it is felt on the ring finger the case is one of femoral hernia.

### 6. Is the swelling reducible:

In many instances the hernia reduces itself when the patient lies down (direct hernia). The fundus of the sac is gently held with one hand and even pressure is applied to it to squeeze the contents towards and abdomen while the other hand and even pressure is applied to it to squeeze the contents towards and abdomen while the other hand will guide the contents through the superficial inguinal ring. This is known as "Taxis". Taxis must be carried out very gently. Rough handling will bring forth fatal complications.

### 7. Invagination test: After reduction of the hernia this test may be performed to palpate the hernial orifice. It is better to perform this test in recumbent position of the patient. Little finger should be used to minimize hurting the patient. But if it becomes inconvenient, one can use the index finger. Invaginate the skin from the bottom of the scrotum and the little finger is pushed up to palpate the pubic tubercle. Right hand should be used for the right side and left hand for the left side. The finger is then rotated and pushed



## INTRODUCTION

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further up into the superficial inguinal ring. The nail will be against the spermatic cord and the pulp will feel the ring. The patient is asked to cough. A palpable impulse confirms the diagnosis.

### 8. Ring occlusion test:

This test is performed in standing position and the hernia must be reduced first. This is a confirmatory test to differentiate an IHH from a DIH. Indirect hernia comes out through the deep inguinal ring and a direct hernia medial to the ring, pressure over the deep inguinal ring will occlude the indirect hernia but not direct hernia. Thumb is placed on the deep inguinal ring and ask to cough. Direct hernia will bulge but indirect hernia will find access.

### *PERCUSSION:*

A resonant note over a hernia means it contains intestine. If the note is dull, it is omentum. Percussion can differentiate acute epididymitis and acute filarial funiculitis from strangulated hernia. The note will be resonant in case of the latter whereas in case of former two cases the note will dull.

### *AUSCULTATION:*

Peristaltic sounds may be heard in an enterocele. It does not give much diagnostic clue.

### *Examine the testis, epididymis and spermatic cord:*

The part of examine is important that pulls testis downwards and cord descends slightly and becomes fixed.

Examine the tone of the abdominal muscles:



## INTRODUCTION

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- a) To observe the patient in profile
- b) In recumbent position the patient is asked to raise his shoulders against resistance.
- c) A finger is introduced into the superficial inguinal ring and the patient is asked to cough. The strength of the pillars and sphincteric action of conjoined tendon can be assessed

### MANAGEMENT OF HERNIA<sup>6</sup>:

Basically, there is no pharmaceutical treatment for hernia, if hernia occurs it should be proceeded with surgical procedure. It is going to be done in mainly two ways

- Open mesh repair
- Laparoscopic technique

Surgical repair of inguinal hernias is a common procedure in adult men. However, recurrence of hernia has been reported to occur after repair in 15 percent or more cases, and postoperative pain and disability are frequent, when traditional surgical methods are used, outcomes after repair of recurrent hernias have been worse than after primary repair.



After the introduction of tension-free surgical repair **Fig. 1.3. Mesh used for hernia surgery**

with the use of prosthetic mesh, Fig.1.3. recurrence rates were reported to be less than 5 percent, and patients' comfort was reported to be substantially improved over that obtained by the traditional, tension- producing techniques. Local anesthesia is used, and patients are discharged within a few hours. A laparoscopic method of performing



## INTRODUCTION

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a tension-free repair has subsequently been reported to result in low recurrence rates and to be associated with substantially less pain in the immediate postoperative period and earlier return to normal activities than the open-repair technique. The laparoscopic technique, however requires general anesthesia, and it is more often associated with serious intraoperative complications than is open repair, although such type of complications is infrequent

We conducted a multicenter, randomized trial to compare recurrence rates and other outcomes after either of two standardized tension-free herniorrhaphies: open repair and laparoscopic repair.

### ROLE OF PROPHYLACTIC ANTIBIOTICS: DEFINITION:

Prophylactic antibiotics are defined as antibiotics used to prevent infection in the absence of infection. The microorganisms are attacked at their lodgment in the wound or the body cavity before their colonization. The aim is to prevent sepsis rather than to treat sepsis.

Administration of prophylactic antibiotics is a scientifically approved method of primary prevention of post-operative wound infection. The role of prophylactic antibiotics is to support the body's ability to resist contamination. Therefore, to be effective they must be administered before the bacterial inoculation.

Indication of antibiotic prophylaxis:

Prophylactic antibiotics are indicated when the surgical procedure has a higher chance of contamination or when the resistance of the patient is low. Traditionally





## INTRODUCTION

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antibiotic prophylaxis is indicated in clean contaminated and when contamination occurs accidentally at the time of surgery. They are also indicated in clean procedures when prosthetic implants are used. The role of antibiotics in contaminated procedures is essentially therapeutic

Is there a role for prophylactic antibiotics in clean surgery?

Role of prophylactic antibiotics in surgery remains controversial. Studies conducted during late 50's and early 60's concluded that there is no role of prophylactic antibiotics in surgery. On the contrary it was believed that they resulted in a higher infection rate.

Pulaski criticized the "routine" use of prophylactic antibiotics in clean surgical procedures. He listed out several factors against the routine use of antibiotic and pointed out the fundamental aims of discriminate antibiotic therapy. They are 1. TO eradicate the accidental streptococcal infection at sites where they are already present as endogenous flora. 2. To reduce the bacterial count in those structures of the body which are heavily loaded with microorganism to a level complicated with the local and general tissue resistance. In his opinion, in clean cases when prophylaxis substituted for the established principles of surgery, infection rates were higher than before the use of chemoprophylaxis with the added risk of toxicity. He suggested judicious use of antibiotic in contaminated cases in order to convert them into clean cases. He strongly emphasized that with good patient preparation, adhering to the established principles of surgery, avoiding spillage and dead space wound sepsis can be prevented.



Principles of antibiotic prophylaxis:

### 1. Timing of antibiotic prophylaxis:

Is there a relationship between the timing of antibiotic administration and wound infection? An antibiotic to be effective as a prophylactic agent would be present in an appropriate concentration at the time of the contamination.

**Vulnerable period:** The duration of the operative procedure represents the decisive period that has been most aptly called the vulnerable period. The rationale behind the use of prophylactic antibiotics is to boost the host defense mechanism to defeat the bacterial challenge during the vulnerable period. If the antibiotics are given too early, no, antibiotic activity might be left in the tissues to resist the contamination during the surgery. So much so, if the antibiotics are given too late the bacterial load might be too high to resist the infection.

Classen et al<sup>7</sup> classified antibiotic prophylactic according to the timing of administration as:

Early – when the antibiotic is administered within 2 to 24 hours before surgery

- i. Pre - operative – when administered 2 hours before the incision
- ii. Peri - operative – when administered during the first 3 hours after the incision
- iii. Post- operative – when administered 3 to 24 hours after the incision

### 2. Duration of prophylactic antibiotic administration:

Prophylactic antibiotics can successfully reduce incidence of post-operative wound infection, in this difficulty some suggest short course and some suggest large course. After all type of studies single dose prophylaxis just prior to incision.



### *ANTIBIOTIC TREATMENT:*

#### Role of antibiotics:

The role of antibiotics in a well-established infection, is an adjuvant to the local wound management, though they can be curative in the early stages. When used appropriately they can be preventing septicemia. They can be used either systemically or locally. Clinical response should be apparent within 36 hours after starting the antibiotics and should be continued for 5 days. Prolong usage leads to toxic effects and superinfection. If there is no obvious clinical improvement, either the organism causing wound might not be sensitive to the antibiotic used or the antibiotic dosage may be inappropriate. Antibiotics are ineffective in the presence of necrotic tissue. Hence adequate debridement is essential.

#### Pharmacotherapy<sup>8</sup>:

In hernia people will go through the surgery after surgery to reduce the infection rate antibiotic therapy should be used. Here third generation cephalosporins are used to treat patients

#### Cephalosporins:

In this third generations are used to treat bacterial infections table 1.2.



Third generation drugs

<u>Oral</u>	<u>Parental</u>
Cefixime	Cefotaxime
Cefpodoxime	Ceftriaxone
Cefdinir	Ceftazidime
Ceftibuten	Ceftizoxime
	Cefoperazone

Table. 1.2 cephalosporins

Antiprotozoal drugs:

Trichomoniasis-oral type (Nitroimidazoles)

Metronidazole

Nimorazole

Tinidazole

Aminoglycosides are used these are gram-negative antibacterial medications

- Amikacin

*CEFTRIAZONE*<sup>9,10,11</sup>:

It has longer duration of action. Its  $t_{1/2}$  is 8 hours, penetrating once, or at most twice daily dosing. Penetration into CSF is good and elimination occurs equally in urine and bile. It shows high efficacy in serious infections.

Brand name: Rocephin





### Mechanism of action:

It works by inhibiting the mucopeptide synthesis in bacterial cell wall. The beta-lactam ceftriaxone binds to carboxypeptidases, endopeptidases, and trans peptidases in the bacterial cytoplasmic membrane. These enzymes are involved in cell-wall synthesis and cell division. Binding of ceftriaxone to these enzymes causes the enzyme to lose activity, so bacteria produce cell wall causing cell death.

### Route of administration:

It is only given as parental route either as Intramuscular or Intravenous.

**Dosage:** 1 to 2 gm

### Side effects:

- Pain
- Vomiting
- Diarrhea
- Headache
- Dizziness
- Loss of appetite

### Adverse effects:

- Bleeding

*AMIKACIN*<sup>12,13,14</sup>:

Amikacin is an aminoglycoside antibiotic used for bacterial infections.



Brand name: AMIKIN  
Mechanism of action:



### Mechanism of action:

It binds to bacterial 30S ribosomal subunits and interferes with mRNA binding and tRNA acceptor sites, interfering with bacterial growth. This leads to disruption of normal protein synthesis and production of non-functional toxic peptides. It is gram-positive and gram-negative bacteria.

### Route of administration:

It is given in either IM or IV route

Dose: 250mg/ml

### Side effects:

Nausea

Vomiting

Stomach upset

Numbness/tingling

Muscle weakness

Seizure

Abdominal pain

### Adverse effects:

Neurotoxicity

Nephrotoxicity

Ototoxicity



### *Non pharmacological treatment<sup>15</sup>:*

---

- i. Avoid food that cause acid reflux or heart burn such as spicy food
- ii. Don't lie down or bending after taking meals
- iii. Stop smoking
- iv. Avoid heavy lifts
- v. Avoid doing heavy exercise
- vi. Use proper lifting technique
- vii. Lose weight

### *COMPLICATIONS:*

---

Hernia is of Reducible, irreducible, obstructed, strangulated or inflamed.

#### Reducible hernia:

In this type the contents are returned but the sac persists. The contents do not reappear necessarily until some external gravity raised in intra -abdominal pressure.

#### Irreducible hernia:

In this the contents do not return to their body cavity. For this the main cause for irreducibility have narrow neck with rigid margin adhesion forms between contents and the sac., These irreducible hernias have greater risk to obstruction and strangulation than reducible hernia.

#### Obstructed hernia:

In this intestine contains in lumen become occluded obstruction is at neck of the sac but caused by adhesion within it. If obstruction is at both ends of loop, fluid





## INTRODUCTION

accumulates in it that blood supply is intact which becomes impended and strangulation. Here the term incarcerated describe irreducible but not strangulated. So, irreducible, obstructed called an incarcerated one.

Strangulated hernia:

Ten percent of groin hernias present for the first time with strangulation.

Inflamed hernia:

It is inflamed by any process thar causes tissues or organ that is normally here herniated

- Acute appendicitis
- Meckel's diverticulitis
- Acute salpingitis

It impossible to inflammable hernia that is strangulated.

The most common form of hernia occurs are

### INGUINAL HERNIA<sup>2,16</sup>

An inguinal hernia occurs when tissue such as part of intestine, protrudes through a weak spot in the abdominal muscles. The bulge can be painful, especially when you cough bend over or lift heavy object.

Rarely, hernia, do not cause pain. It is not a dangerous but leads to life – threatening complications. These are more common in men than in women and mostly occur on right side.

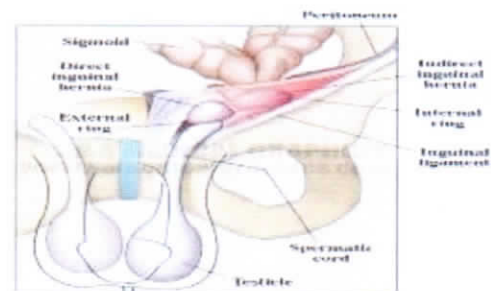


Fig. 1.4. Inguinal ring



## INTRODUCTION

### CLASSIFICATION:

In this the inguinal hernias are of like

- Indirect inguinal hernia
- Direct inguinal hernia
- Pantaloon hernia

➤ Indirect inguinal hernia



This passes through the internal ring lateral

Fig. 1.5 Indirect inguinal

### hernia

to inferior epigastric artery and external ring

above the pubic crest and tubercle Fig. 1.5.

➤ Direct inguinal hernia:

It occurs at posterior walls of canal medial to inferior

epigastric artery and



Fig. 1.6 Direct Inguinal hernia

covered by layers of cord. Fig. 1.6.

➤ Pantaloon hernia:

It has both combination of indirect and direct inguinal hernia.

### SIGNS AND SYMPTOMS:

If you aren't able to push the hernia in the contents of hernia may be trapped in abdominal wall. An incarcerated hernia may become strangulated which cuts off



blood flow to tissue that's trapped. The difference between direct and indirect inguinal hernia mentioned in detail in Table 1.3.

A strangulated hernia can be life threatening if it isn't treated

- ❖ Nausea, vomiting or both
- ❖ Fever
- ❖ Sudden pain that quickly intensifies
- ❖ A hernia bulge that turns red, purple or dark
- ❖ Inability to move your bowels or pass gas

### CAUSES

Some inguinal hernias have no apparent causes others occur of

- Increased pressure within abdomen
- A preexisting weak spot in abdominal
- Straining during bowel movements or urination
- Strenuous activity
- Pregnancy
- Chronic coughing or sneezing
- In many people, the abdominal wall weakness that leads to an inguinal hernia occurs prior to both when weakness in abdominal wall. Other inguinal hernia later in life when muscles due to aging, strenuous physical activity or coughing that accompanies smoking weakness can occur in abdominal wall later in life, after injury or abdominal surgery.
- In men occur in inguinal canal, where the spermatic cord enters the scrotum

Fig.1.7. In women the inguinal canal carries a ligament that helps to hold



## INTRODUCTION

uterus in place and hernias sometimes occur where connective tissue from the uterus attaches to tissues surrounding the pubic bone.

### RISK FACTORS:

That contribute to developing an inguinal hernia include.

- ✦ Being male, they are eight times more likely to develop an inguinal hernia than are women
- ✦ In older people muscles weaker as your age
- ✦ Any family history conditions
- ✦ Chronic cough such as smoking
- ✦ Chronic constipation causes straining during bowel movements
- ✦ In pregnancy being pregnant can weaken the abdominal muscles and causes increase pressure inside abdomen.
- ✦ Premature birth and low birth weight
- ✦ Previous inguinal hernia or hernia repair

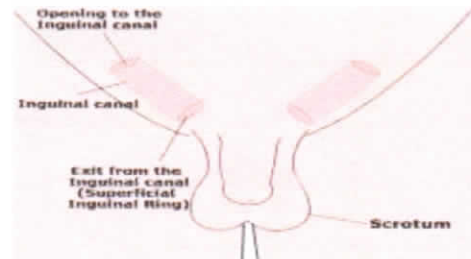


Fig.1.7 Inguinal canal

### COMPLICATIONS:

Pressure on surrounding tissue that enlarge over time if not done surgery in men large hernia can extend into scrotum, which cause pain and swelling.

Incarcerated hernia that trapped in a weak point in abdominal wall, the contents can obstruct the bowel that leads for severe pain, nausea, vomiting and the inability to have a bowel movement or pass gas.





## INTRODUCTION

Strangulation, incarcerated hernia can cut of blood flow to part of intestine strangulation can lead to death that affect bowel tissue strangulated hernia is life threatening that requires immediate surgery.

Table 1.3 Difference between direct and indirect inguinal hernia

	Indirect	Direct
Patient's age	Any age usually young	Older
Cause	May be congenital	Acquired
Bilateral	20%	50%
Protrusion on coughing	Oblique	Straight
Appearance on standing	Does not reach full size immediately	Reaches full size immediately
Reduction on lying down	May not reduces immediately	Reduces immediately
Descent into scrotum	Common	Rare
Occlusion of internal ring	Controls	
Strangulation	Not uncommon	Does not control
Relation to inferior epigastric vessels	Lateral	Unusual Medial



## INTRODUCTION

*INCISIONAL HERNIA*<sup>2,17,18;</sup>

Incisional hernia occurs at surgical incisions that are from previous abdominal surgeries. It occurs when the incision of internal organ such as appendix or intestine or other tissues fail to heal properly on time. The people who undergo abdominal surgeries will experience incisional hernia. Mostly after three to six of surgery it will occur in some cases it takes year to occur. Fig. 1.8.

Incisional hernia is of post-operative complication and such can be considered in terms pre-operative and post-operative

Pre-operative factors

- Age- tissue of elderly don't heal than of young
  - Malnutrition
  - Sepsis
  - Anemia- inhibits fibroblast division
  - Jaundice- impedes collagen maturation
  - Obesity- pre-disposes to wound infection, seroma and hematoma
  - Diabetes mellitus – pre disposes to wound infection
  - Steroids
  - Peritoneal contamination
- showing scar

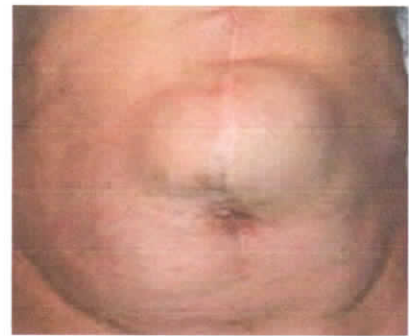


Fig. 1.8. Incisional hernia

Operative factors: Types of incisions



## INTRODUCTION

Technique and materials intension in the closure impedes blood supply to the wound badly tied knot can work loose, closure with absorbable suture materials fails to support the abdominal wall for a sufficient time to permit sound union

--Types of operation – It involves bowel or urinary tract are more likely to develop wound infection.

--Drains – A drain passing through the wound results the wound often results in a hernia.

Post-operative factors:

Wound infection

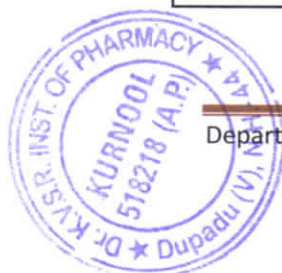
Abdominal distension -Post operative increases in wound, stitches may cut off

Coughing- It generates wound formation rupture of wound.

Approximately 40% of incisional hernia occur by of wound infection

*Table.1.4 Risk factors of incisional hernia.*

Patient-related factors	Technical factors related to surgical technique	Disease related factors	Biological factors
Age more than 60 years Gender: female after caesarean section Smoking	Wrongly placed incision: lumbar incision, subcostal incision, lower midline incision and large	Emergency operations Type of surgery: bowel surgery, abdominal aortic	Nutritional deficiencies Collagen and metalloproteinase synthesis



## INTRODUCTION

<p>Socioeconomic condition: low profile</p> <p>Occupation: lifting heavy weight</p> <p>Comorbidities: diabetes mellitus, chronic cough, benign hypertrophy of the prostate, stricture of the urethra, chronic constipation, ascites, obstructive jaundice, chronic renal failure and certain connective tissue diseases (Marfan's syndrome, osteogenesis imperfecta and Ehlers-Danlos syndrome)</p> <p>Post-organ transplant patient on immunosuppressive agents/corticosteroids</p> <p>Obesity: (BMI &gt;25 kg/m<sup>2</sup>)</p>	<p>transverse incision</p> <p>Wound has not been approximated appropriately</p> <p>Low surgical skill to close the abdomen</p> <p>Strength and length of suture used is not appropriate</p>	<p>aneurism, stoma closure, operations for peritonitis</p> <p>Re-laparotomy</p> <p>Wound infection</p> <p>Long operating time</p> <p>Increased blood loss</p> <p>Damaged control surgery in trauma</p> <p>Open abdomen: in the case of severe septicemia, chance of abdominal compartment syndrome</p>	
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Risk factors:

Patient-related factors

Technical factors related to surgical technique

Disease related factors

Biological factors, detail of these risk factors given in Table.1.4

*FEMORAL HERNIA*<sup>2</sup>:

A femoral hernia is a bulge in the upper part of the thigh near the groin. They account of 7% of all hernia but they are four times more common in women than in men.

*UMBILICAL HERNIA*<sup>19</sup>:

An umbilical hernia is a ventral hernia located at the umbilicus. Classification of abdominal wall hernia defines the umbilical hernia located 3cm above to 3cm below the umbilicus. It is the second most common type of hernia in an adult following inguinal hernia. It accounts for 6%-14% of all abdominal wall hernia in adults. Fig. 1.9.



Fig. 1.9. Umbilical hernia

*EPIGASTRIC HERNIA*<sup>2,20</sup>:

It is a type of abdominal walls hernia due to a weakness, gap or opening in the muscles or tendon of upper abdominal walls, on the alba line between the umbilicus and the xiphoid process

It is a quite uncommon and represents 0.5- 5% of all hernia. There is a male pre dominance with a male to female ratio of 3:1

It is usually occurring in obese patients.



**REVIEW  
LITERATURE**

## 2. REVIEW LITERATURE

1. Mastafa Mehrobi et.al. The role of Prophylactic Cefazolin in the prevention of infection after various types of Abdominal wall hernia Repair with Mesh. 19 March 2014 to 13 January 2015. This is a Prospective Randomized control Study over a Period of 5 Years. The Study results has revealed that patients received Prophylactic Cefazolin (Study Group) and the remaining patients didn't receive any Prophylactic antibiotics (Control Groups). This Study shows that Preoperative Administration of Single dose Cefazolin for Prosthetic herniaRepairs didn't markedly decrease the risk of round Infection<sup>21</sup>.
2. Maheshwari M.K et.al. Conducted study on Prophylactic Antibiotic in the mesh repair of Inguinal hernia in at Swami Vivekanand Subharti University Meerut from September 2016 to October 2018. This is a Randomized, Prospective, Double Blind Study Conducted over a Period of two years. In 100 patients of primary Inguinal hernia given Single dose of Prophylactic Antibiotics half an hour prior to Mesh Repair Surgery and 50 Patients in StudyGroup and Routine Antibiotics to remaining 50 in Control group. The Result shows that Prophylactic Antibiotics group reported to have an infection rate of 12% Compared to 10% in Control Group. After 1 month of Surgery Infection was 4% in both groups none of them required Mesh removed. The Use of Prophylactic Antibiotics in our Study was seen to be Effective as routine Preoperative and Postoperative Antibiotics<sup>22</sup>.



3. Gomathi Shankar.V. et.al. Conducted Study on Prophylactic antibiotics in open Mesh Repair of Inguinal hernia. Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, A Cochrane Meta-analysis in 2005 Concluded that antibiotics Prophylaxis for Elective Inguinal hernia Repair cannot be firmly recommended or discarded and further studies are needed for the Use of Mesh Repair This is a Prospective, Randomized, DoubleBlind Study Conducted a period of twenty Months from November 2006 to January 2008. In 450 patients 225 received IV Cefazolin and 225 received a placebo undergoing Primary Inguinal hernia Repair using Polypropylene Mesh. 334 Patients completed a follow up period 9 months. 172 in Antibiotic group and 162 in Control group. The Overall Infection rate was 87%, Wound Infection in antibiotics group was 7% and 10% in Control group. The result concluded that, shouldn't recommend the routine use of antibiotic Prophylactic in elective Mesh Repair that rest of Infection occurred between 7<sup>th</sup> and 12<sup>th</sup> Postoperateday after discharge<sup>23</sup>.
4. Bakhtar. et.al. Conducted Study on to determine the Efficacy of Preoperative Single dose Antibiotics with placebo in patients undergoing Mesh Repair for Inguinal hernia. This randomized controlled trial, was carried in Ayyub teaching Hospital, Abbottabad from January to December 2011. The Study Population included Male patients, above 18 years of age, Patients were divided into 2 groups. Group A people given Single dose of Antibiotic before Inguinal hernia Mesh Repair and Group B people were given placebo.





The Efficacy were accessed in terms of SSI. The results concluded that total 166 cases of Inguinal hernia Mesh Repair patients. 83 patients were recruited in each group. In Group A SSI was 7.2% while 92.8% was healthy Scar and In Group B SSI was 15% and 68% had healthy Scars. The difference between 2 groups was Significant, This Study Stays that Antibiotic Prophylaxis is a preferred option for Mesh plasty<sup>24</sup>.

5. Alagarswamy G. S. etal. Conducted Study on Efficacy of Antibiotics Prophylaxis in preventing SSI in patients Undergoing Lichtenstein's hernioplasty at our tertiary care Centre. In the study SSI rates were high both in the antibiotic and placebo group compared to the incidence of Surgical site infections in hernia mesh Repair, reported worldwide, even though the rates of surgical site infections were high in both the antibiotic and control groups, the difference was not known significantly. Based on our results we conclude that routine use prophylactic antibiotic does not decrease the incidence of SSI in mesh hernia repair. The study highlights the need for further research with larger study group and the concentrations of associated risk factors with SSI. This will be of great benefit to check unwarranted administration of antibiotics, which may further lead to a drug reaction and at the same time will increase the cost of treatment for patient in developing countries like India with limited resources<sup>25</sup>.
6. Tzoravas.G. et.al. Conducted Study on Antibiotic Prophylaxis in Elective tension free mesh Inguinal hernia Repair. Hernia is one of the so-called clean operations many surgeons however use antibiotics especially in the mesh repair, without strong evidenceto support this policy we conducted a single center prospective randomized trial with a view to classify this issue on a scientific basis. From January 2000 all patients undergoing elective inguinal hernia repair using a tension free polypropy



mesh technique, provided they fulfilled predetermined criteria, were randomized to have a single dose of Amoxicillin clavulanic acid or placebo in a double blinded manner. The main end point was to detect any difference in infectious complication rates with specific interest to wound infection rates in between the two groups. The two groups were comparable using demographic data. In total 19 cases with infectious complications were detected. Fourteen of these were wound infections. They were 5 cases of wound infections in group A and nine cases of in group B. All wound infections were treated with antibiotics. The wound was open in some cases mesh removal was not required in any of the cases. From the results of this study, it does not appear that antibiotic prophylaxis any benefits to in the elective mesh Inguinal hernia Repair<sup>26</sup>.

7. Perez.A.R.et.al. A Randomized, Double Blind, placebo-controlled trial to determine effectiveness of antibiotic prophylaxis for tension free Herniorraphy. In recent years, use of prosthetic material for inguinal hernia repair has increased dramatically tension free repair have gained popularity not only for recurrent or complicated hernias, but primary hernias as well. although routine use of prophylactic antibiotics is not recommended in the Philippines for open non-implant hernia therapy, there is a little direct clinical evidence in which to base recommendations when implantable mesh is used. we conducted a Prospective, Randomized Double Blinded, placebo-controlled trail comparing wound infections rates 360 patients (180 received a prophylactic antibiotic ,180 received a placebo). undergoing primary inguinal hernia repair electively using polypropylene mesh. Results were assessed using chi-squared. groups were wellmatched for all preoperative variable's studied, including comorbid conditions. Six patients from the antibiotic group & Four from the placebo group failed to follow up after the second week. Superficial surgical site infections (SSI)



developed in 3 patients from the antibiotic group & 6 from the placebo group. One from each developed deep surgical site infection. Both patients readmitted & underwent repeated debridement, which eventually resulted in graft loss<sup>27</sup>.

8. Loveleen Thakur et.al. Conducted study on prophylactic antibiotic usage in patients undergoing inguinal mesh hernioplasty. To assess the efficacy of antibiotic prophylaxis in this procedure the patients were evaluated for the status of the suture line as well as the presence of wound infection. This study was undertaken to assess the usefulness of antibiotic prophylaxis in inguinal mesh hernioplasty in a tertiary care Indian hospital. The prophylactic antibiotic administration in clean contaminated surgeries (colorectal resection). Reduce the infections complications significantly the same cannot be said for clean surgeries such as hernia repairs. This study documented a statistically significant decrease in the overall wound infections when a single dose of antibiotic was used during Liechtenstein Repair<sup>28</sup>.
9. Anand Rao et.al. Conducted study on Survey and evaluation of antibiotic prophylaxis usage in Surgery wards of tertiary level institution before and after the implementation of Clinical guidelines. Standardized recommendations in the guideline were done by the nominal group technique post recommendation evaluation was done to observe the impact in clinical practice. Antibiotic prophylaxis is one component of preventive strategy against surgical site infections, that is based on a good surgical technique, strict aspects in operating theatre and control. In patients undergoing surgical procedures under clean and clean –contaminated category, were included the wound was inspected for any evidence of infection starting from 48 hours after surgery, to the day when the patient was discharged.

Patients who underwent Laparoscopic procedures were discharged on the 3<sup>rd</sup> and 4<sup>th</sup>





post-operative day. The rest of the patients were discharged after the suture removal, with clinically





no evidence of surgical site infections. The patient who satisfied the superficial Incisional Surgical Site Infection criteria was studied. Cefotaxime was the most commonly used antibiotic for prophylaxis followed by Amoxicillin – clavulanic in the present study. Cefotaxime showed an impressive susceptibility pattern in the present study<sup>29</sup>.



# ***NEED FOR THE STUDY***

### 3. NEED FOR THE STUDY

Prophylactic antibiotics of third generation cephalosporins antibiotics example ceftriaxone, cefazoline are active against staphylococcus aureus and staphylococcus epidermidis. These are the causative organisms isolated from hernia repair surgery. so, these makes an idea to study the effectiveness of different combinations of post-operative antibiotics like ceftriaxone, cefaperazone, amikacin, piperacillin plus tazobactam in normal and co-morbid conditions.

There is no Indian study to evaluate the safety and efficacy of post-operative antibiotics in hernioplasty and herniorrhaphy.



# **AIM AND OBJECTIVES**



## 4. AIMS & OBJECTIVES

AIM:

To evaluate the safety and efficacy of antibiotics in post-operative hernioplasty and herniorrhaphy.

Objective:

Cephalosporins like ceftriaxone, aminoglycosides like amikacin and Beta-lactam antibiotics like piperacillin and tazobactam are these clinical efficacies in reducing surgical site infections.

By measuring the wound status of patients by using wound grading during post-operative follow up intervals.

To determine social demographic details and categoric the types of hernia in study population.



## METHODOLOGY

## 5. METHODOLOGY

### Research Methodology:

This is a prospective observational study performed and conducted at General surgery department, Government General hospital, Kurnool.

### Materials:

A total 73 attended surgical operations in that 58cases are included in the study which are undergone elective surgeries. In this both males and females are included in this study. The duration of this study was 6 months. The study material was used as patient data collection proforma.

### Methods:

Individual cases were analysed with regard to following particulars:

- i. Age
- ii. Sex
- iii. Date of admission, Date of surgery
- iv. Investigations
- v. Past history
- vi. Comorbid conditions like Diabetes, Hypertension etc.,

### Operative data:

- i. Type of anaesthesia
- ii. Duration of surgery
- iii. Pre-operative preparation



- iv. Post-operative antibiotics
- v. Drains used or not

Patient were selected on the basis of inclusion and exclusion criteria.

Inclusion criteria:

- Patient who is newly diagnosed with hernia.
- Patients of either sex between 18 and 75 years included in our study.
- Patients representing co-morbid conditions.
- All types of hernia patients are included in the study.

Exclusion criteria:

- Patients age less than 18 years and above 75years.
- Patients with malignancies.
- Patients with previous history of hernia surgery.
- Patients with complicated hernias like strangulated and
- Incarcerated hernia.
- Patients taking steroid





Plan of work:

The data was taken from the patients by collecting data through proforma (patient data collection proforma)



All the hernia cases are elective cases



Before the surgery the patients are prepared with pre-operative antibiotics and clean the body



During the surgery the patient was given anaesthesia and the procedure was done according to the condition



After the completion of surgery patient was put on with antibiotics Injection ceftriaxone 1gm and metronidazole to reduce the post-operative infection rate



Post-operative safety was measured by wound infection grade up to day 5 of post-operative period



Follow up was taken before the discharge



Statistical analysis:

The statistical analysis was carried out to evaluate the effectiveness of different groups post-operative antibiotics by using ANOVA.



## RESULTS

## 6. RESULTS

### GENDER DISTRIBUTION OF TOTAL STUDY:

A Total of 73 patients were presented to the general surgery. But only 58 patients have undergone hernia surgery. Among 58 patients 44 (75.95%) were male and other 14 (24.1%) were female which are shown in table below.

<i>Gender</i>	<i>No. of Patients</i>	<i>Percentage (%)</i>
Female	14	24.1
Male	44	75.8

Table.6.0 Gender Distribution

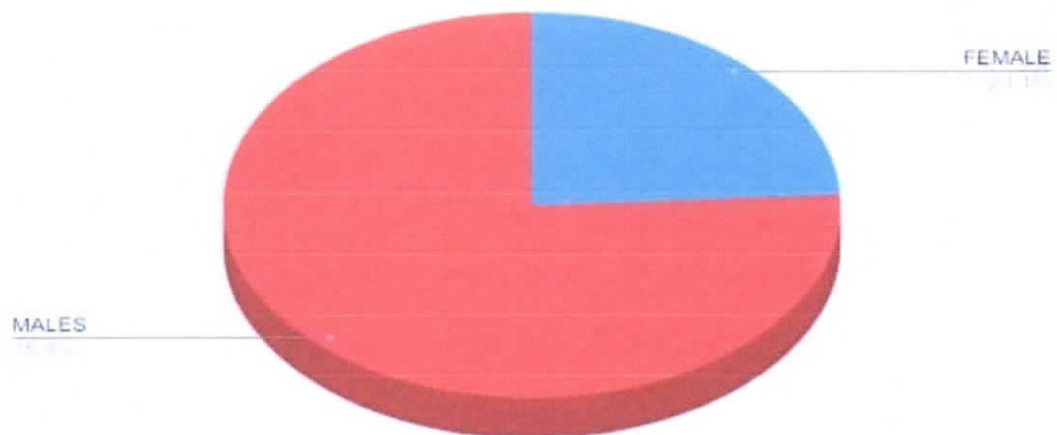


Figure:6.0 Gender Distribution of Total Study



**AGE DISTRIBUTION OF TOTAL STUDY:**

Out of fifty-eight patients, 17 (29.3%) patients underwent surgery who are 65-74 years of age which are shown in table and figure.

<i>Age of frequency</i>	<i>No. of Patients</i>	<i>Percentage (%)</i>
16-24	1	1.7
25-34	9	15.5
35-44	8	13.7
45-54	13	22.4
55-64	8	13.7
65-74	17	29.3

Table. 6.1 Age Distribution

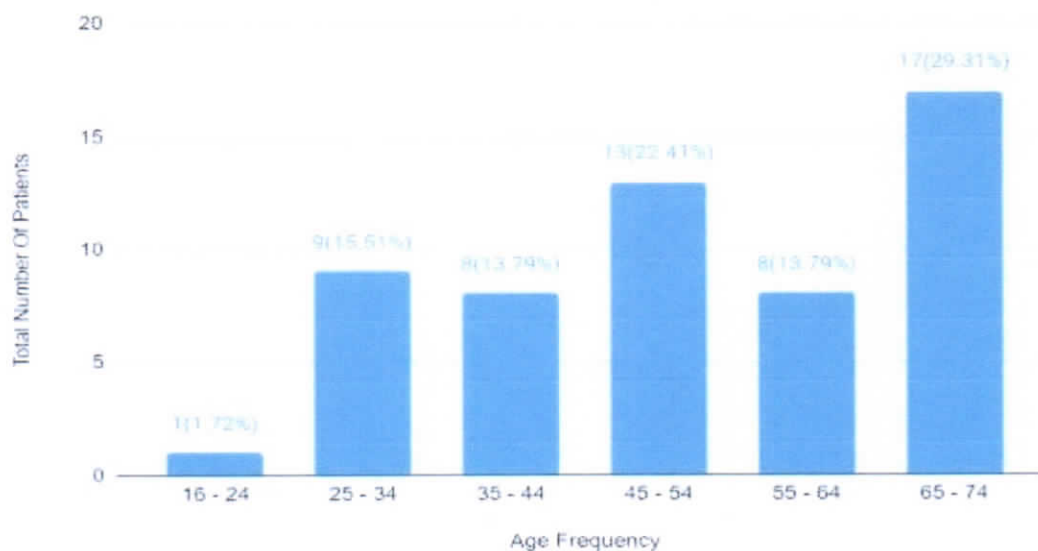


Figure:6.1 Age Frequency of Total Study

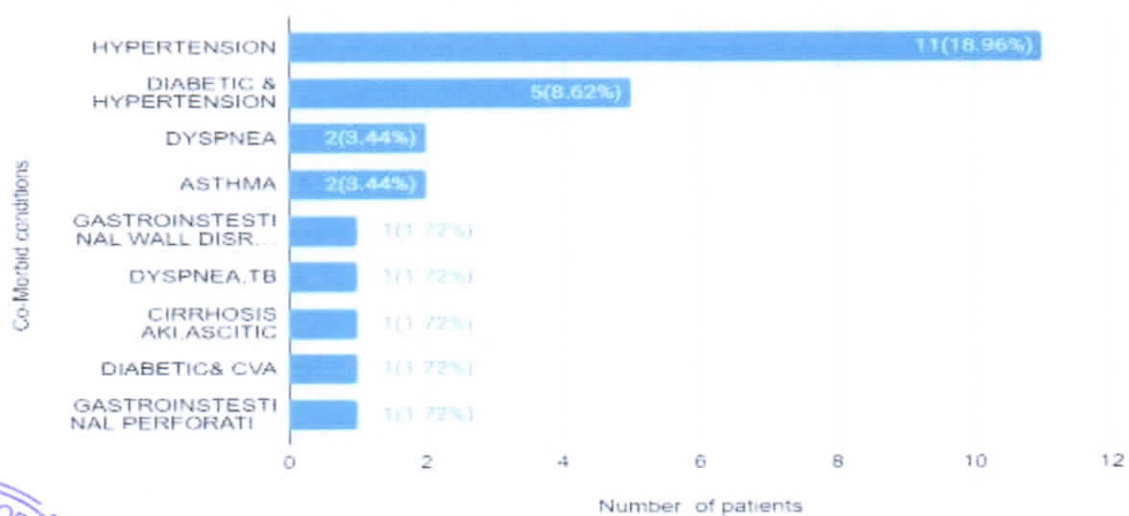


**COMORBID CONDITIONS OF TOTAL STUDY:**

Co morbid Conditions in the considered 58 patients gives the details such as patients with hypertension were more 11 (18.9%) when compared to diabetic and hypertension 5(8.6%),asthma 2(3.4%), dyspnea 2 (3.4%), gastrointestinal wall disruption 1 (1.7%), dyspnea, TB 1(1.7%), cirrhosis, AKI, ascites 1 (1.7%) and diabetic and CVA 1(1.7%).

<i>Comorbid condition</i>	<i>No. of Patients</i>	<i>Percentage (%)</i>
Hypertension	11	18.9
Diabetic and hypertension	5	8.6
Asthmatic	2	3.4
Dyspnea	2	3.4
Dyspnea, TB	1	1.7
Gastrointestinal wall disruption	1	1.7
Cirrhosis, AKI, Ascites	1	1.7
Diabetic and CVA	1	1.7

Table.6.2Co morbid Conditions



**AGE DISTRIBUTION OF TOTAL STUDY:**

Out of fifty-eight patients, 17 (29.3%) patients underwent surgery who are 65-74 years of age which are shown in table and figure.

<i>Age of frequency</i>	<i>No. of Patients</i>	<i>Percentage (%)</i>
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55-64	8	13.7
65-74	17	29.3

Table. 6.1 Age Distribution

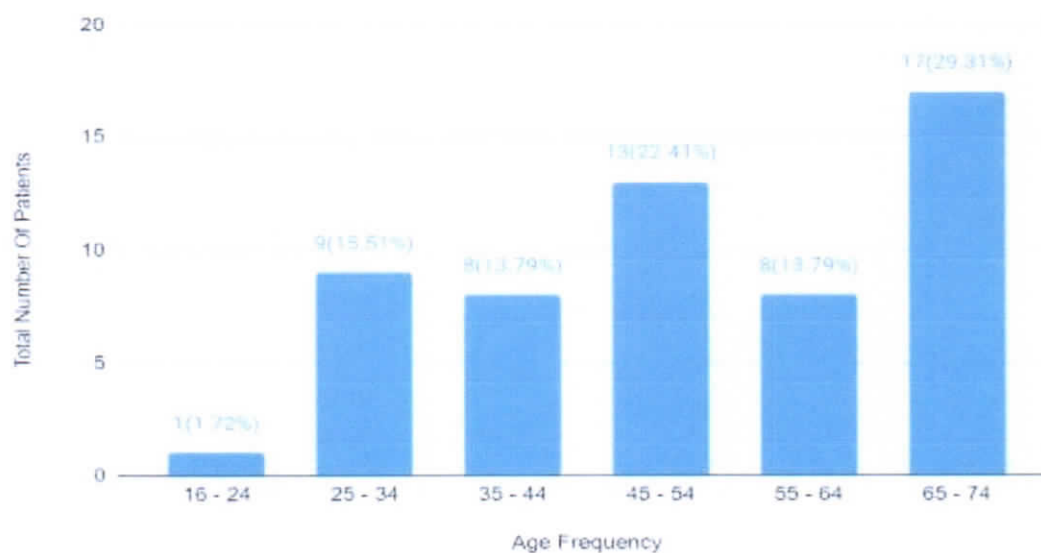


Figure:6.1 Age Frequency of Total Study



**DISTRIBUTION OF TYPE OF HERNIA IN TOTAL STUDY:**

The hernia was divided into direct inguinal hernia, indirect inguinal hernia, incisional hernia, paraumbilical hernia, umbilical hernia and epigastric hernia. From an aggregate of 58 patients the direct inguinal hernia was more 17 (29.3%) when contrasted with the incisional 12(20.6%), direct inguinal hernia 11(18.9%), para umbilical hernia 2(3.4%), umbilical hernia 6(10.3%) and epigastric hernia 7(12%). This was represented in table and figure.

<i>Type of Hernia</i>	<i>No. of Patients</i>	<i>Percentage (%)</i>
Direct inguinal Hernia	17	29.3
Incisional Hernia	12	20.6
Indirect inguinal Hernia	11	18.9
Epigastric Hernia	7	12
Umbilical Hernia	6	10.3
Paraumbilical Hernia	2	3.4

Table.6.3 Distribution of Type of Hernia

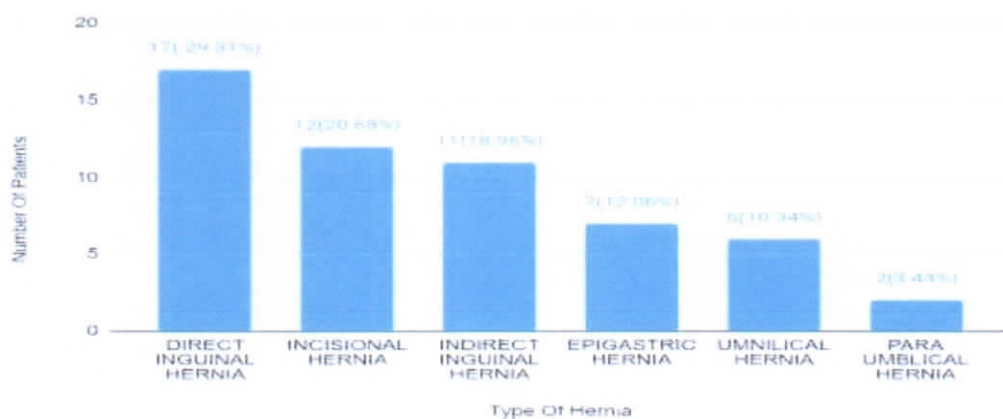


Figure:6.3 Type of Hernia in Total Study





**POST OPERATIVE ANTIBIOTICS OF TOTAL STUDY:**

The Post-Operative Antibiotics were divided into ceftriaxone + Metronidazole Group(A), piperacillin/tazobactam + metronidazole Group(B), ceftriaxone + Metronidazole+ amikacin Group(C) and sulbactam sodium + cefoperazone sodium+ metronidazole Group(D). On observation of 58 patients, ceftriaxone + Metronidazole was 40 (67.2%) mostly used when compared to piperacillin/tazobactam + metronidazole is 7 (12%), ceftriaxone + Metronidazole

+ amikacin was 8 (13.7%) and sulbactam sodium + cefoperazone sodium + metronidazole was 3 (5.1%) respectively. The numerical figures are listed in table and also shown with bar graph.

<i>Post-operative antibiotics</i>	<i>No. of Patients</i>	<i>Percentage (%)</i>
Ceftriaxone + Metronidazole	40	67.2
Piperacillin / tazobactam + Metronidazole	7	12
Ceftriaxone + Metronidazole + Amikacin	8	13.7
sulbactam sodium+ cefoperazone sodium + Metronidazole	3	5.1



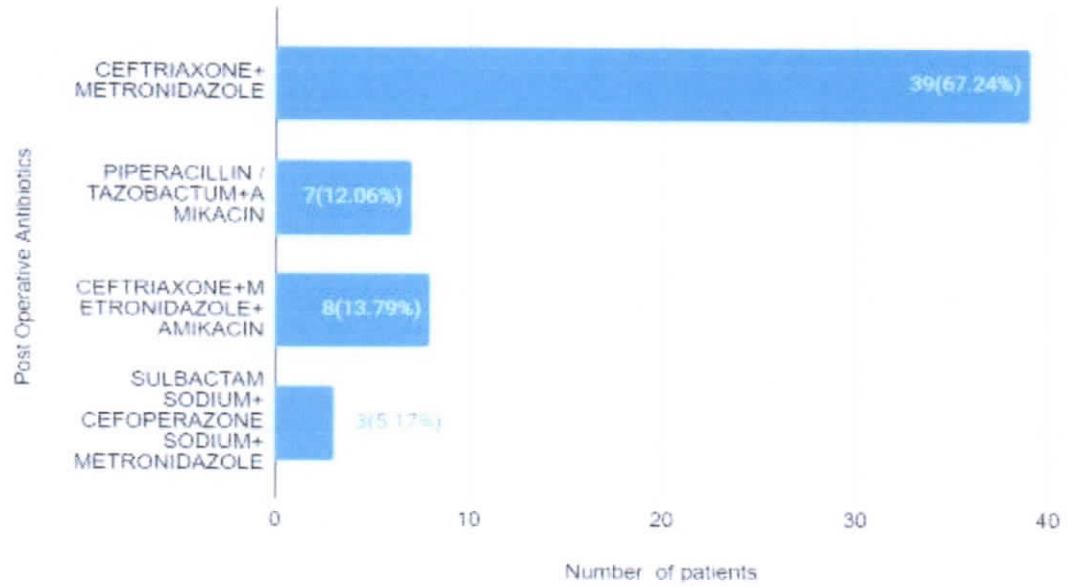


Table.6.5 Post-Operative Antibiotics

Figure:6.5 Post-Operative Antibiotics of Total Study



**TIMING OF OCCURRENCE OF WOUND INFECTION IN TOTAL STUDY:**

The below presented Table and figure gives information about Occurrence of Wound Infection in post operation patients. The patients on day-5 post-operative were more 2 (3.4%), when compared to day-1 post-operative 0 (0%) and day-3 post-operative 1(1.7%) respectively.

<i>Timing of Occurrence</i>	<i>No. of Patients</i>	<i>Percentage (%)</i>
Day 1 post-operative	0	0
Day 3Post operative	1	1.7
Day 5 Post-operative	2	3.4

Table.6.6 Timing of Occurrence of Wound Infection

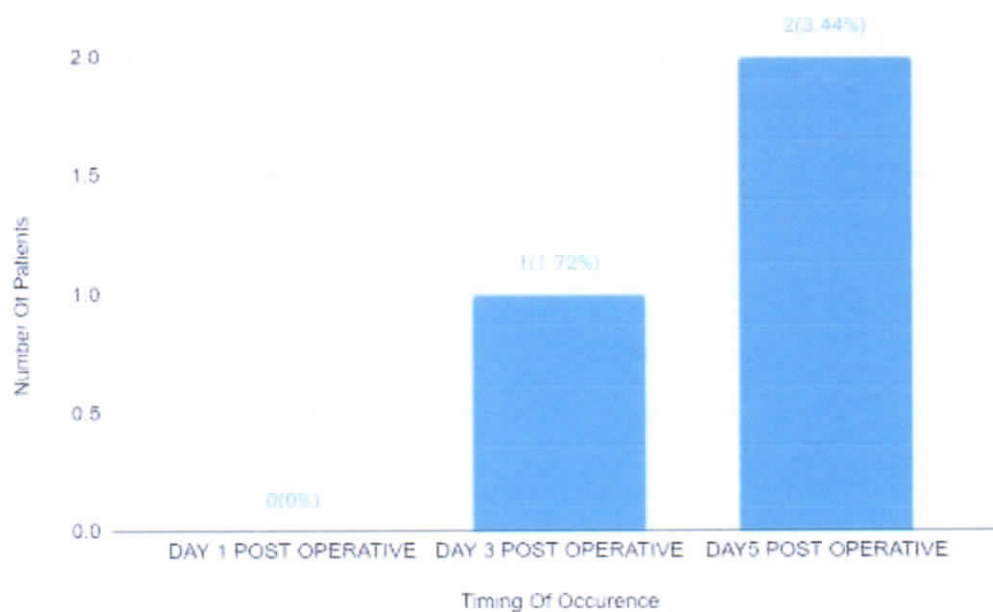


Figure:6.6 Timing of Occurrence of Wound Infection in Total Study



**GRADING OF WOUND INFECTION POSTOPERATIVE ANTIBIOTICS IN TOTAL STUDY:**

Table and figure show the Grading of Wound Infection of Post-Operative Antibiotics from a total of 58 patients. The patients with grade 0 were 54(93.1%), when compared to grade-1 it is 2 (3.4%) and grade-2 it is 1 (1.7%) respectively.

<i>Grading of Wound Infection</i>	<i>No. of Patients</i>	<i>Percentage (%)</i>
Grade 0	54	93.1
Grade 1	2	3.4
Grade 2	1	1.7

Table.6.7 Grading of Wound Infection

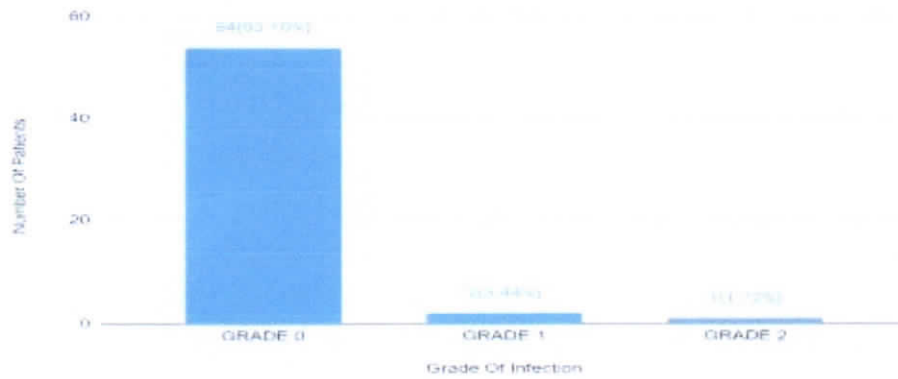


Figure:6.7 Grading of Wound Infection Post-Operative Antibiotics in Total Study





**COMPARISON BETWEEN WOUND STATUS AND POST-OPERATIVE ANTIBIOTICS:**

The table and figure show that wound infection which is measured in grades on x axis and post-operative antibiotics in y axis grade 0 infection rate was more in all groups of postoperative antibiotics are Showing similar effects in reducing surgical site infections. Hence p value is not significant value in brackets. This indicates the whole group are showing equal effectiveness in reducing SSI.

P = (0.552264)

Grades	Group A	Group B	Group C	Group D
Grade 0	39	6	7	3
Grade 1	1	1	0	0
Grade 2	0	0	1	0

Table.6.8. Comparison between wound status and post-operative antibiotics

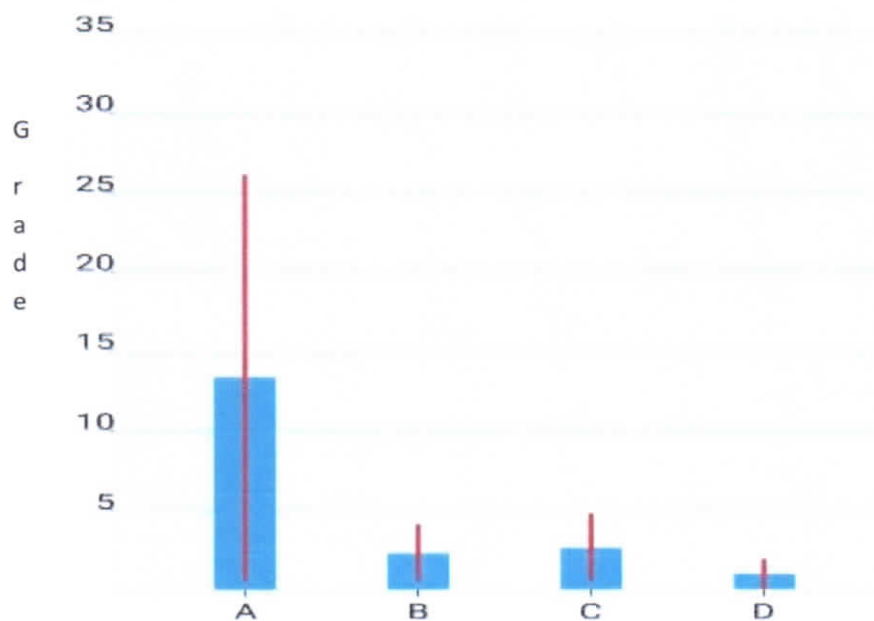


Figure.6.8. Groups of post-operative antibiotics

# DISCUSSION



## 7. DISCUSSION

In our study we found the male patients are more 44(75.8%) when compared to female patients 14(24.1%) but in Bakhtiar Vllah.etal. Study represents female patients are more, this is because of gender difference in accordance of disease and study population size.

In present study the majority of patients underwent surgery who are 65 to 74 years of age with a percentage of 29.3 % but whereas Alagarsamy G.S. etal ... study represents age frequency of 31 to 40years with a percentage of (33%) underwent more surgeries.

In our study we found that hypertension patients are more with percentage of (18.9%) when compared to patients of diabetic and hypertension 5 (8.6%), asthma 2(3.4%), dyspnea 2(3.4%) gastrointestinal wall disruption 1(1.7%), dyspnea, TB 1(1.7%), diabetic and CVA 1(1.7%).

In the present study we divided the personal habits into smoking, alcoholic and both in which we found that smokers patients are more 14(24%) compared to alcoholic patients 8(13.7%) and both (smoking and alcohol) patients are 5(8.6%), this indicates that who are having smoking are more prone to hernioplasty.

The present study is a prospective observational study in our study we divided the postoperative antibiotics into 4 groups indicates Group A (ceftriaxone +metronidazole) Group B ((piperacillin/tazobactam+ metronidazole), Group C (ceftriaxone +metronidazole + amikacin) Group D (sulbactam sodium + cefoperozone sodium+ metronidazole), on observation of 58 patient's ceftriaxone + metronidazole was given mostly 41 (70.68%) than compared to Group B, Group C, Group D than



we observe less SSI but in Perez.A. R. et al. study represents by using sulbactam sodium +metronidazole, they include the antibiotics prophylaxis is of no benefit to patients in inguinal hernia this is because of antibiotic difference in accordance to type of hernia and type of antibiotic prophylaxis used.

In our study, we found that the occurrence of wound infection, SSI in postoperative patients on day 5 postoperative with 2 (3.4%) than compared to the day 1 postoperative 0(0%) and day 3 postoperative 1(1.7%), thus we can observe same SSI on day 5 postoperative in Ergul.Z. et al study.

In the present study the majority of type of hernia is direct inguinal hernia of 17(29.3%). Our results are similar when compared with Alagarsamy G.S et al... with type of hernia is direct inguinal hernia (28.9%).

In our study grading of wound infection of postoperative of antibiotics from total 58 patients, the patients with grade 0 were 54(93.1%) which means wound infection is healthy, when compared to Grade 1 it is 2(3.4%) and Grade 2 it is 1(.7%), which means most of the patients wound is healthy in hernia patients.



# CONCLUSION



## 8. CONCLUSION

In this study the different groups of post-operative antibiotics like ceftriaxone, piperacillin plus tazobactam with ceftriaxone, Amikacin with ceftriaxone and sulbactam plus ceferazone sodium with ceftriaxone and metronidazole are showing equal effectiveness in reducing surgical site infections in both comorbid and non-morbid conditions. It is concluded that post-operative administration of antibiotics decreases risk of wound infection in study population.



# LIMITATIONS

## 9. LIMITATIONS

- 1) The study period is shorter for making the surgical site infection rate.
- 2) In our study we did not compare the pre-operative and post-operative effectiveness of antibiotics in hernia population.



# BIBLIOGRAPHY

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*BIBLIOGRAPHY*

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# ANNEXURES

## ANNEXURES

# **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-518218E-

mail: [principalkvsrip@gmail.com](mailto:principalkvsrip@gmail.com)

Cell: +919440282181, +919704333789

Fax: 08518-287618

Institutional Research Board (IRB)

### APPROVAL OF RESEARCH WORKSUBMISSION

This is to certify that research project entitled "**EVALUATION OF SAFETY AND EFFICACY OF ANTIBIOTICS IN POST OPERATIVE HERNIOPLASTY AND**

**HERNIORRHAPHY**" bearing research protocol approval number - **KVSP/IRB/2020-2021/Pharm.D/PROJ/018**, which was carried out as research work at our Institution and Government General Hospital (GGH), Kurnool has been scrutinized for authenticity as per the available literature. Hence, the Institutional Research Board (IRB) of this institution approves the submission of the researchwork for further evaluation process.

Chairperson

**Institutional Research Board (IRB) Dr.**

K.V. Subba Reddy Institute of Pharmacy

Dupadu, Kurnool- 518218

Andhra Pradesh, India.



*Project Proforma*



**DR.K.V. SUBBA REDDY INSTITUTE OF PHARMACY WITH SUPPORT OF GGH,  
KURNOOL [AP]**

Name: Age: Sex: Ip no:

DATE OF ADMISSION: DATE OF SURGERY: DATE

OF DISCHARGE:

ADDRESS:

OCCUPATION:

**CHIEF COMPLAINTS:** A. SWELLING  
B. PAIN  
C. VOMITING

*HISTORY OF PRESENT ILLNESS:*

1) SWELLING- SITE-  
SIZE-

2) PAIN- NATURE AND SEVERITY OF PAIN-  
SITE AND INTENSITY OF PAIN-

3) VOMITING/NAUSEA

4) CONSTIPATION

*PAST HISTORY:*

**PERSONAL HISTORY:**

A. DIET

B. APPETITE

C. SMOKING

D. BOWEL HABITS

E. BLADDER HABITS

**FAMILY HISTORY:**

**PAST SURGERYS:**



*GENERAL PHYSICAL EXAMINATION:*

1. APPEARANCE-

2. BUILT-

3. ANAEMIA-

4. CYANOSIS -

5. JAUNDICE-

6. EDEMA-

*VITALS:*

PULSE-

BLOOD PRESSURE-

TEMPERATURE-

RESPIRATORY RATE-

**PRE-OPERATIVE LOCAL  
EXAMINATION:**

**INSPECTION-** 1. SWELLING

A. POSITION

B. EXTENT

C. SIZE

D. SHAPE

E. REDUCIBILITY IN RECUMBENT POSITION OR NOT

*PALPATION*

**PERCUSSION**

**AUSCULTATION**

*SYSTEMIC EXAMINATION:*

TYPE OF HERNIA:

TYPE OF SURGERY:    OPEN        LAPROSCOPIC

*DIAGNOSIS:*



**PROGRESS CHART**





OPERATIVE:

A. PRE-OPERATIVE PREPARATION-

B. ANAESTHESIA-

C. OPERATIVE NOTES-



D. POST-OPERATIVE PERIOD-

POST-OPERATIVE ANTIBIOTIC

DAY 1	DAY 3	DAY 5



*WOUND STATUS:*

- GRADE 1 : Redness or pustules near one or more stitches.[Stich abscess]
- GRADE 2 : Minor Infection of wound without separation[Mild infection] of wound edges. Slight sero-purulent or Purulent discharge. No systemic reaction.
- GRADE 3 infection] : Frank infection in relatively a small portion of[Moderate the wound with purulent discharge and Possibly some systemic reaction present.
- GRADE 4 infection] : Frank infection of a large portion of the wound[Severe with abscess formation usually with systemic Reaction and wound dehiscence.

DRUG CHART

DRUG NAME	INDICATION	FREQUENCY	ROA	FROM	TO



Cell : 9704 333 789  
9177287508  
7660003344



## Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I. New Delhi & Permanently Affiliated to JNTUA Anantapuramu, MOU with Government General Hospital & KMC, Kurnool)  
Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.  
E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....


### ADVERSE DRUG REACTION

TYPE OF ADVERSE DURG REACTION

SCORE

### MANAGEMENT

FOLLOW UP-

A. CONDITION OF PATIENT

**B. CONDITION OF WOUND**

C. ABDOMINAL PAIN

D. ANY COMPLICATIONS

DISCHARGE NOTES:



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

Cell : 9704 333 789  
9177287508  
7660003344



## Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I. New Delhi & Permanently Affiliated to JNTUA  
Anantapuramu, MOU with Government General Hospital & KMC, Kurnool)  
Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.  
E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....

### CASE STUDY LEARNING

Case studies are a written description of a real-life problem or situation. Only the facts are provided, usually in chronologic sequence similar to what would be encountered in a patient care setting. The use of cases actively involves the students in the analysis of facts and details of the case in the traditional format called SOAP analysis, by selection of a solution to the problem and defense of his or her solution through discussion of the case details. In the case based learning students use their recall of previously learned information to solve clinical case. The case method is used primarily to develop the skills of self-learning, critical thinking, problem identification, and decision making. Working on subsequent cases with similar problems reinforces information recall. Case studies in the health sciences provides the personal history of an individual patient and information about 1 or more health problems that must be solved. The students work through the facts of the case, analyze the available data, gather more information, develop hypotheses, consider possible solutions, arrive at the optimal solution and consider the consequences of the learner's decisions. The use of the case studies and other active learning strategies will enhance the development of essential skills necessary to practice pharmacy in any setting, including community, ambulatory care, primary care, health systems. Long term care. Home health care, managed care and the pharmaceutical industry.

PRINCIPAL

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



Cell : 9704 333 789  
9177287508  
7660003344



## Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I. New Delhi & Permanently Affiliated to JNTUA Anantapuramu, MOU with Government General Hospital & KMC, Kurnool)  
Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.  
E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....

Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY, DUPADU KURNOOL (M.O.U WITH G.G.H KURNOOL)

### PHARM D INTERN HOSPITAL POSTINGS

Roll No	Names	Dec-18/17/2020-Jan 2021	Feb-March	April-May	June-July	Aug-Sept	Oct-NOV
1SERIT0005	M. HARISH	MM-5 MM-6	General Surgery	Pediatrics	Gynecology	MM-1 MM-2	FM-1 FM-2
1SERIT0016	G. VIJAYA BHARATHI						
1SERIT0019	D. YASHMIN						
1SERIT0009	U. PRATHYUSHA	General Surgery	Pediatrics	Gynecology	MM-1 MM-2	FM-1 FM-2	MM-5 MM-6
1SERIT0007	R. MOUNISA						
1SERIT0015	A. VIBHAKA						
1SERIT0004	M. HABIBURRAHMAN	Pediatrics	Gynecology	MM-1 MM-2	FM-1 FM-2	MM-5 MM-6	General Surgery
1SERIT0025	T. RISHIKA REDDY						
1SERIT0022	C. SHARMILA						
1SERIT0017	M. VINEELA	Gynecology	MM-1 MM-2	FM-1 FM-2	MM-5 MM-6	General Surgery	Pediatrics
1SERIT0025	C.R.S.SUBRAMANYAM						
1SERIT0008	V. PRAVALIKA						
1SERIT0011	D. SHRISHA	MM-1 MM-2	FM-1 FM-2	MM-5 MM-6	General Surgery	Pediatrics	Gynecology
1SERIT0006	M. HARI PRASAD						
1SERIT0014	S. TARUN						
1SERIT0021	AMAL SAHEEV	MM-1MM-2	FM-1 FM-2	MM-5 MM-6	General Surgery	Pediatrics	Gynecology
1SERIT0043	P. SWOMYA						
1SERIT0012	SYED SAHJRA						
1SERIT0010	N. SAMREEN	FM-1 FM-2	MM-5 MM-6	General Surgery	Pediatrics	Gynecology	MM-1 MM-2
1SERIT0024	D. VINAY KUMAR						
1SERIT0026	K. SHIVA KUMAR						
1SERIT0020	S. NAYLEM						

PRINCIPAL  
Dr. K.V. SUBBA REDDY INSTITUTE OF PHARMACY  
KURNOOL

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

SUPERINTENDENT  
GOVERNMENT GENERAL HOSPITAL  
KURNOOL

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

Cell : 9704 333 789  
 9177287508  
 7660003344



# Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I. New Delhi & Permanently Affiliated to JNTUA Anantapuramu, MOU with Government General Hospital & KMC, Kurnool)  
 Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.  
 E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....

Dr. K. V. Subba Reddy Institute of Pharmacy, Dupadu Kurnool (M.O.U WITH G.G.H KURNOOL)													
PHARM.D V YEAR HOSPITAL POSTINGS					PHARM.D V (INTER) YEAR HOSPITAL POSTINGS								
Roll No.	Name	December (2012-2021)	January (2021)	February-March	April	June-July	August-September	October-November	December (2021-2022)				
14ER110017	D. V. Subba Reddy			FM-3	Patient Counseling	MM-5	MM-6	MM-1	MM-2	Paediatrics	General surgery		
14ER110018	Asaf Adnan												
14ER110019	M. Hanumanthayya												
14ER110011	M. Ram Sankar												
14ER110007	G. Narasa Babu			MM-5 MM-6	General surgery	Orthopedics	MM-1	MM-2	Paediatrics	General surgery	MM-3	MM-4	
14ER110023	S. Subba Reddy												
14ER110008	S. Manthana												
14ER110020	S. Lakshmi Prasad			FM-1	Patient Counseling	Psychiatry		Paediatrics	General surgery	MM-5	MM-6	MM-1	MM-2
14ER110003	F. Jayaraj												
14ER110027	R. Manasa												
14ER110013	M. Sai Deepika												
14ER110009	F. Prema Lakshmi			General surgery	Orthopedics	MM-5 MM-6	General surgery	MM-5	MM-6	MM-1	MM-2	Paediatrics	
14ER110019	Sri Krishna Jayathika												
14ER110015	D. Sharan Kumar												
14ER110020	D. Jaya Rama Vani			Patient Counseling	Psychiatry	FM-1	FM-2 FM-5	Gynecology	MM-5	MM-6	MM-1	MM-2	
14ER110014	S. Sumera Ibrahim												
14ER110002	M. Akshitha												
14ER110026	I. Geeta												
14ER110028	Nhaik Shabana Tasneem												
14ER110018	B. Bhavana			Orthopedics	MM-5 MM-6	General surgery	Gynecology	Paediatrics	General surgery	MM-5	MM-6		
14ER110025	B. Bhavana												
14ER110016	V. Hari Narayana												
14ER110024	M. V. Naga Venkatesh Babu												
14ER110004	I. Vishvesh			Psychiatry	FM-3	Patient Counseling	MM-5	MM-6	FM-2 FM-5	Gynecology	General surgery		
14ER110005	T. Laxya												
14ER110021	M. Prasanjali												
14ER110001	B. Akshita			MM-5 MM-6	General surgery	Orthopedics	General surgery	MM-5	MM-6	FM-2 FM-5	Gynecology		
14ER110029	I. Sowtha Madurima												
14ER110012	S. Sadhya Samreena												

PRINCIPAL  
 Dr. K. V. Subba Reddy Institute of Pharmacy  
 KURNOOL

SUPERINTENDENT  
 GOVERNMENT GENERAL HOSPITAL  
 KURNOOL

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

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

Cell : 9704 333 789  
9177287508  
7660003344



# Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I. New Delhi & Permanently Affiliated to JNTUA Anantapuramu, MOU with Government General Hospital & KMC, Kurnool)  
Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.  
E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....

**Dr. K. V. Subba Reddy Institute of Pharmacy, Dupadu Kurnool (M.O.U WITH G.G.H KURNOOL)**

**PHARM D IV YEAR HOSPITAL POSTINGS**

Roll No	Name	December (28/12/2020)-January (2021)	February-March	April-MAY	June-July	August-September	October-November	December (28/12/2021)
17ER1T0001	B. SOUVJANYA							
17ER1T0002	D SANDYA							
17ER1T0003	D. CHEITHANA	MM-3 MM-4	MM-5 MM-6	Orthopedics	MM-7 MM-8	General surgery	Psychiatry	Patient Counseling
17ER1T0004	DARA SHAILAJA							
17ER1T0005	KANDUKURU							
17ER1T0006	K. LAKSHMI							
17ER1T0007	KATIKE BHAVANI							
17ER1T0008	MANILA	MM-5 MM-6	Orthopedics	MM-7 MM-8	General surgery	Psychiatry	Patient Counseling	MM-3 MM-4
17ER1T0009	MEKALA							
17ER1T0010	BHUVANESWARI							
17ER1T0011	N. NAVYASREE							
17ER1T0012	S RUKSAR							
17ER1T0013	SAKE SUHASINI	Orthopedics	MM-7 MM-8	General surgery	Psychiatry	Patient Counseling	MM-3 MM-4	MM-5 MM-6
17ER1T0014	S. SHAIYA							
17ER1T0016	SHAIK WADIA							
17ER1T0017	AMBATI PAVITRA							
17ER1T0018	G. LEORON							
17ER1T0019	J PAVITRA	MM-7 MM-8	General surgery	Psychiatry	Patient Counseling	MM-3 MM-4	MM-5 MM-6	Orthopedics
17ER1T0021	M. VAISHNAVI							
17ER1T0022	NAYAKANTI SHINY							
17ER1T0023	PULI DIVYA							
17ER1T0025	RUMSHA RUKSAR							
17ER1T0027	SHAIK IHANLEEM	General surgery	Psychiatry	Patient Counseling	MM-3 MM-4	MM-5 MM-6	Orthopedics	MM-7 MM-8
17ER1T0028	THUMU VANSHINI							
17ER1T0029	VENULA							
17ER1T0034	S. VISWANATH							
17ER1T0020	KATHI LA REDDY	Psychiatry	Patient Counseling	MM-3 MM-4	MM-5 MM-6	Orthopedics	MM-7 MM-8	General surgery
17ER1T0024	ROTTILA NEERAJ							
17ER1T0030	V KARTHIK KUMAR							
16V0T0023	OABH ABDUR RAQUE							

PRINCIPAL  
Dr. K.V. SUBBA REDDY INSTITUTE OF PHARMACY  
KURNOOL.

PRINCIPAL  
Dr. K.V.S.R. Institute of Pharmacy  
Opp: Dupadu R.S. N.H-7,  
KURNOOL-518218 (A.P.)

SUPERVISOR  
GOVERNMENT GENERAL HOSPITAL  
KURNOOL.

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

Cell : 9704 333 789  
9177287508  
7660003344



## Dr. K.V. Subba Reddy Institute of Pharmacy

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

Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.

E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....

### Dr. K. V. Subba Reddy Institute of Pharmacy, Dupadu Kurnool (M.O.U WITH G.G.H KURNOOL.)

#### PHARM.D III YEAR HOSPITAL POSTINGS

Roll No	Names	December (28/12/2020) - January (2021)	February-March	April-May	June-July	August-September	October-November	December (28/12/2021)
1SERIT0001	BOYA RAMADEVI							
1SERIT0002	G. SAI VILASHINI							
1SERIT0003	GANTA EDIGA LIKITHA	DVL	Orthopedics	Pediatrics	Patient Counselling	FM-2 FM-5	MM-5 MM-6	General surgery
1SERIT0004	JAKKA DIVYASREE							
1SERIT0005	JUTURU HEMALATHA							
1SERIT0007	MUNAGALA MANIPRASANA							
1SERIT0008	MUNAGALA RADHIKA							
1SERIT0010	PINJARI ASMA	Orthopedics	Pediatrics	Patient Counselling	FM-2 FM-5	MM-5 MM-6	General surgery	DVL
1SERIT0012	SHAIK FAHURA BATEL							
1SERIT0013	SHAIK ZUWERIYA SULTHAN							
1SERIT0014	DDAMALLA DURGA PAVITHRA							
1SERIT0015	SUGALIVANI							
1SERIT0016	THALIKKAL JAHNAVI	Pediatrics	Patient Counselling	FM-2 FM-5	MM-5 MM-6	General surgery	DVL	Orthopedics
1SERIT0017	UNUGURU JOSHI LHA							
1SERIT0018	VAMMALA TEJASWINI							
1SERIT0019	VANGARA MALLESHWARI							
1SERIT0021	JAMMANZAI ZUBA KHANAM							
1SERIT0022	KAMATHAM KEERTHANA	Patient Counselling	FM-2 FM-5	MM-5 MM-6	General surgery	DVL	Orthopedics	Pediatrics
1SERIT0023	KAMMARA DIVYA SIRISHA							
1SERIT0025	JN SAHEB SHAIK ASMA PARVATHI							
1SERIT0026	EDDIPALLI ROHINI VANDEAN							
1SERIT0029	SHAIK SANA AFREEN							
1SERIT0030	SHAIK SANAAFREEN	FM-2	FM-5	MM-5 MM-6	General surgery	DVL	Orthopedics	Pediatrics
1SERIT0011	SHAIK BABA ARSHID							Patient Counselling
1SERIT0006	KSHANMUKA GANESI							
1SERIT0009	MSULJANA DORA							
1SERIT0020	ILLURU SAIKIRAN							
1SERIT0024	M. PRANEETHI PREM PAUL	MM-5 MM-6		General surgery	DVL	Orthopedics	Pediatrics	Patient Counselling
1SERIT0027	P ANWAR BASHA							FM-2 FM-5
1SERIT0028	RAMANADULA VIJAY VIKAS							
1SERIT0026	S.DARGA NEHAL							

PRINCIPAL

Dr. K.V. SUBBA REDDY INSTITUTE OF PHARMACY  
KURNOOL

PRINCIPAL

Dr. K.V.S.R. Institute of Pharmacy  
Opp Dupadu R.S. N.H-7,  
KURNOOL-518218 (A.P.)

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GOVERNMENT GENERAL HOSPITAL  
KURNOOL

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



Cell : 9704 333 789  
9177287508  
7660003344



## Dr. K.V. Subba Reddy Institute of Pharmacy

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

Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.

E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....

Dr. K. V. Subba Reddy Institute of Pharmacy, Dupadu Kurnool (M.O.U WITH G.G.H KURNOOL)  
PHARM.D. YEAR HOSPITAL POSTINGS

Roll No	Names	December (2012/2010) - January (2021)	February-March	April-MAY	June-July	August-September	October-November	December (2012/2020)
19ERI10002	ALIYYA KOTAWALA							
19ERI10003	A.KEERTHI							
19ERI10004	B.SOWJANYA	Patient Counseling	MM-2	Pediatrics	FM-1	MM-3	MM-1	FM-5
19ERI10005	B. SWATHI							
19ERI10006	C.SUSHMA							
19ERI10009	DESHAVATH PAVANI							
19ERI10009	G.MOUNIKA							
19ERI10011	G.NAGA VIMIGNA	MM-2	Pediatrics	FM-1	MM-3	MM-1	FM-5	Patient Counseling
19ERI10012	KOLA MACHANA							
19ERI10013	P.NAGI SRETHI							
19ERI10014	SHAKILZANA							
19ERI10014	BOGY AMMOUSHA							
19ERI10022	NANNUR ANJALI	Pediatrics	FM-1	MM-3	MM-4	FM-5	Patient Counseling	MM-2
19ERI10024	TALAGHI SUDHA							
19ERI10025	S.NAVYASREE							
19ERI10026	TAPPATHIRI KANISHA							
19ERI10028	V.UMMI							
19ERI10029	V.ANGALA SAGA	FM-1	MM-3	MM-1	FM-5	Patient Counseling	MM-2	Pediatrics
19ERI10007	K. MAHAROGI BESI							
19ERI10003	ADIKI DEEPAKUMAR							
19ERI10011	K. SAICHAITANYA							
19ERI10015	N. VAMS. KRISHNA							
19ERI10016	A. SAIKUMAR REDDY	MM-2	MM-4	FM-5	Patient Counseling	MM-2	Pediatrics	FM-1
19ERI10017	BENITHA VENKATESH							
19ERI10018	KATASANI VIJAYA							
19ERI10020	K.SATYANARAYANA							
19ERI10021	M.HAYAMANTRA							
19ERI10025	P.SIVA GANGADHAR	MM-1	FM-5	Patient Counseling	MM-2	Pediatrics	FM-1	MM-3
19ERI10027	T.BHANI PRAKASH							

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**PRINCIPAL**  
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Opp: Dupadu R.S. N.H.-44,  
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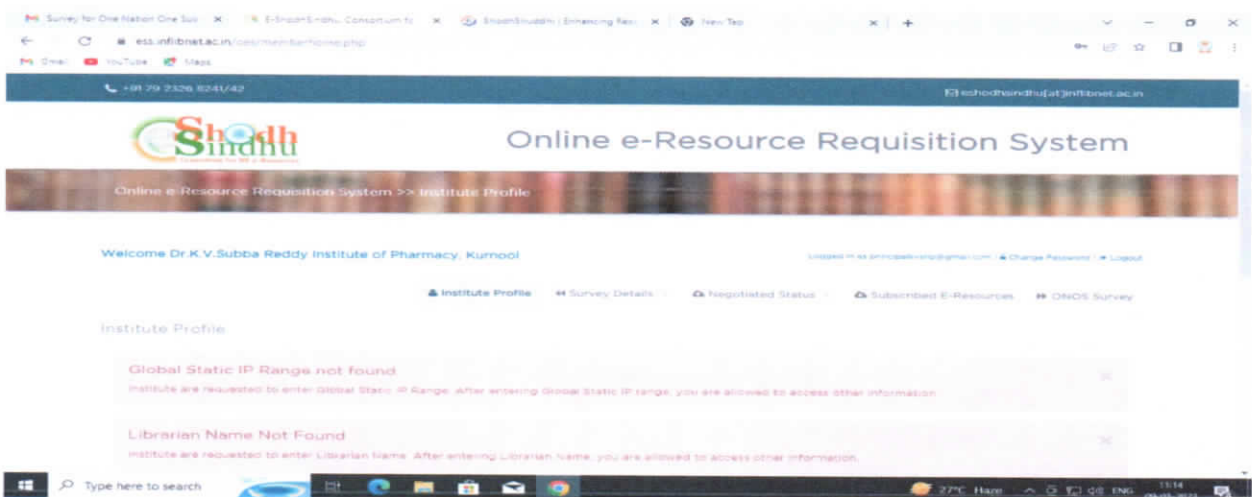
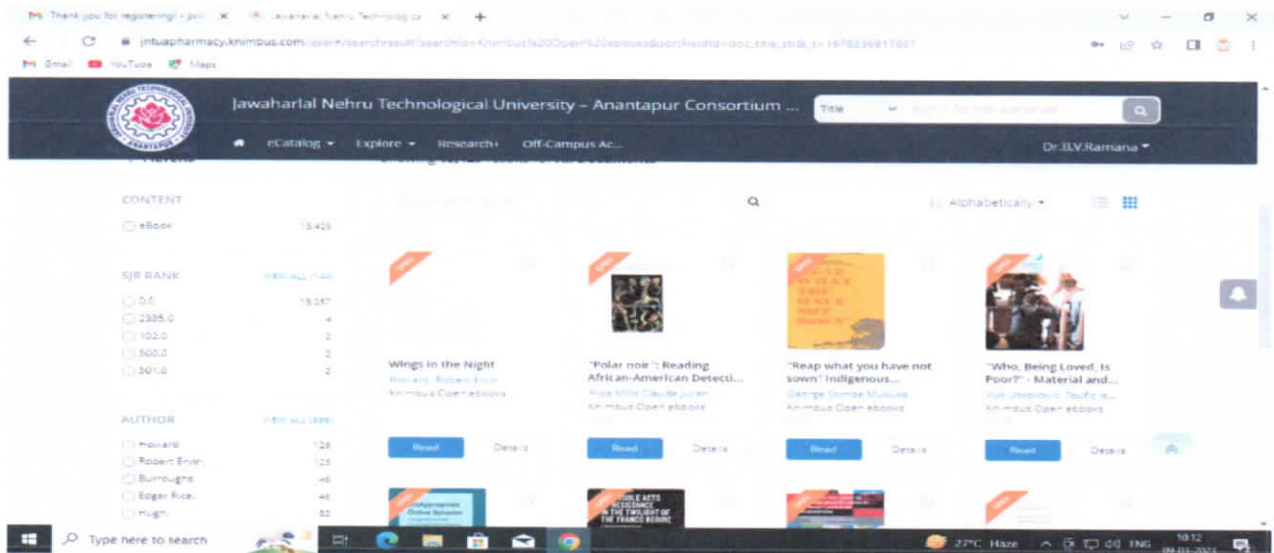
Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.

E-mail : [principalkvsrip@gmail.com](mailto:principalkvsrip@gmail.com) [www.drkvsrip.ac.in](http://www.drkvsrip.ac.in)

Principal / Correspondent

Date : .....

## E-LEARNING



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

Cell : 9704 333 789  
9177287508  
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E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

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Date : .....

Japanese Journal of Social Pharmacy  
Published by Japanese Society of Social Pharmacy  
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ISSN-L : 0911-0585

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2022 Volume 41 Issue 2

Development of a Training Program on the Proper Use of Over-the-Counter Drugs for Pharmacy Pharmacists

Practical Verification of the Usefulness of Cooperation by Sharing Patient

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

Cell : 9704 333 789  
9177287508  
7660003344

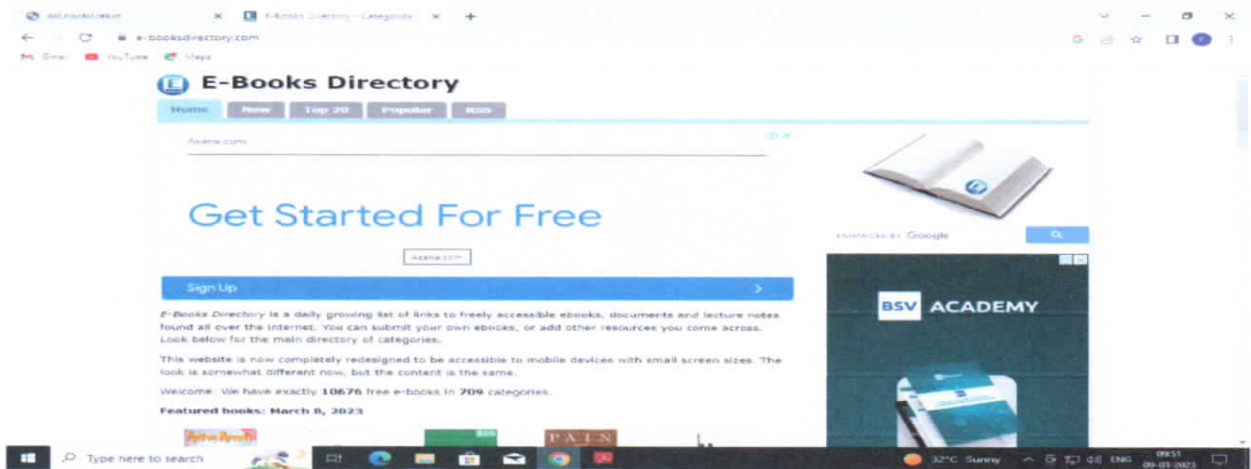
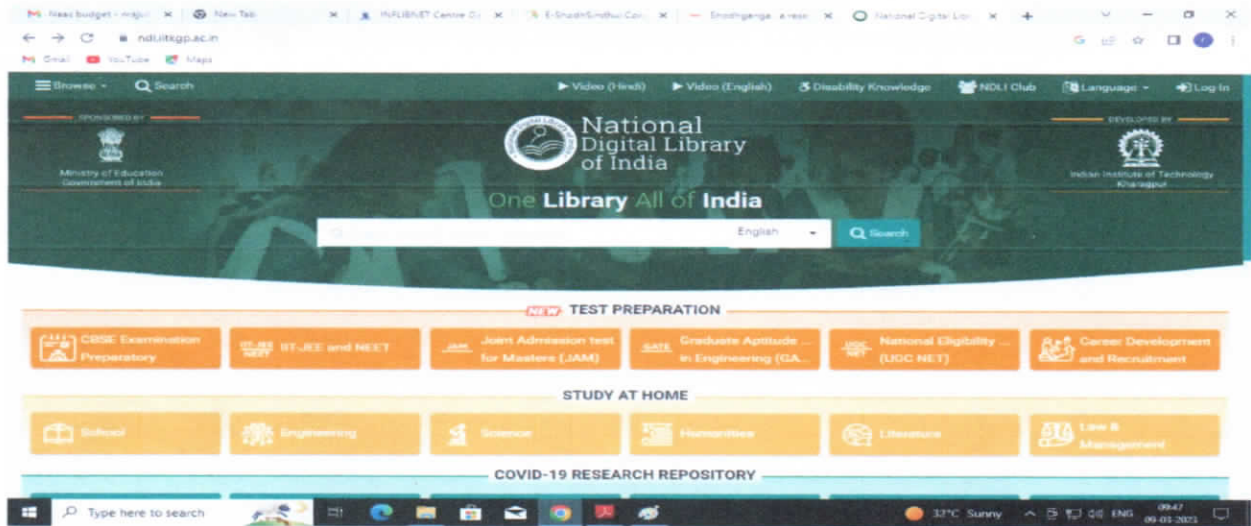


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Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.  
E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....



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





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Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.  
E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

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**11. DELNET Creation**

DELNET was created by the Government of India in 1997. It is a network of libraries and information centers across India. The network is managed by the National Library and Archives, New Delhi. The network is a part of the National Knowledge Commission (NKC) and is a part of the National Knowledge Infrastructure (NKI).

**12. DELNET's Objectives**

DELNET's objectives are to provide a network of libraries and information centers across India. The network is a part of the National Knowledge Commission (NKC) and is a part of the National Knowledge Infrastructure (NKI).

Single membership	Rs. 1000/-
Library membership	Rs. 2000/-
State membership	Rs. 5000/-

**13. DELNET's Services**

DELNET provides a variety of services to its members, including access to a large collection of books, journals, and electronic resources. The network also provides a variety of other services, including training and technical support.

**DELNET'S Objectives**

DELNET's objectives are to provide a network of libraries and information centers across India. The network is a part of the National Knowledge Commission (NKC) and is a part of the National Knowledge Infrastructure (NKI).

**DELNET'S Services**

DELNET provides a variety of services to its members, including access to a large collection of books, journals, and electronic resources. The network also provides a variety of other services, including training and technical support.

**DELNET'S Membership**

DELNET has a variety of membership options, including single, library, and state membership. The network also provides a variety of other services, including training and technical support.

**DELNET'S Contact Information**

DELNET is located at the National Library and Archives, New Delhi. For more information, please contact the network at the following address:

National Library and Archives  
New Delhi - 110070  
India

**DELNET**  
Developing Library Network  
JNTU Campus,  
Nelson Mandela Road, New Delhi - 110070  
www.delnet.in

Networking Libraries,  
Sharing and Spreading Knowledge

For more details, please contact:  
**Dr. Sangeeta Kaul**  
Principal  
DELNET-Developing Library Network  
JNTU Campus, Nelson Mandela Road, New Delhi - 110070  
Tel: 91-11-26142222, 26141122, 26141962  
26141166, 26141167, 26141168  
Email: sangeeta@delnet.in, delnet@delnet.in, delnet@delnet.in  
Website: www.delnet.in  
November 1, 2023

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

Cell : 9704 333 789  
9177287508  
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Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.

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PART- 1 | GPAT 2020 QUESTIONS WITH EXPLANATION | 125 QUESTION | MARATHON CLASS

GPAT DISCUSSION CENTER

GPAT 2020 ORGANIC CHEMISTRY QUESTIONS WITH EXPLANATION

GPAT DISCUSSION CENTER

*Subbarame*

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



Cell : 9704 333 789  
9177287508  
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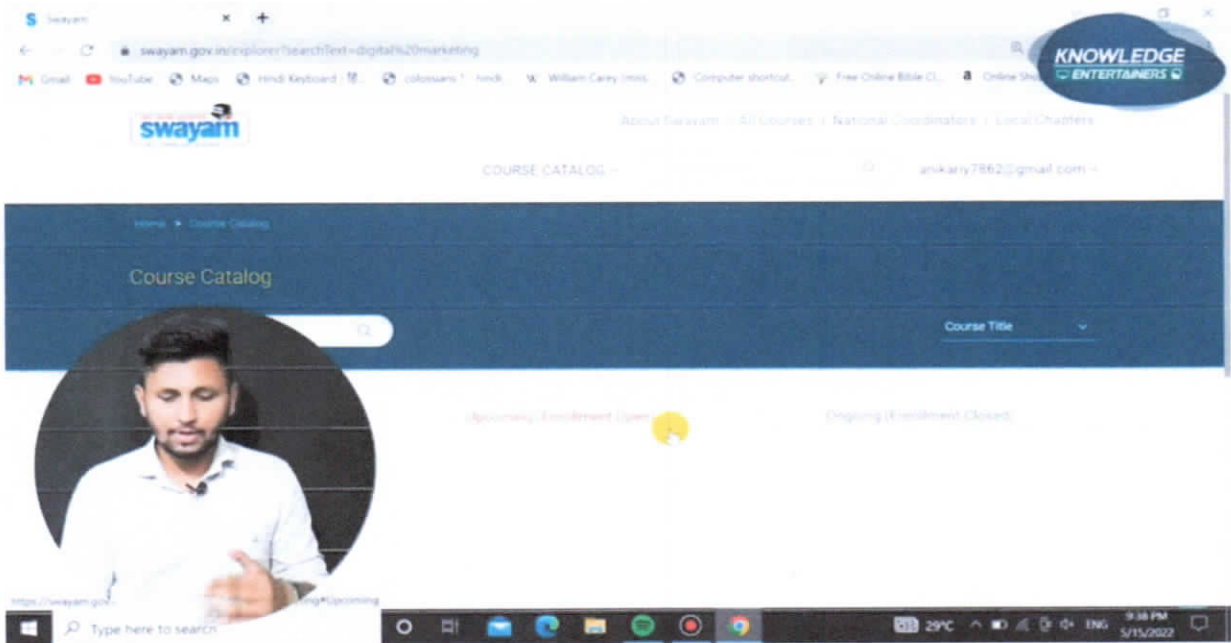


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E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

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**Number of teachers and students using the library per day over last year**

*Subbanna*  
**PRINCIPAL**  
Dr. K.V.S.R. Institute of Pharmacy  
Opp: Dupadu R.S. N.H.-44,  
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Cell : 9704 333 789

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Date : .....

### Number of teachers and students using the library per day over last year

Last page of accession register	Method of computing Per day usage of library	No. of users using library through e-access per day	No. of teachers accessing library per day	No. of students accessing library per day	Certified E-copy of the ledger of the data for 5days	Certified screenshots of the data for 5 days for online access
-	Gate register	195	41	355	-	-

Percentage per day usage of library by teachers and students:

Number of students=650

Number of teachers=51

Formula= (Number of teachers and students using the library perday/Total number of teachers and students) X 100

= (591/650) X100

=90.92

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



Cell : 9704 333 789  
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E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....

### WORKSHOP & GUEST LECTURES :

AY @ 2020-21		
1.	One day workshop on application of statistical tools for successful pharmaceuticals development	Mr. Kabiruddin Khan (Jadavpur University)
2.	One day Conference on current regulation for medical devices & diagnostics	Mr. K. Rama Krishna (IIT-BHU, PhD scholar)
3.	One day webinar on "Application of CADD Techniques in the Identification of Natural Products based Potential Inhibitors Against COVID-19"	Mr. Sk. Abdul Amin (Jadavpur University)
4.	One day conference on "Applications of Molecular Modelling Tools in Drug Discovery"	Mr. Mohsin Pathan Khan (NIPER-K)
5.	One day webinar on Bioavailability and Biodistribution Studies for Design of Novel Delivery Systems	Mr. Vaibhav Burse
6.	One day Conference on Formulation Development and pharmacokinetic studies of Phyto-pharmaceuticals	Dr. Prashant. T
7.	One day webinar on Analytical and statistical tools for bioavailability & bioequivalence studies"	Dr. Ashish Kumar Agrawal
8.	Conference on "Applications of Molecular Modelling Tools in Drug Discovery"	Dr. Neha Tripathi
9.	Conference on Basics of Molecular Modelling, Drug Metabolism and Drug Toxicity Prediction.	Dr. Probir Kumar Ojha (JU)
10.	One day conference on COVID transmission, virulence and possible drug targets, Pharmaceutical Care & Management Perspectives of COVID-19 Pandemic	Dr. N. Bala Gurappa
11.	One day conference on Pharmacological approaches targeting COVID-19 and post pandemic role of pharmacists	Dr. Y. Lohitha
12.	Conference on Pharmacokinetic Compartment Modelling and Simulation Techniques,	Dr. T. Gopala Krishna Murthy
13.	Conference on Career Prospects in Pharmacy, Orientation & Induction Programme	Dr. N. Ravi Prakash
14.	Conference on PK studies of Phyto-pharmaceutical Drugs	Dr. Mallikarjun
15.	A webinar on "Machine Learning Based Model for Identification of New Anti-tubercular Molecules"	Mr. T. Gopi
16.	Conference on Webinar on Basics of research	Dr. S. Balaji (IICT)
17.	One day Webinar on E-learning in Pharmaceutical Sciences	Dr. Ashutosh Kumar

PRINCIPAL

PRINCIPAL

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



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Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.  
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## PHARMACY SEMINARS :

DR. K.V. SUBBAREDDY INSTITUTE OF PHARMACY, DUPADU, KURNOOL			
Details of Pharmacy Seminars given by B.Pharmacy Students in Academic Year 2020-21			
S.No.	Roll No.	Name of the Student	Presentation Date
1	20181100001	HEAPANARAJI UVARUNDEHARA	SKIN CANCER
2	20181100002	K. GANESH K. BHANU ANMMA	SLEEP DISORDERS
3	20181100003	BOYA BALAKRISHNA	SOCIAL DETERMINANTS OF HEALTH
4	20181100004	KAPILI ALITHA KRISHNAREDDY	SPINAL DISORDERS
5	20181100005	KANISHA BHARATHI	STROKE - CLINICAL AND MANAGEMENT
6	20181100006	MAHIBHARATHI	THROMBOSIS
7	20181100007	MALEPUSKUNTHAKRATICHAND	TUBEROUS SCLEROSIS
8	20181100008	E. GIRIJA	TWO BODY TEST AND
9	20181100009	J. AMRUTHA VASUDEVI	TRAUMA
10	20181100010	KURUNA BHARATHI	TYPE 1 DIABETES
11	20181100011	M. SARITHA	TYPE 2 DIABETES
12	20181100012	TELLURU MOHANYA	PEDIATRIC OPTIC NEURITIS
13	20181100013	P. SUDHAKRISHNA	PERITONITIS
14	20181100014	V. USHA	PERIPHERAL NEURITIS
15	20181100015	V. KAVYA	PROLIFERATION
16	20181100016	AKHILYAMA SANKRISHN	PROLIFERATION
17	20181100017	BOYA BHISABANJANI	PROLIFERATION
18	20181100018	GANESH K. BHANU ANMMA	PROLIFERATION
19	20181100019	K. R. S. BHISHMA LAKSHMI	PROLIFERATION
20	20181100020	V. P. SHIVA SUDHAKRISHN	PROLIFERATION
21	20181100021	MAHIBHARATHI	PROLIFERATION
22	20181100022	MAHIBHARATHI	PROLIFERATION
23	20181100023	MAHIBHARATHI	PROLIFERATION
24	20181100024	MAHIBHARATHI	PROLIFERATION
25	20181100025	MAHIBHARATHI	PROLIFERATION
26	20181100026	MAHIBHARATHI	PROLIFERATION
27	20181100027	MAHIBHARATHI	PROLIFERATION
28	20181100028	MAHIBHARATHI	PROLIFERATION
29	20181100029	MAHIBHARATHI	PROLIFERATION
30	20181100030	MAHIBHARATHI	PROLIFERATION

DR. K.V. SUBBAREDDY INSTITUTE OF PHARMACY, DUPADU, KURNOOL			
Details of Pharmacy Seminars given to Pharm.D Students in Academic Year 2020-21			
S.No.	Roll No.	Name of the Student	Presentation Date
1	20191100001	MAHIBHARATHI	SKIN CANCER
2	20191100002	MAHIBHARATHI	SKIN CANCER
3	20191100003	MAHIBHARATHI	SKIN CANCER
4	20191100004	MAHIBHARATHI	SKIN CANCER
5	20191100005	MAHIBHARATHI	SKIN CANCER
6	20191100006	MAHIBHARATHI	SKIN CANCER
7	20191100007	MAHIBHARATHI	SKIN CANCER
8	20191100008	MAHIBHARATHI	SKIN CANCER
9	20191100009	MAHIBHARATHI	SKIN CANCER
10	20191100010	MAHIBHARATHI	SKIN CANCER
11	20191100011	MAHIBHARATHI	SKIN CANCER
12	20191100012	MAHIBHARATHI	SKIN CANCER
13	20191100013	MAHIBHARATHI	SKIN CANCER
14	20191100014	MAHIBHARATHI	SKIN CANCER
15	20191100015	MAHIBHARATHI	SKIN CANCER
16	20191100016	MAHIBHARATHI	SKIN CANCER
17	20191100017	MAHIBHARATHI	SKIN CANCER
18	20191100018	MAHIBHARATHI	SKIN CANCER
19	20191100019	MAHIBHARATHI	SKIN CANCER
20	20191100020	MAHIBHARATHI	SKIN CANCER
21	20191100021	MAHIBHARATHI	SKIN CANCER
22	20191100022	MAHIBHARATHI	SKIN CANCER
23	20191100023	MAHIBHARATHI	SKIN CANCER
24	20191100024	MAHIBHARATHI	SKIN CANCER
25	20191100025	MAHIBHARATHI	SKIN CANCER
26	20191100026	MAHIBHARATHI	SKIN CANCER
27	20191100027	MAHIBHARATHI	SKIN CANCER
28	20191100028	MAHIBHARATHI	SKIN CANCER
29	20191100029	MAHIBHARATHI	SKIN CANCER
30	20191100030	MAHIBHARATHI	SKIN CANCER

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

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



**Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY**

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

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

E-mail: [principalkvsrip@gmail.com](mailto:principalkvsrip@gmail.com)

Cell: +919440282181, +919704333789

Fax: 08518-287618

**DEPARTMENT OF PHARMACY (2020-2021)**

**CIRCULAR**

DATE : 29/01/2020

All the faculty and students here by informed that the Group Discussion Program will be conducted for B pharmacy & Pharm.D students on the 31<sup>st</sup> January 2020 as per the following schedule. All the faculty & students are instructed to note the same and attend the program as per the schedule.

**PRINCIPAL**

**Copy to faculty members**

*S. Hemangana*  
**PRINCIPAL**

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



Cell : 9704 333 789  
9177287508  
7660003344



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Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.  
E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....

### Group Discussion Session

AY: 2020-2021

Group Discussions help to check students 'interactive skills and how effective they are in communicating with people. The GD is to check how one behave, participate and contribute in a group, how much importance do you give to the group objective as well as your own, how well do you listen to viewpoints of others and how open-minded are you in accepting views contrary to your own. The aspects which make up a GD are verbal communication, non-verbal behavior, and conformation to norms, decision-making ability and cooperation. The following skills are required in GD.

- ◆ Communication Skills
- ◆ Interpersonal Skills
- ◆ Leadership Skills
- ◆ Motivational Skills
- ◆ Team Building Skills
- ◆ Tolerance
- ◆ Clarity over Ambiguity
- ◆ Divergent Thinking
- ◆ Listening skills
- ◆ Presentation Skills
- ◆ Analytical / Logical skills

*Schemane*  
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Opp: Dupadu R.S. N.H.-44,  
KURNOOL-518218 (A.P.)



## Dr. K.V. Subba Reddy Institute of Pharmacy

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### Topic:

#### **Steroids should be accepted in sports. Discuss about it.**

Most serious athletes feel a strong drive to win. They often dream big too. Some athletes want to play for professional sports teams. Others want to win medals for their countries. The pressure to win leads some athletes to use drugs that might give them an edge. These are called performance-enhancing drugs. Use of these drugs is known as doping.

But doping comes with risks. Learn more about the effects that performance-enhancing drugs can have on health.

Anabolic steroids are drugs that athletes take to boost their strength and add muscle. These drugs also are called anabolic-androgenic steroids. They are made to work like a hormone that the body makes called testosterone.



Testosterone has two main effects on the body:

- Helps build muscle.

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

Cell : 9704 333 789  
9177287508  
7660003344



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E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

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- Causes features such as facial hair and a deeper voice.

The anabolic steroids used by athletes are often forms of testosterone made in a lab.

Some people use anabolic steroids for medical reasons. But doping for sports isn't one of the uses the drugs are approved for.



These drugs might lower the damage that happens to muscles during a hard workout. That could help athletes bounce back faster from a workout. They might be able to exercise harder and more often. Some people also may like how their muscles look when they take these drugs.

More-dangerous types of anabolic steroids are called designer steroids. Some drug tests may not be able to spot them in a person's body. Anabolic steroids have no medical use that's approved by the government.

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



Cell : 9704 333 789  
9177287508  
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Principal / Correspondent

Date : .....



Batch of 20 B.Pharm students attended the session conducted on 31/01/20

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*Subbana*  
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**Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY**  
(Approved by AICTE & PCI New Delhi, Permanent Affiliated to JNTU Anantapur, Anantapuramu,  
MoU with Government General Hospital, KMC, Kurnool)  
Opp: Dupadu RS, N.H-44, Lakshmipuram (Post), Kurnool-518218  
E-mail: [principalkvsrip@gmail.com](mailto:principalkvsrip@gmail.com)  
Cell: +919440282181, +919704333789 Fax: 08518-287618

**DEPARTMENT OF PHARMACY (2020-2021)**

**CIRCULAR**

DATE : 26/08/2020

All the faculty and students here by informed that the Debate Program will be conducted for B pharmacy & Pharm.D students on the 28/08/2020 as per the following schedule. All the faculty & students are instructed to note the same and attend the program as per the schedule.

Copy to faculty members

*[Handwritten signatures of faculty members]*

*[Handwritten signature]*  
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Opp: Dupadu R.S. N.H.-44  
KURNOOL-518218 (A.P.)

*[Handwritten signature]*  
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Dr. K.V.S.R. Institute of Pharmacy  
Opp: Dupadu R.S. N.H.-44  
KURNOOL-518218 (A.P.)





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Date : .....

### Debate

AY : 2020-2021


Debate is a process that involves formal discourse on a particular topic, often including a moderator and audience. In a debate, arguments are put forward for common opposing viewpoints. Debates have historically occurred in public meetings, academic institutions, debate halls, coffee houses, competitions, and legislative assemblies. Debates has also been conducted for educational and recreational purposes, usually associated with educational establishments and debating societies.

1. Develop excellent oral and written communication skills.
2. Develop excellent critical thinking skills.
3. Develop effective tools for research, organization and presentation.
4. Develop strategies to overcome fears of public speaking.
5. Discover the confidence and desire to participate in all academic classes.

#### Benefits :

- Confidence - Belief in themselves and their abilities, and the desire to participate in all classes.
- Curiosity - The passion of discovery through effective tools for research, organization and presentation.
- Critical Thinking - How to explore the world through the lens of an inquisitive mind.
- Communication - Oral & written skills and strategies for lively yet respectful discussions & disagreements.
- Control - Eliminate the fears of public speaking.
- Creativity - The desire to explore, create and invent.
- Camaraderie - Meet like-minded peers at tournaments and build healthy bonds of competition.
- Leadership - Self-motivation and the ability to delegate assignments and manage peers.

Debates teaches individuals the importance of being prepared to listen. First, it trains people in the mental preparation of listening - having a listening plan. During a debate you listen for specific things, points you want to answer, weakness in logic, supporting material and key points.

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

Cell : 9704 333 789  
9177287508  
7660003344



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**Summary:** Using debates in the classroom provides students the opportunity to explore real-world topics and issues. Debates also engage students through self reflection and encourage them to learn from their peers.

**Topic:**

### Legalise the sale of human organs

Legalisation of the sale of organs will eliminate the corruption that has led to reported executions and 'thefts' of organs. A successful transplant operation is dependent upon knowledge of certain characteristics of the donor. Therefore the origin of the organ must be known. The black market cannot be regulated, but its purpose would be defeated once the sale of organs became lawful.



*M. Suman*

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



Cell : 9704 333 789  
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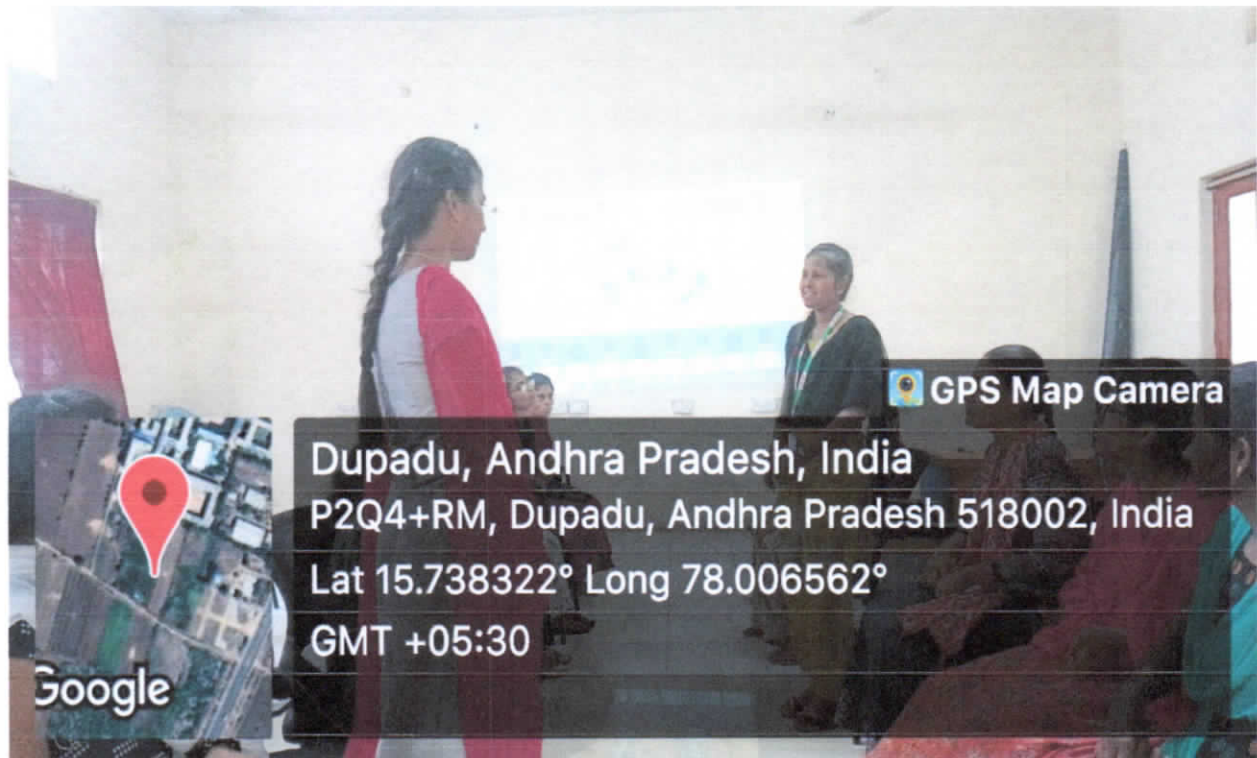
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Legalising may increase the number of lives saved but it will also lead to further social division. The poor will sell their organs more because of their need for money but will not be able to buy organs if they need. It will act like a double-edged sword. They could benefit if someone donated the required organ.



Dupadu, Andhra Pradesh, India  
P2Q4+RM, Dupadu, Andhra Pradesh 518002, India  
Lat 15.738322° Long 78.006562°  
GMT +05:30

A debate on “**Legalise the sale of human organs**” was conducted on 28/08/2020 and the students of B PHARMACY have actively participated in this session.

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Principal / Correspondent

Date : .....

Date:10/10/2020

DEPARTMENT OF PHARMACY(A.Y:2020-2021)

### CIRCULAR

All the I year B.pharmacy faculty and students here by informed that the bridge course will be conducted for I year B.pharmacy & Pharm.D students on 12/10/2020 to 16/10/2020 as per the following schedule. All the faculty & students are instructed to note the same and attend the classes as per the schedule.

S.NO	DATES	TIME	SUBJECT	FACULTY
1	12/10/2020 TO 16/10/2020	9-10AM	PHARMACEUTICAL CHEMISTRY	K.CHADRASEKHAR
2	12/10/2020 TO 16/10/2020	10-11AM	PHARMACEUTICAL ANALYSIS	P.T.NAGA RAJU
3	12/10/2020 TO 16/10/2020	11-12AM	MATHEMATICS/REMEDIAL BIOLOGY	V.ANURADHA
4	S 12/10/2020 TO 16/10/2020	2-3PM	COMMUNICATION SKILLS	S.SREELEKHA

COPY TO FACULTY MEMBERS

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Opp: Dupadu R.S. N.H.-44,  
KURNOOL-518218 (A.P.)



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Principal / Correspondent

Date : .....

### PHARMACEUTICAL CHEMISTRY:

S.NO	TOPIC NAME	NO.OF HOURS
1	Introduction to pharmaceutical chemistry	2
2	Basics of chemistry	2
3	General preparations and methods of compounds	2
4	methods of radio pharmaceuticals preparations	2
5	Basic tests for purity of compounds	2
	TOTAL	10

### PHARMACEUTICAL ANALYSIS:

S.NO	TOPIC NAME	NO.OF HOURS
1	Basic concepts of analysis	2
2	Basic theories of titration methods	2
3	Different preparation & Methods of standardization	2
4	Concepts of oxidation & reduction	2
5	Methods of electro chemical methods of analysis	2
	TOTAL	10

*S. Venkatesh*  
PRINCIPAL  
Dr. K.V.S.R. Institute of Pharmacy  
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Date : .....

### MATHEMATICS:

S.NO	TOPIC NAME	NO.OF HOURS
1	Theory and their application in pharmacy	2
2	Solving different types of problems by applying theory	2
3	Basic introduction of Logarithms	2
4	Basic introduction of Matrices and Determinant	2
5	Applications in solving chemical kinetics and pharmacokinetic equations	2
	TOTAL	10

### COMMUNICATION SKILLS:

S.NO	TOPIC NAME	NO.OF HOURS
1	Learning Basic communication skills	2
2	basic learning of listening skills	2
3	Basic understanding of writing skills	2
4	Learning of presentation skills	2
5	Learning of interview skills	2
	TOTAL	10

  
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DR.K.V.SUBBAREDDY INSTITUTE OF PHARMACY,DUPADU, KURNOOL  
BRIDGE COURSE ATTENDANCE B.PHARMACY I YEAR(20-21)

S.NO	NAME OF THE STUDENT	12/10/2020	13/10/2020	14/10/2020	15/10/2020
1	AKULA HARI POOJITHA	✓	✓	✓	✓
2	ANGAJALA NANDINI	✓	✓	✓	✓
3	BAIRIPOGU DIVYA	✓	✓	✓	✓
4	B.ANURADHA	✓	✓	✓	✓
5	BAPANAPALLI VASUNDHARA	✓	✓	✓	✓
6	CHANDRAKANTI JHANSI RANI	✓	✓	✓	✓
7	CHIPPAGIRI SWETHA	✓	✓	✓	✓
8	EERLA DHARANI	✓	✓	✓	✓
9	G.JYOSHNA	✓	✓	✓	✓
10	G.MEGHANA	✓	✓	✓	✓
11	INDLA PRIVADARSHINI	✓	✓	✓	✓
12	JAKKAYA ANJALI	✓	✓	✓	✓
13	KAGULA JYOTHI	✓	✓	✓	✓
14	KAMALAPURAM SATWIKA	✓	✓	✓	✓
15	KARNATI CHANDRA LEKHA	✓	✓	✓	✓
16	KARNATI DIVYA VANI	✓	✓	✓	✓
17	KASAPOGU ISWARYA	✓	✓	✓	✓
18	KONETI PUJITHA	✓	✓	✓	✓
19	KURUBA BHAVYA	✓	✓	✓	✓
20	MANDLA JYOTHI	✓	✓	✓	✓
21	MEKALA VARALAKSHMI	✓	✓	✓	✓
22	NAKKALA VANI	✓	✓	✓	✓
23	PARVATHAPURAM NEHA	✓	✓	✓	✓
24	PATAN SAMEENA FATHIMA	✓	✓	✓	✓
25	PENUGONDLA BHARGAVI	✓	✓	✓	✓
26	PINJARI SHAHANAZ	✓	✓	✓	✓
27	POOJARI CHAITANYA	✓	✓	✓	✓
28	POTHINENI PAVANI	✓	✓	✓	✓
29	ROKKAM LAYA	✓	✓	✓	✓
30	S.AFRIN	✓	✓	✓	✓











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Principal / Correspondent

Date : .....

Date:17/10/2020

DEPARTMENT OF PHARMACY (AY:2020-2021)

### CIRCULAR

All the II year B.Pharmacy faculty and students here by informed that the bridge course will be conducted for II year B.Pharmacy later entry students on 19/10/2020 to 22/10/2020 as per the following schedule. All the faculty & students are instructed to note the same and attend the classes as per the schedule.

S.NO	DATES	TIME	SUBJECT	FACULTY
1	19/10/2020 TO 22/10/2020	9AM-10AM	chemiſtry	K.CHADRASEKHAR
2	19/10/2020 TO 22/10/2020	10AM-11AM	Computer applications	S.PAVAN KUMAR

COPY TO FACULTY MEMBERS

*[Handwritten signature]*

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

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



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Principal / Correspondent

Date : .....

### PHARMACEUTICAL CHEMISTRY:

S.NO	TOPIC NAME	NO.OF HOURS
1	Introduction to pharmaceutical chemistry	2
2	Basics of chemistry	2
3	General preparations and methods of compounds	2
4	methods of radio pharmaceuticals preparations	2
5	Basic tests for purity of compounds	2
	TOTALS	10

### COMPUTER APPLICATIONS:

S.NO	TOPIC NAME	NO.OF HOURS
1	Types of applications of computers in pharmacy	2
2	Concepts of information system and softwares used in pharmacy	2
3	Web technologies (HTML,XML,CSS,MS ACCESS)	2
4	Objectives of Bio informatics	2
5	Data analysis in pre clinical development	2
	TOTAL	10

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*M. Srinivas*  
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Dr. K.V.S.R. Institute of Pharmacy  
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**DR.K.V.SUBBAREDDY INSTITUTE OF PHARMACY,DUPADU,  
KURNOOL (AY:20-21)**

**PHARMACEUTICAL CHEMISTRY:**

S.NO	NAME OF THE STUDENT	19/10/20	20/10/20	21/10/20	22/10/20
20ER5R0001	ARUN PRATHAP	✓	✓	✓	✓
20ER5R0002	ABDUL REHMAN	✓	✓	✓	✓
20ER5R0003	ABDUL IRFAN	✓	✓	✓	✓
Faculty sign		<i>CS</i>	<i>CS</i>	<i>CS</i>	<i>CS</i>

**COMPUTER APPLICATIONS**

S.NO	NAME OF THE STUDENT	19/10/20	20/10/20	21/10/20	22/10/20
20ER5R0001	ARUN PRATHAP	✓	✓	✓	✓
20ER5R0002	ABDUL REHMAN	✓	✓	✓	✓
20ER5R0003	ABDUL IRFAN	✓	✓	✓	✓
Faculty sign		<i>SPB</i>	<i>SPB</i>	<i>SPB</i>	<i>SPB</i>

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

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



Cell : 9704 333 789  
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Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.  
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Principal / Correspondent

Date : .....

Date:19/09/2020


DEPARTMENT OF PHARMACY (2020-2021)





### CIRCULAR

All the B.Pharmacy faculty and students here by informed that the Remedial classes will be conducted for B. Pharmacy & Pharm.D students on 21/09/2020 to 26/10/2021 as per the following schedule. All the faculty & students are instructed to note the same and attend the classes as per the schedule

Copy to the faculty members

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



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Principal / Correspondent

Date : .....

### Department of B. Pharmacy

Following are the students from B. Pharmacy II, III & IV years I semester who need to attend remedial classes without fail.

II Year I Sem				
19ER1R0008	19ER1R0014	19ER1R0020	19ER1R0021	19ER1R0022
19ER1R0036	19ER1R0039	19ER1R0049	19ER1R0060	19ER1R0070

III Year I Sem				
18ER1R0001	18ER1R0008	18ER1R0013	18ER1R0015	18ER1R0017
18ER1R0018	18ER1R0034			

IV Year I Sem				
17ER1R0008	17ER1R0044	17ER1R00059	17ER1R0062	17ER1R0065
17ER1R0069	17ER1R0077			

*[Signature]*  
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*[Signature]*  
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Dr. K.V.S.R. Institute of Pharmacy  
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Principal / Correspondent

Date : .....

### Department of B. Pharmacy

#### Timetable for Remedial Classes

Year & Sem: II - I

Academic Year: 2020-21

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	C.S.PARAMESWARI	PE	Room No.102	C.S. Parameswari
Tuesday	5:00PM - 6:00PM	S.RESHMA	PP	Room No.102	SR

Year & Sem: III - I

Academic Year: 2020-21

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	K.SARA SIRISHA	MOOCS-I	Room No.103	K.S. Sirisha
Tuesday	5:00PM - 6:00PM	R.MOHAN A PRIYA	MC-I	Room No.103	M.A. Priya

Year & Sem: IV - I

Academic Year: 2020-21

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	DR.B.V.RAMANA	NDDS	Room No.104	B.V. Ramana
Tuesday	5:00PM - 6:00PM	DR.K.CHANDRA SEKHAR	MC-II	Room No.104	K. Chandra Sekhar

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9177287508  
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Principal / Correspondent

Date : .....

### Department of B. Pharmacy

#### Attendance for Remedial Classes

Course Name: PE

Year: II-I

Course Faculty: C.S. PARAMESWARI

A.Y: 2020-21

S. No.	Roll No.	21-09-2020	28-09-2020	05-10-2020	12-10-2020	19-10-2020	26-10-2020
1	19ER1R0008	✓	X	✓	✓	✓	✓
2	19ER1R0014	✓	✓	X	✓	✓	✓
3	19ER1R0020	✓	✓	X	✓	✓	✓
4	19ER1R0021	✓	✓	✓	X	✓	✓
5	19ER1R0022	✓	✓	✓	✓	X	✓
6	19ER1R0036	✓	✓	✓	X	✓	✓
7	19ER1R0039	✓	✓	X	✓	✓	✓
8	19ER1R0049	✓	X	✓	✓	✓	✓
9	19ER1R0060	X	✓	✓	✓	✓	✓
10	19ER1R0070	✓	✓	✓	✓	X	✓
Faculty Sign		C.S. Parameswari	C.S. Parameswari	C.S. Parameswari	C.S. Parameswari	C.S. Parameswari	C.S. Parameswari

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### Department of B.PHARMACY

#### Attendance for Remedial Classes

Course Name: PP

Year: II - I

Course Faculty: S.RESHMA

A.Y: 2020-21

S. No.	Roll No.	22-09-2020	29-9-2020	06-10-2020	13-10-2020	20-10-2020	27-10-2020
1	19ER1R0008	✓	X	✓	✓	✓	✓
2	19ER1R0014	✓	✓	X	✓	✓	✓
3	19ER1R0020	✓	✓	✓	X	✓	✓
4	19ER1R0021	✓	✓	X	✓	✓	✓
5	19ER1R0022	✓	✓	✓	X	✓	✓
6	19ER1R0036	✓	✓	X	✓	✓	✓
7	19ER1R0039	✓	✓	✓	X	✓	✓
8	19ER1R0049	✓	✓	X	✓	✓	✓
9	19ER1R0060	✓	✓	✓	X	✓	✓
10	19ER1R0070	✓	✓	✓	✓	X	✓
Faculty Sign		Reshma	Reshma	Reshma	Reshma	Reshma	Reshma

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KURNOOL-518218 (A P)



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Date : .....

### Department of B. Pharmacy Attendance for Remedial Classes

Course Name: MOOCS-I

Year: III - I

Course Faculty: K.SARA SIRISHA

A.Y: 2020-21

S. No.	Roll No.	21-09-2020	28-09-2020	05-10-2020	12-10-2020	19-10-2020	26-10-2020
1	18ER1R0008	✓	✓	✓	x	✓	✓
2	18ER1R0015	x	✓	✓	✓	✓	✓
3	18ER1R0017	✓	✓	x	✓	✓	✓
4	18ER1R0018	✓	✓	✓	✓	x	✓
5	18ER1R0034	✓	✓	✓	x	✓	✓
Faculty Sign							

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### Department of B.PHARMACY Attendance for Remedial Classes

Course Name: MC-I

Year: III - I

Course Faculty: R.MOHANA PRIYA

A.Y: 2020-21

S. No.	Roll No.	22-09-2020	29-9-2020	06-10-2020	13-10-2020	20-10-2020	27-10-2020
1	18ER1R0008	✓	X	✓	✓	✓	✓
2	18ER1R0015	✓	✓	X	✓	✓	✓
3	18ER1R0017	✓	✓	✓	X	✓	✓
4	18ER1R0018	✓	✓	✓	✓	X	✓
5	18ER1R0034	✓	X	✓	✓	✓	✓
Faculty Sign							

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### Department of B.PHARMACY

#### Attendance for Remedial Classes

Course Name: NDDS

Year: IV- I

Course Faculty: DR.B.V.RAMANA

A.Y: 2020-21

S. No.	Roll No.	21-09-2020	28-09-2020	05-10-2020	12-10-2020	19-10-2020	26-10-2020
1	17ER1R0008	✓	✓	✓	✓	✓	✓
2	17ER1R0044	✓	✓	✓	✓	✓	✓
3	17ER1R0059	✓	✓	✓	✓	✓	✓
4	17ER1R0062	✓	✓	✓	✓	✓	✓
5	17ER1R0065	✓	✓	✓	✓	✓	✓
6	17ER1R0069	✓	✓	✓	✓	✓	✓
7	17ER1R0077	✓	✓	✓	✓	✓	✓
Faculty Sign		<i>B.V.Ramana</i>	<i>B.V.Ramana</i>	<i>B.V.Ramana</i>	<i>B.V.Ramana</i>	<i>B.V.Ramana</i>	<i>B.V.Ramana</i>

*B.V.Ramana*  
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### Department of B. Pharmacy Attendance for Remedial Classes

Course Name: MC-II

Year: IV- I

Course Faculty: DR.K.CHANDRA SEKHAR

A.Y: 2020-21

S. No.	Roll No.	22-09-2020	29-9-2020	06-10-2020	13-10-2020	20-10-2020	27-10-2020
1	17ER1R0008	✓	✓	✗	✓	✓	✓
2	17ER1R0044	✓	✓	✗	✓	✓	✓
3	17ER1R0059	✗	✓	✓	✓	✓	✓
4	17ER1R0062	✓	✓	✗	✓	✓	✓
5	17ER1R0065	✓	✓	✓	✗	✓	✓
6	17ER1R0069	✓	✓	✗	✓	✓	✓
7	17ER1R0077	✓	✓	✗	✓	✓	✓
Faculty Sign		✓	✓	✓	✓	✓	✓

  
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### Department of Pham .D Timetable for Remedial Classes

Year & Sem: II

Academic Year: 2020-21

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	Dr.SRIRAM	PT-I	Room No	
Tuesday	5:00PM - 6:00PM	R.JONA METHUSALA	COL-I	Room No.	

Year & Sem: III

Academic Year: 2020-21

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	S.KUSUMA KUMARI	PT-II	Room No	
Tuesday	5:00PM - 6:00PM	R.MOHANA PRIYA	MC-I	Room No.	

Year & Sem: IV

Academic Year: 2020-21

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	Dr.K.VENNELA	PT-III	Room No.	
Tuesday	5:00PM - 6:00PM	R.MOHANA PRIYA	MC-II	Room No.	

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Principal / Correspondent

Date : .....

## Department of Pharm.D

### Attendance for Remedial Classes

Course Name: PT-I

Year: II

Course Faculty: Dr. SRIRAM

A.Y: 2020-21

S. No.	Roll No.	21-09-2020	28-09-2020	05-10-2020	12-10-2020	19-10-2020	26-10-2020
1	19ER1T0005	✓	x	✓	✓	✓	✓
2	19ER1T0015	✓	✓	✓	✓	✓	✓
3	19ER1T0018	✓	✓	x	✓	✓	✓
4	19ER1T0021	✓	✓	x	✓	✓	✓
5	19ER1T0024	✓	x	✓	✓	✓	✓
6	19ER1T0025	✓	✓	✓	x	✓	✓
7	19ER1T0027	✓	✓	x	✓	x	x
8	19ER1T0029	✓	✓	✓	x	✓	✓
Faculty Sign		<i>SR</i>	<i>SR</i>	<i>SR</i>	<i>SR</i>	<i>SR</i>	<i>SR</i>

*SR*  
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Date : .....

Department of Pharm .D

Attendance for Remedial Classes

Course Name: PHARMACOLOGY-I

Year: II

Course Faculty: R.JONA METHUSALA

A.Y: 2020-21

S. No.	Roll No.	22-09-2020	29-9-2020	06-10-2020	13-10-2020	20-10-2020	27-10-2020
1	19ER1T0005	✓	✓	✓	X	✓	✓
2	19ER1T0015	✓	✓	X	✓	✓	✓
3	19ER1T0018	✓	✓	✓	X	✓	✓
4	19ER1T0021	✓	✓	✓	✓	X	✓
5	19ER1T0024	✓	✓	✓	✓	✓	X
6	19ER1T0025	✓	✓	X	✓	✓	✓
7	19ER1T0027	✓	✓	✓	✓	X	✓
8	19ER1T0029	✓	✓	✓	X	✓	✓
Faculty Sign		RJM	RJM	RJM	RJM	RJM	RJM

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*R. Jona Methusala*

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Date : .....

### Department of Pharm .D Attendance for Remedial Classes

Course Name: PT-II

Year: III

Course Faculty: DR.S.KUSUMA KUMARI

A.Y: 2020-21

S. No.	Roll No.	21-09-2020	28-09-2020	05-10-2020	12-10-2020	19-10-2020	26-10-2020
1	18ER1T0003	✓	✗	✓	✓	✓	✓
2	18ER1T0014	✗	✓	✓	✓	✓	✓
3	18ER1T0019	✓	✓	✗	✓	✓	✓
4	18ER1T0027	✓	✗	✓	✓	✓	✓
Faculty Sign							

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Date : .....

### Department of PHARM.D

#### Attendance for Remedial Classes

Course Name: MC-I

Year: III

Course Faculty: R.MOHANAPRIYA

A.Y: 2020-21

S. No.	Roll No.	22-09-2020	29-9-2020	06-10-2020	13-10-2020	20-10-2020	27-10-2020
1	18ER1T0003	✓	✓	✓	✓	✓	
2	18ER1T0014	✗	✓	✓	✓	✓	✗
3	18ER1T0019	✗	✓	✓	✓	✓	✓
4	18ER1T0027	✓	✓	✗	✓	✓	✓
Faculty Sign		<i>R. Mohanapriya</i>	<i>R. Mohanapriya</i>	<i>R. Mohanapriya</i>	<i>R. Mohanapriya</i>	<i>R. Mohanapriya</i>	<i>R. Mohanapriya</i>

*R. Mohanapriya*  
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*R. Mohanapriya*  
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## Department of Pharm.D Attendance for Remedial Classes

Course Name: PT-III

Year: IV

Course Faculty: Dr.K.VENNELA

A.Y: 2020-21

S. No.	Roll No.	21-09-2020	28-09-2020	05-10-2020	12-10-2020	19-10-2020	26-10-2020
1	17ER1T0018	✓	✓	✓	✗	✓	✓
2	17ER1T0023	✓	✓	✗	✓	✓	✓
3	17ER1T0025	✓	✓	✓	✗	✓	✓
4	17ER1T0026	✓	✗	✓	✓	✓	✓
Faculty Sign		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

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*[Signature]*  
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## Department of Pharm.D

### Attendance for Remedial Classes

Course Name: MC-II


Year: IV

Course Faculty: R.MOHANAPRIYA

A.Y: 2020-21

S. No.	Roll No.	22-09-2020	29-9-2020	06-10-2020	13-10-2020	20-10-2020	27-10-2020
1	17ER1T0018	✓	✗	✓	✓	✓	✓
2	17ER1T0023	✓	✓	✓	✗	✓	✓
3	17ER1T0025	✓	✗	✓	✓	✓	✓
4	17ER1T0026	✓	✗	✓	✓	✓	✗
Faculty Sign		R. Priya	R. Priya	R. Priya	R. Priya	R. Priya	R. Priya

  
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Date : .....

### Department of B. Pharmacy

Following are the students from B. Pharmacy II, III & IV years II semester who need to attend remedial classes without fail.

II Year II Sem				
19ER1R0008	19ER1R0014	19ER1R0020	19ER1R0021	19ER1R0022
19ER1R0036	19ER1R0039	19ER1R0049	19ER1R0060	19ER1R0070

III Year II Sem				
18ER1R0001	18ER1R0008	18ER1R0015	18ER1R0017	18ER1R0018
18ER1R0034				

IV Year II Sem				
17ER1R0008	17ER1R0044	17ER1R00059	17ER1R0062	17ER1R0065
17ER1R0069	17ER1R0077			

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KURNOOL-518218 (A.P.)



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E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....

### Department of B.Pharmacy

### Timetable for Remedial Classes

Year & Sem: II - II

Academic Year: 2020-21

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	P.NAVYA KRISHNA	OC	Room No.102	
Tuesday	5:00PM - 6:00PM	R.MOHANA PRIYA	BC	Room No.102	<i>[Signature]</i>

Year & Sem: III - II

Academic Year: 2020-21

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	B.V. RAMANA	BPPK	Room No.103	<i>[Signature]</i>
Tuesday	5:00PM - 6:00PM	K.SARA SIREESHA	PA	Room No.103	<i>[Signature]</i>

Year & Sem: IV - II

Academic Year: 2020-21

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	P.T.NAGARAJU	MOOCS-III	Room No.104	<i>[Signature]</i>

*[Signature]*  
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Date : .....

## Department of B. Pharmacy

### Attendance for Remedial Classes

Course Name: OC

Year: II -II

Course Faculty: P.NAVYA KRISHNA

A.Y: 2020-21

S. No.	Roll No.	22-03-2021	29-03-2021	05-04-2021	12-04-2021	19-04-2021	26-04-2021
1	19ER1R0008	✓	X	✓	✓	✓	✓
2	19ER1R0014	X	✓	✓	✓	✓	✓
3	19ER1R0020	✓	X	✓	✓	✓	✓
4	19ER1R0021	✓	✓	✓	X	✓	✓
5	19ER1R0022	✓	X	✓	✓	✓	✓
6	19ER1R0036	✓	X	✓	✓	✓	✓
7	19ER1R0039	✓	X	✓	✓	✓	✓
8	19ER1R0049	✓	X	✓	✓	✓	✓
9	19ER1R0060	✓	✓	X	✓	✓	✓
10	19ER1R0070	✓	✓	✓	✓	✓	✓
Faculty Sign							

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KURNOOL-518218 (A.P.)



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Date : .....

**Department of B.Pharmacy**

**Attendance for Remedial Classes**

Course Name: BC

Year: II -II

Course Faculty: R.MOHANA PRIYA

A.Y: 2020-21

S. No.	Roll No.	23-03-2021	30-03-2021	06-04-2021	13-04-2021	20-04-2021	27-04-2021
1	19ER1R0008	✓	✓	✗	✓	✓	✓
2	19ER1R0014	✓	✓	✓	✗	✓	✓
3	19ER1R0020	✓	✓	✗	✓	✓	✓
4	19ER1R0021	✓	✗	✓	✓	✓	✓
5	19ER1R0022	✓	✓	✓	✗	✓	✓
6	19ER1R0036	✓	✓	✓	✓	✗	✓
7	19ER1R0039	✗	✓	✓	✓	✓	✓
8	19ER1R0049	✓	✓	✗	✓	✓	✓
9	19ER1R0060	✓	✓	✓	✓	✗	✓
10	19ER1R0070	✓	✓	✓	✗	✓	✓
Faculty Sign		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

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

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## Department of B. Pharmacy

### Attendance for Remedial Classes

Course Name: BPPK

Year: III-II

Course Faculty: B .V.RAMANA

A.Y: 2020-21

S. No.	Roll No.	22-03-2021	29-03-2021	05-04-2021	12-04-2021	19-04-2021	26-04-2021
1	18ER1R0001	✓	✗	✓	✓	✓	✓
2	18ER1R0008	✓	✓	✗	✓	✓	✓
3	18ER1R0015	✓	✓	✓	✗	✓	✓
4	18ER1R0017	✓	✓	✓	✓	✗	✓
5	18ER1R0018	✓	✓	✓	✓	✓	✗
6	18ER1R0034	✓	✓	✗	✓	✓	✓
Faculty Sign		B.V.R	B.V.R	B.V.R	B.V.R	B.V.R	B.V.R

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KURNOOL-518218 (A.P.)



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### Department of B. Pharmacy Attendance for Remedial Classes

Course Name: PA

Year: III-II

Course Faculty: K.SARA SIRISHA

A.Y: 2020-21

S. No.	Roll No.	23-03-2021	30-03-2021	06-04-2021	13-04-2021	20-04-2021	27-04-2021
1	18ER1R0001	✓	✓	✓	✓	✗	✓
2	18ER1R0008	✓	✓	✗	✓	✓	✓
3	18ER1R0015	✓	✓	✓	✗	✓	✓
4	18ER1R0017	✓	✗	✓	✓	✓	✓
5	18ER1R0018	✓	✓	✓	✗	✓	✓
6	18ER1R0034	✓	✓	✓	✗	✓	✓
Faculty Sign							

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Department of B. Pharmacy

Attendance for Remedial Classes

Course Name: MOOCS-III

Year: IV-II

Course Faculty: P.T.NAGARAJU

A.Y: 2020-21

S. No.	Roll No.	22-03-2021	29-03-2021	05-04-2021	12-04-2021	19-04-2021	26-04-2021
1	17ER1R0008	✓	✓	✓	✓	✗	✓
2	17ER1R0044	✓	✓	✓	✗	✓	✓
3	17ER1R0059	✓	✗	✓	✓	✓	✓
4	17ER1R0062	✓	✓	✓	✗	✓	✓
5	17ER1R0065	✓	✓	✓	✓	✗	✓
6	17ER1R0069	✓	✓	✗	✓	✓	✓
7	17ER1R0077	✓	✓	✓	✓	✗	✓
Faculty Sign							

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Date : .....

### Department of Pharm.D

Following are the students from Pharm.D II, III & IV years semester who need to attend remedial classes without fail.

II Year				
19ER1T0005	19ER1T0015	19ER1T0018	19ER1T0021	19ER1T0024
19ER1T0025	19ER1T0027	19ER1T0029		

III Year				
18ER1T0003	18ER1T0014	18ER1T0019	18ER1T0027	

### IV Year

17ER1T0018	17ER1T0023	17ER1T0025	17ER1T0026	
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Dr. K.V.S.R. Institute of Pharmacy  
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KURNOOL-518218 (A.P)

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Principal / Correspondent

Date : .....

### Department of PHARM.D

### Timetable for Remedial Classes

Year & Sem: II

Academic Year: 2020-21

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	S.KUSUMA KUMARI	PT	Room No.102	
Tuesday	5:00PM - 6:00PM	R.JONA METHUSALA	PCOL	Room No.102	

Year & Sem: III

Academic Year: 2020-21

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	R.MOHANAPRIYA	MC	Room No.103	
Tuesday	5:00PM - 6:00PM	K.SARA SIRISHA	PA	Room No.103	

Year & Sem: IV

Academic Year: 2020-21

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	P.ANURADHA	BIOSTATS	Room No.104	

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Principal / Correspondent

Date : .....

## Department of Pharm.D

### Attendance for Remedial Classes

Course Name: PT

Year: II

Course Faculty: S.KUSUMA KUMARI

A.Y: 2020-21

S. No.	Roll No.	22-03-2021	29-03-2021	05-04-2021	12-04-2021	19-04-2021	26-04-2021
1	19ER1T0005	✓	✓	✓	✓	✓	✓
2	19ER1T0015	✓	✓	✓	✓	✓	✗
3	19ER1T0018	✓	✓	✓	✓	✗	✓
4	19ER1T0021	✓	✓	✓	✓	✓	✗
5	19ER1T0024	✓	✓	✓	✓	✓	✗
6	19ER1T0025	✓	✓	✓	✓	✗	✓
7	19ER1T0027	✓	✓	✓	✓	✓	✗
8	19ER1T0029	✓	✓	✓	✗	✓	✗
Faculty Sign		✗	✗	✗	✗	✗	✗

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KURNOOL



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### Department of Pharm.D

### Attendance for Remedial Classes

Course Name: P.COL

Year: III

Course Faculty: R.JONA METHUSALA

A.Y: 2020-21

S. No.	Roll No.	23-03-2021	30-03-2021	06-04-2021	13-04-2021	20-04-2021	27-04-2021
1	19ER1T0005	✓	✓	X	✓	✓	✓
2	19ER1T0015	✓	✓	✓	X	✓	✓
3	19ER1T0018	✓	✓	X	✓	✓	✓
4	19ER1T0021	✓	✓	✓	X	✓	✓
5	19ER1T0024	✓	✓	✓	X	✓	✓
6	19ER1T0025	✓	✓	X	✓	✓	✓
7	19ER1T0027	✓	✓	X	✓	✓	✓
8	19ER1T0029	✓	✓	✓	✓	✓	✓
Faculty Sign		<i>RJM</i>	<i>RJM</i>	<i>RJM</i>	<i>RJM</i>	<i>RJM</i>	<i>RJM</i>

*[Signature]*  
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### Department of Pharm.D

#### Attendance for Remedial Classes

Course Name: MC

Year: III

Course Faculty: R.MOHANA PRIYA

A.Y: 2020-21

S. No.	Roll No.	22-03-2021	29-03-2021	05-04-2021	12-04-2021	19-04-2021	26-04-2021
1	18ER1T0003	✓	✓	✓	✓	X	✓
2	18ER1T0014	✓	✓	X	✓	✓	✓
3	18ER1T0019	✓	✓	✓	✓	X	✓
4	18ER1T0027	✓	✓	✓	✓	X	✓
Faculty Sign		<i>R. Priya</i>	<i>R. Priya</i>	<i>R. Priya</i>	<i>R. Priya</i>	<i>R. Priya</i>	<i>R. Priya</i>

*R. Priya*  
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*S. Bernare*  
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Principal / Correspondent

Date : .....

### Department of Pharm.D Attendance for Remedial Classes

Course Name: PA

Year: III

Course Faculty: K.SARA SIRISHA

A.Y: 2020-21

S. No.	Roll No.	23-03-2021	30-03-2021	06-04-2021	13-04-2021	20-04-2021	27-04-2021
1	18ER1T0003	✓	✓	✓	✗	✓	✓
2	18ER1T0014	✓	✓	✗	✓	✓	✓
3	18ER1T0019	✓	✗	✓	✗	✓	✓
4	18ER1T0027	✓	✓	✓	✗	✓	✓
Faculty Sign		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

*[Signature]*  
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KURNOOL-518218 (A.P.)

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



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E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

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Date : .....

### Department of Pharm.D

#### Attendance for Remedial Classes

Course Name: BIO STATISTICS

Year: IV

Course Faculty: P.ANURADHA

A.Y: 2020-21

S. No.	Roll No.	22-03-2021	29-03-2021	05-04-2021	12-04-2021	19-04-2021	26-04-2021
1	17ER1T0018	✓	X	✓	✓	✓	✓
2	17ER1T0023	✓	✓	✓	X	✓	✓
3	17ER1T0025	✓	✓	X	✓	✓	✓
4	17ER1T0026	✓	✓	✓	X	✓	✓
Faculty Sign		<i>AV</i>	<i>AV</i>	<i>AV</i>	<i>AV</i>	<i>AV</i>	<i>AV</i>

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PRINCIPAL  
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Opp: Dupadu R.S. N.H.-44,  
KURNOOL-518218 (A.P.)

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PRINCIPAL  
Dr. K.V.S.R. Institute of Pharmacy  
Opp: Dupadu R.S. N.H.-44  
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E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....

### Department of Pharmacy Laboratory Sessions

Branch: B. Pharmacy

Regulation: R19



Fig 1.1 Experimental lab on Titration in Pharmaceutical Analysis laboratory

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



Cell : 9704 333 789  
9177287508  
7660003344



## Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I. New Delhi & Permanently Affiliated to  
JNTUAAntapuramu, MOU with Government General Hospital & KMC, Kurnool)  
Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.  
E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

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Fig 1.2 Blood sample Analysis in Human Anatomy and Physiology Laboratory

*SuVarmana*  
PRINCIPAL

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



Cell : 9704 333 789  
9177287508  
7660003344



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### Department of Pharmacy

#### Laboratory Sessions

Branch: Pharm.D

Regulation: R19

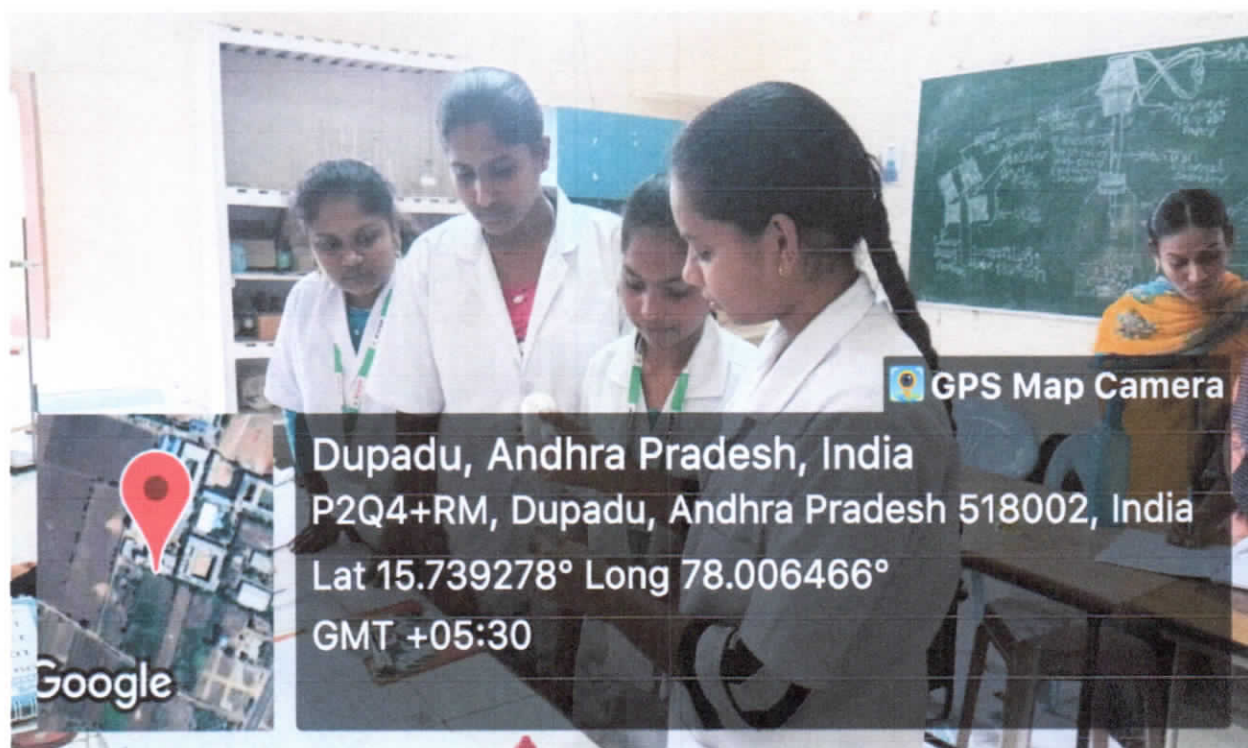


Fig 1.3 Experimental lab on limit test in Pharmaceutical Inorganic Chemistry lab

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

Cell : 9704 333 789  
9177287508  
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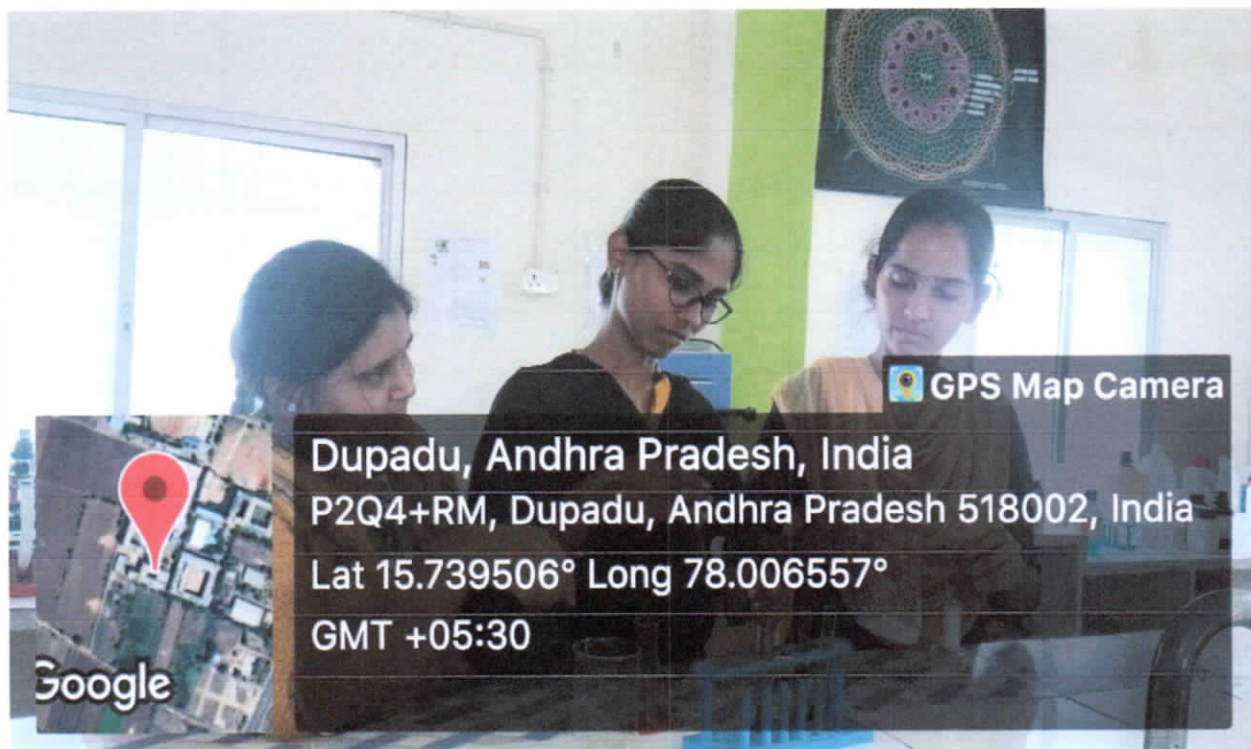


Fig 1.4 Identification Test in Pharmacognosy and Phytochemistry Laboratory

*S. Venkatesh*  
PRINCIPAL

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

Cell : 9704 333 789

9177287508

7660003344



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E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....

### Pharma Quiz

The Department of Pharmacy has conducted a **Pharma Quiz Competition** in the college auditorium on 22<sup>nd</sup> July 2020 under Pharmacy students Chapter in which four different teams with five participants in each group gave tough battle to each other. Dr.B.Vijay Garu presented mementos to the winners.



*K. S. R. Prasad*

**PRINCIPAL**

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



Cell : 9704 333 789  
9177287508  
7660003344



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E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

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Fig 1: Presenting Mementos to the winners by Principal

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

Cell : 9704 333 789  
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E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

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### Department of Pharmacy

#### Think Pair Share Session

AY: 2020-21

Think-Pair-Share (TPS) is a cooperative learning activity that can work in varied size classrooms and in any subject. Instructors pose a question, students first THINK to themselves prior to being instructed to discuss their response with a person sitting near them (PAIR).

In other words, Think-pair-share (TPS) is a collaborative learning strategy where students work together to solve a problem or answer a question about an assigned reading. This strategy requires students to (1) think individually about a topic or answer to a question; and (2) share ideas with classmates. Discussing with a partner maximizes participation, focuses attention and engages students in comprehending the reading material.

- It helps students to think individually about a topic or answer to a question.
- It teaches students to share ideas with classmates and builds oral communication skills.
- It helps focus attention and engage students in comprehending the reading material.

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



Cell : 9704 333 789  
9177287508  
7660003344



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Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.  
E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....



Fig.1: Students during a Think Pair Share Session

Batch of B.Pharmacy students attended the session conducted on 18/6/2021.

*S. Srinivas*  
PRINCIPAL

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

Cell : 9704 333 789  
9177287508  
7660003344



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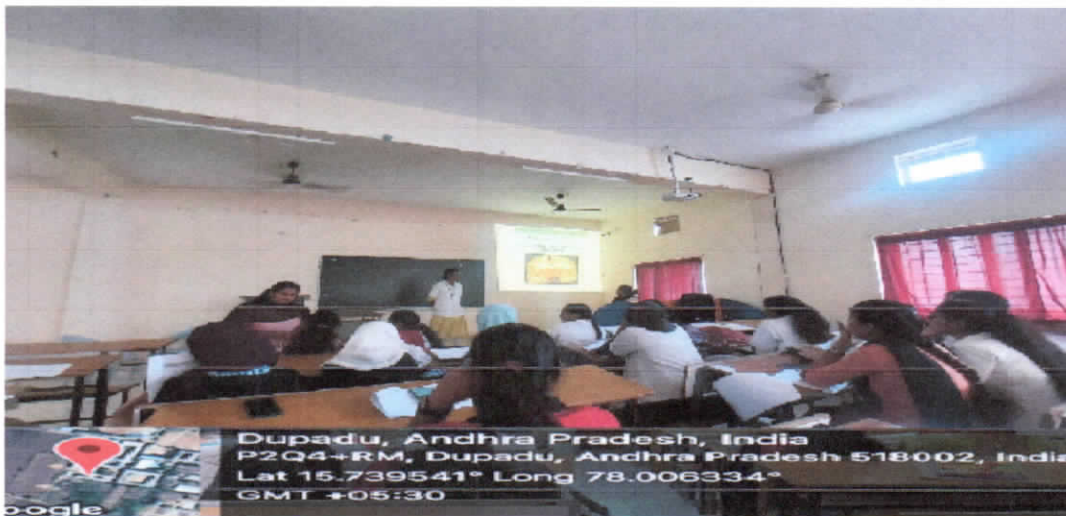
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E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

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### CLUB ACTIVITIES:

This club activities is organized by students as well as faculty members is to promote & enhance activity in educational institution .this kind of activities empower the students analytical interpretation skills. It provide familiarize members with emerging trends in the field of pharmacy. It provide environment for learning inter disciplinary academic research.



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



**Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY**

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

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

E-mail: [principalkvsrip@gmail.com](mailto:principalkvsrip@gmail.com)

Cell: +919440282181, +919704333789

Fax: 08518-287618

DATE:18/01/2020

DEPARTMENT OF PHARMACY (2020-2021)

**CIRCULAR**

All the faculty and students here by informed that Work Shop on Training and Handling of experimental Animals will be conducted for III- & IV-year B. pharmacy students on 20/01/2020 to 21/01/2020 as per the following schedule. All the faculty & students are instructed to note the same and attend the classes as per the schedule.

Copy to faculty members

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

*[Signature]*  
**PRINCIPAL**  
Dr. K.V.S.R. Institute of Pharmacy  
Opp: Dupadu R.S. N.H.-44  
KURNOOL-518218 (A.P.)

*[Handwritten signatures and initials]*



Cell : 9704 333 789  
9177287508  
7660003344



## Dr. K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I. New Delhi & Permanently Affiliated to  
JNTUAAntapuramu, MOU with Government General Hospital & KMC, Kurnool)  
Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA.  
E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....

### PROBLEM SOLVING METHODS:

Dr.K.V.Subba Reddy institute of pharmacy conducted Two days training on handling of experimental animals for B.Pharmacy II& III Year students on 20/01/2020 to 21/01/2020. This presentation accounts for handling ,caring ,feeding ,common infections ,different routes of injection & disposal of laboratory animals. This workshop is very helpful to acquire knowledge, conceptual understanding, and skills to solve problems and make informed decision in scientific context. Eminent speaker B.ARUNA Madam ,M. Pharmacy, Assistant professor Department of Pharmacology.


**Dr. K.V. SUBBA REDDY INSTITUTE OF PHARMACY**  
NH-44, Opp Dupadu Railway Station, Kurnool-518218 (A.P) India  
**Department of Pharmacy**  
**Training on Handling of Experimental Animals**  
Date : 20/01/2020 to 21/01/2020

email: [principalkvsrip@gmail.com](mailto:principalkvsrip@gmail.com)  
Contact : 9440282181, 9177287508

Welcome to Resource Person  
**B. ARUNA**  
Assistant Professor

**Smt. S. Vijayalakshamma**  
Secretary & Correspondent

**Dr. G.Nagarajan**  
Principal

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



Cell : 9704 333 789  
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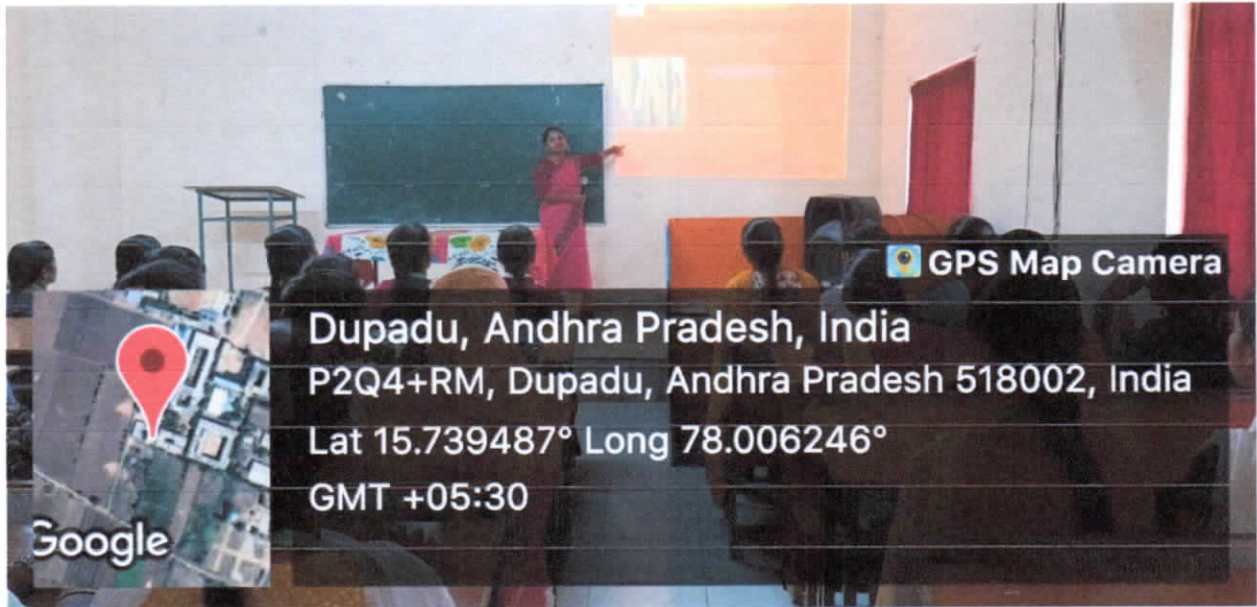


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Principal / Correspondent

Date : .....



*S. Venkatesh*  
PRINCIPAL

PRINCIPAL

Dr. K.V.S.R. Institute of Pharmacy  
Opp: Dupadu R.S. N.H.-44,  
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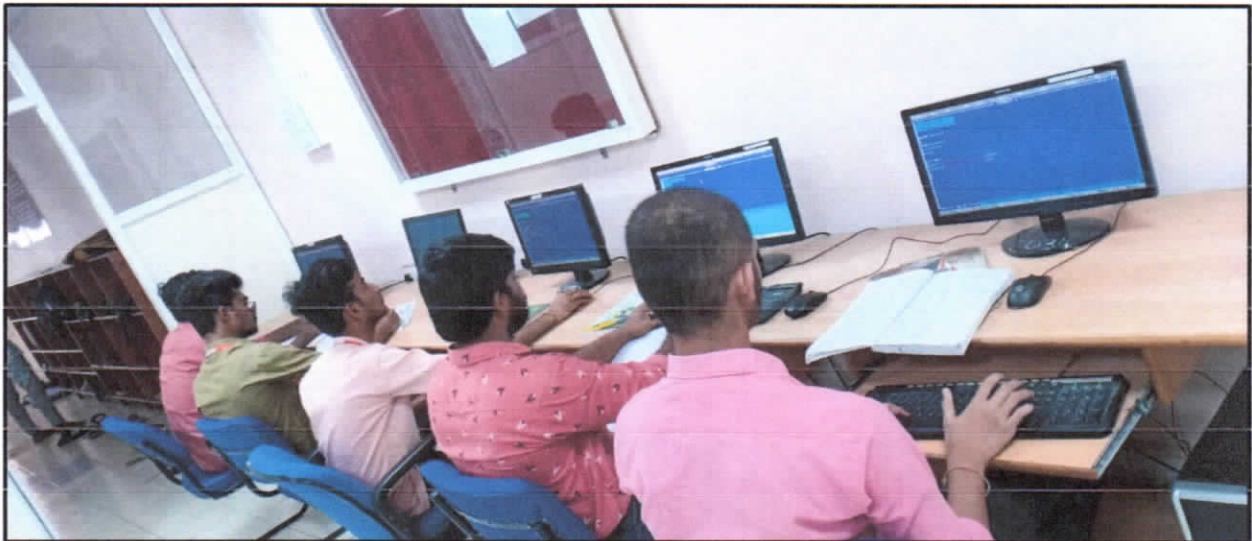
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### VIRTUAL LABS:

**Virtual labs** are used to provide remote access to stimulation based labs in various disciplines of sciences and pharmacy departments. By using these virtual labs to enthuse students to conduct experiments by arousing their curiosity. This would help them in learning basic & advanced concepts through remote experimentation. This would help them to provide complete learning management system around the virtual labs where the students/ teachers can avail the various tools for learning, including additional web resources, video lectures, animated demonstrations and self examinations.



B.Pharmacy III Year students participative learning in pharmacology -I laboratory

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



Cell : 9704 333 789  
9177287508  
7660003344



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E-mail : principalkvsrip@gmail.com www.drkvsrip.ac.in

Principal / Correspondent

Date : .....



PHARM.D III Year students participative learning in pharmacology laboratory



*Sikshana*  
PRINCIPAL

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