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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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2.3 Teachers use ICT enabled tools for effective teaching-learning process (AY: 2021-22)

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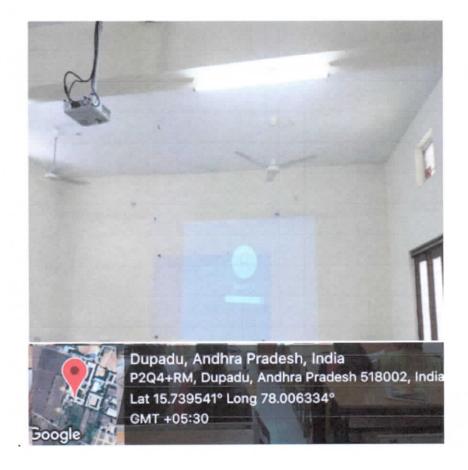
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LCD PROJECTOR:

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



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

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



Fig1.1:Mrs.Anuradha Assistant professor of Department of Mathematics explaining concepts of Matrix for Pharm D I year students of pharmacy using chalk and board



Fig: 1.2Mrs.B.Jhansi, Assistant professor of department of Pharmaceutical Chemistry explains the concepts of Acid-Base Reaction for B.Pharmacy I year students of pharmacy using chalk and board

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Fig 1.2 Mr.Harish, Assistant professor of department of Pharmacy Practice explains the topic of ICF using LCD projector.



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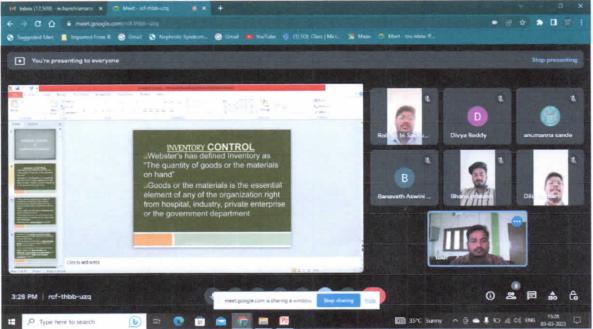
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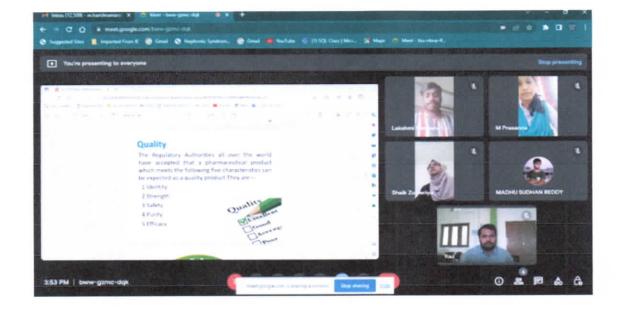
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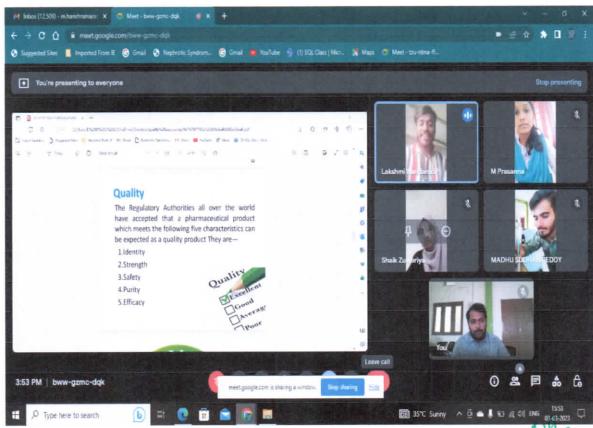
ONLINE TEACHING:

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.









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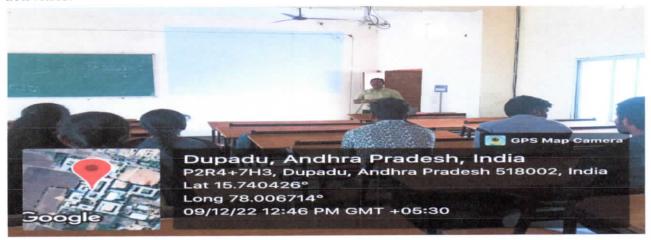
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BLENDED TEACHING:

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.



Mr.P.T.Nagaraju, M.pharm department of pharmaceutical analysis explaining basic concepts in analysis to B.Pharm I Year students.



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Edu-Blogs: Faculty blogs and channels are used as instructional potential of online resources to students

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Posts	As a countery, we have added a notice on your blog to explain Google's use of certain SA		ng use of Google Analytics and
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INDUSTRIAL TRAINING 14/06/2022- 30/06/2022

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 KRISH CARE FORMULATIONS& BRILLIANT BIO PHARMA(P)LTD, Hyderabad, Telangana-5000 72, India and received hands on experience about industry affairs.







Date:14/06/2022

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Mr. G. TARUN KUMAR (18ER1R0016) S/O G.RAMU is bonafied student of DR.K.V.SUBBAREDDY INSTITUTE OF PHARMACY, KURNOOL. He has undergone industrial training in our organization from 14.06.2022 to 30.06.2022 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

Mfg.lic.No.:1 RR AP 2011 F.G.

11-6-56/2/25, Opp. IDPL Factory, Balanagar, Hyderabad 500 037

Cell: +91-9959666898 Telefax 040-23060195 Fimail krishcare Richardson com





Date:14/6/2022

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Ms.P.SALIMA (18ER1R0038) D/O P.BASHA is bonafied student of DR.K.V.SUBBAREDDY INSTITUTE OF PHARMACY, KURNOOL. She has undergone industrial training in our organization from 14.06.2022 to 30.06.2022 as part of partial fulfillment of his B. Pharmacy course.

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Date:14/6/2022

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Mr.S. MALIK BASHA(18ER1R0044) S/O S.GOUSE MOHIDDIN is bonafied student of DR.K.V.SUBBAREDDY INSTITUTE OF PHARMACY, KURNOOL. He has undergone industrial training in our organization from 14.06.2022 to 30.06.2022 as part of partial fulfillment of his B. Pharmacy course.

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Date:14/6/2022

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Ms.H.ZAKIYA AFRIN (18ER1R0063) D/O H.KALIMULLA is bonafied student of DR.K.V.SUBBAREDDY INSTITUTE OF PHARMACY, KURNOOL. She has undergone industrial training in our organization from 14.06.2022 to 30.06.2022 as part of partial fulfillment of his B. Pharmacy course.

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INTERNSHIP:

DEPARTMENT OF PHARM.D STUDENTS INTERNSHIP REPORT

Academic Year: 2016-22 Batch: 2016

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: 15-06-2020 to 14-06-2021.

Company/ Organization: Kurnool General Hospital, Kurnool

Students Feedback:

	FACTORS ON FEEDBACK	Very Poor	Poor	Satisfactory	Good	Excellent
FACTOR	R: WARD ROUNDS					
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
ACTO	R: CLINICAL AND MEDICAL PHARMACY S	KILLS				
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
ACTO	R: IN DIAGNOSIS SKILLS					
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
FACTO	R: 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

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	Poor							
	■ Satisfactory		1		1	1	1	
	■ Good	5	1	3	6	4	3	4
	■ Excellent	2	5	4		2	3	3

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.

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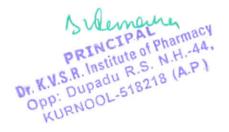
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HANDS - ON LEARNING

B. Pharmacy, Pharm.D & Pharm.D (PB) and M. Pharmacy students gain knowledge intheory 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/II Pharm.D students learning about Hot Air Oven in the Microbiology Lab.





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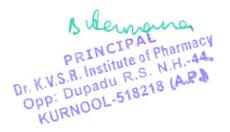
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I/II B.Pharmacy student learning about instrumentation at Pharmaceutical Analysis Laboratory.



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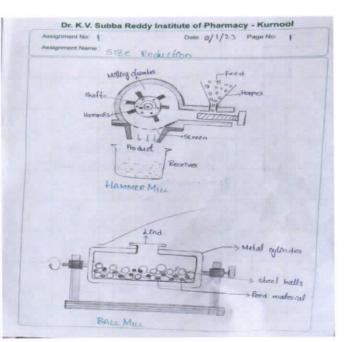
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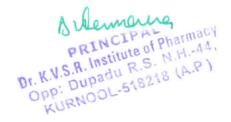
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ASSIGNMENTS

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.

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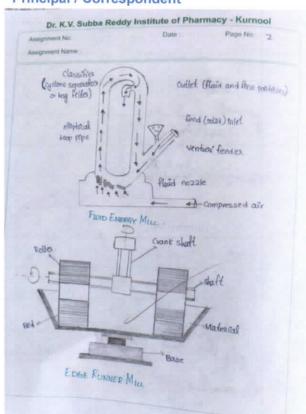
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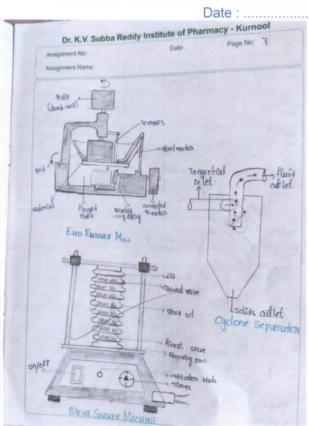
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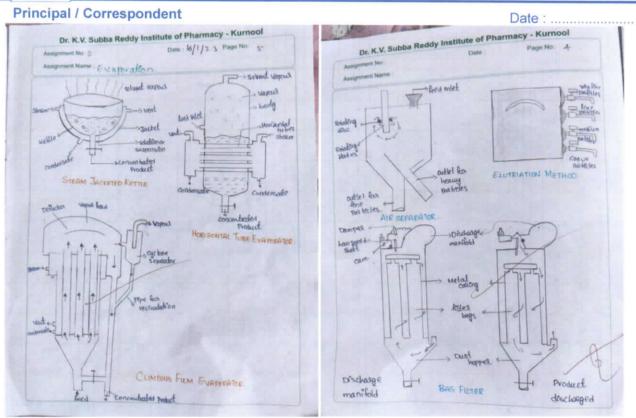


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Date :

INNOVATIVE MODEL MAKING:

Students are guided to prepare scientific models through Pharma Expo. The main aim of conducting Pharma Expo is to integrate knowledge within a course, a major, or across an entire Program of study to associate the concepts. This enables students to understand and remember the relationship among various concepts, structures or species.



Model making competition conducted by R.Naga Anjaneyulu IN 2021



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Project based learning is a teaching method were students gain knowledge and skill by
working for an extended period of time to investigate and respond to an authentic, engaging
and complex questions, problems or challenges. It is not only provides opportunities for
students to collaborate with or drive their own learning, but also teaches those skills such as
problem solving and helps to develop additional skills integral to their future such as critical
thinking and time management. So every year IV B. Pharmacy, V year Pharm.D and II year
M. Pharmacy students are allotted with a project under the supervision/guidance of faculty to
be completed within an academic year. Marks are allotted to projects according to their
performance, project results, presentation and viva-voice. Research and review articles of
their projects are published by students in various national and international journals.

PHARIMD V YEAR PROJECT SATCHES:

S.NO	Registration	GUIDE NAME	Title of the work	Approval number	Signature of the puide
	numbers 17ER1T0001		Comparing the outcome in patients of Acute	KVSP/IRB/2021-	The prine
1	17ER1T0002 17ER1T0003	Dr. G. Nagarajan	Pancreatitis with and Without Prophylactic	2022/Piarm.D/PROJ/021	8-1
	17ER1T0004		Antibiotics in a Tectiary Care Hospital		, /
4	17ER1T0005		The burden of polypharmacy and pattern of co-	KVSP/IRB/2021-	1.19
	17ERIT0007	Dr. B.V. Ramana	morbidities among Chronic Kidney Disease	2022/Phurm. D/PROJ/022	
	17ER1T0008 17ER1T0009		patients in Tertiary Care Hospital		0
3	17ER/T0010	De C. Managian	Analysis of Feto-malernal outcome in	KVSP/IRB/2021-	0-6
	17ER1T0011	Dr. G. Nagamjan	Eclampsia in a Tertiary Care Hospital	2022/Pharm.D/PROJ/023	1
	17ER1T0013		A Prospective observational study on elimical	KVSP/JRB/2021-	2 /
4.	17ER1T0015 17ER1T0024	Dr. K. Chandrasekhar	manifestations and management of complicated	2022/Pharm.D/PRO1/024	OF S
	17ER1T0016		A Prospective observational study on single vs.	KVSP/IRB/2021-	
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	17ER/T0014		department of a tertiary care hospital	2022 Pharm.D/PRO1/026	101
	17ER1T0025		A descriptive comparison study of	KVSP/IRB/2021-	
7	17ER1T0027 17ER1T0023	Dr. Renuka Tejeswini	effectiveness of cophalosporins and	2022/Pharm.D/PROJ/027	A
		rejeswiii	pencillin antibiotics in community	20.22(1.1111111.D/4.1503/02.7)	ape .
	17ER1T0021 17ER1T0029		Comparison of Adverse Drug Reactions and	KVSP/IRB/2021-	n les
8	17ER110029	Mrs. B. Aruna	medication adherence in patients with	2022/Pharm.D/PROJ/028	129
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Principal / Correspondent

B.PHARMACY PROJECT LIST (AY:21-22)

Date :				
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		NAME OF THE				SIGNATURE
Batch	Reg.no	STUDENT	GUIDE	TITLE	DEPARTMENT	
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I		VAISHANAVI	DI. D. Y. Kalliana	EVALUATION		
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Prir	cipal / Cor	respondent			Date : .	***************************************
	18ER1R0090	SHAIK YASEEN				
XIII	18ER1R0061	EDIGA SITA SIVA PRASAD GOUD	E. HONEY	INVESTIGATION OF INVITRO ANTI	PHARMACOLOGY	
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XIV	18ER1R0066	K SAI HARSHITHA KALLURI HARI KRISHNA	S.SRIRAJ	ANTI HELMINTH ACTIVITY OF	PHARMACY PRACTICE	
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XV	18ER1R0087	SHAIK MOHHAMED JAKEER	DR.M.SPURTH Y MITHRA	PHYTOCHEMICAL SCREENING &ANTI MICROBIAL	PHARMACY PRACTICE	
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Date:

ANALYTICAL METHOD DEVELOPMENT AND VALIDATION OF DAPAGLIFLOZIN IN PURE FORM BY USING UV SPECTROPHOTOMETRY"

A thesis submitted to

JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY

ANANTAPUR



In partial fulfilment of the requirements for the award of degree in

BACHELOR OF PHARMACY

Submitted By

P.SANOVAR KHATUN (18ER1R0036)

P.MAHESH (18ER1R0037)

P.SALIMA (18ER1R0038)

R.VASAVI (

(18ER1R0039)

R.TEJA (18ER1R0040)

S.NUSRATH SHAISTHA (18ER1R0094)

Under the guidance of

Mr. P.T. Nagaraju M. Pharm.

Department of Pharmaceutical Analysis



DR.K.V.SUBBAREDDYINSTITUTEOFPHARMACY



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Principal / Correspondent

Dat	e:		

CERTIFICATE

This is to certify that the dissertation entitled "ANALYTICAL METHOD DEVELOPMENT AND VALIDATION OF DAPAGLIFLOZIN IN PURE FORM BY USING UV SPECTROPHOTOMETRY" was done for the partial fulfillment for the award of degree of bachelor of pharmacy in Pharmaceutical Analysis has been carried out by P.SANOVARKHATUN (18ER1R0036), P.MAHESH (18ER1R0037), P.SALIMA (18ER1R0038), R.VASAVI (18ER1R0039), R.TEJA (18ER1R0040), S.NUSRATH SHAISTHA (18ER1R0094). under the guidance and supervision of Mr. P.T. NAGARAJU, M. Pharm, at DR.K. V. SUBBA REDDY INSTITUTE OF PHARMACY, Dupadu, Kurnool, during the period 2021-2022. It is further certified that this work or any part of this has not been submitted in part or full for the award of any degree or fellowship.

DATE:

PLACE: Dupadu

Principal

Dr. G. NAGARAJAN, M.Pharm, Ph.D.

Principal & HOD,

Department of Pharmaceutical Chemistry,

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

Dupadu, Kurnool, A.P – 518002.





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Principal / Correspondent

Date :	

CERTIFICATE BY SUPERVISOR

This is to certify that the dissertation entitled ANALYTICAL METHOD DEVELOPMENT AND VALIDATION OF DAPAGLIFLOZIN IN PURE FORM BY USING UV SPECTROPHOTOMETRY" was done for the partial fulfillment for the award of degree of bachelor of pharmacy in Pharmaceutical Analysis has been carried out by P.SANOVARKHATUN (18ER1R0036), P.MAHESH (18ER1R0037), P.SALIMA (18ER1R0038), R.VASAVI (18ER1R0039), R.TEJA (18ER1R0040), S.NUSRATH SHAISTHA (18ER1R0094) under the guidance and supervision of Mr. P.T. NAGARAJU, M... Pharm, at DR.K.V.SUBBAREDDY INSTITUTE OF PHARMACY, Dupadu, Kurnool, during the period 2021-2022. It is further certified that this work or any part of this has not been submitted in part or full for the award of any degree or fellowship.

DATE:

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Mr. P.T. NAGARAJU, M..Pharm,

Asst. Professor,

Department of Pharmaceutical Analysis,

Dr. K. V. Subba Reddy Institute of Pharmacy, Dupadu, Kurnool, A.P – 518002.

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SENDORSEMENT BY PRINCIPAL

This is to certify that the research project entitled "ANALYTICAL METHOD DEVELOPMENT AND VALIDATION OF DAPAGLIFLOZIN IN PURE FORM BY USING UV SPECTROPHOTOMETRY" was carried out by P.SANOVARKHATUN (18ER1R0036), P.MAHESH (18ER1R0037), P.SALIMA (18ER1R0038), R.VASAVI (18ER1R0039), R.TEJA (18ER1R0040), S.NUSRATH SHAISTHA (18ER1R0094) students of B .pharm 4 th year during the academic year 2021 - 2022, we hereby, certify the adequacy of work to the board examiners, in partial fulfillment for the award of degree of BACHELOR OF PHARMACYas prescribed by Jawaharlal Nehru Technological University Anantapur, Anantapuramu, Andhra Pradesh, has been carried under the supervision of Mr.P.T.NAGARAJU.

DATE:

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DECLARATION BY CANDIDATES

We P.SANOVARKHATUN (18ER1R0036), P.MAHESH (18ER1R0037), P.SALIMA (18ER1R0038), R.VASAVI (18ER1R0039), R.TEJA (18ER1R0040), S.NUSRATH SHAISTHA (18ER1R0094) pursued admission in B. Pharm 4th year program for the academic year 2019-2020, at Dr. K. V.Subba Reddy Institute of Pharmacy, Dupadu, Kurnool (Affiliated to JNT University Anantapur, Anantapuramu) and in connection with partial fulfilment for award of degree of Bachelor of Pharmacy. We hereby declare that the entitled research work "ANALYTICAL METHOD DEVELOPMENT AND VALIDATION OF DAPAGLIFLOZIN IN PURE FORM BY USING UV SPECTROPHOTOMETRY" was carried out by us undertheguidance of Mr. P.T. NAGARAJU, M., Pharm., Asst. Professor, Department of Pharmaceutical Analysis. We express no conflict of interest for due submission of this work to board of examiners for evaluation process.

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AN EXPRESION OF GRATITUDE

With God All Things Are Possible"

Milestones in life are achieved, not by individual efforts but by blessings and guidance of elders, near and dear ones. This project is the product of collective wisdom and experience of all those who have shared their views far beyond those found within the covers of book. We therefore take this opportunity to express our acknowledgements to all of them.

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We express our deep sense of gratitude to Dr.K.V.Subba Reddy, Chairman of Dr.K.V.Subba Reddy Group of institutions and Srmt. K.Vijayalakshmamma Correspondent of Dr.K.V.Subba Reddy Group of institutions supporting us in providing all equipments and re quired things. And our sincere thanks to Dr.G.Nagarajan M.Pharm, Ph.D. Prinicpal, Dr.K.V.Subba Reddy Institute of Pharmacy who has been a constant guide to us throughout this work and taught us the nuances of experimentation and the interpretation of results which has shaped up our dissertation in to its presentform.

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LIST OF ABBREVIATION

Abbreviation	Full Name
AR	Analytical Reagent
BP	Boiling Point
MW	Molecular Weight
FDA	Food and Drug Administration
ICH	International Conference of Harmonization
ml	Millilitre
μg	Microgram
M	Molar
L	Litre
Min	Minute
LR	Laboratory reagent
RSD	Relative Standard Deviation
UV	Ultraviolet
nm	Nanometer
ng	Nanogram Nanogram
mg	Milligram
NMT	Not More Than
S	Slope



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S/N	Signal to noise ratio	
r^2	Correlation Coefficient	
LOD	Limit of Detection	
LOQ	Limit of Quantitation	
Q.C	Quality Control	
V/v	Volume by volume	
W/v	Weight by volume	



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ABSTRACT

simple. specific, accurate and precise Spectroscopy method A was developed and validated for the estimation of dapagliflozin in Pure form. The Standard solution was prepared by weighing 100 mg of dapagliflozin in 100 ml volumetric flask with 0.1N Nitric Acid. The final Standard solution was made to produce 1000 µg / ml with 0.1N Nitric Acid. Further dilutions were prepared as per procedure and were scanned at 232 nm. The linearity was found in the concentration range of 10-60 µg / ml. The Correlation coefficient was 0.996. The regression equation was found to be Y = 0.043 X - 0.336. The method was validated for linearity, accuracy, precision, limit of detection, limit of quantitation and ruggedness robustness. The limit of detection and limit of quantitation for estimation of dapaliflozin was found to be 5.36 (µg / ml) and 17.08 (µg / ml), respectively. The percentage recovery of dapaliflozin was found to be in the range of $98.49 \pm 0.0001 - 101.3 \pm 0.003$. Proposed method can be successfully applied for the quantitative determination of dapagliflozin in pharmaceutical Pure form





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1. INTRODUCTION

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Analytical chemistry ⁽¹⁾ is often described as the area of chemistry responsible for characterizing the composition of matter, both qualitatively (what is present) and quantitatively (how much is present). Analytical chemistry is not a separate branch of chemistry, but simply the application of chemical knowledge.

Pharmaceutical Analysis ⁽²⁾ is the branch of chemistry involved in separating, identifying and determining the relative amounts of the components making up a sample of matter. It is mainly involved in the qualitative identification or detection of compounds and quantitative measurements of the substances present in bulk and pharmaceutical preparation.

The technique ⁽³⁾ employed in quantitative analysis is based upon the quantitative performance of suitable chemical reactions and either measuring the amount of reagent needed to complete the reaction, or ascertaining the amount of reaction product obtained.

Quality ⁽⁴⁾ is important in every product or service but it is vital in medicine as it involves life. Unlike ordinary consumer goods there can be no "second quality" in drugs. Quality control is a concept, which strives to produce a perfect product by series of measures designed to prevent and eliminate errors at different stages of production.

Physico-chemical methods ^(5, 6) are used to study the physical phenomenon that occurs as a result of chemical reactions. Among the Physico-chemical methods, the most important are optical (Refractometry, Polarimetry, Emission, Fluorescence methods of analysis, Photometry including Photocolorimetry and Spectrophotometry covering UV-Visible and IR regions and Nephelometry or Turbidimetry) and chromatographic (Column, Paper, TLC, GLC, HPLC) methods. Methods such as Nuclear Magnetic Resonance and Para Magnetic Resonance are becoming more and more popular. The combination of Mass Spectroscopy with Gas Chromatography and Liquid Chromatography are the most powerful tools available. The chemical methods include the gravimetric and volumetric procedures which are based on



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complex formation; acid - base, precipitation and redox reactions. Titrations in non-aqueous media and complexometry have also been used in pharmaceutical analysis.

The number of new drugs is constantly growing. This requires new methods for controlling their quality. Modern pharmaceutical analysis must need the following requirements.

- 1. The analysis should take a minimal time.
- 2. The accuracy of the analysis should meet the demands of Pharmacopoeia.
- 3. The analysis should be economical.
- 4. The selected method should be precise and selective.

These requirements are met by the Physico-chemical methods of analysis, a merit of which is their universal nature that can be employed for analyzing organic compounds with a diverse structure. Of them, Visible Spectrophotometry is generally preferred especially by small scale industries as the cost of the equipment is less and the maintenance problems are minimal.

Instrumental methods of Chemical analysis:

Instrumental method is an exciting and fascinating part of chemical analysis that interacts with all areas of chemistry and with many other areas of pure and applied sciences. Analytical instrumentation plays an important role in the production and evaluation of new products and in the protection of consumers and environment. This instrumentation provides lower detection limits required to assure safe foods, drugs, and water air. Instrumental methods are widely used by Analytical chemists to save time, to avoid chemical separation and to obtain increased accuracy.

SPECTROSCOPY (7)

Spectroscopy is the measurement and interpretation of Electro Magnetic Radiation (EMR) absorbed



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Date : or emitted when the molecule or atoms or ions of a sample move from one energy state to another energy state. This change may be from ground state to excited state or excited state to ground state. At ground state, the energy of a molecule is the sum of rotational, vibrational and electronic energy. In other words, Spectroscopy measures the changes in rotational, vibrational and / or electronic energies.

Ultraviolet Spectroscopy:

Ultraviolet Spectroscopy is concerned with the study of absorption of UV radiation which ranges from 200 nm to 400 nm. Any molecule has n, π or σ combination of these electrons. These bonding (σ and π) and non bonding (n) electrons absorb the characteristic radiation and undergoes transition from ground state to excited state.

Visible Spectroscopy (Colorimetry):

Colorimetry is concerned with the study of absorption of visible radiation whose wavelength ranges from 400 nm to 800 nm. Any coloured substance will absorb radiation in this wavelength region. Coloured substances absorb light of different wavelength in different manner and hence we get an absorption curve (absorbance Vs wavelength). In this absorption curve, the wavelength at which maximum absorption of radiation takes place is called as λ_{max} . This λ_{max} is characteristic or unique for every coloured substance and this is a qualitative aspect, useful in identifying the substance.





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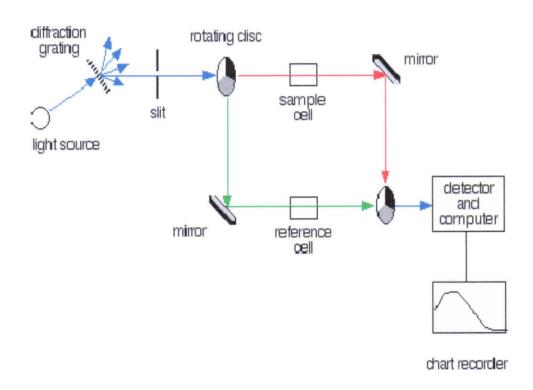


Fig No: 1.1. UV Visible double beam Spectrophotometer Laws governing absorption of radiation:

Beer's law (related to concentration of absorbing species)

'The intensity of a beam of monochromatic light decreases exponentially with increase in the concentration of absorbing species arithmetically'.

Lambert's law (related to thickness / path length of absorbing species)

'The rate of decrease of intensity (monochromatic light) with the thickness of the medium is directly proportional to the intensity of incident light'.

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Limitations of Beer-Lambert's Law:

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The Beer-Lambert law is rigorously obsessed provided a single species gives rise to the observed absorption. However the law may not obsessed when,

- 1. Different forms of the absorbing molecules are in equilibrium.
- 2. Solute and solvent from association complexes.
- 3. There is a thermal equilibrium between ground electronic state and a low lying excited state.
- 4. The compounds are charged by irradiation (fluorescent compounds).

Deviations from Beer's Law:

According to Beer's law, a straight line passing through the origin should be obtained, when a graph is plotted between absorbance (A) and concentration (C). Deviation from the law may be positive or negative, according to whether the resulting curve is concave upwards or concave downwards. The deviations from the Beer's law may be due to interaction of the solute molecules with each other or with the solvent or may be due to instrumental factors. The most important reasons that cause deviations are

- 1. Negative deviation can always be expected when the illumination is not monochromatic.
- 2. The presence of impurities that fluoresce or absorb at the required absorption wavelength.
- 3. Environmental errors such as solvent, temperature and pressure.





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- Date :
- Chemical factors such as change in pH and chemical equilibrium, presence of complexing agent, competitive metal ion reactions and concentration dependence.
- 5. Refractive index of sample.
- Instrumental errors such as radiation, stability of radiation source, stability of slit control and electronics and reliability of the optical parts.

Choice of solvent (8):

Several solvents used in Ultraviolet Spectroscopy with their cut off wavelengths are listed in Table: 1.1.

A suitable solvent for UV Spectroscopy should meet the following requirements.

a. It should not absorb radiations in the region under investigation.





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b. It should be less polar, so that it has minimum interaction with the solute molecules.

c. The solvent used should be of high purity.

Table No: 1.1. List of common solvents used in UV Spectroscopy

Solvents	Cut off wavelength(nm)
Acetonitrile	190
Water	191
Cyclohexane	195
Hexane	201
Methanol	203
Ethanol	204
Ether	215
Methylene dichloride	220
Chloroform	237
Carbon tetrachloride	257

Detectors:

A detector is a transducer that convert EMR into an electron flow and subsequently, into a current flow or voltage in the readout circuit. Photoelectric or Photo multiplier tubes are



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Date:.... generally used as detectors. The detector must have the following important requirements. It must respond to radiant energy over a broad wavelength range.

- a. It should be sensitive to low levels of radiant power.
- b. It should rapidly respond to the radiation and produce an electrical signal that can be readily amplified.
- It should have relatively low noise level (for stability). c.
- d. The signal produced is directly proportional to the power of beam striking it.





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For Accuracy:

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Statistical procedures and representative calculations:

	The consistence	y and	suitability	of th	e developed	method	are	substantiated	through	the
statisti	cal analysis like	stand	ard deviation	on, rel	ative standar	rd deviati	ion.			

The second secon
☐ Standard Deviation = ☐ =
Where, $\mathbf{x} = \text{Sample}$,
x_i = Mean value of
samples, $n = Number of$
samples
\square Relative Standard Deviation = $\square / x_i \times 100$
\square Molar extinction coefficient (mol ⁻¹ cm ⁻¹) = A / C ×
LWhere, $A = Absorbance$ of drug
C = Concentration of drug, L = Path length
- G
□ Sandell's sensitivity (mcg / cm ² / 0.001 absorbance units) = $C / A \times C$
0.001 Where, C = Concentration of drug





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Principal / Correspondent A = Absorbance of drug	Date :
A - Absorbance of drug	
Unit- $(mcg / cm^2 = 0.001 absorbance)$	
Coefficient of variance (σ) = $\sum (x - x^{-})^{2} / n-1$	
\square Regression equation $y = a + bx$	
\square Slope = y / x	
Where, $x = Concentration$	
y = Absorbance, a = Intercept	
\square Limit of detection: (DL) = 3.3 × \square / S	
Units- (µg / ml)	
Where, \Box = Standard deviation of the response.	
S = Slope of the calibration curve.	
The slope S may be estimated from the calibration curve of the analyte.	
The estimate of \square may be carried out in a variety of ways.	
□ Limit of quantitation (QL) = $10 \times \square$ /	
INST. OS	

Date :



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SUnit- (µg / ml)

Where, \Box = Standard deviation of the response

S = Slope of the calibration curve

The slope S may be estimated from the calibration curve of the analyte. The estimation of \Box may be carried out in a variety of ways.

Basic criteria for new method development of drug analysis (10)

- The drug or drug combination may not be official in any pharmacopoeias,
- A proper analytical procedure for the drug may not be available in the literature due to patent regulations,
- Analytical methods may not be available for for the drug in the form of aformulation due to the interference caused by the formulation Excipients,
- Analytical methods for the quantification of the drug in biological fluids may notbe available,
- Analytical methods for a drug in combination with other drugs may not be available,



· Limit of Detection

All of the above mentioned methods were developed and validated statistically to ensure their Accuracy, Precision, Linearity, Ruggedness and other analytical method validation parameters as mentioned in the various guidelines.

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formulation. The recovery study was carried out at \(\subseteq \text{ve different levels and results were found to be satisfactory. Conclusion: The results of estimation and validation parameters like accuracy, precision, ruggedness, linearity and range were studied for all the developed methods and were found to be within limits. The proposed method can be adopted for routine quality control for estimation of drug in formulation.

Key words: Dapagli \(\subseteq \text{czin}, \text{UV-Visible spectroscopy}, \text{Validation}, \text{Derivative}, \(\text{Area under curve} \)

Area under curve Spectrophotometry ABSTRACT

Aim: Simple, precise and accurate UV-spectrophotometric methods for estimation of Dapagli ozin were developed and validated as per ICH guidelines. Experimental and Results: These methods includes Calibration curve, Area under curve (AUC), First and Second order derivative method based on measurement of absorbance at a selected wavelengths using UV-visible on measurement of absorbance at a selected wavelengths using UV-visible spectrophotometer with 1 cm matched quartz cell and methanol with water as a solvent. All developed methods obeyed Beer's-lambert's law in the concentration range of 5-40 μg/mL, with correlation coef cient value less than 1. The percent amount of drug estimated by these methods was nearly 100%, found to be in good agreement with label claim of marketed tablet formulation. The recovery study was carried out at we different levels and results were found to be satisfactory. Conclusion: The results of estimation and validation parameters like accuracy, precision, ruggedness, linearity and range were studied for all the developed methods and were found to be within limits. The proposed method can be adopted for routine quality control.

range were studied for all the developed methods and were found to be within limits. The proposed method can be adopted for routine quality control for estimation of drug in formulation.

Key words: Dapagli □ ozin, UV-Visible spectroscopy, Validation, Derivative, Area un Aim: Simple, precise and accurate UV-spectrophotometric methods for estimation of Dapagli □ ozin were developed and validated as per ICH guidelines. Experimental and Results: These methods includes Calibration curve, Area under curve (AUC), First and Second order derivative method based on measurement of absorbance at a selected wavelengths using UV-visible spectrophotometer with 1 cm matched quartz cell and methanol with water as a solvent. All developed methods obeyed Beer's-lambert's law in the concentration range of 5-40 μg/mL, with correlation coef □ cient value less than 1. The percent amount of drug estimated by these methods was nearly 100%, found to be in good agreement with label claim of marketed tablet formulation. The recovery study was carried out at □ ve different levels and results were found to be satisfactory. Conclusion: The results of estimation and validation parameters like accuracy, precision, ruggedness, linearity and

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Lambert's Law In The Concentration Range Of 5-40 Mg/Ml, With Correlation Coefocient Value Less Than
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Agreement With Label Claim Of Marketed Tablet Formulation. The Recovery Study Was Carried Out At
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And Validation Parameters Like Accuracy, Precision, Ruggedness, Linearity And Range Were Studied For
All The Developed Methods And Were Found To Be Within Limits. The Proposed Method Can Be
Adopted For Routine Quality Control For Estimation Of Drug In Formulation.

K. Bhavyasri.et.al^[14]

A New, Simple, Precise, Accurate, Reproducible And Economic Stability Indicating UV Spectroscopic Method Was Developed And Validated For Simultaneous Estimation Of Dapagliflozin And Metformin In Pure And Combined Pharmaceutical Dosage Form. The UV Spectrophotometric Estimation Of Dapagliflozin And Metformin Was Determined Using The Q Absorption Ratio Method At 222 Nm And 232 Nm Respectively Using Water As Diluent. The Linearity Ranges For Dapagliflozin And Metformin Was 2 – 32 Mg/Ml And 1 – 20μg/Ml Respectively With Their Correlation Coefficient Values (R2) 0.999. The Percentage Recovery At Various Concentration Levels Varied From 96.82 - 99.8 % For Dapagliflozin And 98.15 To 99.35 % For Metformin Confirming That The Method Is Accurate. LOD And LOQ For Dapagliflozin Was Found To Be 0.0241μg/Ml And 0.0293 Mg/Ml And For Metformin 0.0732 Mg/Ml And 0.0890 Mg/Ml. In The Precision Study, The% RSD Value Was Found To Be 0.1845 % And 0.2052 % For Dapagliflozin And Metformin Respectively. Degradation Studies Were Performed, Both The Drugs Were Found To Be Degraded In Acid By Using Hydrochloric Acid, In Base Using Sodium Hydroxide Solution, In Peroxide Using Hydrogen Peroxide Solution, Temperature And In Light By Exposing It To UV Light In UV Chamber. The Results For Estimation Of Dapagliflozin



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And Metformin Hydrochloride And Validation Parameters Like Accuracy, Precision, Ruggedness,
Linearity Were Studied For The Method And Were Found To Be Within The Limits. The Developed
Method Was Free From The Interferences Due To Excipients Present In The Formulation And It Can
Be Used For Routine Quality Control Analysis.

4.Gajanan Vithoba Mante.et.al^[15]

Aim: Simple, Precise And Accurate UV-Spectrophotometric Methods For Estimation Of Dapagliflozin Were Developed And Validated As Per ICH Guidelines. Experimental And Results: These Methods Includes Calibration Curve, Area Under Curve (AUC), First And Second Order Derivative Method Based On Measurement Of Absorbance At A Selected Wavelengths Using UV-Visible Spectrophotometer With 1 Cm Matched Quartz Cell And Methanol With Water As A Solvent. All Developed Methods Obeyed Beer's-Lambert's Law In The Concentration Range Of 5-40 Mg/Ml, With Correlation Coefficient Value Less Than 1. The Percent Amount Of Drug Estimated By These Methods Was Nearly 100%, Found To Be In Good Agreement With Label Claim Of Marketed Tablet Formulation. The Recovery Study Was Carried Out At Five Different Levels And Results Were Found To Be Satisfactory. Conclusion: The Results Of Estimation And Validation Parameters Like Accuracy, Precision, Ruggedness, Linearity And Range Were Studied For All The Developed Methods And Were Found To Be Within Limits. The Proposed Method Can Be Adopted For Routine Quality Control For Estimation Of Drug In Formulation.

5. Mohd.Zameeruddin. et.al^[16]

Aim Simple, Precise And Accurate UV-Spectrophotometric Simultaneous Equation Method For Estimation Of Dapagliflozin And Saxagliptin Were Developed And Validated As Per ICH Guidelines.



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Experimental And Results The Objective Of The Work Is To Develop UV Spectroscopic Method For Simultaneous Estimation Of Dapagliflozin (DAPA) And Saxagliptin (SAXA). This Method Involve Solving Of Simultaneous Equations Based On Measurement Of Absorbance At Two Wavelengths 223 Nm And 212 Nm. Both The Drugs Obey The Beer's Law In The Concentration Ranges 4-24 μg/Ml And 5-50 μg/Ml Respectively. Results Of The Methods Were Validated Statistically. Novel, Simple, Sensitive, Rapid, Accurate And Economical Spectrophotometric Methods Have Been Developed For Simultaneous Estimation Of Dapagliflozin And Saxagliptin .The Method Can Be Used To Estimate The Amount Of Dapagliflozin And Saxagliptin In Mixture Containing Dapagliflozin And Saxagliptin.

6. Dr. K. Bhavyasri. et.al^[17] A New, Simple, Precise, Accurate, Reproducible And Economic Stability Indicating Spectroscopic Method Was Developed And Validated For Simultaneous Estimation Of Dapagliflozin And Metformin In Pure And Combined Pharmaceutical Dosage Form. The UV Spectrophotometric Estimation Of Dapagliflozin And Metformin Was Determined Using The Simultaneous Equation Method At 222 Nm And 232 Nm Respectively. The Linearity Ranges For Dapagliflozin And Metformin Were 2 – 32 Mg/Ml And 1 – 20μg/Ml Respectively With Their Correlation Coefficient Values (R2) 0.999. The Percentage Recovery At Various Concentration Levels Varied From 96.82 - 99.8 % For Dapagliflozin And 98.15 To 99.35 % For Metformin Confirming That The Method Is Accurate. LOD And LOQ For Dapagliflozin Was Found To Be 0.0241 Mg/Ml And 0.0293 Mg/Ml And For Metformin 0.0732 Mg/Ml And 0.0890 Mg/Ml. In The Precision Study, The% RSD Value Was Found To Be 0.1845 % And 0.2052 % For Dapagliflozin And Metformin Respectively. Degradation Studies Were Performed, Both The Drugs Were Found To Be Degraded In Acid, Base, Peroxide, Temperature And Light. The Proposed Method Can Be Applied Successfully For The Simultaneous Estimation Of Both Drugs In Quality Control Laboratories.





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7. M. R. Usman.et.al^[18] In The Present Work, A Simple, Rapid, Sensitive, Precise, And Reproducible, Specific UV Spectrophotometric Method For The Determination Of Saxagliptin (SAXA) And Dapagliflozin (DAPI) In Bulk Drug And Pharmaceutical Dosage Form Were Developed And Validated. Methods: A Simple Double Beam UV Spectrophotometric Method Has Been Developed And Validated With Different Parameters Such As Linearity, Precision, Repeatability, The Limit Of Detection (LOD), Limit Of Quantification (LOQ), Accuracy As Per ICH Guidelines. Results: UV-Visible Spectrophotometric Method, Measurement Of Absorption At A Maximum Wavelength In 10 Ml Methanol And Volume Make With Water Solvent System As Reference SAXA And DAPI Were Found To Be At 224 Nm And 274 Nm Respectively. The Drug Obeyed The Beer's Law And Showed A Good Correlation. Beer's Law Was Obeyed In The Concentration Range 2-10 μg/Ml For Saxagliptin And 4-20 μg/Ml For Dapagliflozin, Respectively With A Correlation Coefficient Was 0.999. The LOD And LOQ Of Saxagliptin Were Found To Be 0.040 Mg/Ml And 0.01230 Mg/Ml, Dapagliflozin Was Found To Be 0.1230 Mg/Ml And 0.5460 Mg/Ml, Respectively. Percentage Assay Of SAXA And DAPI In Tablets. Conclusion: The Proposed Method Is Simple, Precise, Accurate, And Reproducible Can Be Used For Routine Analysis Of Saxagliptin And Dapagliflozin In Bulk And Tablet Dosage Form.

8.Karuna Priya Chitra.et.al^[19] Dapagliflozin (DAP) Is Indicated For The Management Of Diabetes Mellitus Type 2, And Functions To Improve Glycemic Control In Adults When Combined With Diet And Exercise1. DAP Is An Inhibitor Of Sodium-Glucose Cotransporter 2 (SGLT2) Responsible For The Majority Of The Reabsorption Of Filtered Glucose From The Tubular Lumen. By Inhibiting SGLT2, DAP Reduces Reabsorption Of Filtered Glucose And Lowers The Renal Threshold For Glucose, And Thereby Increases Urinary Glucose Excretion2. In Present Work, A Selective, Specific, Sensitive And Economical UV Spectroscopic Method Has Been Developed For The Estimation Of Dapagliflozin In Bulk And Its Pharmaceutical Dosage Forms. An Absorption Maximum Was Found To Be At 233.65 Nm. Dapagliflozin Obeyed Beer's Law In The Concentration Range From 10-35 μg / Ml. Proposed



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Method Was Validated According To ICH Guidelines And Values Of Accuracy, Precision And Other
Statistical Analysis Were Found To Be In Good Accordance With The Prescribed Values With
Correlation Coefficient Of 0.9998. The Percentage Recovery Of Dapagliflozin Ranged From 99.7 In
Pharmaceutical Dosage Form. Results Of The Analysis For Accuracy, Precision, LOD, LOQ And Were
Found To Be Satisfactory. The Proposed Method Is Simple, Rapid And Suitable For The Routine
Quality Control Analysis.

9. R. Aswini.et.al[²⁰] Dapagliflozin And Saxagliptin Are Very Effectively Used Treatment For Type II Diabetes. They Are Very Potent Inhibitors Of Renal Glucose Reabsorption And Dipeptidyl Peptidase Protein 4(DPP-4) And Sodium Glucose Transport Protein 2 And Also They Are Called As DPP4 & SGLT2 Inhibitors. They Are Generally Administered As Tablets. Determination Of Dapagliflozin And Saxagliptin In Pharmaceutical Dosage Form And Bulk Form, Several Analytical Methods Including UV, HPLC, LC-MS And HPTLC Techniques Has Been Developed. Methods Indicating Human Plasma Stability And Impurity Profiling Are Also Described For Both Drugs. For Qualitative And Quantitative Estimation Of Dapagliflozin And Saxagliptin, These Analytical Methods Can Be Used And It Can Also Be Used For Its Related Degradants In Bulk Formulations And Biological Fluids. The Following Study Depicts The Review On Analytical Methods Which Includes Estimating The Antidiabetic Drugs.

10.G. V. Mante.et.al^[21] Rapid, Precise And Accurate RP-HPLC Method For Estimation Of Dapagliflozin From Its Tablet Dosage Form Was Developed And Validated As Per ICH Guidelines. The Chromatographic Separation Was Achieved By Isocratic Mode With A Mixture Of Acetonitrile: 0.1% Triethylamine (Ph-5.0) In The Ratio Of 50:50v/V As Mobile Phase Using Princeton C18column At Flow Rate Of 1ml/Min And Detection Wavelength Of 224nm. Using Optimized Chromatographic Conditions, Retention Time Of Drug Was Found To Be 5.163min. The Proposed Method Obeyed Beer's-Lambert's Law In The Concentration Range Of 10-70μg/Ml, With Correlation Coefficient Value 0.999.The Mean Percent Amount Of Drug Estimated Was 100.57%, Found To Be Good In Agreement With Label Claim Of Marketed Tablet Formulation. The Validation Parameters Like Accuracy,



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Precision,	Ruggedness,	Robustness,	Linearity	And	Range	Were	Studied	For	Proposed	Method	And
Were Fou	nd To Be Wit	hin Limits. S	stress Test	ing U	nder V	arious	Conditio	ns S	uch As Ph	(Acid/B	ase),
Oxidation	, Temperature	, Light, Humi	dity, Etc.	Was A	Also Ca	rried C	Out				

11. Shilpi Pathak. et.al^[22] Dapagliflozin Is An Antidiabetic Drug That Works On The Kidneys Of Reabsorption Of Glucose In Kidneys By The Sodium-Glucose Co-Transporter Offer. It Is Used In Patients With Type 2 Diabetes. It Is Administered As Tablets. It Has Several Analytical Papers For Estimation Of Active Pharmaceutical Ingredient (API) Or Drug Formulation By Reverse Phase-High Performance Liquid Chromatography (RP-HPLC) And Ultraviolet Spectroscopy (UV). It Is Very Challenging To Use Of Chemicals, Drugs, And Solvent Of Separation Methods Used In The Pharmaceutical Product To Green Chemistry. This Review Mostly Used Dihydrogen Phosphate Buffer And Other Toxic Reagents For Estimation And These Agents Harm Instruments, As Well As, Environment And A Lot Of Waste So That Novel Analytical Techniques For Quantifying And Defining Dapagliflozin Should Be Built As Easy As Possible And Secure For The Individual And The Community. This Review Pays Attention To The Critical Condition Of Physicochemical, Properties, Action, And Aims To Focus On Different Analytical Methods For The Estimation Of Dapagliflozin In Pharmaceutical Formulations.

4. DRUG PROFILE [23]

MOLECULAR FORMULA: C21H25CLO6







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CHEMICAL NAME

STRUCTURE

:BMS -512148;[1S]-1,5-anhydro-1-C-{4-chloro -3-[4-ethoxy

Phenyl] methyl]phenyl}-D-glucitol

CATEGORY : Antidiabetic

MOLECULAR WEIGHT: 408.873mg/ml

MELTING POINT : 74-78 °C

DESCRIPTION :

SOLUBILITY :ethanol, DMSO,Dimethyl formamide





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PHARMACOKINETIC DATA

BIOAVAILADILITY : ORALLY

PROTIN BINDING : 91%

HALF LIFE : 12.9hrs

METABOLISM : HEPATIC

EXCRETION : RENAL EXCRETION

MECHANISM OF ACTION

upadu

- Sodium-glucose cotransporter 2, expressed in the proximal renal tubules, is responsible for the majority
 of the reabsorption of filtered glucose from the tubular lumen
- Dapagliflozin is an inhibitor of SGLT2. By inhibiting SGLT2, Dapagliflozin reduces reabsorption of filtered glucose and thereby promotes urinary glucose excretion
- Dapagliflozin also reduces sodium reabsorption and increases the delivery of sodium to the distal tubule.
 This may influence several physiological functions including, but not restricted to, lowering both preand afterload of the heart and downregulation of sympathetic activity, and decreased intraglomerular pressure, which is believed to be mediated by increased tubuloglomerular



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Uses: Used to treat type-2 diabetes mellitus.

5. MATERIALS AND INSTRUMENTS

The following materials used were either AR/LR grade or the Possible Pharma grade available as supplied by the manufacturer or supplier without further purification or investigation.

Table No: 5.1 Materials

S. No	Materials	Source
1	Dapagliflozin	Aurobindo pharma Pvt.Ltd, Jadacherla.
2	Methanol	Merck Mumbai Ltd, Mumbai.
3	Glacial acetic acid	Merck Mumbai Ltd, Mumbai.
4	Sulphuric acid	Merck Specialities Pvt Ltd, Mumbai.
5	Sodium hydro oxide	Merck Specialities Pvt Ltd, Mumbai.
6	Nitric acid	Merck Specialities Pvt Ltd, Mumbai.
7	Water	Nishanth, Kurnool
8	Ethanol	Merck Specialities Pvt Ltd, Mumbai.





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9	Choloroform	Merck Specialities Pvt Ltd, Mumbai.	

Table No: 5.2 Instruments

S. No	Equipments	Source
1	UV Spectrophotometer	Analytical Technologies Limited 2080N
2	Sonicator	Wensar

6. METHODOLOGY

6.1 UV SPECTROSCOPY

Analytical Technologies Limited UV-VIS 2080N Spectrophotometer was used with 1c m matched quartz cells. The data processing was performed using UV- probe software.

UV method development:

The parameters for the development were as follows

- 1] Linearity
- 2] Accuracy
- 3] Precision
- 4] Robustness





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- 5] Ruggedness
- 6] Limit of detection
- 7] Limit of quantification

Selection of solvents:

In order to select suitable solvent for determination of Dapagliflozin various solvent methanol, glacial acetic acid, sodium hydroxide, sulphuric acid, Nitric acid, ethanol tried for the solubility studies and it was found that Dapagliflozin was freely soluble in 0.1N HNO₃ the present investigation distilled water was selected as a solvent.

Selection of wavelength:

10mg/ml of Dapagliflozin was scanned in the range of 200-400nm.





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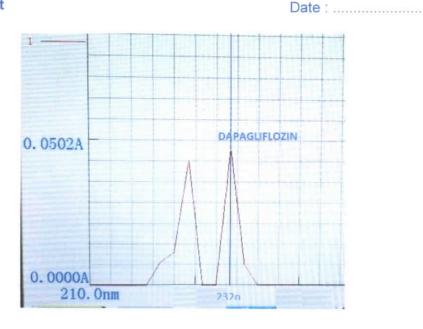


Fig.No. 6.1 UV spec

VALIDATION OF THE METHOD:

The method was validated in terms of parameters like linearity, accuracy, precision, LOD, LOQ, ruggedness, and robustness.

Preparation of 0.1n nitric acid:

Take 63ml of Concentrated Nitric Acid and make upto to 1000 ml with water.

Preparation of stock solution:

100mg of Dapagliflozin was dissolved in 0.1n nitric acid in a 100 ml volumetric flask and solution was made upto volume with nitric acid.

Preparation of standard working solution:



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10ml of standard solution	was dissolved in	100ml of volumetric	flask and the solution	was made up to
volume with 0.1N HNO ₃ .				

1.LINEARITY

To evaluate the linearity, serial dilution of analyte were prepared from the standard working solution was diluted with solvent to get a series of concentration ranging from 10,20,30,40,50 and 60 micro gram\ml. the prepared solution were filtered through whatman filter paper [NO.41]. Calibration curve was constructed by plotting the absorbance on y-axis against the concentration on x-axis [table no;7.2].

2.PRECISION

The precision of analysed method was studied by analysis of multiple sampling of homogeneous sample.

The precision is expressed as standard devition [or] relative standard deviation. The presicion of the method was demonstrated by intra-day and inter- day variation studies.

2.1 Intraday-Precision:

In The Intraday Studies, the Standard Solutions (40mg/ml) Was Analysed for 6 Times in different time Interval with in day . %RSD was Calculated presented in table 7.3

2.2 Inter day Precision:

In the Inter-day variation studies , the standard solution (40mg/ml) was Analysed for 6 times n different days . %RSD was Calculated Presented In 7.4

3. Accuracy:



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Recovery Studies By The Standard Addition Method Performed with a View to Justify the accuracy of
proposed method . previously analysed sample of Dapagliflozin (45,55and 65microg/ml) were spiked
with 80,100,120% extra Dapagliflozin standard and the mixture were analysed by the proposed method.
The experiment was performed in triplicate and recovery of the pure. %RSD was calculated and
reported in table 7.9.

4. Sensitivity:

The sensitivity of measuring of Dapagliflozin by use of the proposed method was estimated in terms of limit od detection [LOD] and the limit of quantitation {LOQ}. The LOD and LOQ were calucated by the use of equation LOD=3.3 x σ /s /s and LOQ=10 x σ /s where σ is the standard deviation of response and S is the slope of the calibration curve LOD and LOQ values are reported in table7.10 and 7.11

5.RUGGEDNESS:

Ruggedness is the measure of the reproducibility of a test result under normal expected operating condition from instrument to instrument and analyst to analyst. The ruggedness of the method was determined by carrying out the experiment by different operations. The result of ruggedness testing is reported in the table 7.12

6.ROBUSTNESS:

Robustness is a measure of capacity of a method to remain unaffected by small but deliberate variation in the method condition, and is indication of the reliability of the method. A method is robustness, if it is unexpected by small changes in operating condition. To determine the robustness of this method, the experimental condition where deliberately altered at 3 different levels and responses were evaluated. Variation of wave length[230nm and 234nm] had no significant effect and the absorbance of 40 μ g/ml Solution, indicating that the method was robustness. The result are shown in table 7.13 & 7.1





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7. RESULTS & DISCUSSION

UV SPECTROSCOPY METHOD

Table No: 7.1 Characteristic parameters of Dapagliflozin for the proposed UV spectroscopy method:

Parameters	UV
Calibration range (µg/ml)	10-60(μg/ml)
Wavelength	232nm
Regression equation (y*)	0.0435x
Slope	0.0435
Correlation co efficient(r ²)	0.994
LOD (µg/ml)	5.36
LOQ (μg/ml)	17.08

 $Y^*=bx+a$ where x is the concentration of Dapagliflozin in $\mu g/ml$ and Y is the absorbance at the respective λmax .

7.1VALIDATIONOFANALYTICALMETHOD:



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Validation of an analytical method is the process to establish by laboratory studies that the performance characteristic of the method meets the requirement for the intended analytical application. Performance characteristic were expressed in terms of analytical parameters.

1. Linearity:

Calibration graph were plotted using absorbance of standard drug versus concentration of standard drug solution. Linear regression data showed a good linear relationship over a

Concentration range 10-60µg/ml.

Table No: 7.2. Calibration data of Dapagliflozin

S. No.	Concentration (µg/ml)	Absorbance
1	0	0
2	10	0.0522
3	20	0.0884
4	30	0.1276



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5	40	0.1703
6	50	0.2122
7	60	0.2673

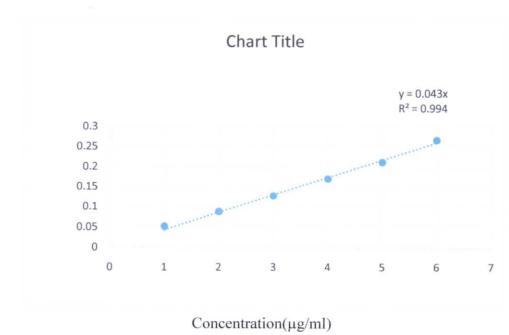


Fig: 7.1 Calibration curve of Dapagliflozin

Observation:



absorbance

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- 1. The correlation coefficient for Dapagliflozin was found to be 0.994 respectively.
- 2. The linearity range for Dapagliflozin was found to be10-60μg/ml.

2. Precision:

Table No: 7.3. Intraday precision

0.03	Conc		Absorbance							0/ DC
0.S.N 0	μg/m l	1	2	3	4	5	6	AVG	SD	%RS D
1	40	0.162 6	0.163 5	0.164 6	0.167 7	0.170	0.169 7	0.16605	0.003523	1.1216
2	40	0.176	0.173	0.178 5	0.179 6	0.174 9	0.175	0.17631 7	0.002353	1.3345
3	40	0.172	0.176	0.175 5	0.172 7	0.173	0.177 8	0.17463	0.002221	1.5180
4	40	0.171	0.176	0.178	0.175	0.173	0.172 5	0.17538	0.002796	0.5942
5	40	0.170 6	0.171	0.172 5	0.173 6	0.174 5	0.175	0.17301 7	0.001911	1.1045



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							6			
6.	40	0.172	0.173	0.174	0.179	0.178	0.175	0.17563	0.00257	1.466

Acceptance criteria:

%RSD of the six replicate injections should not more than 2.0%

Table No: 7.4: Inter day precision result

	Conc			Absor	bance						
S.No	μg/ml	1	2	3	4	5	6	AVG	SD	%RSD	
1	40	0.1789	0.1777	0.1752	0.1766	0.1745	0.1796	0.176417	0.001653	0.9369	
2	40	0.1723	0.1745	0.1756	0.1789	0.1740	0.1755	0.175133	0.002202	1.2573	
3	40	0.1718	0.1711	0.1758	0.1798	0.1765	0.1746	0.175083	0.003212	1.8345	
4	40	0.1743	0.1721	0.1756	0.1725	0.1759	0.1774	0.174167	0.001569	0.9008	
5	40	0.1746	0.1759	0.1785	0.1796	0.1764	0.1752	0.177067	0.001815	1.0250	
6	40	0.1733	0.1725	0.1713	0.1791	0.1752	0.1769	0.174433	0.002749	1.575	





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Acceptance criteria:

%RSD of the six replicate injections should not more than 2.0%

2. Accuracy:

Table No: 7.5.Observation for accuracy standard(50µg/ml)

S. No	Concentration (μg/ml)	Absorbance
1	Set-1	0.2127
2	Set-2	0.2073
3	Set-3	0.2098
4	AVG	0.2099
5	SD	0.002702
6	%RSD	1.28

Table No: 7.6Observation for accuracy for 80% (45μg/ml)



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S. No	Concentration (μg/ml)	Absorbance
1	Set-1	0.1886
2	Set-2	0.1876
3	Set-3	0.1893
4	AVG	0.1885
5	Result	44.90
6	%Rec	101.3
7	SD	0.00085
8	%RSD	0.453

Table No: 7.7. Observation for accuracy standard 100% (55μg/ml)

S. No	Concentration (μg/ml)	Absorbance
1	Set-1	0.2345
2	Set-2	0.234



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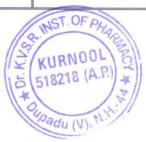
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3	Set-3	0.2335
4	AVG	0.234
5	Result	55.74
6	%Rec	98.49
7	SD	0.0005
8	%RSD	0.0117

Table No: 7.8. Observation for accuracy standard 120% (65µg/ml)

S .No	Concentration (µg/ml)	Absorbance
1	Set-1	0.2563
2	Set-2	0.2691
3	Set-3	0.2881
4	AVG	0.271167
5	Result	64.57
6	%Rec	99.8



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7	SD	0.016
8	%RSD	0.405

Table No: 7.9. For accuracy summary

Sample (%)	Initial amount(µg/ml)	Amount added(μg/ml)	Amount recovered(µg/ml)	%Recovery ±SD*	%RSD
80	40	5	44.90	101.3±0.003	0.453
100	50	5	55.74	98.49±0.000	0.011
120	60	5	64.57	99.8±0.016	0.405

^{*}Average of three determinations

Acceptance criteria:

- 1. %Recovery should be within the range of 98-102%
- 2. %RSD should be less than 2.

4. Sensitivity:

Limit of detection of (LOD) and limit of quantitation (LOQ) were determined from standard and slope method as per ICH guidelines, for Dapagliflozin LOD was found to be $5.63\mu g/ml$ and LOQ was found to be $17.07\mu g/ml$.

Table No: 7.10. Observation of Limit of Detection:



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S.No	Slope	SD of precision	LOD				
1	0.043	0.0025	5.63				

Table No: 7.11. Observation of Limit of quantitation:

S.No	Slope	SD of precision	LOQ
1	0.043	0.0025	17.07

5. Ruggedness:

Table No: 7.12. For Ruggedness(Analyst to Analyst)

	Analys	t-1	Analyst-2						
S. No	Concentration(µg/ml)	Absorbance	Concentration (μg/ml)	Absorbance					
1	40	0.1743	40	0.1711					
2	40	0.1708	40	0.1738					
3	40	0.1722	40	0.1705					
	AVG	0.1724	AVG	0.1718					
	SD	0.001762	SD	0.001758					
	%RSD	1.022	%RSD	1.023					



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Acceptance criteria:

%RSDofthesixreplicateinjectionsshouldnotmorethan2.0%

6. Robustness:

Table No: 7.13. For 230and 234 wavelengths

S. No	Concentration	Absorbance (at 230 nm)	Absorbance (at 234 nm)
1	Set-1	0.1425	0.1609
2	Set-2	0.1469	0.1589
3	Set-3	0.1438	0.1601
	AVG	0.1444	0.1599
	SD	0.002260	0.001007
	%RSD	1.56	0.6297

Table No: 7.14. Robustness Summary

S. No	Condition	Modification	Mean absorbance±SD*	%RSD for absorbance



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1	Wavelength(nm)	230	0.144±0.0022	1.56
•	Wavelength(mn)	234	0.159±0.0010	0.62

^{*}Average of the three determination.

Acceptance criteria:

%RSD should not be more than 2.





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DISCUSSION

In the present work, an attempt was made to provide a newer, sensitive, simple, accurate and low cost UV-Visible Spectroscopic method. It is successfully applied for the determination of Dapagliflozinin pharmaceutical preparations without the interferences of other constituent in the formulations.

The optimum wavelength for detection was 232nm at which better detector response for the drug were obtained. The calibration was linear in concentration range of $10\text{-}60\mu\text{g/ml}$ in the Table 7.2 for Dapagliflozin respectively. The sensitivity for the drug has been calculated and the LOD and LOQ of the Dapagliflozin was found to be $0.56\,\mu\text{g/ml}$ and $1.7\,\mu\text{g/ml}$ in the Table 7.10 & Table 7.11.

The low values of % R.S.D. indicate the method is precise and accurate. The mean recoveries were found in the range of 98-102% in the Table 7.9 for Dapagliflozin respectively.

Ruggedness of the proposed methods was determined by analysis of aliquots from homogeneous slot by different analysts, using similar operational and environmental conditions; the % R.S.D. reported was found to be less than 2 % in the Table 7.12.

The proposed method was validated in accordance with ICH parameters and the results of all methods were very close to each other as well as to the label value of commercial pharmaceutical formulation. Therefore, there is no significant difference in the results achieved by the proposed method.



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Hence it is suggested that the proposed is UV / VIS Spectrophotometric method can be effectively applied for the routine analysis of Dapagliflozinin bulk.

8. CONCLUSION

For routine analytical purpose it is always necessary to establish method capable of analysing huge number of samples in a short time period with due accuracy and precision.

Dapagliflozin is not official in Pharmacopoeia. There is few analytical methods appeared in the literature for the determination of the Dapagliflozin. In literature review we have method only for the estimation of the above drugs of concern in individually or in combination of others. In view of the above, a simple and specific analytical method was planned to develop with sensitivity, accuracy, precision and economical.

In the present investigation of UV spectrophotometric method for the quantitative estimation of Dapagliflozin in pure drug has been developed and validated.

The proposed UV method is more sensitive, accurate and precise and is suggested for routine analysis.





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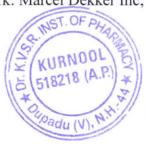
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CASE STUDY LEARNING

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.



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PHARM.D ROASTERS YEAR WISE(21-22)

PHARM.D-II YEAR ROASTERS

ROLL NO NAME OF STUDENT	JAN-FEB	MARCH-APRIL		JULY	AUGUST	SEPTEMBER	OCTOBER
SERITUSS2 DADIPINENI LEELAVATHI	(2022)	(2022)	(2022)	(2022)	(2022)	(2022)	(2022)
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DERITORA DEPATI MAHA AISHWARYA	PAEDIATRICS	MM-7	MM-2	PATIENT	MM-I	PAEDIATRICS	MM-3
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DERITOROT HEBBARE SRAVANI BAL							
DERITOOOS JINKA LAVANYA			MM-7				
DERITHORS KALLUR SALSIREESHA	MM-3	PAEDIATRICS		MM-2	PATIENT	MM-1	PAEDIATRICS
DERITORIO KAMALAPURAM SUPRAJA BAI		(CHMW-1,2)		3131-2	COUNSELLING		(CHMW-3,4)
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0ERIT0017 SUVARNA SRAVANI							
0ERIT0018 VAVILALA ARCHANA				PAEDIATRICS			PATIENT
GERITOGIO VISANAKARRA TRIVENI	MM-I	(CHMW-3,4)	MM-3	(CHMW-1,2)	MM-7	MM-2	COUNSELLING
0ER1T0020 BOGYAM MANASA				(-11,111-1,12)			
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0ER1T0025 SHAIK IRSHAD NUFSHRUN	COCHSECULIO						
0ER1T0026 VANGALA SAMYUKTHA							
DERITO027 MOLLA KIFAYATHULLA							
DERITO028 K.S.PRADHIYUMNA						PAEDIATRICS	
DERITO029 SYED ABRAR AHMED	MM-2	PATIENT	MM-1	PAEDIATRICS	MM-0	(CHMW-1,2)	3171-1
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20ER1T0003	D.GAMANA SREE	
20ER1T0004	D.MAHA AISHWARYA	
20ER1T0005	G.SUCHARITHA	



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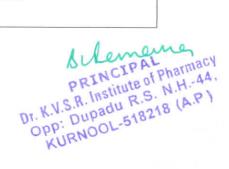
20ER1T0006	G.KAVYA	
BATCH-II(JAN -FEE	3)	

ROLL NUMBER	STUDENT NAME	WARD
20ER1T0007	H.SRAVANIBAI	MM3
20ER1T0008	J.LAVANYA	
20ER1T0009	K.SAI SIRISHA	
20ER1T0010	K.SUPRAJA BAI	
20ER1T0011	K.HIMA BIMDU	
ROLL NUMBER	STUDENT NAME	WARD
20ER1T0012	M.BHAVYA	PEDIATRIC(CHMW-3,4)
20ER1T0013	M.HEMALATHA	
20ER1T0014	M.SUMALATHA	
20ER1T0015	M.CHITRA	
20ER1T0016	M.AMULYA	

ROLL NUMBER	STUDENT NAME	WARD	
20ER1T0017	SUVARNA SRAVANI	MM-I	
20ER1T0018	V.ARCHANA		
20ER1T0019	V.TRIVENI		
20ER1T0020	B.MANASA		
20ER1T0021	E.SUMANJALI		

ROLL NUMBER STUDENT NAME		WARD
20ER1T0022	E.CHARITHA	PATIENT COUNSELLING
20ER1T0023	G.NAGA SUREKHA	
20ER1T0024	G.KIRTHI	
20ER1T0025	S.IRSHAD NUFSHRUN	
20ER1T0026	V.SAMYUKTHA	

ROLL NUMBER	STUDENT NAME	WARD	
20ER1T0027	M.KIFAYATHULLA	MM-2	
20ER1T0028	K.S.PRADHYUMNA		



Date :



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20ER1T0029	S.ABRAR AHMED	
20ER1T0030	S.NASIR AHMED	
20ER1T0031	V.VIJAYA TEJA	
20ER1T0032	S.KALID	

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KURNOOL-518278 (A.P.)



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Principal / Correspondent

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PHARM.D III YEAR ROASTER(2021-2022)

	NAMES OF STUDENTS	Aug-Sept (2021)	Oct-Nov	Dec-Jan(2022)	Feb-March	April-May	June	
SER170002	Alefiya kotawala							
9ER1T0003	A.Keerthi							
19ER3T0004	B.Sowjanya	8AM-7	DVL	PATIENT COUNSELING	MM-3	MM-1	MM-2	
19ER1T0005	B.Aswini Bai							
19ER1T0006	C.Sushma							
19ER1T0009	G Mounika							
19ER1T0010	G .Naga vinugna	MM-2	MM-7	The same of the sa	PATIENT COUNSELING	MM-3	MM-1	
19ER1T0012	K. Meghana	MW-2	MM-7	DVL		NAMO-3	MM9-3	
19ER1T0013	P. Naga Sruthi							
19ER1T0014	Shaik Rizwana				DVL			
19ER3T0016	B. Mounika	MM-2	MM-2	MM-7		PATIENT COUNSELING	MM-3	
19ER1T0024	P. Sudha	Dene-2	MM-Z	MINE-7	DVL	PATERI COMISELINO	min. s	
19ER1T0025	S.Navya Stree							
19ER1T0026	T. Khasid							
195R1TD028	Valmiki Venkateshwari						The second second	
19ER1T0029	Vangala Naga divya	MM-3	MM-1	MM-2	MM-7	DVL	PATIENT COUNSELING	
19ER1T0007	C. Mehaboob Desai							
19ER1T0001	A. Dilip Kumar							
19ER1T0011	K.Sai Chaitanya							
19ER1T0015	V. Vamsi Krishna							
19ER1T0015	A. Sai Kumar Reddy	PATIENT COUNSELING	MM-3	MM-1	MM-2	MM-7:	DAT	
19ER1T0017	8. Venkatesh							
19ER1T0019	K. Veera Reddy							
19ER1T0020	K. Satyanarayana charan						MM-7	
19ER1T0021	M. Hansmontha	DVL	PATIENT COUNSELING	G MM-3	MM-1	MM-2		
19ER1T0023	P. Siva Gangadhar		The second second					
19ER1T0027	T. Shanu Prakash							
KURNOÖL.	PRINCIPAL PRINCIPAL 5.R. Institute of Pharmacy 5.D. Dupadu R.S. N.H-7. JERNOOL-518216 (A.P.)	IACV				SUPERINTENDENT GOVERNAMENT GENEROOL	ENERAL HOSPITAL	





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HOSPITAL DUTIES (AUG-SEP) (AY: 21-22)

ROLL NUMBER	STUDENT NAME	WARD	
19ER1T0002	K.ALEFIYA	MM-7	
19ER1T0003	A.KEERTHI		
19ER1T0004	B.SOWJANYA		
19ER1T0005	B.ASHWINI BAI		
19ER1T0006	C.SUSHMA		

ROLL NUMBER	STUDENT NAME	WARD
LOED LTOOOD	G.MOUNIKA	MM-2
19ER1T0009	G.NAGA VINUGNA	
19ER1T0010	G.NAGA VINOGNA	
19ER1T0012	K.MEGHANA	
19ER1T0013	P.NAGA SRUTHI	

ROLL NUMBER	STUDENT NAME	WARD	
19ER1T0014	SHAIK RIZWANA	MM-I	
19ER1T0018	B.MOUNIKA		
19ER1T0024	P.SUDHA KALYANI		
19ER1T0025	S.NAVYA SREE		

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

Date :



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	STUDENT NAME	WARD
ROLL NUMBER		
	T.KHASID	MM-3
19ER1T0026		
	V.VENKATESWARI	
19ER1T0026		
	V.NAGA DIVYA	
19ER1T0026		
19EK110026	CAMPILL BOOK BEGAL	
	C.MEHABOOB DESAI	
19ER1T0026		
	A.DILIP	
19ER1T0001		

ROLL NUMBER	STUDENT NAME	WARD	
19ER1T0011	K.SAI CHAITANYA	PATIENT COUNSELLING	
19ER1T0015	V.VAMSI KRISHNA		
19ER1T0016	A.SAI KUMAR REDDY		
19ER1T0017	B.VENKATESH		
19ER1T0019	K.VEERA REDDY		

ROLL NUMBER	STUDENT NAME	WARD	
19ER1T0020	K.V.S.CHARAN	DVL	
19ER1T0021	M.HANUMANTH		
19ER1T0023	P.SIVA GANGHADHAR		
19ER1T0027	T.BHANU PRAKASH		

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Principal / Correspondent

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PHARM.D IV YEAR(2021-2022)

	NAMES OF STUDENTS	PHARM D IV YEA Aug-Sept (2021)	Oct-Nov	Dec-Jan(2022)	Feb-March	April-May	June	
ROLL NUMBERS	BERAMADEVI	wng-zehr (sner)	Oct 1101					
ISER1T0001						The same of the sa		
1SER1T0002	G.SAI VILASIIINI	MM-1	MM-7	MM-3 MM-4	PAEDIATRICS	PSYCHIATRIC	MM-2	
18ER1T0003	ELIKHITA							
18ERIT0004	LDIVYASREE							
18ER1T0005	JHEMALATHA							
18ER1T0007	M.MANIPRASANNA							
18ER1T0008	M.RADHIKA	MM-2	MM-1	MM-7	MM-3 MM-4	PAEDIATRICS	PSYCHIATRI	
18ER1T0010	P.ASMA	- Maria	34.31-1					
18ER1T0011	S.TAHURA BATUL							
18ER1T0013	S.ZUWERIYA SULTANA D.DURGA PAVITRA	-						
18ER1T0014	S.VANI					100		
18ER1T0015	TJAHNAVI	PSYCHIATRIC	MM-2	MM-1	MM-7	MM-3 MM-4	PAEDIATRIC	
18ERITU016	UJOSHITHA	131011011111	10000					
18ER1T0017	V.TEJASWINI							
1SERITO01S	V.MALLESHWARI							
18ER1T0019	J.ZUHA KHANAM							
18ER1T0021	KKEERTHANA	PAEDIATRICS	PSYCHIATRIC	PSYCHIATRIC	MM-1	MM-7	MM-3 MM-	
18ER1T0023	K.DIVYA SIRISHA	-			MM-2	MM-I	MM-7	
18ER1T0025	S.ASMA PARVEEN							
18ER1T0026	E.ROHINI VADANA							
18ER1T0029	S.SANA AFREEN							
ISERITO030	S SANA AFREEN	MM-3 MM-4	PAEDIATRICS					
18ER1T0011	S.BABA ARSHID							
18ER1T0006	K SHANMUKA GANESH							
18ER1T0009	M.SUJAN DORA							
18ER1T0020	LSAIKIRAN							
18ER1T0024	M PRANEETH PREMPAUL	MM-7	MM-3 MM-4	PAEDIATRICS	PSYCHIATRIC	MM-2	- MM-1	
18ER119927	P.ANWAR BASHA	3131-7	and the second s		The second second			
18ER1T0028	RAVIJAY VIKAS							
17ER1T0026	S.NEHAL				-			
KURNOOL	PRINCIPAL PRINCIPAL OR KYSR Institute of Phatia Opp Dupadu RS NH-7 Opp Dupadu RS NH-7	MACY				INTENDENT RIMENT GENERAL	HOSPITAL.	

HOSPITAL DUTIES (AUG-SEP) (AY 21-22)

REG.NO	NAME OF THE STUDENT	WARD	
18ER1T0001	B.RAMA DEVI	MM-1	
18ER1T0002	G.SAI VILASINI		
18ER1T0003	E.LIKITHA		
18ER1T0004	J.DIVYA SREE		
18ER1T0005	J.HEMA LATHA		

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KURNOOL-518218 (A.P.)

Date :



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Princi	pal	Corres	pond	lent
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REG.NO	NAME OF THE STUDENT	WARD	
18ER1T0007	M.RADHIKA	MM-2	
	P.ASMA		
18ER1T0008			
	S.TAHURA BATUL		
18ER1T0010			
18FR1T0013	S.ZUWERIYA SULTHANA		

REG.NO	NAME OF THE STUDENT	WARD	
18ER1T0014	D.DURGA PAVITHA	PSYCHIATRY	
18ER1T0015	S.VANI		
18ER1T0016	T.JAHNAVI		
18ER1T0017	U.JOSHITHA		
18ER1T0018	V.TEJASWINI		

REG.NO	NAME OF THE STUDENT	WARD	
18ER1T0019	V.MALLESWARI	PEDIATRICS	
	J.ZUHA KHANUM		
18ER1T0020	K.KEERTHANA		
18ER1T0022	K. DIVYA SIRISHA		
18ER1T0023	S.ASMA PARVEEN		
18ER1T0025			

REG.NO	NAME OF THE STUDENT	WARD	
18ER1T0026	E.ROHINI VANDANA	MM-3,MM-4	
18ER1T0029	S.SANA AFREEN		
18ER1T0030	S.SANAAFREEN		
18ER1T0011	S.BASHA ARSHID		





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Principal / Correspondent		Date :	
18ER1T0006	K.SHANMUKH GANESH		
REG.NO	NAME OF THE STUDENT	WARD	
18ER1T0009	M.SUJAN DORA	MM-7	
18ER1T0020	I.SAI KIRAN		
18ER1T0024	M.PRANEETH PREM PAUL		
18ER1T0027	P.ANWAR BASHA		
18ER1T0028	R.VIJAY KUMAR		
18ER1T0026	S.NEHAL		

PRINCIPAL

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

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KURNOOL-518218 (A.P.)



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Principal / Correspondent

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PHARM.D V YEAR(2021-2022)

TERTITION D. CHETHANA	n April Psychiatry	MM-7
TERITO002 D-SANDYA	Psychiatry	MAA-7
TERTITION D. CHETHANA	Psychiatry	MM-7
TERTITION		
17ERIT10007 K.BHAVANI 17ERIT10008 M.PRIYANKA MMA-7 General surgery Pediatrics MM-1 MM		
TERITORS M. PRIYANKA MAA-7 General surgery Pediatrics MAA-1 MAA		
17ERIT0009 M. MAMATHA	2 001	Psychiatry
		3674
ITERITIONS N. VIJAYA		
ITERITORI S. NAVYASREE	_	
17ERIT9012 SRUKSAR SAMREEN		
17ERITORIS S. SURASINI Psychiatry MM.7 General surgery Pediatrics	MM-1 MM-7	DVI
17ERIT0015 S. SHAFIYA TABASSUM		
17ERIT0016 SHAIK WASIMA NASKEEN		
ITERITORI7 AMBATI PAVITRA		
L'ERITSOIS G. LEORON REBEKHA		
17ERIT0019 J PAVITRA DVI. Psychiatry MM-7 General turget	ry Pediatrics	MM-1 MM-7
17ERIT0021 M. VAISHNAVI		
17ERIT0022 NSHINV SUSAN		
ITERIT0023 P. DIVYA		
17ERTT0025 RUMSHA RUKSAR		
17ERIT0827 SHAIKTHASLEEM MM-1 MM-2 DVL Psychiatry MM-7	General surgery	Pediatrics
17ERIT0028 T. YAMMINI		
ITERIT0029 V.SAMYUKTIIA		
17ERIT0014 S. VISWANATH REDDY		
17ERIT0020 K.LAL REDOY		
17ERT19024 R. NEERAJ Fedicitics MM-1 MM-2 DVL Psychology	y MW-3	General surgery
17ERIT0030 Y KARTHIK KUMAR		
16Y01T0023 SHOAIB ABDUR RAQUEER		

HOSPITAL DUTIES (AUG-SEP) (AY 21-22)

REG.NO	NAME OF THE STUDENT	WARD
17ER1T0001	B.SOWJANYA	GENERAL SURGERY
17ER1T0002	D.SANDYA	
17ER1T0003	D.CHETHANA	
17ER1T0004	D.SAILAJA	
17ER1T0005	K.SUPRAJA	

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Date :



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Princip	oal / Corr	espondent
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REG.NO	NAME OF THE STUDENT	WARD	
17ER1T0006	K.LAKSHMI CHARITHA	MM-7	
17ER1T0007	K.BHAVANI		
17ER1T0008	M.PRIYANKA		
17ER1T0009	M.MAMATHA		
17ER1T0010	N.VIJAYA		

REG.NO	NAME OF THE STUDENT	WARD	
17ER1T0011	N.NAVYA SREE	PSYCHIATRY	
17ER1T0012	S.RUKSAR SAMREEN		
17ER1T0013	S.SUHASINI		
17ER1T0015	S.SHAFIYA THABASSUM		
17ER1T0016	A.WASIMA NASREEN		

REG.NO	NAME OF THE STUDENT	WARD	
17ER1T0017	A.PAVITHARA	DVL	
17ER1T0018	G.LEOHON REBEKHA		
17ER1T0019	J.PAVITHRA		
17ER1T0021	M.VAISHNAVI		
17ER1T0022	N.SHINY SUSAN		





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PHARM.D VI YEAR(2021-2022)

T0007 T0008 T0010	G NAVEEN BABU ASAD AU KHAN M RAMANJANEYULU	PSYCHIATRIC					
T0010	MRAMANIANEYULU	DEVENDATION					
10011		PENCHUATRIC					
			PEADIATRICS	GENERAL SURGERY	MM-7	5555-6	FM5-3
	M.RAM SUNIL	Parconarios					
T0017	D.YAKUB BASHA						
T0003	P.IAVEED						
T0006	5 MANIKANTA						
10020	3 LOKESH ROYAL	FM-2 FM-8	PSYCHIATRIC	PEADIATRICS	GENERAL SURGERY	N5N1-2	MM-2
110021	5 SUBBA REDDY						
170004	C.KEERTH!						
170013	ALSAI DEEPIKA						
110029	LSWETHA MADHURIMA	MAN 8	FM-7 FM-8	PSYCHIATRIC	PEADIATRICS	GENERAL SURGERY	MM-7
170015	D. SHARON BOSE						
170016							
10026			MM II	150-7 550-8	PSYCHIATRIC	PEADIATRICS	
1T0027		MM-7					GENERAL SURGERY
	S SHABANA TASAFEN						
170014	5 SUMERA IRHAM						
170030	D. JAYAROOPA VANI						
170018	B.BHAVANA			MM-E	FM-7 FM-8	PSYCHIATRIC	
170019	SRI KRISHNA JYOTIKA						
170021	M.PRIYANIALI	GENERAL SURGERY	5454-7				PEADIATHICS
170024	LVAISHNAVI						
110025	V.HARI SUSHUMA						
170001	B AKHILA						
170002	M.AKSHITHA					FM-7 FM-8	
170005	LASYA	PEADIATRICS	GENERAL SURGERY	MNI-7	MM-8		PSYCHIATRIC
		PERMITTING					
170009	P.PREMA LATHA						
	170006 170020 170020 170024 170013 170015 170016 170027 170027 170028 170018 170018 170018 170021 170021 170021 170021 170021	170006 S. MANKANTA 170020 S. LORES H. ROYAL 170023 S. SUBBA REDDY 170024 S. SUBBA REDDY 170013 S. SUBBA REDDY 170013 AS AS I OCERNICA 170013 C. SWATTHA MADHURIMA 170016 M. V. NAGA VASAVI LATHA 170026 L. (*Frie" N. MANASA 170027 R. MANASA 170027 R. MANASA 170028 S. SHARRAN ATASAFEN 170018 B. BHAVANA 170018 B. BHAVANA 170019 S. SUBBRA SHAN YOTHA 170021 M. PRIVANSAIS 170021 M. PRIVANSAIS 170025 V. MARI SUSHUMA 170025 V. MARI SUSHUMA 170005 B. ARHINAN V. TIPOOTS V. MARI SUSHUMA 170005 V. MARI SUSHUMA 1700010 B. ARHINAN V. TIPOOTS V. MARI SUSHUMA T. V. MARI SUSHUMA T. V. MARI SUSHUMA V. M	170006 S. MANIKANTA TODO	170006 S. MANIKANTA FM. 2 FM. 8 PSYCHIATRIC T00213 S. SUBBA REDOY T10024 S. SUBBA REDOY T10024 S. SUBBA REDOY T10025 S. SUBBA REDOY T10026 S. SUBBA REDOY T10026 S. SUBBA REDOY T10026 S. SUBBA REDOY S. SUBBA	170006 S. MANIKANTA FM. 2 FM. 8 PSYCHIATRIC PEADIATRICS 170024 S. SURBA REDOY TOO23 S. SURBA REDOY TOO24 S. SURBA REDOY TOO25 S. SURBA REDOY TOO25 S. SURBA REDOY TOO25 S. SURBA REDOY TOO26 S. SURBA REDOY TOO26 S. SURBA REDOY TOO26 S. SURBANA TASAETN MM. 2 FM. 7 FM. 8 FM. 7 FM. 8 TOO26 S. SURBANA TASAETN MM. 7 MM. 8 FM. 7 FM. 8 TOO27 S. SURBANA TASAETN MM. 7 MM. 8 FM. 7 FM. 8 TOO28 S. SURBANA TASAETN MM. 7 MM. 8 FM. 7 FM. 8 TOO29 S. SURBANANA TOO21 S. SURBANANA TOO21 S. SURBANANA TOO21 S. SURBANANA TOO22 M. PRIVANIANI TOO25 S. SURBANANA TOO25 M. PRIVANIANI TOO25 V. MAR SUSHUMA TOO25 V. MAR SUSHUMA TOO25 V. MAR SUSHUMA S. SURBANANA S. SUSHUMA S. SURBANANA S. SURBAN	170006 S. MANIKANTA FM. 2 FM. 8 PSYCHIATRIC PEADIATRICS GENERAL SURGERY 170024 S. SUBBA REDDY 170024 S. SUBBA REDDY 170024 S. SUBBA REDDY 170025 S. SUBBA REDDY 170025 S. SUBBA REDDY 170025 S. SUBBA REDDY 170026 S. SUBBA REDDY 170026 S. SUBBA REDDY 170027 R. ANANASA 170028 S. SUBBANASA 170028 S. SUBBANASA 170029 S. SUBBANASA SUSHIMAN 170029 S. SUBBANASA SUSHIMA 170029 S. SUBBANASA SUSHIMAN S. SUBBANASA SUSHIMAN S. SUBBANASA SUSHIMA S. SUBBANASA SUSHIMA S. SUBBANASA S. SUBBANASA	100006 S. MANIKANTA FM-2 FM-8

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

Date :



16ER1T0016

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Principal / Correspondent

REG NUM	NAME OF THE STUDENT	WARD	
16ER1T0004	C.KEERTHI	MM-8	
16ER1T0013	M.SAI DEEPIKA		
16ER1T0029	L.SWETHA MADHURIMA		
16ER1T0015	D.SHARONE ROSE		
	M.V.NAGA VASAVI LATHA		

REG NUM	NAME OF THE STUDENT	WARD
16ER1T0026	L.GRACE	MM-2
16ER1T0027	K.MANASA	
16ER1T0028	S.SHBHANA	
16ER1T0014	S.SUMERA	
16ER1T0030	D.JAYA RUPA VANI	

REG NUM	NAME OF THE STUDENT	WARD
16ER1T0018	B.BHAVANA	GENERAL SURGERY
16ER1T0019	SRI KRISHNA JYOTHIKA	
16ER1T0021	M.PRIYANJALI	
16ER1T0024	L.VAISHNAVI	
16ER1T0025	V.HARI SUSHMA	

	NAME OF THE STUDENT	WARD
REG NUM		



Date :



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1.CED 1.TO001	B.AKHILA	PEDIATRICS	
16ER1T0001			
	M.AKSHITHA		
16ER1T0002			
	LASYA		
16ER1T0005			
	P.PREMA LATHA		
16ER1T0009			
	SADIYA SAMREEN		
16ER1T0012			

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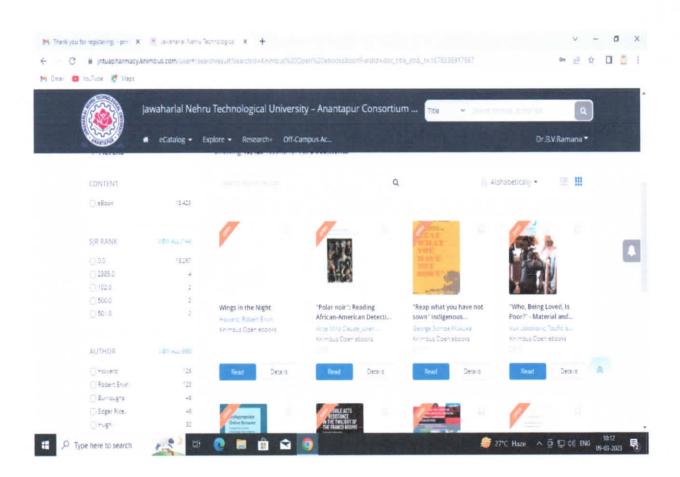
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OPP: Dupadu R.S. N.H. A.A.

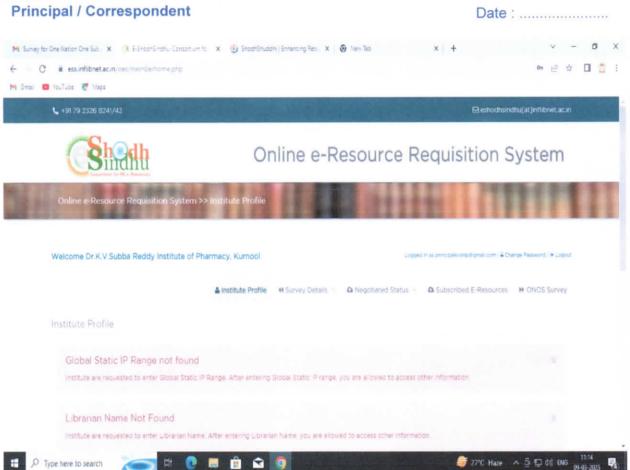
OPP: Dupadu S18218 (A.P.)

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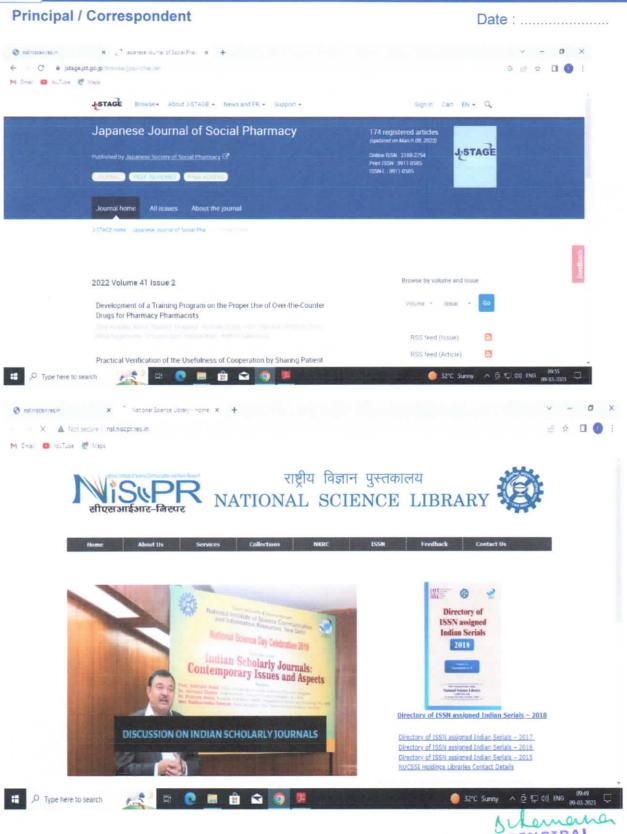
Dr. N. P. Dungdu S. S. 18 (A.P.)

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Date :



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■ GPAT 2021 - Previous Year Ques X + ← → C # youtube.com/watch?v=WQD_HRCDECc 단 년 ☆ 뭐 🛛 🧯 : = NouTube gpat 2020 Q You Top chat replay v Siddharth Shankar Nag start fast sir Screat Superstar 1 we will earn after we win? Himanshu Gupta Good evening sir **PREVIOUS YEAR** SRIRAM YADAV M 19P0P026 good evening sir Ram h good evening sir QUESTION Drx sing vlog hi vikrant chaudhary ram ram sir ji 25 MCQs V Bhumika Patili good evening sir Explanation Dramma vlog gd evening 3 Nikhilesh Maruthi 74 Egarly waiting sir Ishan Upadhyay 🕠 🗘 🐧 🥻 🥻 000000022 Abhisek Triparthi Krishna Patil good evening Sir... WouHub good evening GPAT 2021- Previous Year Question Paper Discussion with Explanation | Part-I (A Kartik Ramteks | Odlevening siz GPAT DISCUSSION CENTER 6 (\$) Thanks ... 15 1.9K (7) A Share ● 34°C Sunny ^ 40 40 ENG 11:52 30-63-2023 P Type here to search

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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

 $= (591/650) \times 100$

=90.92





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Data												
Date												

WORKSHOP & GUEST LECTURES:

	AY @ 2021-22	
1.	One day Webinar on Quality Standards of AYUSH recommended drugs for Covid-19	Dr. M. Kalyan Kumar Raju
2.	One day conference on Research in Ayurvedic Product and Quality assurance and quality control in Phytopharmaceuticals.	Dr. Md. Jamal Basha
3.	One day conference on the Role of Artificial Intelligence During Covid-19	Dr. K. Srikanth (NIPER-SAS)
4.	Conference on "Role of stem cells in Pancreatic regeneration and Reversal of Diabetes"	Dr. K. P. Shameem (USA)
5.	Webinar on "Academic ethics and Plagiarism"	Dr. M. Gulshan Kumar
6.	One day conference on Recent Development and Future challenges of Nuclear Science in Health Sector	Dr. S. Banesh (IIT)
7.	One day webinar on Regulatory Affairs and international marketing	Mr. Rahul Singh Gurzar
8.	Workshop on Advances in Biotechnology at BioEra	Mr. K. Kamabagiri Swamy (BIOCON)
9.	A webinar on immunology and immune technology	Mr. S. Siva Kumar (NOVARTIS)
10.	One day conference on biodiversity, climate change &suitable agriculture towards food security	Mr. K. Narender Goel
11.	One day conference on strategies for global competitions &economic growth.	Mr. T. Prashant Kumar
12.	One day Webinar on synthetic and pharmaceutical chemistry	Dr. Md Shameer (Georgia State University)
13.	One day conference on Recent Advances in Health Sciences	Dr. K. Pavan Kumar Raju
14.	One day Conference on Amalgamation of recent Pharmaceutical Developments in ayurveda	Dr. I. Rupesh (Ayurveda- Tirupati)
15.	Conference on the role of pharmacists in the prevention and management of sleep disorders	Dr. Y. Ganesh
16.	One day conference on Harmonization and Global Efforts for Safe and Effective Generic Drugs	Mr. E. Kiran Goud
17.	Workshop on pharmaceutical quality assurance and quality control and quality management	Dr. C. Mallikarjun Rao
18.	One day conference on stress and stress management	Dr. K. Amarnath





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PHARMACY SEMINARS:

		DR.K.V.SUBBREDDY INSTI	TUTE OF PHARMACY, DUPADU, KURNOOL		
S.No.	Holl No.	Name of the Student	en by B.Pharmary Students in Academic Year 2019-20		
1	1912(19.000)	II SUPRIVA BAL	Title	Presentation Date	
200	THEN INDOLL	D SREYA REDDY	CHEAC DISEASE CHED AND ADDLESS ENT PSYCHIATRY	9/2/2019	
3 1 1	19ER180036	GHARBHA	CHRONIC KIDNEY DISEASE	9/2/2019	
4	191 K180025	K NAVANEL IIIA	CHRONIC LETKEMIA	9/2/2019	
10.3000	191R1R0076	PARJUNIKA	COPD	9/2/2019	
6	THERTROOMS	C KISHORE BABU	COLORECTAL CANCER	92/2019	
10-11	-19ER1R0093	KUSCHA MANASA	CORNEA AND EXTERNAL DISEASE	9-2/2019	
×	TRERIBOOMS	GOLLA TARUN KUMAR	CORONAVIRUS (COVID-19)	1/30/2020	
-	18ER1R0017	GOTTA YELLASWAMY	DENTAL AND ORAL HEALTH	1/30/2020	
18	INFRIENCIS.	GUDIMARALLA KAVIN KUMAR	DEPRESSION	1/3W202U	
	TREBURDOCA	KURUVA SURESH	DIABITIC MICROVASCIT AR COMPLICATIONS	1/30/2020	
152	INFRIRONS.	NARRALIKHITA	DIALYSIS	1/30/2020	
(3)	181 R 1R 00 15	PALLAPU SANDYA RANI	ELECTRONIC HEALTH RECORDS	1/30/2020	
14	188'S I BOO37	PICHIGUNILA MAHUSH	EMERGING AND RESMERGING INVECTIOUS DISEASES	1/30/2020	
15	17ER1R0002	A SUNTINA	END-STAGE RENAL DISEASE	6/13/2018	
Te	(TERTROGOV	BOYA VIDYAVANI	GALLBLADDER AND BILLIARY DISEASE	6/15/2018	
17	17ER (ROUG)	DANDU MADHUSUBHAN	GENOMIC MEDICINE	n 13/2018	
	LTERIROGIA	DASHAVATHPRAVALLIKA	GERD	6/11/2018	
18			ERECTILE DYSFUNCTION	6/13/2018	
19	17ER1RI022	GOLLA MADRO SHEKAR	ETHICS	6.13/2018	
20	178.9(1900)62	BOMMARA BHARGAVA REDDY	HEAD AND NECK CANCER	6/13/2018	
21	17FR1R0067	GITTAIAH HEMALATHA	HEADACHI	8/23/2017	
22	telRikouts -	MALLEPOGU MAHESH	HEALTH DIVERSITY	8/23/2017	
23	16ERTROOTS	PAGIDIMARY	LUNG CANCER	8/23/2017	
34	16ER1R0025	BUKKEM PRATHYUSHA	LYME DISPASE	8/23/2017	
25	IGERTRO026	BREEMAGUNTLA PRAVEEN RAJ	OBIGYN AND WOMEN'S HEALTH NURSING	W/23/2017	
26	161R1R0034	DUDEKULA SHAIKAHAMED	OBESITY AND WEIGHT MANAGEMENT	8/23/2017	
25	16ER:R0036	SHAIK SHAKEER	PATIENT SAFETY	8/23/2017	
28	165R1R0979	YELLALA SRUTEJA			
			given by Phaem.D Students in Academic Year 2019-20	and the second second	
		Name of the Student	Title	Presentation Date	
5.76	Roll No.	B ASWINI BAL	INSULIN THERAPY	2/7/2020	
1	TVERTTOROS	C SUSHMA	INTEGRATIVE MEDICINE	2/7/2020	
2	19ER110000		INTERVENTIONAL CARDIOLOGY & SURGERY	2/7/2020	
- 3	191.R110009	G MOUNIKA	RENAL CELL CARCINOAIA	2/7/2020	
4	PPERITION1	K SALCHAITHANYA	REPRODUCTIVE ENDOCRINGLOGY	2/7/2020	0
5	19ER1 T0015	V. VAMSI KRISHNA	RESIDENTS	3/7/2026	1
6	1963(1700)7	BIVENEATISH	RESTLESS LEGS SYNDROME	7/7/2020	CONTREIP'S
7	19ER110018	GANTA EDIGA LIKHTIDIA	RHEUMATORD ARTHRITIS	4.11-2019	Daganu B.S

The second second	DATE OF TAXABLE	JAKKA IRVYA SRIJ	SCHIZOPHULNIA I	4/1/2019
10	SHEEL STANFT	MI NAGALA MANI PRANANNA	PEDIATRIC DERMATOLOGY	4/11/2019
100	286 82 1000-9	MICRIAGRANI SUJANA DORA	HODGKIN'S LYMPHONG	4/17/2019
THE REAL PROPERTY.	25EW1T(803	SRAIK FAHLSKA BATES	PEDIATRIC OPPUTIAL MOLOGY	4/18/2019
- 1/13kmm	\$ 84.00 1 TOO 2 7	UNUSERE ROSMITTA	URINARY INCONTINUNCE & OAR	40 1/2019
114	F. RELECTIONS	KANTATHAMKEERIHANA	MECHANICAL VENTILATION	4/11/2010
S. Barrier	1753,119661	DARA SHAILAIA	MEDICAL LIBESTYLE	6/24/2019
100	3.75302 T00006	V V AMST KRISHNA	MEDICAL MALFRACTICE AND LEGAL ISSUES	6-24-2019
3.40	ETERTIMOT	KATIKE BHAVANI	MEDICAL PRACTICE MANAGEMENT	6/24/2019
100000000000000000000000000000000000000	TERRETON T	AMBATIPAVITRA	SULP DISORDERS	6-34-2019
11114	124361744010	JPANITHRA	SOCIAL DETERMINANTS OF BEALTH	0/24/2019
211	PERTIONS.	PULLDINYA	SPINAL DISORDERS	6/24/2019
100000000000000000000000000000000000000	FFER I TONOS	RUMBRARUKSAR	PEPTIC LL CER DISEASE	621/2019
33	INCRETIONS:	PATHAN JAVEED	PERIOPERATIVE NURSENG	11/2/2017
25 17	16EE/10004	CHENCHI REDIDVGARI KEERTHI	PSEUSIONIA	11/2/2017
A CONTRACTOR	160 RATIONS.	ASAD ALIKHAN	MODANE	162/2017
THE REAL PROPERTY.	PREMITTRODA	PERUSIALATIKA	MINIMALLY INVASIVE GASTROINTES IN AUSTRICIBLY (MIGS)	11/2/2017
26	TOURS TOUT 40	SITAIK SUMERA BUHAM	MODERATE TO SEVERE ASTRMA	11/2/2017
25	16EB) T0016	INTA VENKALA NAGA VASAVILAT	JOINT DISORDERS	11/2/2017
79. 1	160RITIOIS	BOOYAM BRAYANA	KEINEY A PANCREAS TRANSPLANT	11/2/2017
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DEPARTMENT OF PHARMACY (2021-2022)

CIRCULAR

DATE: 24/03/2021

All the faculty and students here by informed that the Group Discussion Program will be conducted for B pharmacy & Pharm.D students on the 26th March 2021 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

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Principal / Correspondent

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Group Discussion Session

AY: 2021-2022

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

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Topic:

Animals should not be used in medical research:

Imprecise results from animal experiments may result in clinical trials of biologically faulty or even harmful substances, thereby exposing patients to unnecessary risk and wasting scarce research resources. Animal toxicity studies are poor predictors of toxic effects of drugs in humans.

Animals should not be used for biomedical research because the experiments are cruel and inhumane. Although animal testing brings more medical advancement and less human-based experiments, it is an expensive way of researching that produce imprecise outputs and at the same time is a practice of animal cruelty.



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Date :

Using Animals for Testing: Pros Versus Cons

- Improves human health: ...
- · Helps ensure safety of drugs: ...
- Alternative methods of testing do not simulate humans in the same way. ...
- · Some substances tested, may never be used for anything useful: ...
- It is very expensive: ...
- Animals and humans are never exactly the same.



Disadvantages:

- Animal experiments are time-consuming and expensive.
- Animal experiments don't accurately mimic how the human body and human diseases respond to drugs, chemicals or treatments.

Animals are very different from humans and, therefore, react differently Batch of 21 B. Pharm students attended the session conducted on 26/03/21

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DEPARTMENT OF PHARMACY (2021-2022)

CIRCULAR

DATE: 22/04/2021

All the faculty and students here by informed that the Debate Program will be conducted for B pharmacy & Pharm.D students on the 24/04/2021 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

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Debate

AY: 2021-2022

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.

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

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Topic:

Are books better than television?

All the research says reading a book is good for you. Better even than listening to an audiobook or reading one on an e-reader. It reduces stress, promotes comprehension and imagination, alleviates depression, helps you sleep and may contribute to preventing Alzheimer's. Reading is active; watching TV is passive.



Reading has a positive effect on our mental health, while watching TV has the exact opposite effect. Reading can reduce stress, lower our blood pressure, our heart rate and muscle tension. On top of the knowledge boost reading provides us with, it also has a healing effect on our mental state.





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

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Date:11/10/2021

DEPARTMENT OF PHARMACY (2021-2022)

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 13/10/2021 to 17/10/2021 as per the following schedule. All the faculty & students are instructed to note the same and attend the classes as per the schedule.

S.NO	DATES	TIME	SUBJECT	FACULTY
1	13/10/2021 TO 17/10/2021	9-10AM	PHARMACEUTICAL CHEMISTRY	R. MOHANA PRIYA
2	13/10/2021 TO 17/10/2021	10-11AM	PHARMACEUTICAL ANALYSIS	K.SARA SIRISHA
3	13/10/2021 TO 17/10/2021	11-12AM	MATHEMATICS/BIOLOGY	V.ANU RADHA
4	13/10/2021 TO 17/10/2021	2-3PM	COMMUNICATION SKILLS	S.SREE LEKHA

COPY TO FACULTY MEMBERS

Dr. K. PRINCIPAL

Dr. K. PRINCIPAL R.S. N.H.-44.

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

KURNOOL-518218 (A.P.)

PRINCIPAL

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

KURNGOL-518218 (A P.)



Dr. K.V. Subba Reddy Institute of Pharmacy

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Principal	/ Correspondent
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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 preparations and methods of standardization	
4	Concepts of oxidation & reduction	2
5	Methods of electro chemical methods of analysis	2
	TOTAL	10

& Werthelina Institute of Pharmacy PRINCIPAL Dupadu R.S. N.H. 44. Dr. K.V.S.R. Institute of Pharmacy 518218 (A.P.)

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 /	Corres	pondent

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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	
4	Basic introduction of Matrices and Determinant	2
5	Applications in solving chemical kinetics and pharmacokinetic equations	2
	TOTAL	10

COMMUNICATION SKILLS:

TOPIC NAME	NO.OF HOURS
Learning Basic communication skills	2
basic learning of listening skills	2
Basic under standing of writing skills	
Learning of presentation skills	2
Learning of interview skills	2
TOTAL	10
	Learning Basic communication skills basic learning of listening skills Basic under standing of writing skills Learning of presentation skills Learning of interview skills

PRINCIPAL

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

PRINCIPAL OL 518213 (A.P.)

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

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

KURNOOL-518218 (A.P.)

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

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Dr. K.V. Subba Reddy Institute of Pharmacy

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Principal / Correspondent

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1210	. 4			
Date		 	20.00	

Date:20/10/2021

DEPARTMENT OF PHARMACY (2021-2022)

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 13/10/2021 to 17/10/2021 as per the following schedule. All the faculty & students are instructed to note the same and attend the classes as per the schedule

S.NO	DATES	TIME	SUBJECT	FACULTY
1	13/10/2021 TO 17/10/2021	9-10AM	PHARMACEUTICAL CHEMISTRY	Dr. K. CHANDRA SEKHAR
2	13/10/2021 TO 17/10/2021	10-11	COMPUTER APPLICATIONS	S PAVAN KUMAR

COPY TO FACULTY MEMBERS

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

PRINCIPAL

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

KURNGOL-518218 (A P)



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Principal / Correspondent

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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

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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Dr. K.V.S.R. Institute of Rharmacy (that a of Pharmacy

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

KURNOOL-518218 (A.P.)

KURNOOL-518218 (A.P.)

DR.K.V.SUBBAREDDY INSTITUTE OF PHARMACY, DUPADU, KURNOOL(AY:21-22)

PHARMACEUTICAL CHEMISTRY:

S.NO	NAME OF THE STUDENT	13/10/21	14/10/21	15/10/21	16/10/21
21ER5R0001	J.DEEPTHI	V	V		
21ER5R0002	V.SAI TARUN KUMAR	V	V	V	V
21ER5R0003	S.SUMANTH	V	1		
21ER5R0004	B.MOHAMMED THOWSIF	V	V		
21ER5R0005	S.MUBEENA BHANU	V	V	V	V
21ER5R0006	B.NIKIL	$\sqrt{}$	J	$\sqrt{}$	V
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COMPUTER APPLICATIONS

S.NO	NAME OF THE STUDENT	13/10/21	18/10/21	15/10/21	16/10/2
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21ER5R0002	V.SAI TARUN KUMAR	V.	V	V	V
21ER5R0003	S.SUMANTH	V	V		V
21ER5R0004	B.MOHAMMED THOWSIF	V .	V	V	V
21ER5R0005	S.MUBEENA BHANU	V	V	V	V
21ER5R0006	B.NIKIL			V	V
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Opp: Dupadu R.S. N.H.-44,
KURNOOL-518218 (A.P.)



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Principal / Correspondent

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DEPARTMENT OF B.PHARMACY

CIRCULAR

Date: 18/09/2021

All the students of II, III & IV B.Pharmacy I semester & Pharm.D who have Secured Less than 50% in I Mid Examinations are hereby informed to attend the Remedial Classes from 5:00PM to 6:00PM during 20.09.2021 to 25.10.2021 I request all the students to utilize this opportunity to improve your percentage.

COPY TO FACULTY MEMBERS

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

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

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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		
20ER1R0009	20ER1R0029	20ER1R0036	20ER1R0039	20ER1R0056
20ER1R0057	20ER1R0089	20ER1R0093	20ER1R0097	20ER1R00A6

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

	IV Year I Sem		
_18ER1R0008	18ER1R0013	18ER1R0015	-18ER1R0017
18ER1R0034			
	•	18ER1R0008 18ER1R0013	- TODATIONIS

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

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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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Data	
Date	

Department of B. Pharmacy

Timetable for Remedial Classes

Year & Sem: II - I

Academic Year: 2021-2022

Day	Timings	Faculty	Subject	Venue	Cian
Monday	5:00PM - 6:00PM	R.MOHANA PRIYA	ORGANIC CHEMISTRY	Room No.106	Muiyer
Tuesday	5:00PM - 6:00PM	B.V.RAMANA	PHYSICAL PHARMACY	Room No.107	av-I

Year & Sem: III - I

Academic Year: 2021-2022

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	K.CHANDRASE	MEDICINAL	Room No.110	~
		KHAR	CHEMISTRY		D.
Tuesday	5:00PM - 6:00PM	S.RAJESH RAJA	PHARMACO LOGY	Room No.111	2

Year & Sem: IV - I

Academic Year: 2021-2022

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	J.GOPALA KRISHNA	INSTRUMENTAL METHODS OF ANALYSIS	Room No.208	Jey Krelm
Tuesday	5:00PM - 6:00PM	S.K.RUBINA	NDDS	Room No.210	Sipro

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

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Department of B. Pharmacy

Attendance for Remedial Classes

Course Name: ORGANIC CHEMISTRY

Year: II - I

Course Faculty: R.MOHANA PRIYA

A.Y: 2021-2022

S. No.	Roll No.	20-09-2021	27-09-2021	04-10-2021	11-10-2021	18-10-2021	25-10-2021
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Department of B. Pharmacy

Attendance for Remedial Classes

Course Name: PHYSICAL PHARMACY

Year: II - I

Course Faculty: DR.B.V.RAMANA

A.Y: 2021-2022

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Department of B. Pharmacy

Attendance for Remedial Classes

Course Name:

MEDICINAL CHEMISTRY

Year: III-I

Course Faculty: DR.K.CHANDRA SEKHAR

A.Y: 2021-2022

S. No.	Roll No.	20-09-2021	27-09-2021	04-10-2021	11-10-2021	18-10-2021	25-10-2021
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Date	 	 	

Department of B.Pharmacy Attendance for Remedial Classes

Course Name: PHARMACOLOGY -I

Year: III-I

Course Faculty: S.RAJESH RAJA

A.Y: 2021-2022

S. No.	Roll No.	21-09-2021	28-09-2021	05-10-2021	12-10-2021	19-10-2021	26-10-2021
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5	19ER1R0022	V	4	×	/	~	V
6	19ER1R0036	1	X	1	V		5
7	19ER1R0039	~	/	V	X	V	
8	19ER1R0049		V	1	~	~	
9	19ER1R0060	V	Y	1	V	~	
10	19ER1R0070	/	V	V	×	V	V
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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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Department of B.Pharmacy

Attendance for Remedial Classes

Course Name: INSTRUMENTATION METHODS OF ANALYSIS

Year: IV-1

Course Faculty: J.GOPALA KRISHNA

A.Y: 2021-2022

S. No.	Roll No.	20-09-2021	27-09-2021	04-10-2021	11-10-2021	18-10-2021	25-10-2021
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7	18ER1R0034	V	V	×	· (-1000	littlery .	
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Dr. K.V.S.R. Institute of Pharmacy
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Department of B. Pharmacy

Attendance for Remedial Classes

Course Name: NDDS

Year: IV-1

Course Faculty: S.K.RUBINA

A.Y: 2021-2022

S. No.	Roll No.	21-09-2021	28-09-2021	05-10-2021	12-10-2021	19-10-2021	26-10-2021
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Dr. K.V.S.R. Institute of Pharmacy

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Dr. K.V.S.R. Institute of Pharmacy
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Department of Pharm.D

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

		II Y	ear		
20ER1T0002	20ER1T0005	20ER1T0016	20ER1T0017	20ER1T0020	20ER1T0028

		III Y			
19ER1T0005	19ER1T00015	19ER1T00018	19ER1T0021	19ER1T0024	19ER1T0025
19ER1T0027	19ER1T0029				

		IV Year		
18ER 1T0003	18ER 1T0014	18ER 1T0019	18ER 1T0027	

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Department of Pharm.D

Timetable for Remedial Classes

Year & Sem: II

Academic Year: 2021-2022

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	DR. M. SPURTHI MYTHRA	PT-I	Room No.106	\$
Tuesday	5:00PM - 6:00PM	DR.S.RAJESH RAJA	P.COL-I	Room No.107	Rajed

Year & Sem: III

Academic Year: 2020-21

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	DR.S. KUSUMA KUMARI	PT-II	Room No.110	40
Tuesday	5:00PM - 6:00PM	DR.K. CHANDRASEKH AR	MC	Room No.111	W

Year & Sem: IV

Academic Year: 2020-21

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	SURESH BABU	Biostatistics & Research Methodology	Room No.208	SE
Tuesday	5:00PM - 6:00PM	B.ARUNA	CT	Room No.210	(8 1:

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

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Department of Pharm.D

Attendance for Remedial Classes

Course Name: PT-I

Year: II

Course Faculty: DR. M. SPURTHI MYTHRA

A.Y: 2021-2022

S. No.	Roll No.	20-09-2021	27-09-2021	04-10-2021	11-10-2021	18-10-2021	25-10-2021
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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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Department of Pharm.D

Attendance for Remedial Classes

Course Name: PHARMACOLOGY-I

Year: II

Course Faculty: DR.S.RAJESH RAJA

A.Y: 2021-2022

S. No.	Roll No.	21-09-2021	28-09-2021	05-10-2021	12-10-2021	19-10-2021	26-10-2021
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5	20ER1T0020	V					
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Department of Pharm.D

Attendance for Remedial Classes

Course Name: PT -II

Year: III

Course Faculty: DR.S. KUSUMA KUMARI

A.Y: 2021-2022

S. No.	Roll No.	20-09-2021	27-09-2021	04-10-2021	11-10-2021	18-10-2021	25-10-2021
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5	19ER1T0018	V		V		V	
6	19ER1T0021	1	V	1	V		
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Department of Pharm.D

Attendance for Remedial Classes

Course Name: MEDICINAL CHEMISTRY

Year: III

Course Faculty: DR.K.CHANDRASEKHAR

A.Y: 2021-2022

S. No.	Roll No.	21-09-2021	28-09-2021	05-10-2021	12-10-2021	19-10-2021	26-10-2021
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Principal / Correspondent

Date:.....

Department of Pharm.D

Attendance for Remedial Classes

Course Name: BIOSTATISTICS & RESEARCH METHODOLOGY Year: IV

Course Faculty: SURESH BABU

A.Y: 2021-2022

S. No.	Roll No.	20-09-2021	27-09-2021	04-10-2021	11-10-2021	18-10-2021	25-10-2021
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Opp: Dupadu R.S. N.H.-44,
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Department of Pharm.D

Attendance for Remedial Classes

Course Name: BIOSTATISTICS & RESEARCH METHODOLOGY Year: IV

A.Y: 2021-2022

Course Faculty: SURESH BABU

S. No.	Roll No.	20-09-2021	27-09-2021	04-10-2021	11-10-2021	18-10-2021	25-10-2021
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Dr. K.V.S.H. Institute of Pharmacy Opp: Dupadu R.S. N.H.-44, KURNOGL-518218 (A.P.)

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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

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Department of Pharm.D

Attendance for Remedial Classes

Course Name: CLINICAL TOXICOLOGY

Year: IV

Course Faculty: B.ARUNA

A.Y: 2021-2022

					uris .		
S. No.	Roll No.	21-09-2021	28-09-2021	05-10-2021	12-10-2021	19-10-2021	26-10-2021
1	18ER 1T0003	X					
2	18ER 1T0014	V	×				1
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Department of B.Pharmacy

Circular

Date: 09/04/2022

All the students of II, III & IV B.Pharmacy II Semester who have Secured Less than 50% in I Mid Examinations are hereby informed to attend the Remedial Classes from 5:00PM to 6:00PM during 11/04/2022to 17/05/2022. I request all the students to utilize this opportunity to improve your percentage.

Copy to faculty members:

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

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



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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		
20ER1R0009	20ER1R0029	20ER1R0036	20ER1R0039	20ER1R0056
20ER1R0057	20ER1R0089	20ER1R0093	20ER1R0097	20ER1R00A6

		III Year II Sem	1	
19ER1R0008	19ER1R0014	19ER1R0020	19ER1R0021	19ER1R0022
19ER1R0036	19ER1R0039	19ER1R0049	19ER1R0060	19ER1R0070

		IV Year II Sem		
18ER1R0001	18ER1R0008	18ER1R0013	18ER1R0015	18ER1R0017
18ER1R0018	18ER1R0034		+	

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Dani Dupadu R.S.N.H.-44.

RURNOOL-5-PRINCIPAL

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Date :

Department of B.Pharmacy

Timetable for Remedial Classes

Year & Sem: II -II

Academic Year: 2021-2022

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	DR.J.GOPALA KRISHNA	MC-I	Room No.102	4
Tuesday	5:00PM - 6:00PM	E.HONEY	PHARMACO LOGY-I	Room No.102	211

Year & Sem: III - II

Academic Year: 2021-22

Sign
A
- 101

Year & Sem: IV - II

Academic Year: 2021-22

Day Timings Faculty Subject Venue Sign Monday 5:00PM - 6:00PM P.T.NAGARAJU MOOCS Room No.104 -II Tuesday 5:00PM - 6:00PM K.SARA SIRISHA MOOCS Room No.104 -III

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F 1			
1210			
Date	 	 	

Department of B.Pharmacy

Attendance for Remedial Classes

Course Name: MC-I

Year: II - II

Course Faculty: J.GOPALA KRISHNA

A.Y: 2021-2022

S. No.	Roll No.	11-04-2022	18-04-2022	25-04-2022	2-05-2022	9-05-2022	16-05-2022
1	20ER1R0009	*		1	1		10 05 2022
2	20ER1R0029		V	V			
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4	20ER1R0039				~		1
5	20ER1R0056	V					
6	20ER1R0057	×	1	X			V
7	20ER1R0089						
8	20ER1R0093	1/		N.C.	. /		X
9	20ER1R0097		X	7			
10	20ER1R00A6	V					V
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Department of B.Pharmacy

Attendance for Remedial Classes

Course Name: PHARMACOLOGY-I

Year: II - II

Course Faculty: E.HONEY

A.Y: 2021-2022

S. No.	Roll No.	12-04-2022	19-04-2022	26-04-2022	03-05-2022	10-05-2022	17-05-2022
1	20ER1R0009	V		1			
2	20ER1R0029		1/				N/
3	20ER1R0036	/	V				7
4	20ER1R0039	/			X		
5	20ER1R0056		1	X			
6	20ER1R0057	*X;		1			V
7	20ER1R0089	-/		~		2/	
8	20ER1R0093	X	V				
9	20ER1R0097	~	- /			3/	
10	20ER1R00A6			~	/		1
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Dr. K.V.S.R/Institute of Pharmacy
Opp: PRINCIPAL
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Date		 	 	

Department of B.Pharmacy

Attendance for Remedial Classes

Course Name: MC-III

Year: III-II

Course Faculty: R.MOHANA PRIYA

A.Y: 2021-2022

S. No.	Roll No.	11-04-2022	18-04-2022	25-04-2022	2-05-2022	9-05-2022	16-05-2022
1	19ER1R0008	×					
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4	19ER1R0021	×	1/	1	~		1
5	19ER1R0022		1	~	- /	1	
6	19ER1R0036				×		
7	19ER1R0039					×	1
8	19ER1R0049	~		1			1
9	19ER1R0060						×
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Department of B.Pharmacy

Attendance for Remedial Classes

Course Name: BIO TECHNOLOGY

Year: III-II

Course Faculty: DR.S.KUSUMA KUMARI

A.Y: 2021-2022

S. No.	Roll No.	12-04-2022	19-04-2022	26-04-2022	03-05-2022	10-05-2022	17-05-2022
1	19ER1R0008	X	V				
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Department of B.Pharmacy

Attendance for Remedial Classes

Course Name: MOOCS-II

Year: IV-II

Course Faculty: P.T.NAGARAJU

A.Y: 2021-2022

S. No.	Roll No.	11-04-2022	18-04-2022	25-04-2022	2-05-2022	9-05-2022	16-05-2022
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3	18ER1R0015		4	1/		1/	1
4	18ER1R0017	×	1	V	1/	1/	1/
5	18ER1R0018		X	1/			
6	18ER1R0034	/	V	X	~	1	V
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Dr. K.V.S.R. Institute of Pharmacy Opp: Dupadu R.S. N.H.-44 KURN@OL-518218 (A.P.)



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Department of B.Pharmacy

Attendance for Remedial Classes

Course Name: MOOCS-III

Year: IV-II

Course Faculty: K.SARA SIRISHA

A.Y: 2021-2022

S. No.	Roll No.	12-04-2022	19-04-2022	26-04-2022	03-05-2022	10-05-2022	17-05-2022
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Department of Pharmacy

Laboratory Sessions

Branch: B.Pharmacy Regulation: R19



Fig 1.1 Experimental Lab on Limit test in Pharmaceutical Inorganic Laboratory



Fig 1.2 Drying of powder in hot air oven in Physical Pharmaceutical Laborator

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Department of Pharmacy

Laboratory Sessions

Branch: Pharm.D Regulation: R19



Fig 1.3 Experimental Lab on Titration in Pharmaceutical Analysis Laboratory

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Date:.....



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Fig 1.4 Experimental Lab in Medicinal Chemistry Laboratory

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Dr. B. D. R.S. N.H.-44,

CRUSH COL-548248 (A.R.)



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Date :

Pharma Quiz

The Department of Pharmacy has conducted a **Pharma Quiz Competition** in the college auditorium on 18th March 2021 under Pharmacy students Chapter in which four different teams with five participants in each group gave tough battle to each other.

Mrs.S.Lakshmi Garu presented mementos to the winners.





Fig 1: Presenting Mementos to the winners by Principal

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Department of Pharmacy

Think Pair Share Session

AY: 2021-22

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.



Fig.1: Students during a Think Pair Share Session

Batch of 52 Pharmacy students attended the session conducted on 7/4/2021.

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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.





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Opp: Dupadu R.S. (A.P.)
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)

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E-mail:principalkvsrip@gmail.com

Cell: +919440282181, +919704333789

Fax: 08518-287618

DATE:07/06/2021

DEPARTMENT OF PHARMACY (2021-2022)

CIRCULAR

All the faculty and students here by informed that Work Shop on Training and Handling of Dissolution Apparatus will be conducted for III- & IV-year B. pharmacy students on 09/06/2021 to 10/06/2021 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 faculty members

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KURNOOL-518218 (A P)

Date :



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PROBLEM SOLVING METHODS Dr.K.V.Subba Reddy institute of pharmacy conducted training on handling of dissolution apparatus for B.Pharmacy III&IV Year students on 21/08/2021 to 24/08/2021. This workshop is very helpful to acquire knowledge, conceptual under standing, and skills to solve problems and make informed decision in scientific context. Eminent speaker S.K.RUBINA Madam, M. Pharmacy, Assistant professor Department of pharmaceutical analysis.





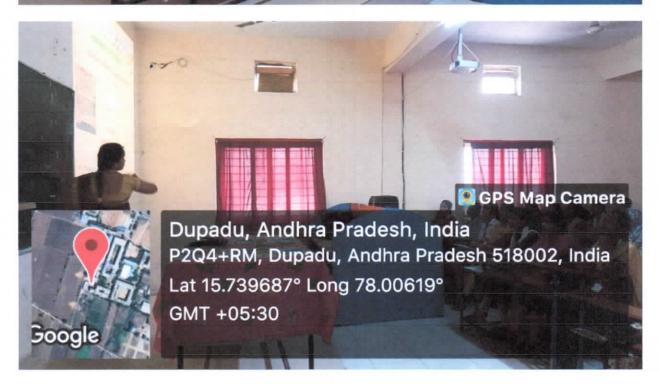


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Date : GPS Map Camera Dupadu, Andhra Pradesh, India P2Q4+RM, Dupadu, Andhra Pradesh 518002, India Lat 15.739766° Long 78.006073° GMT +05:30 Google



S.K. Rubina garu discussing about working of dissolution apparatus

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



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Date :



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Principal / Correspondent

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P2Q4+RM, Dupadu, Andhra Pradesh 518002, India
Lat 15.73955° Long 78.006326°

GMT +05:30

Dr. N.S. P. Dupadu 518218 (A.R.)



Dr. K.V. Subba Reddy Institute of Pharmacy

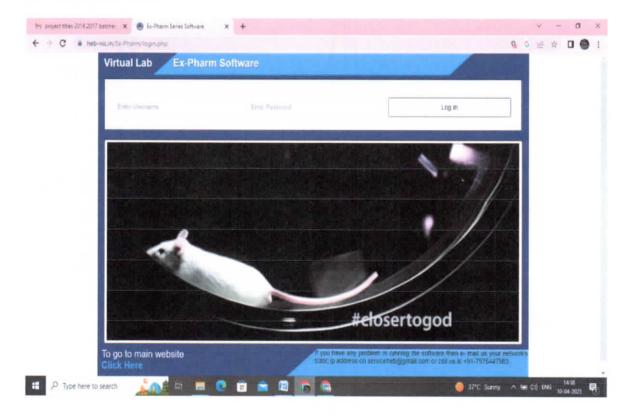
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VIRTUAL LABS

Virtual labs are used to provide remote asses 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 examination.



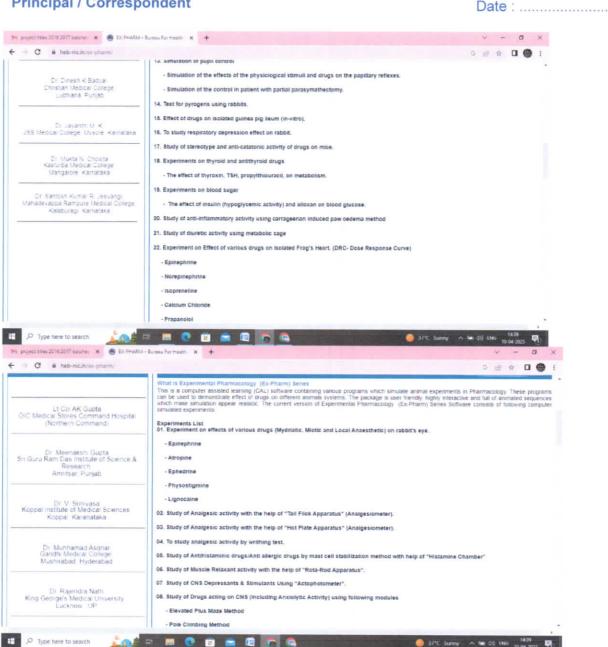




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Date :

B.Pharmacy II year students participative learning in pharmacology laboratory





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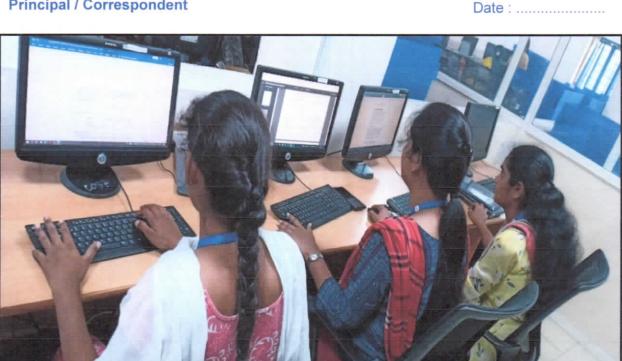
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KURNOOL-3,0216 (A.P.)



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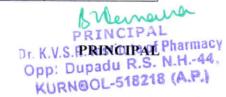
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2.3 Teachers use ICT enabled tools for effective teaching-learning process

(AY:2020-21)

INDEX

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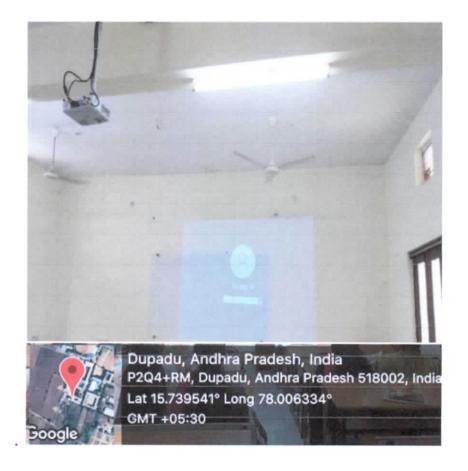
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LCD PROJECTOR:

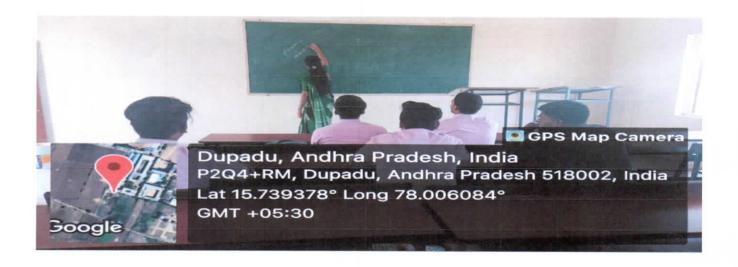
Spacious, well -lit and well -ventilated classrooms and seminar hall [with ICT] with comfortable seating arrangement are available for smooth conduct of UG and PG theory sessions. Besides the conventional teaching aids, classrooms are also equipped with state-of-the-art audiovisual technology viz. digital 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



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

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



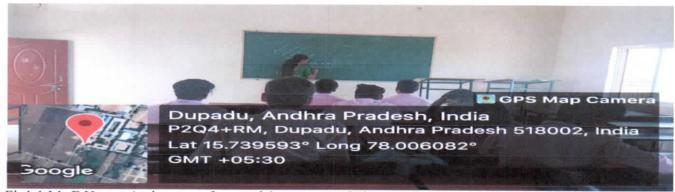


Fig1.1:Ms.E.Honey Assistant professor of department of Pharmacology explaining about concept of Anemia Disorder for B.Pharm I year students of pharmacy using chalk and board.



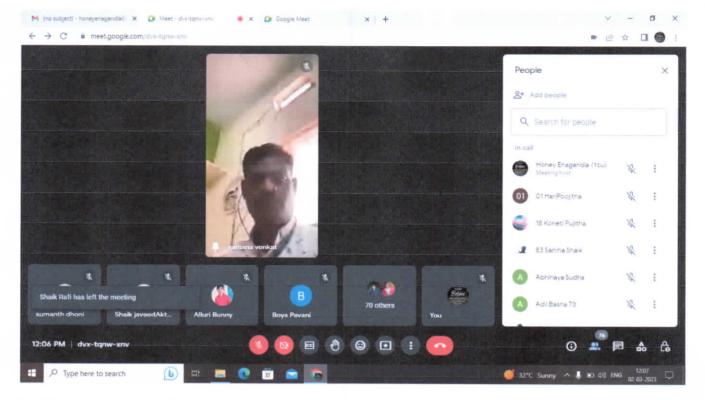
Fig: 1.2. Mr. Naganjenulu, Assistant professor of department of Pharmacognosy explains the concepts of Herbal Drug Technology using LCD projector.

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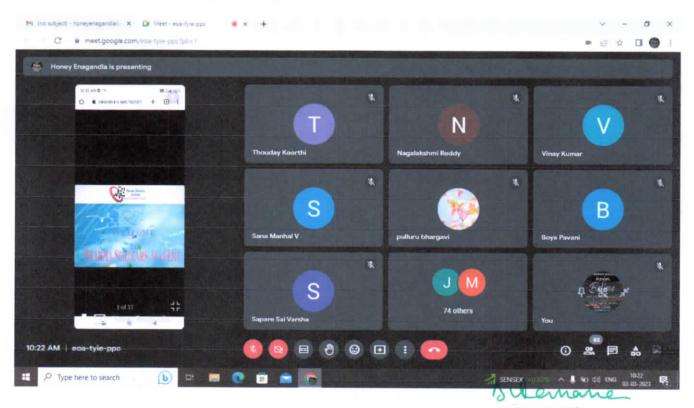


Fig 1.3 Mr.Gopal Krishna Assistant professor of department of Pharmaceutical Chemistry explaining about Source of Impurities in Pharmaceutical Inorganic Chemistry for Pharm.D I year students of pharmacy using chalk and board.

ORALV.S.R.C. MPIOTO 4 BB 378964 OPB: 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.



Dr. K.P. S. P. Schede of Physics y Const. Cupado R. S. N. 1994. STERNOOL 548248764.2)



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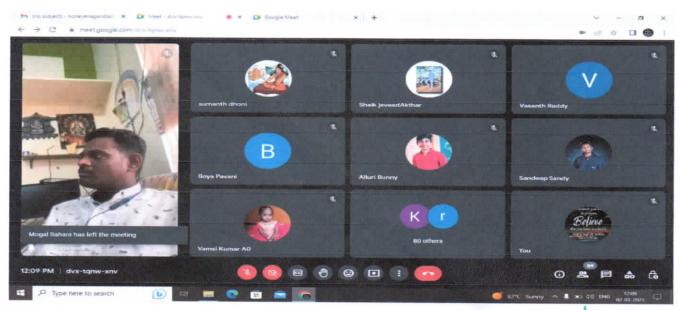
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ONLINE TEACHING:

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.





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Date :

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

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Date : EDU-BLOGS: Faculty blogs and channels are used as instructional potential of online resources to students.

■ (B)	Q learning	0	② !!!
Ramana Venkata	W Notices (1)		
+ NEW POST	European Union Tains sequine you till give European Union visitors Information about conce allos regista you'to obtain consent.	s ward and data collected on you	
Posts	All is counting, we have added a notice on your troy to explain Google's use of certain Blog Additional cooklets, and other data collected by Google	ger and Google cookies, include	g use of Google Analytics and
in Stats			
iu Stats Comments	You are exponsible for confirming this notice actually works for your plop, and that it displayed the time that more may not work for you, if you worked functionally from other provides	lies. If you amplify other coolers	for example by adding third garty collected from pipe upons.
	You are responsible for confirming this notice actually works for your plogs and that it dept	his if you employ other cookers there may be extra inflormation.	, for everyle by adding third garry collected from your users.
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Comments Earnings Pages	You are expossible for confirming this notice actually works for your plop, and that it displements that notice may not work for you. If you worked functionally from other provious	les. If you employ other cookes there may be extra information.	for example by adding third party collected from your scient. MANAGE
Comments Earnings Pages	You are responsible for conficulting this notice actuarly works for your plop, and that it disclered the stock may not work for you. If you worked functionally from other provides Learn more stock that notice and your responsibilities.	les. If you employ other coolies there may be e-the inflamation.	MANAGE
Comments S Earnings Pages Layout	You are responsible for conforming this notice actually works for your plogs and that it disclines that notice may not work for you, if you works functionally from other provious Limits more about this nutice and your responsibilities. All (1)	les. If you employ other cookes there may be extra information.	collected from your usury.







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

Date :

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.





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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

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Cell +91-9959666898 Telefax 040-23060195 Email: kashcareR@vahos.com





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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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This is to certify that Ms. K. YASHODA (17ER1R0075) D/O K.SHANKARAIAH 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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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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Date :



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Princi	pal /	Corres	pondent
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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

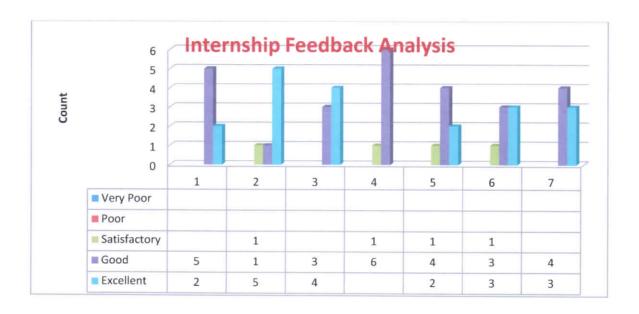
Students Feedback:

	FACTORS ON FEEDBACK	Very Poor	Poor	Satisfactory	Good	Excellent							
FACTOR: WARD ROUNDS													
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							
FACTO	OR: CLINICAL AND MEDICAL PHA	RMACY SKI	LLS										
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							
FACTO	OR: IN DIAGNOSIS SKILLS												
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							



DESCRIPTION OF STREET OF STREET

ACTO	OR: 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

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This is no certify that Mr/Ms M. Harish atthe

15th Real No. 15 ERITO005 has necessfully completed his her internship as per
the curriculum of Pharm. D (Doctor of Pharmacy) prescribed under the equilation 16 and.

Appendix 1 of Pharm. D. Regulations 2008 of Pharmacy (numel of todas 1977), New Delhi and

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General Hargard, Kurnool from 2011 2020 to 30 (4) 2021 and it must Called actions.

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GENERAL MEDICINE	A mountle
PEDIATRICS	2 months.
GESTRAL SURGERY	2 months
ORTHOPEDICS	2 months







Vaibhav Educational Society's

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Gertificate for Internship



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DEPARTMENT	107ALDEBUTION (IN MOSTRIA)
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PERATRICS	2 montes
GENERAL SURGERY	2 mountles
ORTHOPERIES	2 months

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Gertificate for Internship



This is to certify that MeMs. Ganeshina Vijaya Bharathi with the Read No. 15ER 170016 has mecentrally completed his two internally as per the curriculum of Pharma Photon of Pharmacy presented, under the regulation to and Appendix C of Pharma Photon of Pharmacy Connect of India (PC). New Delbis and Januariashil Nobins Technological Conversity Anantague (ENTUR), Anantaguasmic at Government General Mountal Kurnoof from 20[1]2040 to 30[4]2041 and it was Excellent.

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PERISTRES	I seembe
GENERAL SURGERY	2 ments
ORTHOPEDICS	2 months







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Moli mitr Greensteen General Registal KMC Karnool 164 44, Opp Dupartu Rainway Steron, Lakermepuram (Post Kurnool - 518218 JA Pt MSJA

Gertificate for Internship



This is to certify that MeOM. Roddom Mountsa with

14d Rodd No. 156R1T0004 has successfully completed his his intermining as per

the currenteen of Pharm 31 Mounts of Pharmacy) prescribed under the engalation 16 and

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General Nospital, Kurneel from 20112020 to 30142021 and it was Cathafathory

DEPARTMENT	10034 DESCRIPTION
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PERIATRICS	2 months
GENERAL SURGERY	2 months
ORTHOPEDICS	2 months

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(Schi Salmana Hospital

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Cell: 9704 333 789 9177287508 7660003344



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Date :

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.

Date :



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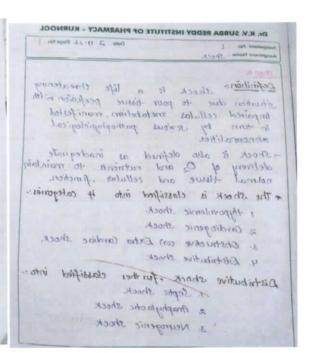
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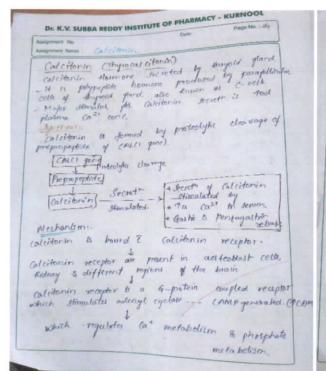
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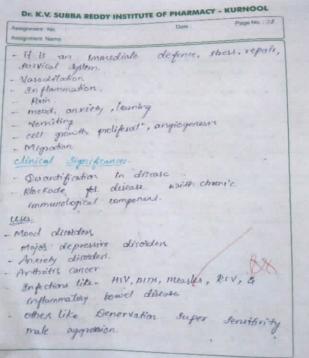
ASSIGNMENTS

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.

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

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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)

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May-2021

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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 Doctorof 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 toboard of examiners for evaluation process.

Name of student(s)

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CERTIFICATE

RNIORRHAPHY" bearing research project entitled "EVALUATION OF SAFETY AND RNIORRHAPHY" bearing research protocol approval number- KVSP/IRB/2020-21/Pharm.D/PROJ/018 was carried out by Mrs. B. Bhavana (16ER1T0018), Mrs. V. ni Sushma (16ER1T0025), Mrs. L. Grace (16ER1T0026) and Mrs. S. Shabana Tahaseen ER1T0028) 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 complied rk in this project book adequate to the best of my knowledge and is duly submitted board of examiners, in partial fulfillment for the award of degree of Doctor of armacy as prescribed by JNT University Anantapur, Anantapuramu, Andhra Pradesh wish him/her all the best.

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ACKNOWLEDGEMENT

It is a proud and privileged honour for us to express our heartful 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 **DrNagarajan**, **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. KVSR Institute of Pharmacy**, from the bottom of our hearts for providing us all the facilities and supportneeded 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 forwhom we could not mention personally one by ones. YOURS,

B. Bhavana

V. Hari Sushma

L. Grace

S. Shabana

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ACRONYMS

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

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ABSTRACT

Aim:

To evaluate the safety and efficacy of antibiotics in post-operative hernioplastyand 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 typesof hernia in study population.

Methods:

This is a prospective observational study performed and conducted at General surgery department, Government General Hospital, Kurnool. Individual wereanalyzed 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 grade1 and grade2.

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.

INTRODUCT ION

1. INTRODUCTION

DEFI	$NITION^1$:	
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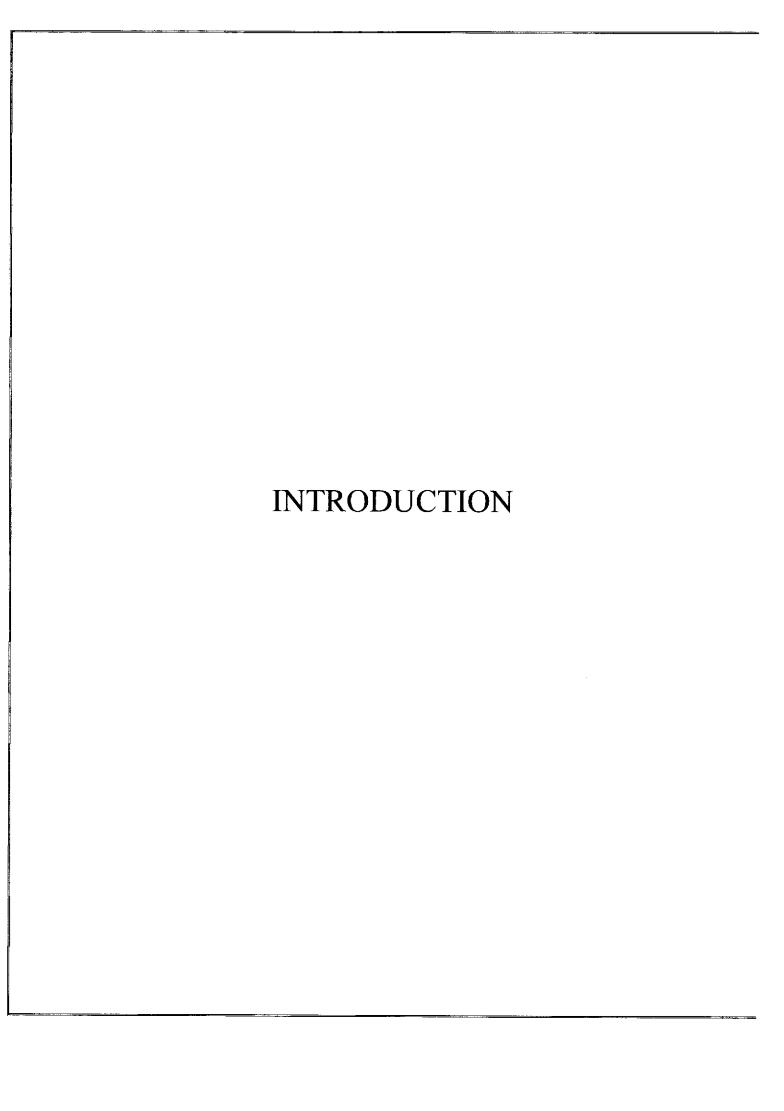
A hernia is defined as protrusion of whole or a part of viscus through the wall that contains it. The term can be applied to protrusion of a muscle through its fascial covering or of brain through fracture of skull or through foramen magnum into the spinal card. The commonest variety of hernia is protrusion of a viscus or a part of it through the abdominal wall.

EPIDEMIOLOGY^{1,2}:

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



CLASSIFICATION1,2:

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
Indirect inguinal hernia	Direct inguinal hernia
Umbilical hernia	Femoral hernia
	Incisional hernia
	Epigastric hernia

Table 1.1 CLASSIFICATION

The most common types of hernias are Fig. 1.0

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

TYPES OF HERNIA'A



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.

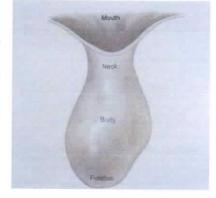


Fig. 1.1 Hernial sac

AETIOLOGY2:

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.

Pathophysiology3:

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.

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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 Symptoms4:

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^{5,2}:

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

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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 preoperative 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 hernia1:

HISTORY:

upadu

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

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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 discomfortis 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 tis examination is of no use as femoral hernia does not gives rise to a scrotal swelling.

Consistency:

The swelling feels dough and granular if the hernia contains omentum (omentocele or epiplocele). It is elastic if it contains intestine (enterocele). 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

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 s 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 directhernia 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 liesdown (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 bringforth 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. Invaginatethe skin from the bottom of the scrotum and the little finger is pushed up to palpitate the pubic tubercle. Right and should be used for the right side and left hand for the left side. The finger is then rotated and

pushed

INST

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 IIH 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 theindirect hernia but not direct hernia. Thumb is placed on the deep inguinal ringand ask to cough. Direct hernia will bulge but indirect hernia will find access.

PERCUSSION:

A resonate 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:

- a) To observe the patient in profile
- 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 HERNIA6:

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

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



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 ANTIBIOTICS7: DEFINITION:

Prophylactic antibiotics are defined as antibodies 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 approves method pf 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:

Prophylactics antibiotics are indicated when the surgical procedure has a higher chance of contamination or when the resistance of the patient is low. Traditionally 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 localand 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 al7 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.

ARMACI

ANTIBIOTIC TREATMENT:

Role of antibiotics:

The role of antibodies is 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 36hours 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.

Pharmacotherapy8:

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>	Parental
Cefixime	Cefotaxime
Cefpodoxime	Ceftriaxone
Cefdinir	Ceftazidime
Ceftibuten	Ceftizoxime
Centibuten	Cefoperazone

Table. 1.2 cephalosporins

Antiprotozoal drugs:

Trichomoniasis-oral type (Nitroimidazoles)

Metronidazole

Nimorazole

Tinidazole

Aminoglycosides are used these are gram-negative antibacterial medications

Amikacin

CEFTRIAXONE9,10,11:

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

INTRODUCTION

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

AMIKACIN12,13,14:

Amikacin is an aminoglycoside antibiotic used for bacterial infections.

Brandname of McKion:

O* Dupa

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 grampositive 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

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Non pharmacological treatment¹⁵:

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

COMPLICATIONS2:

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 re appear 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:

V.S.R. IN

In this intestine contains in lumen become occulated obstruction is at neck of the sac but caused by adhesion within it. If obstruction is at both ends of loop, fluid 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 that 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^{2,16}:

An inguinal hernia occurs when tissue such as part of intestine, protrudes through a week 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.

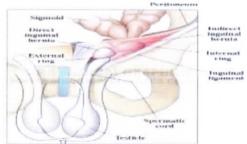


Fig. 1.4. Inguinal ring

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

<u>hernia</u>

to interior 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

INTRODUCTION

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 threating if it isn't treated

Nausea, vomiting or both

Fewer

Sudden pain that quickly intensifies

A hernia bulge that turns red, purple or dark

Inability to more 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

OF PH Fig. 1.7. In women the inguinal canal carries a ligament that helps to hol

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

RISK FACTORS:

That contribute to developing an inguinal hernia include.

- Being male, they are eight times more likely todevelop 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 staining during
- Bowel movements
- In pregnancy being pregnant can weakness the abdominal muscles and causes increase pressure inside abdomen.
- + Premature birth and low birth weight
- → Previous inguinal hernia or hernia repair

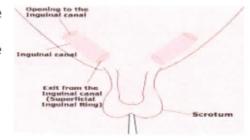


Fig.1.7 Inguinal canal

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.

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

INCISIONAL HERNIA2,17,18:

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



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

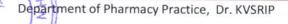
Abdominal distension -Post operative increases in wound, stitches may cut off

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



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

Dupadu

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 HERNIA2:

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.

An umbilical hernia is a ventral hernia located at the umbilicus. Classification of

UMBILICAL HERNIA19:

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.



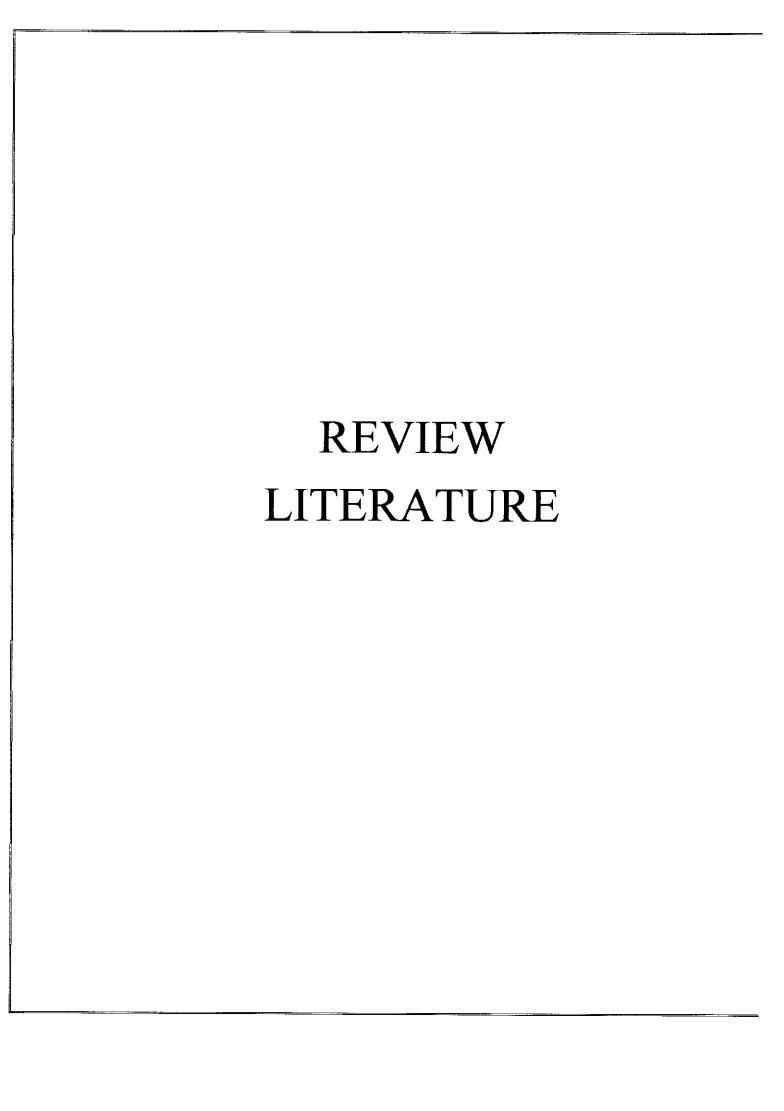
Fig. 1.9. Umbilical hernia

EPIGASTRIC HERNIA^{2,20}:

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

S.R. It is usually occurring in obese patients.



2. REVIEW LITERATURE

- 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 Infection²¹.
- 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 Antibiotics²².

- 3. Gomathi Shankar.V. et.al. Conducted Study on Prophylactic antibiotics inopen Mesh Repair of Inguinal hernia. Jawaharlal Institute of Postgraduate Medical Education and Research, Puolcherry, A Conchrane 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 StudyConducted 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 7th and 12th Postoperativeday after discharge²³.
- 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 plasty²⁴.

- 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 resources²⁵.
- 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
Department of Pharmacy Practice, Dr. KVSRIP
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mesh technique, provided they fulfilled predetermined criteria, were randomized to have a single dose of Amoxicillin clavulanic acid or placebo in a double minded manner. The main end point was to detect any difference in infectious complicated 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 infectionswere 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 Repair²⁶.

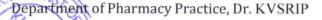
7. Perez.A.R.et.al. A Randomized, Double Blind, placebo-controlled trial to determine effectiveness of antibiotic prophylaxis for tension free Herniorgraphy. In recent years, use of prosthetic material for inguinal hernia repair has increased dramatically tension free repair have gained popularity not 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)

Department of Phar

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 deloridement, which eventually resulted in graph to loss²⁷.

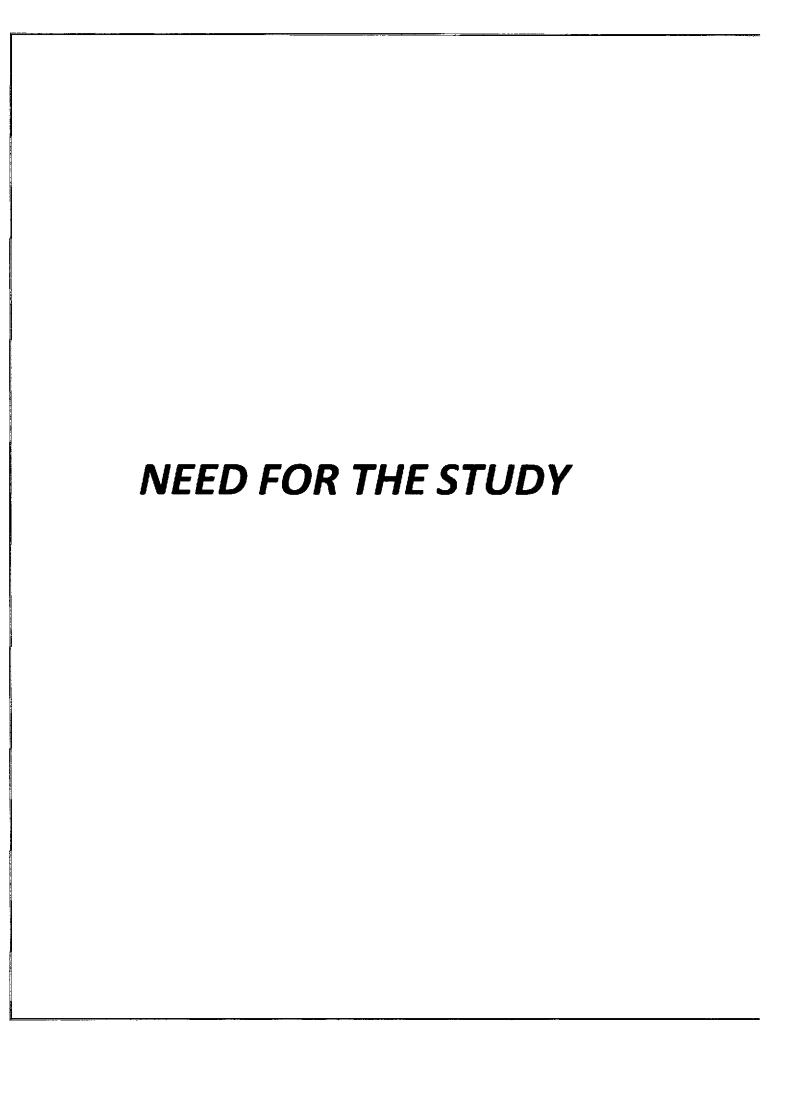
- 8. Loveleen Thakur et.al. Conducted study on prophylactic antibiotic usage in patients undergoing inguinal mech hernioplasty. To assess the efficacy of antibiotic prophylaxis in this procedure the patients were evaluated for the status of the suture line as well as the Prescence of wound infection. this study was undertaken to assess the usefulness of antibiotic prophylaxis in inguinal mesh hernioplasty in a tertiary careIndian 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 Repair²⁸.
- 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 theimpact 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 48hours after surgery, to the day when the patient was discharged.

Patients who underwent Laparoscopic procedures were discharged on the 3rd and 4th



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 study²⁹.

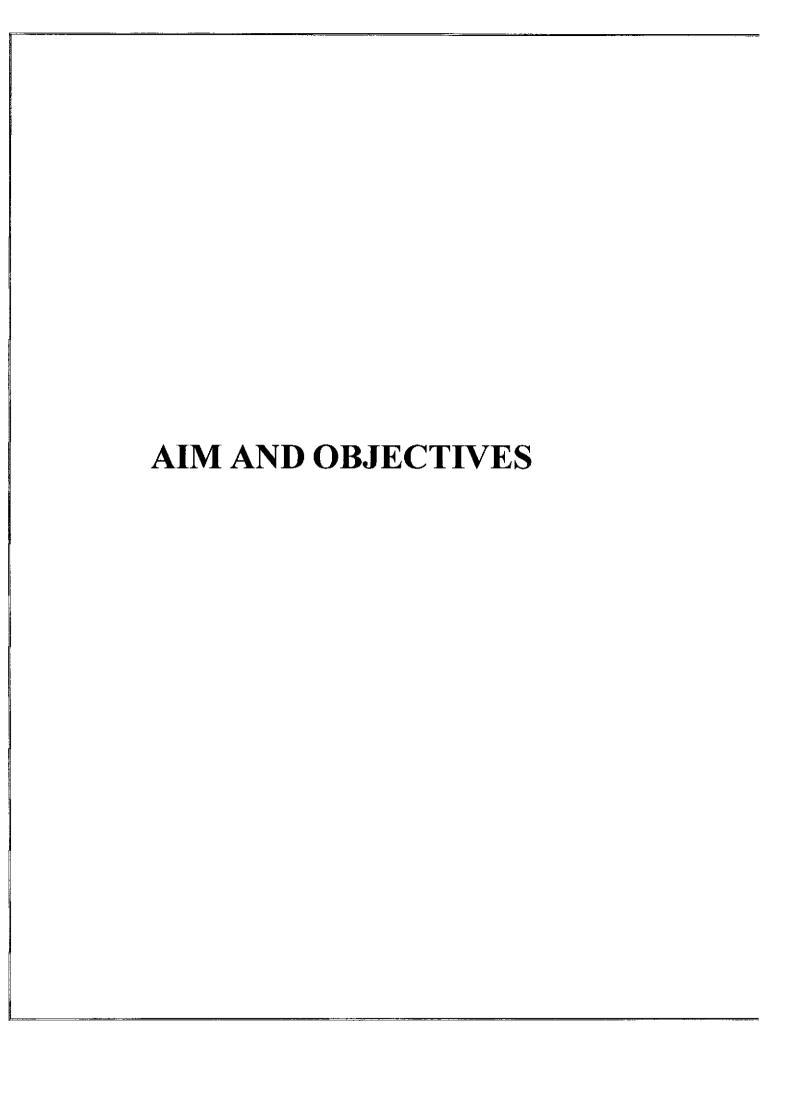




3. NEED FOR THE STUDY

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.



4. AIMS & OBJECTIVES

AIM:

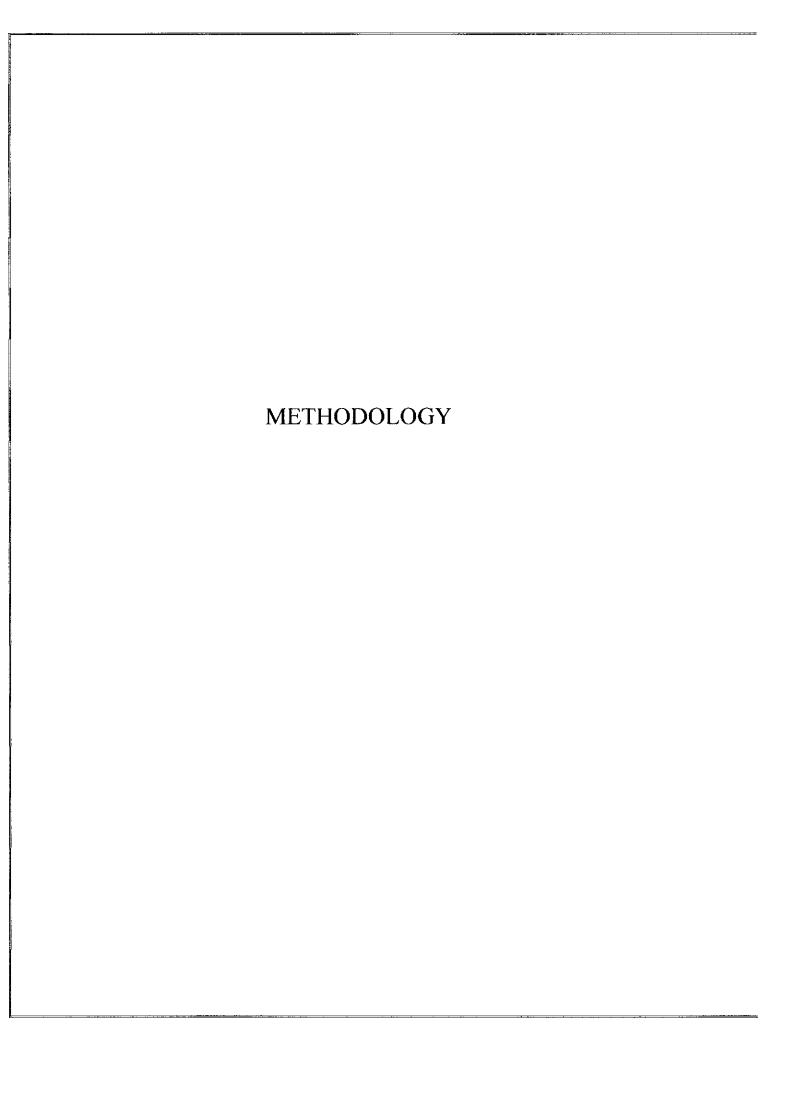
To evaluate the safety and efficacy of antibiotics in post-operative hernioplasty and herniorrhaphy.

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 postoperative follow up intervals.

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



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 75 years.
- · 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



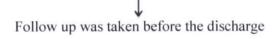
During the surgery the patient was given anaesthesia and the procedure was done according to the condition



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



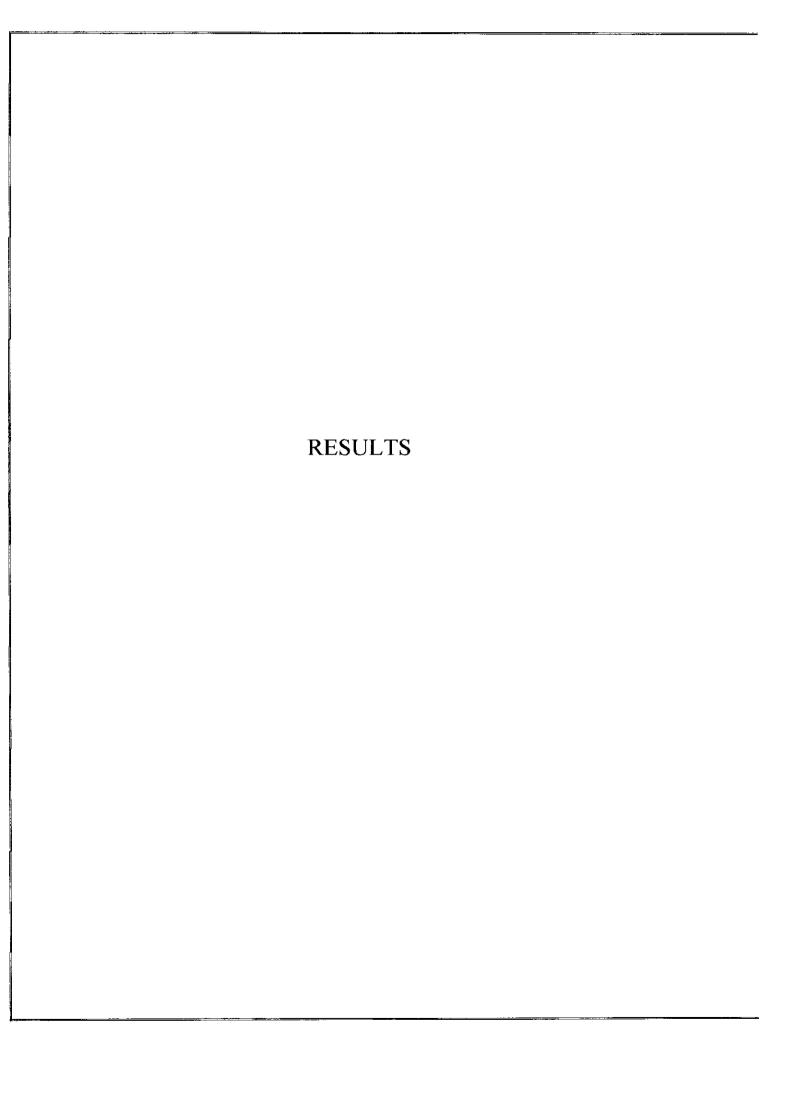
Post-operative safety was measured by wound infection grade up to day 5 of post-operative period





Statistical analysis:

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



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.

Gender	No. of Patients	Percentage (%)
Female	14	24.1
Male	44	75.8

Table.6.0 Gender Distribution

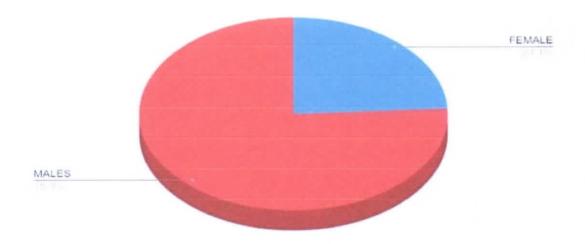


Figure: 6.0 Gender Distribution of Total Study



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.

Age of frequency	No. of Patients	Percentage (%)	
16-24	1		
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

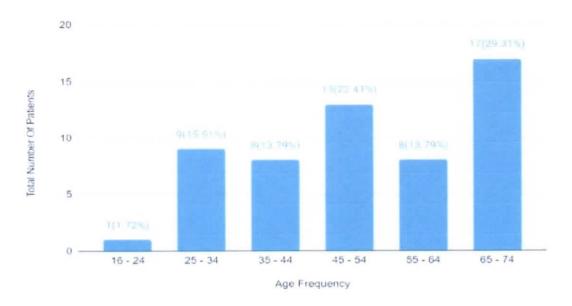


Figure: 6.1 Age Frequency of Total Study



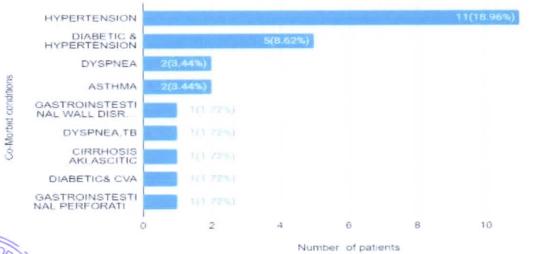
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COMORBID CONDITIONS OF TOTAL STUDY:

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%).

No. of Patients	Percentage (%)
11	18.9
5	8.6
2	3.4
2	3.4
1	1.7
1	1.7
1	1.7
1	1.7
	11 5 2 2

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.

No. of Patients	Percentage (%)	
1	1.7	
9	15.5	
8	13.7	
13	22.4	
8	13.7	
17	29.3	
	1 9 8 13	

Table. 6.1 Age Distribution

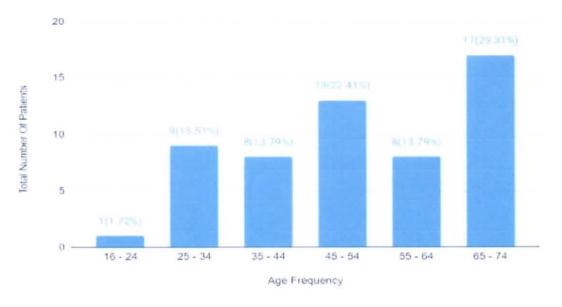


Figure: 6.1 Age Frequency of Total Study



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.

Type of Hernia	No. of Patients	Percentage (%)
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

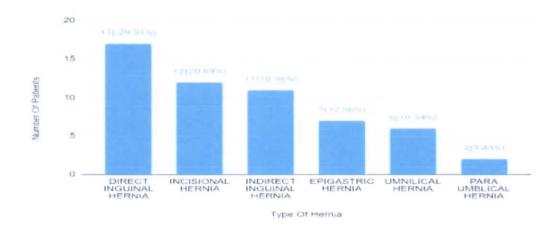




Figure: 6.3 Type of Hernia in Total Study

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.

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

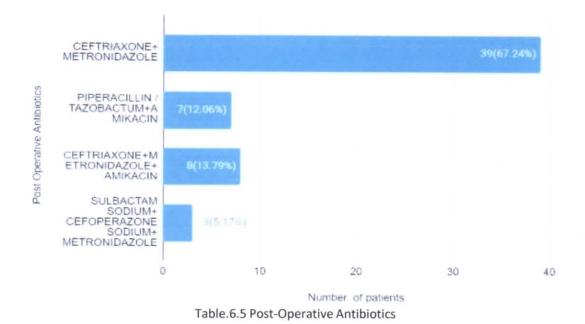


Figure: 6.5 Post-Operative Antibiotics of Total Study



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.

Timing of Occurrence	No. of Patients	Percentage (%)
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

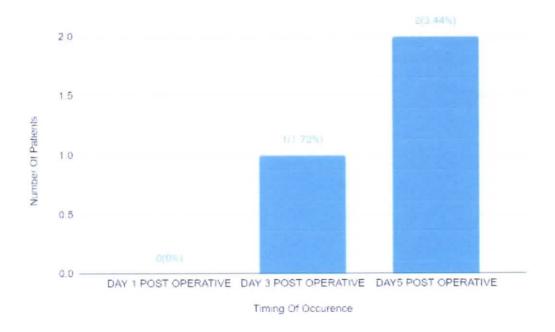


Figure: 6.6 Timing of Occurrence of Wound Infection in Total Study



GRADING OF WOUND INFECTION POSTOPERATIVE ANTIBIOTICS IN TOTALSTUDY:

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.

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

Table.6.7 Grading of Wound Infection

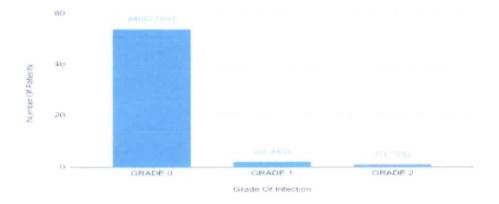


Figure: 6.7 Grading of Wound Infection Post-Operative Antibiotics in Total Study



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

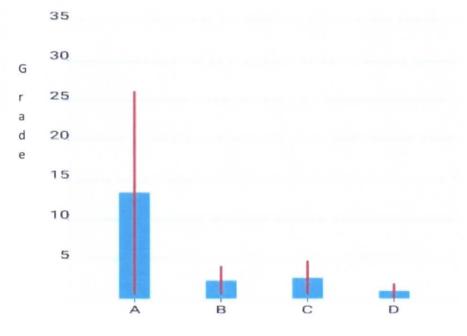


Figure.6.8. Groups of post-operative antibiotics

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. et al ... study represents age frequency of 31 to 40 years 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

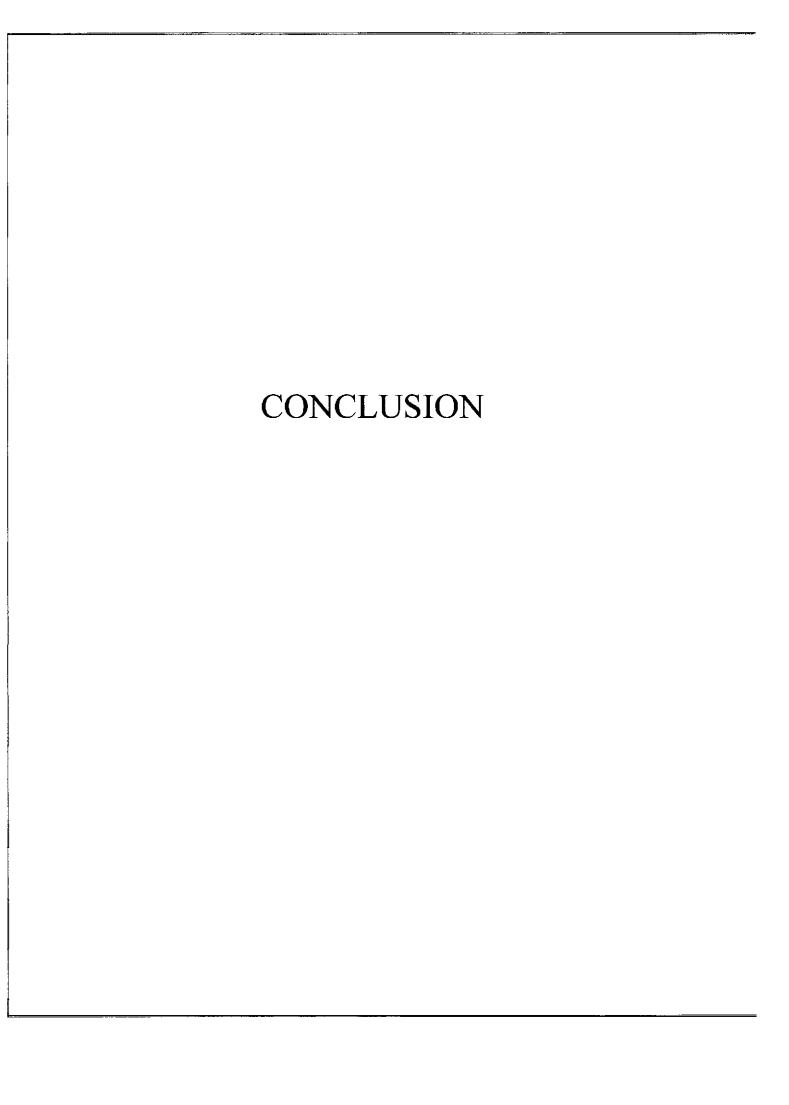


we observe less SSI but in Perez.A. R. etal. study represents by using sulbactam sodium +metronidazole, they include the antibiotics prophylaxis is of no benefit to patients in inguinal hernia this is because of antibiotic difference in accordance to typeof hernia and type of antibiotic prophylaxis used.

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%).

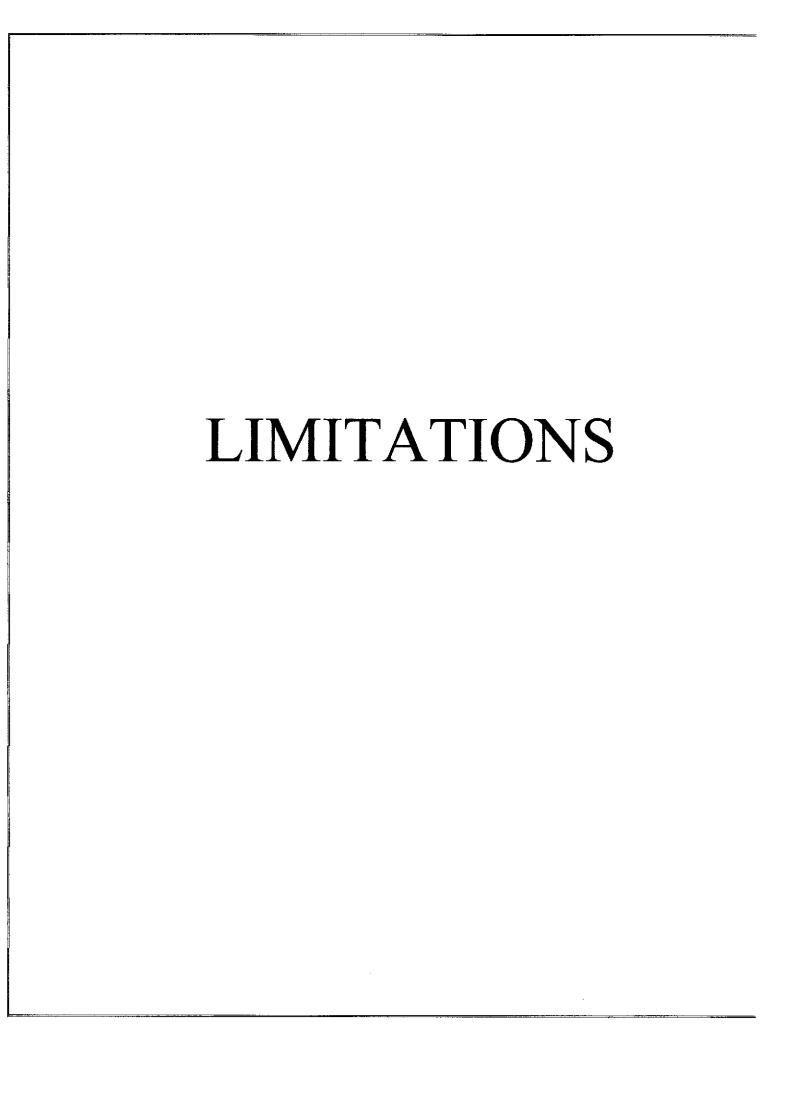
In our study grading of wound infection of postoperative of antibiotics from total 58 patients, the patients with grade 0 were 54(93.1%) which means wound infection is healthy, when compared to Grade 1 it is 2(3.4%) and Grade 2 it is 1(.7%), which means most of the patients wound is healthy in hernia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



8. CONCLUSION

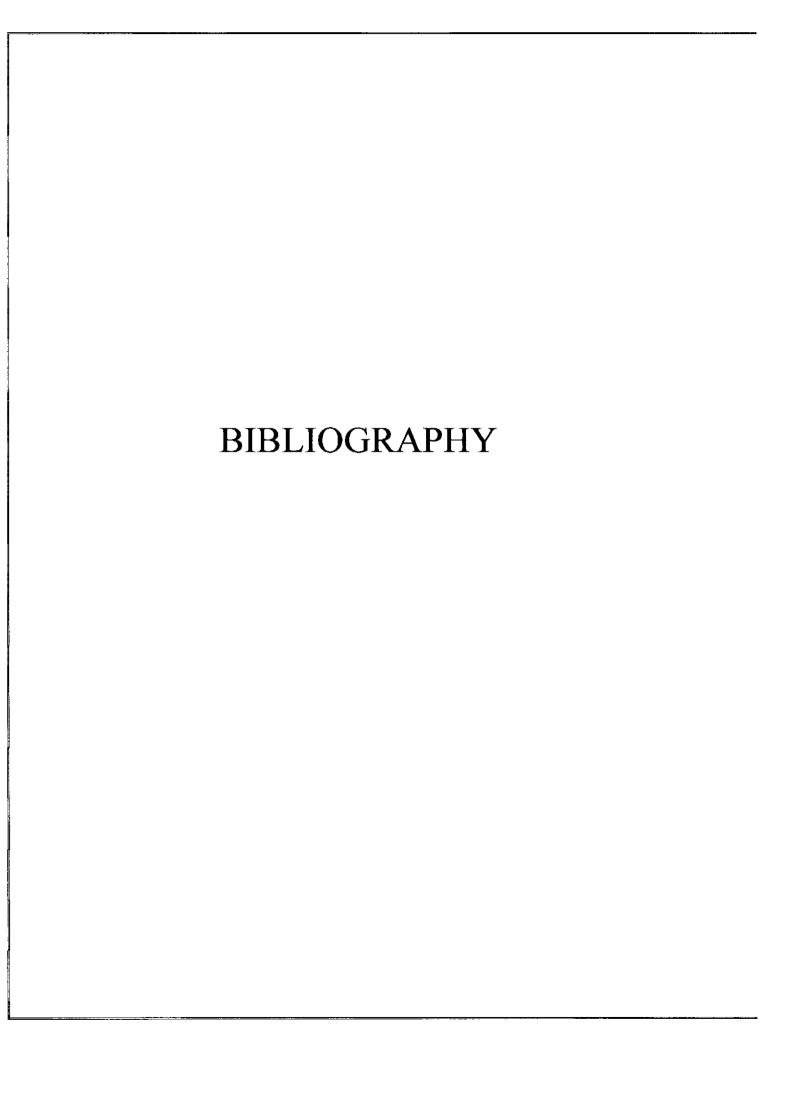
In this study the different groups of post-operative antibiotics like ceftriaxone, piperacillin plus tazobactam with ceftriaxone, Amikacin with ceftriaxone and sulbactam plus cepoferazone sodium with ceftriaxone and metronidazole are showing equal effectiveness in reducing surgical site infections in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





9. LIMITATIONS

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



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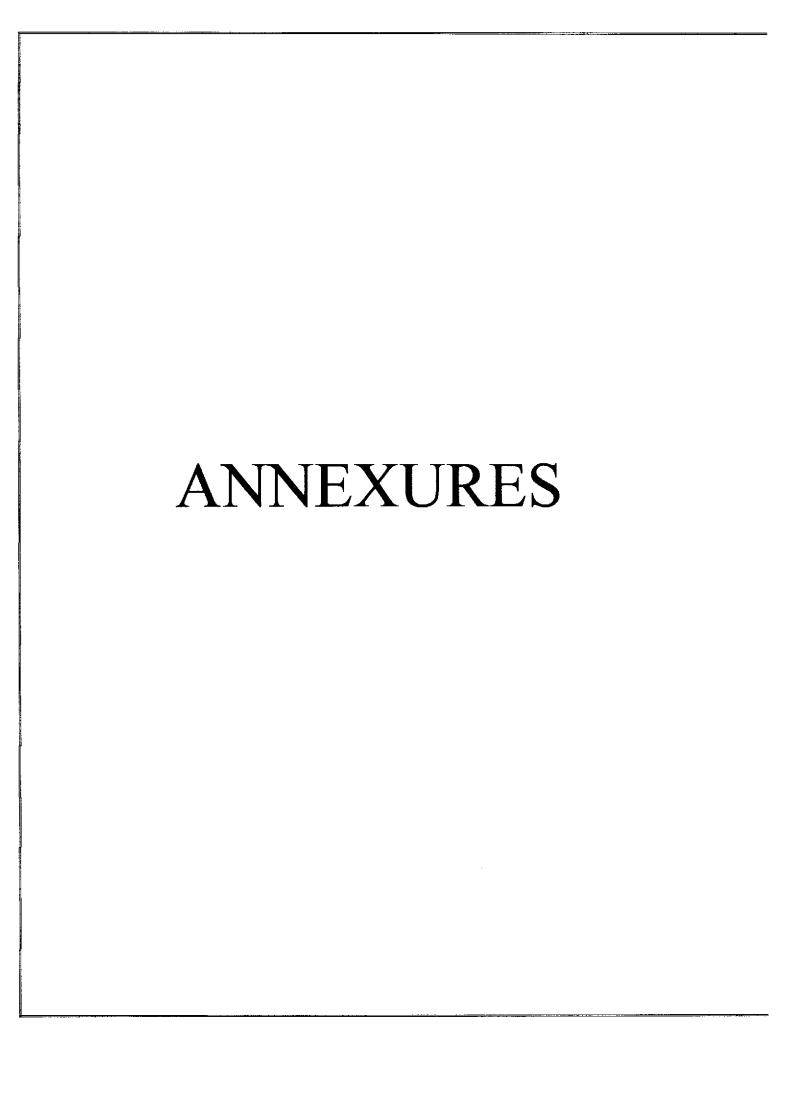
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ANNEXURES

Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY

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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

D. BOWEL HABITS

B. APPETITE

E. BLADDER HABITS

C. SMOKING

FAMILY HISTORY:

PAST SURGERYS:



GENERAL PHYSICAL EXAMINATION:

APPEARANCE ANAMEIA BUILT CYNOSIS -

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 POITION ORNOT

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 I	DAY 3	DAY 5



WOUND STATUS:

GRADE 1

Redness or putules near one or more stiches.[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	INDICATIO N	FREQUENC Y	ROA	FROM	ТО





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Princip	oal / Correspon	ndent	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:



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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.



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Roll No			PHARM D IN	TERN HOSPI	TAL POSTING	is	
	Names	Dec (28/12/2020)-Jan 2021	Feb-March	April-May	June-July	Aug-Sept	Ost-NOV
15ER1T0003	M. HARISH						
13ERITUOIS	G. VHAYA BHARATHI	MM-5	General Surgery	Pediantes	and the same of	MM-1	
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15ER1T0009	UPRATHYUSHA						
15ER110007	RMOUNISA						
ISERTTOOLS.	A. VIHARIKA	General Surgery	Pediatrics		MMH		MM-5
15ER1T0004	M HABIBURRAHMAN	Control of the Contro	Fediaties	Gynecology	MM-2	EM-1 ,EM-2	MM-6
15ER1T0023	T. RISHIKA REDDY						
15ER1T0022	CSHARMILA	Pediatrics Go					
15ER1T0017	M. VINEELA		Gyneralogy	MMH		MAN-S	
15ER1T0025	CRSSUBRAMANYAM	Pediatrics		MM-2	FM-1 FM-2	MM-0	General Surger
ISERTIOOS	V. PRAVALLIKA						
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ISER (TOOD)	M.HARI PRASAD	Gymycology	MMH		MM-5		
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15ER1T0021	AMAL SAIFEV						
15ER170013	P. SWOSTYA						
15ER1T0012	SVED SAHERA	MM-DMM-2	ENGLISHES	MM-5	General Surgery	Pediatrics	
15ER1T0010	N. SAMBEEN			MM-6	Annual Sulface	Petratrics.	Gyrnesology
1SER1T0024	D VINAY KUMAR						
15ER1T0026	K. SHIVA KUMAR	EMG (EMG2)	MM-5	General Surgary	Poliatrics		MM-1
15ER1T0020	SNAYTEM		NEMON	Arthurst Surgary	Podiumes	Gynecology	MM-3

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Dr KVSR Interest P.
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Date:



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7EE1T9002 D	SANDVA							
	CHETHANA	MM-3	MMS		36567			
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	ROTTELA NEERAJ	Psychiatry	Countries	M51-3	MM-5	Orthopolics	MM-7	
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Dr. K. V. Subba Reddy Institute of Pharmacy, Dupadu Kurnool (M.O.U WITH G.G.H KURNOOL)

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ISER1T0001	BOYA RAMADEVI							
18ER1T0002	G. SALVILASHINI				Patient	FM-2	MM-5	
ISERITO003	GANTA EDIGA LIKITHA	DVL	Orthopedics	Pediatries	Counselling	FM-5	3131-6	General surgey:
18ER1T0004	JAKKA DIVYASREE				Countering	1000		
18ER1T0005	JUTURU HEMALATHA							
18ER1T0007	MUNAGALA MANIPRASANN							
18ERITUGOS	MUNAGALA RADIIIKA					1000		
181R1T0010	PINJARI ASMA	Orthopolics	Pediatries	Patient	1 M-2 1 M-5	MM-6	General surger	10.1
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18ER1T0014	DDAMALLA DURGA PAVITI							
18ER1T0015	SUGALI VANI							
18ER110016	THALIKKAL JAHNAVI	Pediatrics	Patient Counselling	FM-2	MM-5	General surgey	DVL	Orthopodies
18FR1T001				131-5	5134-6			
INERITOOS	VALIALA TEJASWINI							
18ERIT901	VANGARA MALLESHWARI					DVL		
18ER1T002	JAMMANZAI ZUHA KHANAN			MM-6				
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18ER1T002	KAMMARA DUVYA SIRISHA	1	191-5	3131-0				
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18ER11902	9 SHAIK SANA AFREEN		MM-5					
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PRINCIPAL

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

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

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RellNo	Names	December (28/12/2020) - January (2021)	Etherus-March	April-MAY	hone-July	August September	October-Sovember	December (2812/2020)
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9ERI 10025	R. ASWINIBAL							
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PERITW24	TALAGRESUPEA			10.47	24.44	1.40	Patient Counseling	MM-2
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Dr. K.V. Subba Reddy Institute of Pharmacy

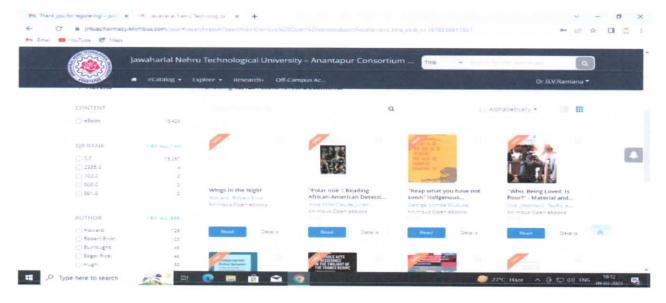
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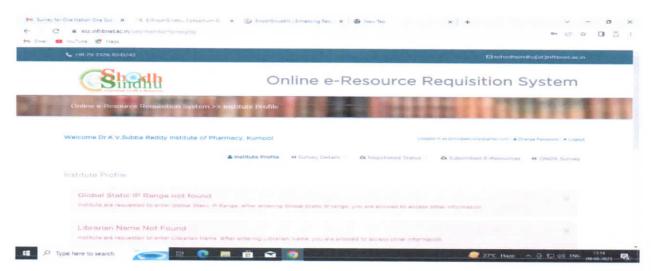
Opp: Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P. INDIA. E-mail: principalkvsrip@gmail.com www.drkvsrip.ac.in

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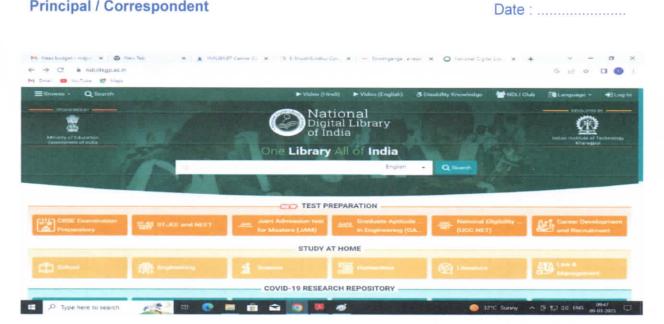


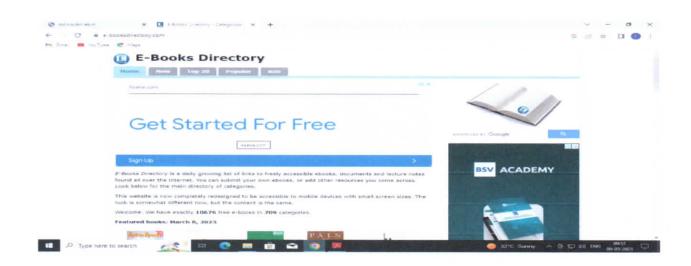


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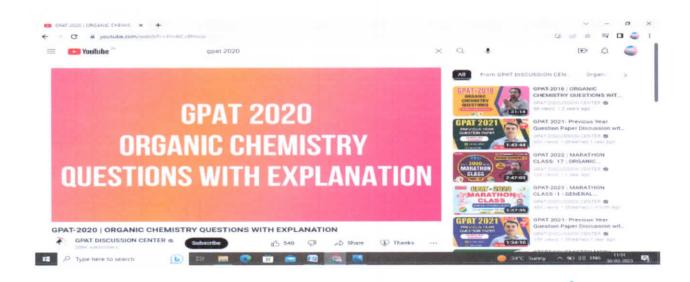
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Number of teachers and students using the library per day over last year harmacy opp: Dupadu R.S. N.H.-44, KURNOOL-518218 (A.P.)



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Principal / Correspondent

-						
Date						
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

 $= (591/650) \times 100$

=90.92



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WORKSHOP & GUEST LECTURES:

	AY @ 2020-21	
1.	One day workshop on application of statistical tools for successful pharmaceuticals development	Mr. Kabiruddin Khan (Jadavpur <u>University</u>)
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



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Date			
Date		 	

PHARMACY SEMINARS:

	1 1 1 1 1 1 1	DR.K.V.SUBBREDDY INSTITU	TE OF PHARMACY, DUPADU, KURNOOL		
			y B.Pharmacy Modenty in Academic Year 2020-21		
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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 31st 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



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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



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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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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.



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

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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



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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.



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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.





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Date :

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.



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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Principa	1/	Correspondent
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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	
1	12/10/2020 TO	9-10AM	PHARMACEUTICALCHEMISTRY	FACULTY
2	16/10/2020		TO SO THE TEST IN	K.CHADRASEKHAR
2	12/10/2020 TO 16/10/2020	10-11AM	PHARMACEUTICALANALYSIS	P.T.NAGA RAJU
3	12/10/2020 TO 16/10/2020	11-12AM	MATHEMATICS/REMEDIALBIOLOGY	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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Principal /	Correspondent	t
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PHARMACEUTICALCHEMISTRY:

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 analaysis	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



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

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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.S.B. Institute of Pharmers Opp: Dupadu R.S. N.Fl. 44 KURNOOL-518218 (A.P.)



Dr. K.V. Subba Reddy Institute of Pharmacy

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

Principal / Correspondent

Dat	_	-					
Dat	e		 	 	 	 	

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	chemīstry	K.CHADRASEKHAR
2	19/10/2020 TO 22/10/2020	10AM-11AM	Computer applications	S.PAVAN KUMAR

COPY TO FACULTY MEMBERS

Or. K.V.S.A. Institute of Pharmacy Opp: Dupadu R.S. N.A.-44. PRINCIPAL KURNOOL-518213 (A.P.)



Dr. K.V. Subba Reddy Institute of Pharmacy

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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

PRINCIPAL

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

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

KURNOOL-5#8213 Money

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	22/10/202
20ER5R0001	ARUN PRATHAP		V	5	V
20ER5R0002	ABDUL REHMAN	V	V	V	
20ER5R0003	ABDUL IRFAN	~	V	V	
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COMPUTER APPLICATIONS

S.NO	NAME OF THE STUDENT	19/10/20	20/10/20	21/10/20	22/10/2
20ER5R0001	ARUN PRATHAP	V	V		
20ER5R0002	ABDUL REHMAN	V	V	, \	
20ER5R0003	ABDUL IRFAN	\checkmark	\checkmark		V
Faculty sign		Cab	Sple	406	Spl

PRINCIPAL

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E-mail: principalkvsrip@gmail.comwww.drkvsrip.ac.in

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

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

Opp: Dupadu R.S. N.H.-64, XURNOOL-518218 (A.P.)

AL Pharmacy



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

Princip	al / Corre	spondent
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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	100°	
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	17ER 1R0062	17ER1R0065						
17ER1R0069	17ER1R0077									

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Principal / Correspondent

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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	Cos pelie
Tuesday	5:00PM - 6:00PM	S.RESHMA	PP	Room No.102	82

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	Kalste
Tuesday	5:00PM - 6:00PM	R.MOHAN A PRIYA	MC-I	Room No.103	M

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. When
Tuesday	5:00PM - 6:00PM	DR.K.CHANDRA SEKHAR	MC-II	Room No.104	y

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Dr. K.V.S.R. PRINCIPAL armacy

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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	V	Х 3	V	V	V	V
2	19ER1R0014	V	/	×	V	V	
3	19ER1R0020	V	/	X	V	V	V
4	19ER1R0021	V	1	V	×	V	V
5	19ER1R0022	V	1	-	1	X	V
6	19ER1R0036	/			X	1	
7	19ER1R0039	V	V.	X			
8	19ER1R0049	V	×	~			1
9	19ER1R0060	×			V	V	
10	19ER1R0070	V	V	-	V	×	
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Dr. K.V. Subba Reddy Institute of Pharmacy

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Principal / Correspondent

Date :

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	: 2	X		1	1	/
2	19ER1R0014	/	~	X	V	- V	
3	19ER1R0020	1/	~		X	1	~
4	19ER1R0021	~	V	X			V
5	19ER1R0022		V		X		/
6	19ER1R0036	V	V	X	V	/	/
7	19ER1R0039		1	V	X	V.	~
8	19ER1R0049	2	1	X	V	-	V
9	19ER1R0060	2	V	V	X	L	V
10	19ER1R0070	V	V	V	_V	7	V,
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Dr. K. V PRINCIPAL of Pharmacy KURNOOL-518218 (A.P.)



Dr. K.V. Subba Reddy Institute of Pharmacy

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Principal / Correspondent

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	V	V
2	18ER1R0015	×				1	V
3	18ER1R0017		1	×	/	V	
4	18ER1R0018			1	V	X	1
5	18ER1R0034		/	K	X	1	4
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Opp: Dupadu R.S. M.A. 44



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Principal / Correspondent

Date	
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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				V
2	18ER1R0015	V		×	4m L		
3	18ER1R0017	V			X	~	1
4	18ER1R0018	1	~	1	V -	×	i
5	18ER1R0034	V	×	L		V	1
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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			1	./		
2	17ER1R0044	/	1	X			
3	17ER1R0059	/	IX.	/		1	1
4	17ER1R0062				IX.	1	
5	17ER1R0065	V	1	L	11		
6	17ER1R0069						
7	17ER1R0077	1	/	V			1/
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Dr. K.V.S.B. PRINCIPAT harmacy

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

KURNOOL-518218 (A.P.)



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Principal	/ Corres	pondent
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Date :

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	1		X		1	V
3	17ER1R0059	×	V	/			
4	17ER1R0062	V	~	×		V	~
5	17ER1R0065	/	V		×	V	
6	17ER1R0069	~	V	×	-		~
7	17ER1R0077	V	V	×	1	V	L
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E-mail: principalkvsrip@gmail.comwww.drkvsrip.ac.in

Principal / Correspondent

Date :

Department of Pham .D Timetable for Remedial Classes

Year & Sem: II

Academic Year: 2020-21

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

Year & Sem: III

Academic Year: 2020-21

Timings	Faculty	Subject	Venue	Sign
5:00PM - 6:00PM	S.KUSUMA KUMARI	PT-II		Name of the state
5:00PM - 6:00PM	R.MOHANA PRIYA	MC-I		11 01
	5:00PM - 6:00PM	Timings Faculty 5:00PM - 6:00PM S.KUSUMA KUMARI 5:00PM - 6:00PM R.MOHANA PRIYA	5:00PM - 6:00PM S.KUSUMA KUMARI PT-II	5:00PM - 6:00PM S.KUSUMA KUMARI PT-II 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.	Naigh
Tuesday	5:00PM - 6:00PM	R.MOHANA PRIYA	MC-II	Room No.	adhrive.

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

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Principal / Correspondent

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Date	
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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						
2	19ER1T0015	- /	×	~			
3	19ER1T0018					/	
4	19ER1T0021			X		/	
5	19ER1T0024	1		×	4	~	V
6	19ER1T0025		×	~		-	~
7	19ER1T0027				×		1
8	19ER1T0029		7	×	~	×	X
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Dr. K.V. J. PRINCIPALIA macy Opp: Dupactu R.S. N.H.-44 KURN@OL-518218 (A P)

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Principal / Correspondent

Date						
Date						
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Department of Pharm .D

Attendance for Remedial Classes

Course Name: PHARMACOLOGY-1

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	00.40	
1	19ER1T0005			20 20 2020	13-10-2020	20-10-2020	27-10-2020
2				1	X		
2	19ER1T0015	1		X			-
3	19ER1T0018					1	1
4	19ER1T0021				×	~	_
		1	V	1	1/		
5	19ER1T0024		h		· ·	X	1
6	19ER1T0025	V		~	~		×
7				×	1	/	1
	19ER1T0027	~	40		/	X	
8	19ER1T0029		- 1			^	1
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Dr. K.V.S.R. Institute of Pharmacy KURNOOL-518218 (A.P.)

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Principal / Correspondent

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100	α	10			21212		

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	13 10 2020		
1			2020	03-10-2020	12-10-2020	19-10-2020	26-10-2020
1	18ER1T0003		×	1			
2	18ER1T0014	~		1			
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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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Dr. K.V. Subba Reddy Institute of Pharmacy

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Principal / Correspondent

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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 40 2020			
1		2020	27-7-2020	06-10-2020	13-10-2020	20-10-2020	27-10-2020
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Principal / Correspondent

Dat-			
Date	0	 	

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 10 500			
-		2020	20-09-2020	05-10-2020	12-10-2020	19-10-2020	26-10-2020
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Principal / Correspondent

Date	:			

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				
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Principal / Correspondent	Princi	pal /	Corres	pon	dent
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Date	4	
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

OTTO A DOCUMENT		III Year II Sen		
18ER1R0001	18ER1R0008	18ER1R0015	18ER1R0017	18ER1R0018
8ER1R0034				1021(11(0016

ALD ID CO.		IV Year II Sem		
7ER1R0008	17ER1R0044	17ER1R00059	17ER1R0062	17ER1R0065
17ER1R0069	17ER1R0077		Quin-	

Tr. 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

Timetable for Remedial Classes

Year & Sem: II - II

Academic Year: 2020-21

Day	Timings	Faculty	0.11		
Monday		P.NAVYA KRISHNA	Subject	Venue	Sign
-			OC	Room No.102	Digit
Tuesday	5:00PM - 6:00PM	R.MOHANA PRIYA	77.0		
	11000	THEFT	BC	Room No.102	AATO

Year & Sem: III - II

Academic Year: 2020-21

Day	Timings	Faculty	0.11		
Monday	5:00PM - 6:00PM	DV DAME	Subject	Venue	Sign
-			BPPK	Room No.103	1/18
Tuesday	5:00PM - 6:00PM	K.SARA SIREESHA	PA		
			PA	Room No.103	0

Year & Sem: IV - II

Academic Year: 2020-21

Day Timings Faculty Subject Monday Venue Sign 5:00PM - 6:00PM P.T.NAGARAJU MOOCS-Room No.104 III

> Dr. K.V.S. APRINCIPAL harmacy Opp: Dupadu R.S. N.H.-44 KURNOOL-518218 (A.P.)

Or. K.V.S.R. Institute of Pharmacy Opp: Dupadu R.S. N.H. 42 KURNOOL-518218 (A B)

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Principal / Correspondent

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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	10.04.0001	
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Date	1	*******************

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	06.04.005			
1	19ER1R0008		00-05-2021	06-04-2021	13-04-2021	20-04-2021	27-04-202
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3	19ER1R0020		-		×	1	-
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6	19ER1R0036				~		
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7	19ER1R0039	×	-/	V		×	V
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Date :

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			
1			25 00 2021	05-04-2021	12-04-2021	19-04-2021	26-04-2021
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Principal / Correspondent

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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	./		1			27-04-2021
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6	18ER1R0034		/		-		
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Principa	/ Corresp	ondent

Date		
Date:	*********	

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	26.04.2024
1	17ER1R0008				0.0021	17-04-2021	26-04-2021
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4	17ER1R0062		/	/	X		
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Principal / (Correspondent
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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.

407373.4777.0		II Year		
19ER1T0005	19ER1T0015	19ER1T0018	19ER1T0021	19ER1T0024
19ER1T0025	19ER1T0027	19ER1T0029		1711110024

d Danne		III Year		
18ER1T0003	18ER1T0014	18ER1T0019	18ER1T0027	

IV Year

17ER1T0018	4.0000			
1/EK110018	17ER1T0023	17ER1T0025	17ER1T0026	

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

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KURNOOL-718218 (A.P.)

Dr. K.V.S.R. Institute of Pharmach Opp: Dupadu R.S. N.H.-44. KURN@OL-518218 (A.P.)

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Principal / Correspondent

Date			
Date			
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Department of PHARM.D

Timetable for Remedial Classes

Year & Sem: II

Academic Year: 2020-21

Day	Timings	To			
Monday	0	S.KUSUMA KUMARI	Subject	Venue	Sign
			A A	Room No.102	2
Tuesday	5:00PM - 6:00PM	R.JONA METHUSALA	PCOL	Room No.102	
				100m No.102	MM

Year & Sem: III

Academic Year: 2020-21

Day	Timings	1714	1		
Monday		Faculty	Subject	Venue	Sign
-		R.MOHANAPRIYA	MC	Room No.103	1001
Tuesday	5:00PM - 6:00PM	K.SARA SIRISHA	T) A		FINA
		-11437171	PA	Room No.103	T 142

Year & Sem: IV

Academic Year: 2020-21

Timina				
rinings	Faculty	Subject	Vanna	
5:00PM - 6:00DM	D ANILID ADILIA			Sign
5.001 W - 0.00F W	r.ANUKADHA	BIOSTATS	Room No.104	AII
	Timings 5:00PM - 6:00PM	5.00DM COODS PACELLY	5.00DM COODS PACULTY Subject	Faculty Subject Venue

Opp: Dupade K.S. NURNOOLS (4.P.)

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Principal / Correspondent

PAGE 1		
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
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6	19ER1T0025					X	1
7	19ER1T0027						×
8					1		×
	19ER1T0029				×		
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Dr. K.V.SPRINCIPAL Pharmacy Opp: Dupadu R.S. N.H.-44, KURNOOL-518218 (A.P.)

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Principal / Correspondent

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Date	ì	 	 	

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

Ur. R. V.S.R. instricte of Pharmacy Opp: Dupadu R.S. N.H.-44 KURNGOL-518218 (A P)

Cell: 9704 333 789 . 9177287508

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Principal / Correspondent

Data		
Date	+	

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
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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 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 2024		
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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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E-mail: principalkvsrip@gmail.comwww.drkvsrip.ac.in

Princi	pal /	Correspondent
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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
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RINCIPAL Pharmacy Opp: Dupadu R.S. N.H.-44, KURNOOL-518218 (A.P.)

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



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Principal / Correspondent

Date :

Department of Pharmacy

Laboratory Sessions

Branch: B. Pharmacy Regulation: R19



Fig 1.1 Experimental lab on Titration in Pharmaceutical Analysis laboratory



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Fig 1.2 Blood sample Analysis in Human Anatomy and Physiology Laboratory



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Date :

Department of Pharmacy

Laboratory Sessions

Branch: Pharm.D Regulation: R19

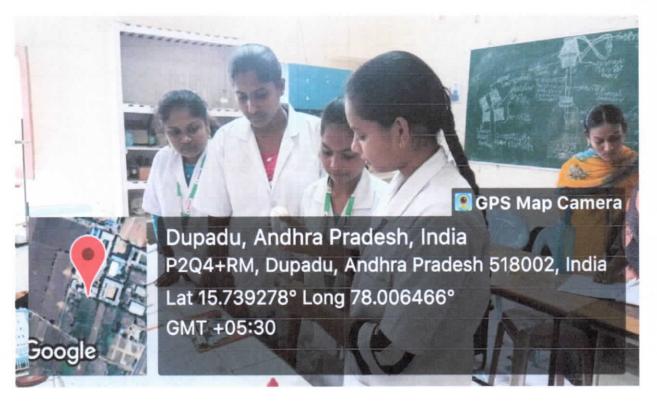


Fig 1.3 Experimental lab on limit test in Pharmaceutical Inorganic Chemistry lab



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Fig 1.4 Identification Test in Pharmacognosy and Phytochemistry Laboratory

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Pharma Quiz

The Department of Pharmacy has conducted a **Pharma Quiz Competition** in the college auditorium on 22nd 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.





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Date :



Fig 1: Presenting Mementos to the winners by Principal



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Princi	pal	Correspondent
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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.



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Fig.1: Students during a Think Pair Share Session

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

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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.





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E-mail: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 Animalswill 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

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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.





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VIRTUAL LABS:

Virtual labs are used to provide remote asses 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 -1 laboratory





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PHARM.D III Year students participative learning in pharmacology laboratory





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2.3 Teachers use ICT enabled tools for effective teaching-learning process

(AY:2019-20)

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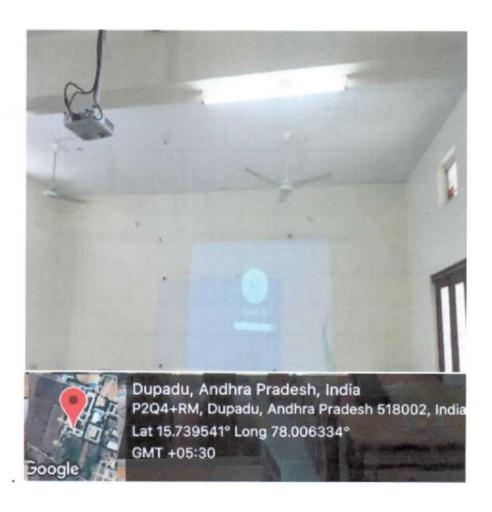
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LCD PROJECTORS

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





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

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



Fig1.1:Miss.Dr.S Kusuma kumari Assistant professor of department of Pharmacy Practice explaining basic Pharmacotherapy for Pharm D IV year students of pharmacy using chalk and board



Fig1.1:Mrs.B.Aruna Assistant professor of department of Pharmacology explaining concept of Anti Convulsants for B.Pharmacy II year students of pharmacy using chalk and board.



Fig: 1.2 Mr.Dr. K. Chandra Sekhar Assistant professor of department of Pharmaceutical Chemistry explains the concepts of Medicinal Chemistry using LCD projector.



Fig1:3 Ms. E.Honey madam explaining about rotes of drug administration's to Pharm.D III Year students



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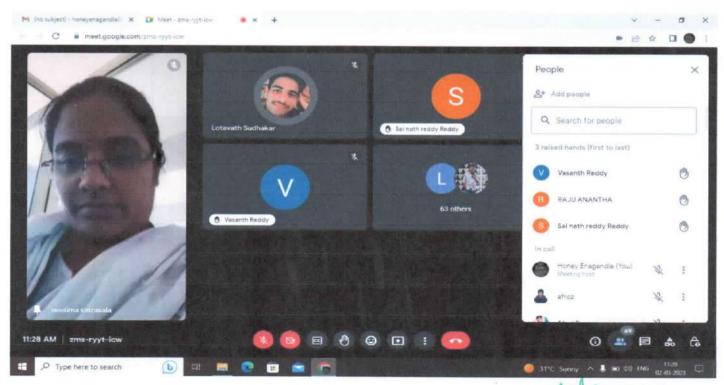
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ONLINE TEACHING:

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.



Fig 1.1 Dr.K.Vennela madam discussing about the therapy of Epilepsy to Pharm.D III Year students.

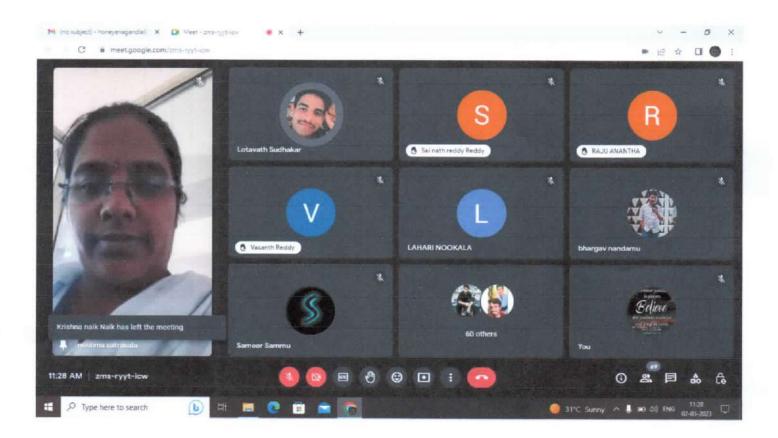




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BLENDED TEACHING:

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.



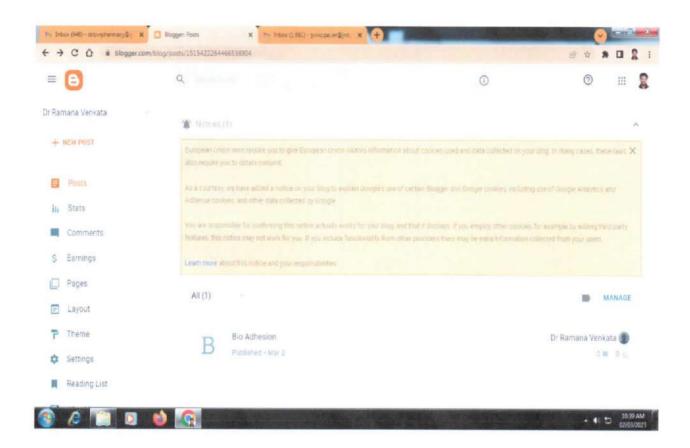
Ms. E. Honey madam explaining about Epithelial Tissue &its types to Pharm.D III Year students

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Edu-Blogs: Faculty blogs and channels are used as instructional potential of online resources to students.





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INDUSTRIAL TRAINING:22/06/2019-06/07/2019

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 LTD.HEALTHCARE BUSINESS, Telangana-502307, Hyderabad, Telangana-5000 72, India and received hands on experience about industry affairs.





Sanzyme Ltd. Healthcare Business

Ref: SAN / PROJ / 2019/KVSR/Hig-23

Date: 6th JULY, 2019

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Mr. SHAIK SHAHID is a bonafide student of Dr.K.V.SUBBA REDDY INSTITUTE OF PHARMACY, KURNOOL. He has undergone industrial training in our organization from 22.06.2019 to 06.07.2019 as part of partial fulfillment of his B. Pharmacy course bearing Hall Ticket No 16ER1R0033.

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

During this aforesaid period, we found his hardworking, sincere and learning attitude.

We wish him A Bright Future.

FORM SANZYME (P) LTPSE (P)

HEAD - FACTORY (INU)

cc to: HR Department cc: to Project trainee file.

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Regd. Office: Plot No.13, Sagar Society, Road No.2, Banjara Hills, Hyderabad-500 034 Phone: 23554270, 23553892, 23554271, Fax: 048-23542213



Ref: SAN / PROJ / 2019/KVSR/Hig-22

Date: 6th JULY, 2019

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Miss. A GAYATHRI is a bonafide student of Dr.K.V.SUBBA REDDY INSTITUTE OF PHARMACY, KURNOOL. She has undergone industrial training in our organization from 22.06.2019 to 06.07.2019 as part of partial fulfillment of her B. Pharmacy course bearing Hall Ticket No 16ER1R0053.

During the training period she had interacted with Quality control, Quality Assurance & Production Departments In charges and acquired basic knowledge in these areas.

During this aforesaid period, we found her hardworking, sincere and learning attitude.

We wish her A Bright Future.

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cc to: HR Department.

cc: to Project trainee file.

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Ref: SAN / PROJ / 2019/KVSR/HIq-20

Date: 6th JULY, 2019

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Mr. A. ALTHAF HUSSAIN is a bonafide student of Dr.K.V.SUBBA REDDY INSTITUTE OF PHARMACY, KURNOOL. He has undergone industrial training in our organization from 22.06.2019to 06.07.2019 as part of partial fulfillment of his B. Pharmacy course bearing Hall Ticket No 16ER1R0059.

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

During this aforesaid period, we found his hardworking, sincere and learning attitude.

We wish him A Bright Future.

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INTERNSHIPS:

DEPARTMENT OF PHARM.D STUDENTS INTERNSHIP REPORT

Academic Year: 2014-20

Batch: 2014

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.

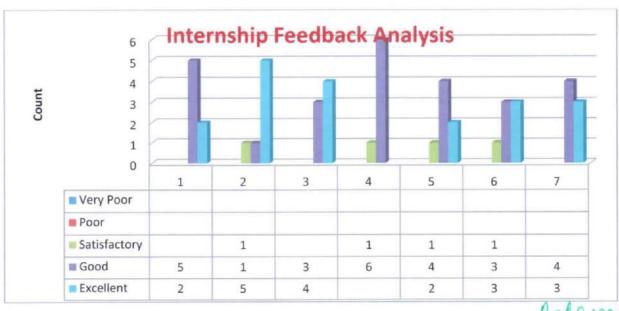
Internship Period: 06-03-2019 to 11-03-2020

Company/ Organization: Kurnool General Hospital, Kurnool

Students Feedback:

FAC	TORS ON FEEDBACK	Very Poor	Poor	Satisfactory	Good	Excellent
FAC	TOR: WARD ROUNDS					
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
FAC	TOR: CLINICAL AND MEDICA	AL PHAR	MACY SK	ILLS		
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
FAC	TOR: IN DIAGNOSIS SKILLS			
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
FAC	TOR: THERAPEUTIC USAGE OF THE DI	RUGS		
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.

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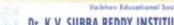
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DEPARTMENT	101142-HC844369
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proved by ANCE A PCI New Order, Afficiated to INTO Assumações Assumações de Servicios de Portugues (Research Harpital, ISAC Kormod), Not 44. Opp Dopaco Ramay, Station Lasmograms (Post), Kormod - 515276 44 P. (POSA).

Gertificate for Internship

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Gertificate for Internship

This is no contry that Medical Nogeth Prem Chindria Keddy with NG Regel No. 14-ERTOOLS has encoughtly completed his her interesting as per the curriculum of that the Decision of Pharmacy of Pharmacy Council of India (PCI). New Delhi and Saniahardel Norm Technological Council management of India (PCI). New Delhi and Saniahardel Norm Technological Council management of NTUR, thanks appearance as Government General Hospital, Kurwool from 6/2/2019, to 11/2/2020, and it was Excellent

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Dr. K.V.S.R. Institute of the draw opp: Dupadu A se KURNOOL-5 in second

Certificate for Internship

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DEFAULUENT	AND SECTION ASSESSMENT
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PERMIT	I months
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CHANCIBURY	2 months







Gertificate for Internship

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GENERAL MEDICINE	A months
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Gertificate for Internship

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DEPARTMENT	DOTAL BUILDINGS	
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Dr. K.V.S.R. Institute of Photograph Opp: Dupady R S + 1.-44./ KURNOOL-518210 (A.P.)

Gertificate for Internship

P. Swettn to deal the 14EPIT0017 has successfully completed has been enterently open formed from 6/8/2019 to 11/8/2020 millions Brootlent

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Valbhav Educational Society's

Dr. K.V. SUBBA REDDY INSTITUTE OF PHARMACY

Gertificate for Internship

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MATRICES .	ACTION OF RECEIPT		
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PERMITTING	2 months		
PERCHISTRY	2 months		
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Dr. K.V. SUBBA REDDY INSTITUTE OF PHARMACY

Gertificate for Internship

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PEDIATRICA	2 months
PARMITA	2 months
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Dupadu Railway Station, Lakshmipuram (Po), N.H. 44, KURNOOL - 518 218, A.P. INDIA.

Website: www.drkvsrip in e-mail: principalkvsrip@gmail.com

HANDS - ON LEARNING

B. Pharmacy, Pharm.D & Pharm.D (PB) and M. Pharmacy students gain knowledge intheory 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.,



I/II Pharm.D students learning about dissolution in the Pharmaceutics Lab.



III B.Pharmacy students learning about Rotarod apparatus in the Pharmacology Lab

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



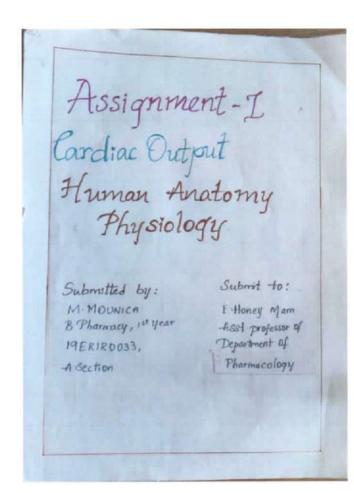
(Approved by AICTE. P.C.I New Delhi & Affiliated to JNTUA Anantapuramu, MoU with Government General Hospital & KMC, Kurnool)

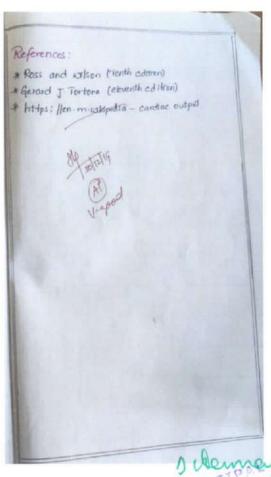
Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA.

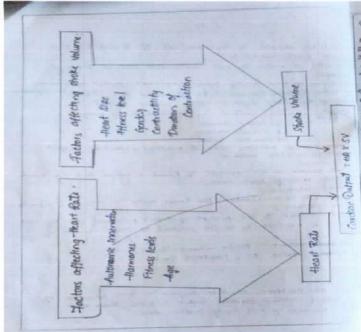
Website: www.drkvsrip.in e-mail: principalkvsrip@gmail.com

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.







Decrease in Carchiae Dulput:

Concline output cleanesses in the following conclinant:

1. Hypothyroichim: Due to decreased bosod metabolic vida

3. stafid-friedlation: Secouse of treampiete printing if wertiscles

3. Incomplete heast block with econogy seleves or rejected degeneration: Due to defective pumping action of the heast.

4. Congestive Cardree faction: Because of weathers or rejected degeneration:

5. Block: Due to poor pumping and Chrodation

6. Haemortage: Because of decreased blood volume.

Distribution by Cardiae Dulput:

The ashele amount of blood pumped out by the right verticle goes to lungs but the blood by the left verticle.

S. chatstooded to different parts.

Cardiae Brides: Is the resulte volume expressed in verticing to square metabolic graph of the series of the square metabolic graphs.

The internal value -2015 of 1/3; m of Body surface area from the sample winds volume of silvers.

Spectron fraction:

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Spectron fraction:

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Cardiae reserve plays an important side in General volume.

Cardiae reserve plays an important side in General volume.

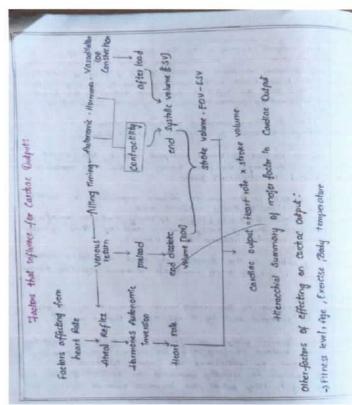
Cardiae reserve plays an important side in General volume.

Cardiae reserve plays an important side in General volume.

Cardiae reserve plays an important side for General volume.

Cardiae reserve plays an important side in the cardiae reserve.

The cardiae reserve is usually expressed in percentage In a cardiae reserve is usually expressed in percentage.



Sex: The females, condrac output to less than to males because of less to load volume. Cardiac Index a more than for males, because of less body surface area.

9) Body Buttld: Greated the body build; more to their less than to moles because of less body build; more to their less than to moles because of less body outpace area.

9) Diumal Vasilation: Cardiac output to low to early morning of newses in day time. At depends upon the basal conditions of the Inchristials.

9) Enritronment temperature: moderate change to temperature above does not affect cardiac output tocrease to temperature above to solese cardiac output.

1) Enrotional Conditions: Anciety, apprehension of excliment thereses cardiac output about 50-100%.

1) After mosts: Dusling the first 1 hour after taking mode, cardiac output increases.

1) Excersice: Cardiac output troreases dusling excensive because of increases in heast rate and force of enhancement to the although although the cardiac output increases because of surrose in secretion of administration of the cardiac output decreases.

1) Pregnarcy: Dusling the biten morable of pegnarcy condition, the cardiac output decreases.

1) Pregnarcy: Dusling the biten morable of pegnarcy condition, the cardiac output decreases.

1) Pregnarcy: Dusling the biten morable of pegnarcy condition, the cardiac output decreases.

2) Estep: Cardiac output is singletly decreased on it is analtered during sleep.

Pathological Vasiations:

Therease in Cardiac Output:

Cochico output increases in the following conditions.

1) Fever: Due to mereased oxidebve processes.

Anerta: Due to hypoxia + hyperthyrondism: Due to occupied hazal metabolic mate





Dr. K.V. Subba Reddy Institute of Pharmacy

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INNOVATIVE MODEL MAKING:

Students are guided to prepare scientific models through Pharma Expo. The main aim of conducting Pharma Expo is to integrate knowledge within a course, a major, or across an entire Program of study to associate the concepts. This enables students to understand and remember the relationship among various concepts, structures or species.



Model making competition conducted by B.Aruna, Assistant professor, Department of pharmacology







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Website: www.drkvsrip.in e-mail principalkvsnp@gmail.com

PROJECT BASED LEARNING:

Project based learning is a teaching method were students gain knowledge and skill by working for an extended period of time to investigate and respond to an authentic, engaging and complex questions, problems or challenges. It is not only provides opportunities for students to collaborate with or drive their own learning, but also teaches those skills such as problem solving and helps to develop additional skills integral to their future such as critical thinking and time management. So every year IV B. Pharmacy, V year Pharm.D and II year M. Pharmacy students are allotted with a project under the supervision/guidance of faculty to be completed within an academic year. Marks are allotted to projects according to their performance, project results, presentation and viva-voice. Research and review articles of their projects are published by students in various national and international journals.





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B.PHARMACY PROJECT TITLES (AY 19-20)

BATCH	REG.NO	NAME OF THE STUDENT	GUIDE	PROJECT TITLE	DEPARTMENT
I	16ER1R0042	S, SUJATHA			
	16ER1R0045	K, SUPRAJA	Dr.G.Nagarajan	× ,	
	16ER1R0053	A.GAYATHRI			
	16ER1R0075	C.SHIVA		Synthesis and biological activity of isatin derivatives	PH.CHEMISTRY
	16ER1R0089	Y.MANOHAR		of isatin derivatives	
		M. PAVAN KUMAR			
	16ER1R0024	REDDY			
2	16ER1R0022	M. PAVANI			
	16ER1R0083	P.TASLEEMA BEGUM		: Formulation and Evaluation of	
	16ER1R0006	P. DIVYA SREE	Dr.B.V.Ramana	floating in situ gel of	PHARMACEUTICS -
	16ER1R0090	K.MAHESH TEJA		Atorvastatin	
	16ER1R0030	S. SAMEER BASHA			
3	16ER1R0010	P. HASEENA		MANAGEMENT AND	
	16ER1R0084	G.YAMINI	Ma P. Jona	Phytochemical screening and Anthelmintic activity of ethanolic leaf extract of Ocimum basilicum	
	16ER1R0070	B.RITEESH KUMAR	Mr.R.Jona Methusala		PHARMACOLOGY
	16ER1R0076	P.SHRAVANI			
	16ER1R0019	K. MOHANACHARI			
4	16ER1R0001	S. AMREEN		: Design and Synthesis of Fluorescent Probes For Hydrazine Sensing	
	16ER1R0011	R. HEMALATHA			
	16ER1R0023	M. PAVAN KUMAR	Mr.Chandrasekhar		PH.CHEMISTRY
	16ER1R0077	M.SNEHA			
	16ER1R0043	P. SUMA			
5	16ER1R0002	U.AMRUTHA		"Formulation & Evaluation of Caffeine loaded Solid Lipid Nanoparticles to Treat Clinical Mastitis	PHARMACOLOGY
	16ER1R0081	B. SUSHMITHA			
	16ER1R0080	B.SURENDRA BABU	Ms.IVL Padmini		
	16ER1R0029	S. RUBEENA			
	17ER5R0002	M. NAVEEN KUMAR			
6.	16ER1R0051	J. ARUNA			
	16ER1R0054	T. GRACE .N.		: Simultaneous estimation of atazapavir and cobicistat in bulk and pharmaceutical dosage from by RP-HPLC method	
	16ER1R0025	B. PRATUHYUSHA	Ms.Sara Sirisha		PH.ANALYSIS
	16ER1R0035	SHAIK SADDAM	MISTORIA SILISUR		THE ALVANDED IN
		HUSSAIN			
	16ER1R0037	P. SHARATH BABU			
7	16ER1R0044	P. SUMANJALI		V. A.	
	16ER1R0063	M.KAVYA		Anthelmintic activity of	DI CHEMICADA
	16ER1R0074	S.SHAGUFTASALOMI	Ms,Mohana Priya	methanol extraction of	PH.CHEMISTRY
	17ER5R0004	G. SIVA RAJU		Gymnema sylvestre	
8	16ER1R0012	S. JALIL			
	16ER1R0017	J. MANASA		Formulation and Evaluation of	
	16ER1R0028	N. ROOPA RANI	Ma IVI Padental	of Celecoxib Inclusions for	PHARMACEUTICS)
	16ER1R0041	SUDHARSHAN	Ms.IVL Padmini		emana
	16ER1R0056.	G. SAI KUMAR		treating Psoriatic Arthritisp R	

	16ER1R0057	G. SIVA PULLAREDDY			
9	16ER1R0026	B. PRAVEEN RAJ			
	16ER1R0061	C.GUNA NIKHILA	Mr.KRSC.Bharath	Decemention Communication and	
	16ER1R0008	N. FARIHA AFROZE		Preparation, formulation and evaluation of metformin	PHARMACEUTICS N 1
	16ER1R0033	S, SHAIIID		hydrochloride microspheres	M IN
	16ER1R0055	S. M. AMEEN BASHA		nyurocinorae interospheres	gra
	16ER1R0020	A.NAGEWARA RAO			
10	16ER1R0040	P. SUCHARITHA			
	16ER1R0079	Y, SRI TEJA		Evaluation of anthelmintic	0
	16ER1R0018	P. MARY	Ms.E.Honey	activity and phytochemical	PHARMACOLOGY N
	16ER1R0034	D. SHAIK AHEMAD		extract of leucas zeylanica.	9
	16ER1R0047	B. UDAY KUMAR			
11	16ER1R0049	T. VANDANA			
	16ER1R0014	R. LAKSHMI BAI	Mr.R.Naganjaneyulu	Pharmacognostical, Phytochemical And Antimicrobial Activity of Adiantum Capillus-veneris	4
	16ER1R0021	G. PAVANI			PHARMACOGNOSY
	16ER1R0004	Balaswamy			
	16ER1R0050	N. UMA MAHESWAR			
	16ER1R0013	Z. KALYANI		Formulation and Evaluation of	
12	16ER1R0052	G. BHAVANA		Momordica charantia Fast	
	16ER1R0071	ROHINI	Ms.Afreen	Dissolving Oral Films Used for the Treatment of Diabetes mellitus	PHARMACEUTICS
	16ER1R0015	M. MAHESH			
	16ER1R0058	A.VASANT MADHAV			
13	16ER1R0031	K. SANA	Ms.Aruna	EVALUATION OF CARMINATIVE ACTIVITY OF ETHANOLIC EXTRACT OF	PHARMACOLOGY
	16ER1R0046	B. SUREKHA			
	16ER1R0067	T.RAMA JYOTHI			
	16ER1R0059	A.ALTHAF HUSSAIN			
	16ER1R0073	V.SASHIKUMAR		ME	
14	16ER1R0027	K. RAJANI			
	16ER1R0038	P. SRILATHA	2 1	: Invitro Screening Of Antacid activity of Ethanol and Aqueous	PHARMACOLOGY
	16ER1R0087	G.ANUSHA	Ms.Venu Madhuri		
	16ER1R0032	G. SANTOSH KUMAR	WIS. TENG WINGHUFF		- Indianeologi
	16ER1R0036	SHAIK SHAKEER		Extract of Carica papaya leaves by Rosette rice Method	
15	16ER1R0009	B.GANGADHAR			
	16ER1R0066	S. M. ZIYAULLAH	Ms.E.Honey	Evaluation of antimicrobial	
	16ER1R0065	G.MARUTHI		activity and phytochemical	PHARMACOLOGY
	16ER1R0068	R.RAMANJANEYULU		screening of ethanolic extracts of Cinnamon zeylanicum	PHARMACOLOGI
	16ER1R0039	P. SUBHAN			
	16ER1R0072	K.SAI DINESH			





Dr. K.V. Subba Reddy Institute of Pharmac.

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PHARM.D V/VI PROJECT LISTS

BATCH	REG.NO	NAME OF THE STUDENT	GUIDE	PROJECT TITLE	DEPARTMENT
	15ER1T00014	S.TARUN		EVALUATION OF	
	15ER1T0020	S.NAYEEM C.ROHITH SIRI		CLINICAL PHARMACY SERVICES PROVIDE BY THE CLINICAL PHARMACIST IN THE	GENERAL
,	15ER1T0025	SUBRAMANYAM	DR.S. BASHEER	INPATIENT	MEDICINE
I	15ER1T0004	M.HABIBURRAHMAN		Safety& efficacy of	PEDIATRICS
	15ER1T0006	M.HARI PRASAD D.VINAY KUMAR		neubilizer solbutamol& antibiotics in broncho pneumia patients of pediatrics	
	15ER1T0024	D.VINAT KOMAK	DR.S.KUSUMA KUMARI		
111	15ER1T0005	M.HARISH		CLINICAL PROFILE	
	15ER1T0021	AMAL SAJEEV		&TREATMENT EVALUATION OF CHILDREN ADMITTED WITH NEPHROTIC SYNDROME IN THE PEDIATRIC	
	15ER1T0026	K SHIVAKUMAR	S.AFREEN	DEPARTMENT	PEDIATRICS
IV	15ER1T0007	R.MOUNISA		INCIDENCE OF RISK	
	15ER1T0023	T.RISHIKA REDDY		FACTORD& DRUG	
	15ER1T0022	CH.SHARMILA		UTILIZATION EVALUATION IN CEREBRO VASCULAR ATTACK AT TERTIARY	
				CARE TEACHING	NEL TO COLUMN
17	15ER1T0012	SYED SAHERA	DR.G.NAGARAJAN	A STUDY ON	NEUROLOGY
V	15ER1T0009 15ER1T0010	U.PRATHYUSHA N.SAMREEN	_	EPIDEMOLOGICAL&	
	15Y01T0019	D.YASMIN	RJONAMETHUSALA	MANAGEMENT EVALUATION OF HYPERTENSIVE DISORDER OF PREGNANCY	GENERAL MEDICINE
Vi	15ER1T0008	V.PRAVALLIKA		A PROSPECTIVE	
	15ER1T0013	P.SOWMYA		STUDY ON RISK FACTORS & DRUG UTILIZATION EVALUATION BASED ON CLINICAL PROFILES IN CHRONIC KIDNRY DISEASES IN NEPHROLOGY UNIT IN A TRRIATARY CARE	
	15Y01T0017	M.VINEELA	DR.K.VENNELA	TEACHIND HOSPITAL	NEPHROLOGY
VIIS	15ER1T0015	A.VIHARIKA		MONITOTING	
	15ER1T0016	G.VIJAYA BHARATHI		CLINICAL	3
	15Y01T0011	D.SHIRISHA	DR.B.V.RAMANA	PROFILES&DRUG UTILIZATION REVIEW IN BIPOLAR PATIENTS UNSING ANTI PSYCHOTICS,ANTI DEPRESSANTS& MOOD STABILIZERS MEDICATION IN PSYCHIATEY UNIT OF A TERITIARY CARE HOSPITAL	A. V NEPHROLOGY

OPP PRINCIPAL 18 (A P.) PRINCIPAL Dr. K.V.S.R. Institute of PharmacyKURNOOL Opp: Dupadu R.S. N.H.-44, KURNOOL-518218 (A.P.)

DESIGN AND SYNTHESIS OF FLUORESCENT PROBES FOR HYDRAZINE SENSING

A DISSERTATION SUBMITTED TO THE JAWAHAR LAL NEHRU TECHNOLOGICALUNIVERSITY, ANANTAPUR, ANDHRAPRADESH.

SUBMITTED BY

S.AMREEN (16ER1R0001)

R.HEMALATHA (16ER1R0011)

M.PAVAN KUMAR (16ER1R0023)

P.SUMA (16ER1R0043)

M.SNEHA (16ER1R0077)

In the partial fulfillment of the requirement for the award of degree of

BACHELOR OF PHARMACY

Under the guidance of

Dr.K. CHANDRASEKHAR, M.S.Pharm, Ph.D

Associate Professor, Department of Pharmaceutical Chemistry,

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

Department of Pharmaceutical Chemistry

DR.K.V.SUBBA REDDY INSTITUTE OF PHARMACY
DUPADU, KURNOOL-518218, AP
BATCH 2016-2020



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with Government General Hospital, KMC, Kurnool)

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

E-mail:principalkysrip@gmail.com

CERTIFICATE

This is to certify that the dissertation entitled DESIGN AND SYNTHSIS OF FLUORESCENT PROBES FOR HYDRAZINE SENSING was done for the partial fulfillment for the award of degree of bachelor of pharmacy in Pharmaceutical Chemistry has been carried out by S.

AMREEN(16ER1R0001), R.HEMALATHA(16ER1R0011), M.PAVANKUMAR(16ER1R0011), M.PA

23), P.SUMA (16ER1R0043), M.SNEHA(16ER1R0077), under the guidance and supervision of Dr.K.CHANDRASEKHAR, M.S. Pharm, Ph.D at DR.K.V.SUBBA REDDY INSTITUTE OF

PHARMACY, Dupadu, Kurnool, during the period 2019-2020. It is further certified that this work or any part of this has not been submitted in part or full for the award of any degree or fellowship.

DATE:

PLACE: Dupadu

Principal
Dr. G. NAGARAJAN,
M.Pharm, Ph.D.

Principal & HOD,

Department of Pharmaceutical Chemistry,

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

Dupadu, Kurnool, A.P – 518002.

Blemena

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E-mail:principalkvsrip@gmail.com

Cell.+919440282181,+919704333789

:+919440282181,+919704333789

Fax.08518-287618

Fax:

CERTIFICATE BY SUPERVISOR

This is to certify that the dissertation entitled "DESIGN AND SYNTHSIS OF FLUORESCENT PROBES FOR HYDRAZINE SENSING" was done for the partial fulfillment for the award of degree of bachelor of pharmacy in Pharmaceutical Chemistry has been carried out by S. AMREEN (16ER1R0001), R. HEMALATHA (16ER1R0011), M. PAVANKUMAR (16ER1R0

023), P.SUMA (16ER1R0043), M.SNEHA(16ER1R0077),under the guidance and supervision of Dr.K.CHANDRASEKHAR, M.S.Pharm, Ph.D. at DR.K.V.SUBBAREDDY INSTITUTE OF

PHARMACY, Dupadu, Kurnool, during the period 2019-2020. It is further certified that this work or any part of this has not been submitted in part or full for the award of any degree or fellowship.

DATE:

PLACE: Dupadu.

Supervisor

DR .K. CHANDRASEKHAR.

M.S.Pharm, Ph.D

Associate Professor,

Department of Pharmaceutical Chemistry,

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

Dupadu, Kurnool, A.P – 518002.

Sulemana

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DECLARATION BY CANDIDATES

WeS.AMREEN(16ER1R0001),R.HEMALATHA(16ER1R0011),M.PAVANKUMAR(16ER1R0023), P.SUMA (16ER1R0043), M.SNEHA(16ER1R0077),pursued admission in B. Pharm 4th year program for the academic year 2019-2020, at Dr. K. V.Subba Reddy Institute of Pharmacy, Dupadu, Kurnool (Affiliated to JNT University Anantapur, Anantapuramu) and in connection with partial fulfilment for award of degree of Bachelor of Pharmacy. We hereby declare that the entitled research work "DESIGN AND SYNTHSIS OF FLUORESCENT PROBES FOR HYDRAZINE SENSING" was carried out by us undertheguidance of Dr.K.CHANDRASEKHAR, M.S.Pharm, Ph.D, Associate Professor, Department of Pharmaceutical Chemistry. We express no conflict of interest for due submission of this work to board of examiners for evaluation process.

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List of Abbreviations

S.NO	SYMBOL	ABBREVATION		
1.	DMSO	Dimethylsulphoxide		
2.	TLC	Thin layer chromatograph		
3.	mm Hg	Millimeters of mercury		
4.	μg	Microgram		
5.	mg	Milligram		
6.	%	Percentage		
7.	ml	Milliliter		
8.	Eq	Equivalents		
9.	⁰ C	Centigrade		
10.	⁰ F	Fahrenheit		
11.	hr	Hour		
12.	UV	Ultraviolet		
13.	IR	Infrared radiation		
14.	NMR	Nuclear Magnetic Resonance		
15.	μL	Microliter		
16.	nm	Nanometer		
17.	μΜ	Micromolar		
18.	M	Molar		
19.	Mm	Mili molar		
20.	Rt	Room temperature		
21.	gm	Gram		
22.	TEA	Triethylamine		

LIST OF SPECTRUMS OF COMPOUNDS

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ABSTRACT

Hydrazine is a highly reactive base and it is widely used in pharmaceutical and chemical industries. Hydrazine is highly toxic and pollutant compound which cause environmental contamination. Hydrazine highly toxic to vital organs like Kidney, Liver and CNS and causes hepatotoxicity, neurotoxicity and Mutagenicity. Hydrazine causes lipid peroxidation in the biological membrane, and increase oxidative stress through reactive oxygen species (ROS) formation. Good fluorophore is important for detection of hydrazine in solution and vapor phase is needed. Here we designed, synthesized and discussed about fluorescent probes used for hydrazine sensing in solution phase.

Key words: Hydrazine, Fluorophore, Hepatotoxicity.

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Schemeine

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AIM & OBJECTIVES

AIM

. To design and synthesis of compound that can detect hydrazine in solution phase

OBJECTIVES

- ✓ Design of fluorescent probes.
- ✓ Perform synthesis of fluorescent probes.
- ✓ Characterization of fluorescent probes by using Mass, and NMR spectroscopic studies.
- ✓ Perform an experiment to detect hydrazine by using a fluorescent probe.

INTRODUCTION TO A TIME TO

INTRODUCTION

HYDRAZINE:

Hydrazine was first prepared from hydrated hydrazine (N2H4. H2O) by Theodor Curtius in 1887. In 1895 the Lobry de Bruyn was prepared anhydrous hydrazine as a free base for the first time. The Raschig was preparing Hydrazine by the oxidation of NH₃ with hypochlorite process, it becomes a chief commercial method of manufacture of hydrazine. Hydrazine is also be written in from of H₂NNH₂, it is called diamidogen it is basic (alkali) chemical properties (K_b= 1.3X 10⁻⁶) like ammonia. It is colourless fuming liquid with a faint ammonia like odour .It's by products such as nitrogen & water, hydrazine often acts as a convenient reductants such as antioxidant, oxygen scavengers & corrosion inhibitor^[1]. Hydrazine released as a by-product in some nitrogen-fixing bacteria. It is important metal corrosion inhibitor to scavenge oxygen in water boilers for feed & heating systems [2]. They used as an anti-corrosine agent in electrical power plants, as an antioxidant in the nuclear power plant. It is also used as an anti-corrosive agent in electrical power plants, as an antioxidant in the nuclear power plant. During the Second World War, time Germany discovered the interesting property of hydrazine as the use of rocket fuel. Now it becomes a one of the most powerful liquid fuels among current rocket propellants. However, the chemical uses of hydrazine now far surpass its use as a fuel. The field of hydrazine chemistry and its applications are over widening. It is a chemical with high toxicity, can be readily absorbed through skin or via breathing directly into the body. Formula (N₂H₄), Density (1g/cm³), Molar (32.0452), Boiling point(114 °C), Melting point (2 °C).

Determine hydrazine in trace amount using different analytical techniques such as chromatography, chemiluminescence, spectrophotometry, electrochemistry, titrimetry&surface enchanced Raman- spectroscopy^[14] and some other methods are used for determining hydrazine. To recognizing fluorescence senors moiety for N₂H₄ have been developed mainly including acetyl,4-bromobutyrate,levulinode(levulinate),phthalimidealdehyde,malononitrile,1,8 naphthaleneimide,coumarin,cyanine derivative,aldehyde,&traditional organic dyes such as benzothiazole mostly through the reaction based approach that exploits the strong nucleophilicity of hydrazine^[3].

Hydrazine causes lipid peroxidation &ROS formation ,to elevate oxidative stress & leads eventually to nonspecific damage to protein &DNA^[4] .Hydrazine has been denoted as a

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possible human carcinogen by the US Environment Protection Value [EPA] with an exposure threshold limit value [TLV] of 10 ppb. ^[5] while exposure to hydrazine may causes eyes,nose irritation,dizziness, headache, nausea,pulmonary edema, seizures, coma in humans as well as damage to the liver, kidney & central nervous system[CNS] ^[6].

Uses of Hydrazine

- Gas producers and propellants.
- Precursor to pesticides and pharmaceuticals.
- Rocket fuel.

1. Gas producers and propellants

The majority use of hydrazine is as a precursor to blowing agents. Specific compounds include azo dicarbonamide and azo bisisobutyronitrile, which produce 100–200 ml of gas per gram of precursor. In a related application, sodium azide, the gas-forming agent in air bags, is produced from hydrazine by reaction with sodium nitrite [7].

Hydrazine is also used as a propellant on board space vehicles, such as the NASA Dawn probe to Ceres and Vesta, and to both reduce the concentration of dissolved oxygen in and control pH of water used in large industrial boilers. The F-16 fighter jet, NASA Space Shuttle, and U-2 spy plane use hydrazine to fuel their emergency power units^[8].

2. Precursor to pesticides and pharmaceuticals

Hydrazine can be effective as an active ingredient an admixture with/in combination with other agricultural chemicals such as insecticides, miticides, nematicides, fungicides, herbicides/ plant growth regulators^[9]. It is widely applies as a pharmaceutical derivatives such as isoniazid, phenyl amino thiourea and the antipsychotic drug 1-isoniacyl-2-isopropylhydrazine, the anti-infective drug 5-nitrofuranmethylhydrazine derivative^[10], antitumor drug methyl phenylhydrazine ^[11].

3. Rocket fuel:

Hydrazine was first used as a component in rocket fuels during World War II. A 30% mix by weight with 57% methanol (named M-Stoff in the German Luftwaffe) and 13% water was called C-Stoff by the Germans. [12] The mixture was used to power the Messerschmitt

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Me 163B rocket-powered fighter plane. Hydrazine was also used as a propellant with the German high test peroxide *T*-Stoff oxidizer. Unmixed hydrazine was referred to as B-Stoff by the Germans, a designation also used later for the ethanol/water fuel for the V-2 missile.

Hydrazine is used as a low-power monopropellant for the maneuvering thrusters of spacecraft, and was used to power the Space Shuttle's auxiliary power units (APUs). In addition, monopropellant hydrazine-fueled rocket engines are often used in terminal descent of spacecraft. Such engines were used on the Viking program landers in the 1970s as well as the Phoenix lander and Curiosity rover which landed on Mars in May 2008 and August 2012, respectively.

In all hydrazine monopropellant engines, the hydrazine is passed over a catalyst such as iridium metal supported by high-surface-area alumina (aluminium oxide), which causes it to decompose into ammonia, nitrogen gas, and hydrogen gas [13].

There are ongoing efforts in the aerospace industry to replace hydrazine It include hydroxylammoniumnitrate, dimethylaminoethylazide (DMAZ)^[14] and energetic ionic liquids.

Hydrazine Effects

- Hydrazine exposure can cause skin irritation/contact dermatitis and burning, irritation to the eyes/nose/throat, nausea/vomiting, shortness of breath, pulmonary edema, headache, dizziness, central nervous system depression, lethargy, temporary blindness, seizures and coma. Exposure can also cause organ damage to the liver, kidneys and central nervous system [15].
- While exposure to the hydrazine related emergency, NIOSH recommends removing contaminated clothing immediately, washing skin with soap or water, and for eye exposureremoving contact lenses and flushing eyes with water for at least 15 minutes. NIOSH also recommends anyone with potential hydrazine exposure to seek medical attention as soon as possible [16].
- Hydrazine causes lipid peroxidation [17] in the biological membranes, and increase oxidative stress through reactive oxygen species (ROS) formation. [18].

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International Agency for Research on Cancer (IARC) rates hydrazine as "2A-probably carcinogenic to humans" with a positive association observed by hydrazine exposure and it causes lung cancer^[19]

- National Academies of Sciences, Engineering and Medicine concluded that there is suggestive evidence of an association between hydrazine exposure and lung cancer, based on cohort and cross-sectional studies of occupational hydrazine exposure, a committee from with insufficient evidence of association with cancer at other sites^[20]. The European Commission's Scientific Committee on Occupational Exposure Limits (SCOEL) places hydrazine in carcinogen "group B-a genotoxic carcinogen". The genotoxic mechanism the committee cited references hydrazine's reaction with endogenous formaldehyde and formation of a DNA-methylating agent^[21].
- The World Health Organization (WHO) recommends potential exposures be treated symptomatically with special attention given to potential lung and liver damage. Past cases of hydrazine exposure have documented success with Pyridoxine (Vitamin B6) treatment^[22].

Different fluorescent probes for hydrazine detection provide good choice due to their high sensitivity, compatibility with biological samples, simplicity for implementation and less time consumption. So, essentially a choice of a good fluorophore is crucial for rapid detection of hydrazine in the solution phase, vapor phase as well as in live cell would be beneficial.





REVIEW OF LITERATURE

Recently literature showed that different hydrazine probes were reported in the literature with different recognition moieties and the different sensing mechanism. The moieties like acetyl, vinyl malononitrile, phthalimide, levulinate, 4-nitrobenzene sulphonyl, and other moieties act as hydrazine recognition moieties.

Choi et.al [23], reported a hydrazine probe has based on acetyl moiety (I). Resorufin acetate (I) hydrazinolyzed with hydrazine cause removal of an acetyl group from resorufin results in chromogenic and fluorescence turn-on of the probe (I).

Goswami *et al* ^[24], used 4-bromo butyrate as recognition moiety for the synthesis of hydrazine probe (II) ^[24]. The probe (II) was designed based on ESIPT (Exited State Internal Proton Transfer) mechanism, 4-bromo butyryl moiety blocks the ESIPT of the probe (II). When hydrazine reacts with the probe (II) it will cause remove 4-bromo butyryl moiety and results in ESIPT process turn-on.

Choi et al [25] synthesized hydrazine probe using levulinoyl moiety as a recognition site for hydrazine (III). The probe (III) was prepared by reaction of levulinoyl chloride with 3-cyano-7-hydroxycoumarin. The probe fluorescence moiety was blocked with this levulinoyl moiety but when hydrazine reacts with probe results in the removal of levulinoyl moiety from the probe (III) and fluorescence turn-on of the probe (III).

Ali et al [26], reported fluorescent hydrazine probe (IV) based on phenanthroimidazole as fluorophores and phthalimide as hydrazine sensing unit. The phthalimide part in probe (IV) acts as protecting group for amine moiety and also blocks the fluorescence turn-on process of the probe (IV) but when hydrazine reacts with probe results in fluorescence turn-on of the probe (IV),

Chenet al, synthesized hydrazine probe by using para nitro benzene sulphonyl moiety as a recognition unit **(V).** In probe **(V)** the 4-nitrobenzene sulfonyl moiety acts as fluorescence quencher as an electrophile [27].

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Figure 1: Previously reported hydrazine fluorescent probes

The nucleophilic aromatic substitution of hydrazine on the probe (V) cause release of 4-nitrobenzene sulfonyl moiety and results in fluorescence turn-on of the probe (V).

Sun *et al* reported a fluorescent probe based on malononitrile as recognition moiety¹⁷⁵ (VI). The probe (VI) was designed based on Internal Charge Transfer (ICT) phenomenon when hydrazine reacts with the probe (VI) leads to the formation of the hydrazone product and results in the ICT process turned-off

Nguyen *et al*, ^[29] reported fluorescent hydrazine probe **(VII)** based on dichloro fluorescein as fluorophores and acetyl chloride moiety as hydrazine sensing unit. The acetyl part in probe acts as protecting group and also blocks the fluorescence turn-on process of the probe **(VII)** but when hydrazine reacts with probe results in fluorescence turn-on of the probe **(VII)**

Figure 2: Hydrazine sensing mechanism of probe (VII)

CHAPTER-3 DESIGN STRATEGY

Design Strategy:

The fluoroscence property of a particular luminophore is being masked by using a proper masking agent (turn-off state). When an analyte which is highly sensitive towards that particular masking agent comes into contact, demasking results followed by the fluoroscence turn-on.

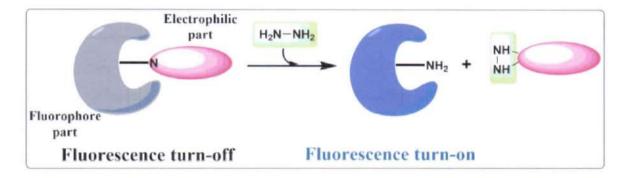


Figure 3:Designed strategy of probe

In the present study, a Napthalene and Antracene moiety was used as a fluorophore in the sensor because it has large stoke shift value (Stokes shift is difference between the emission and excitation maxima) and phthalimide and acetamide used as a hydrazine sensing unit, it can also act as a masking agent to mask the fluorescent nature of fluorophore i.e. Napthalene and antracene. For sensing hydrazine electrophilic center present in the ligand, and phthalimide and acetamide served this purpose. Thus, Compounds were designed as a hybrid of phthalimide and acetamide with Napthalene and antracene. The designed probes were successfully synthesized in a single step with the aim to sense the hydrazine with high specificity. Therefore when hydrazine attack on the probe leads to the generation of fluorophore which is responsible for fluorescence turn-on.

EXPERIMENTAL SECTION

EXPERIMENTAL SECTION

Chemicals Used:

Table 1: Chemicals used in the project

S.no	Materials	Grade	Molecular	Molecular	Manufacturer
			Formula	Weight	
1.	Alpha-naphthylamine	AR	C ₁₀ H ₉ N	143.19	AVRA
2.	2-aminoanthracene	AR	C ₁₄ H ₁₁ N	193.24	Alfa Aesar
3.	Phthalic anhydride	LR	C ₈ H ₄ O ₃	148.12	SDFCL
4.	Triethylamine	LR	C ₆ H ₁₅ N	101.19	SDFCL
5.	Chloroform	AR	CHCl ₃	119.38	SIMSON
6.	Acetyl chloride	LR	CH ₃ COCl	78.50	SDFCL
7.	Sodium sulphate anhydrous	LR	Na ₂ SO ₄	142.04	FINAR
8.	Acetic Acid Glacial	LR	C ₂ H ₄ O ₂	60.05	SIMSON
9.	Ether Petroleum	AR	C ₆ H ₁₄	82.2	PALLAV
10	Ethyl acetate Extra pure	LR	C ₄ H ₈ O ₂	88.11	PALLAV
11	Citric Acid	LR	C ₆ H ₈ O ₇	210.14	NR CHEM
12	Dimethyl sulphoxide	LR	C ₂ H ₆ OS	78.13	SDFCL

Materials Used:

The materials used for synthesis purpose are Heating Mantle of Bio Technics India (size :500;model: B72-19), Magnetic Stirrer of 2MLH Magnetic Stirrer, UV light Cabinet is used for detect completion of reaction process and also used for naked eye detection of hydrazine by probe in solution phase, Thermostatic Water bath is used for drying purpose, TLC aluminium sheets (3 x 2.5) are used for checking progress of the reaction, UV Chamber, and Round bottom flask of 50 ml, and some of the glassware's are used.

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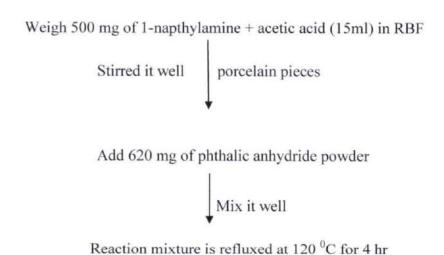
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PROCEDURE FOR SYNTHESIS PROBE 3: (2-(naphthalen-1-yl)isoindoline-1,3dione)

Reaction 1:

Procedure:

To 500 mg of 1-amino napthalene in 50 ml round bottom flask add 15 ml of acetic acid and allow all compound to dissolve after that add 620 mg phthalic anhydride and reflux the reaction at 120 °C for 4 hr until completion of reaction. The reaction completion checked by using TLC plate. once reaction was completed stop the reaction allow the reaction mixture to cool at room temparature, next filter that product using whatmann filter paper, wash the product using cold water and allow the product to dry. After drying the compound 3 was appeared in white colour, the percentage yield of the reaction was found to be 75%



Filter it with a whatmanns filter paper

Collect the dried sample and transferred into the sample vial (Probe-3)

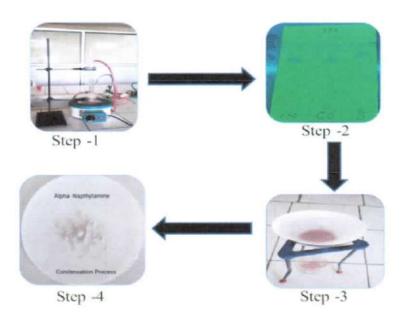


Figure 4: Diagramatic representation of steps involved in synthesis of probe 3 Characterisation Data of probe-3:

¹H NMR [600 MHz, CDCl₃]: δ (ppm): 8.03 (m, 2H), 8.0 (d, 1H, *J*=8.4 Hz), 7.95 (d, 1H, *J*=7.8 Hz), 7.85 (m, 2H), 7.61 (m, 2H), 7.54 (m, 2H), 7.48 (m, 1H); ¹³C NMR (150 MHz, CDCl₃) δ (ppm): 167.84, 134.53,134.48, 132.04, 130.30, 130.0, 128.63, 128.19, 127.17, 127.02, 126.59, 124.45, 123.99, 122.46; HRMS: [ESI- m/z] calcd for [C₁₈H₁₁NO₂]: 273.08, observed (M+H⁺): 274.0859.

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PROCEDURE FOR SYNTHESIS PROBE 5: N-(naphthalen-1-

yl)acetamideReaction-2:

Procedure:

To the 500 mg of 1- Naphthylamine in a round bottom flask and add 12 ml of chloroform of next add Triethylamine of 1.47 ml and mix it, and then add Acetyl chloride of 0.29 ml the reaction mixture was stirred on a magnetic stirrer at room temperature for 6 hours. Check the completion of reaction by using TLC plate. Next the reaction mixture was taken in to a separation funnel and do workup with Chloroform and water, chloroform layer is collected into a beaker and kept for drying on a water bath after drying the sample collected and weighed. Compound 5 appear as in light brown colour, and the percentage yield of the reaction was found to be 70%.

Kept it on a magnetic stirrer at room temparature

For 6 hours

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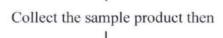
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Check the completion of reaction using TLC plate

Reaction mixture was taken into separation funnel add Chloroform and water



Separate the chloroform mixture from it



Kept the product in a water bath for a 60 °C

Collect the dried product and transferred it into a sample vial (Probe-5)

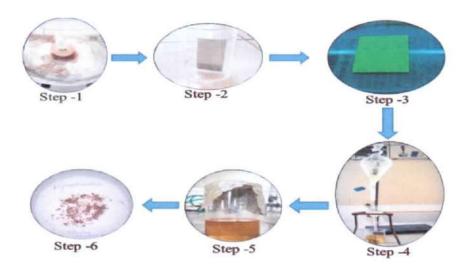
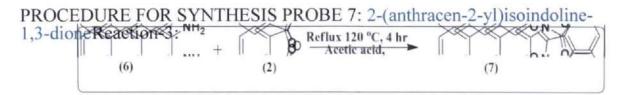


Figure 5: Diagramatic representation of steps involved in synthesis of probe 5Characterisation Data of probe-5:

¹H NMR [600 MHz, DMSO-d₆]: δ (ppm):9.91 (s, 1H), 8.07 (d, 1H, *J*=7.2 Hz), 7.92 (d, 1H, *J*=8.4 Hz), 7.73 (d, 1H, *J*=8.4 Hz), 7.68 (d, 1H, *J*=7.2 Hz), 7.53 (m, 2H), 7.47 (t, 1H, *J*=7.8 Hz), 2.18 (s, 3H); ¹³C NMR (150 MHz, DMSO-d₆) δ (ppm): 169.34, 134.11, 128.52, 128.07, 126.38, 126.15, 125.98, 125.45, 123.16, 121.94, 23.91; HRMS: [ESI- m/z] calcd for [C₁₂H₁₁NO]: 185.08, observed (M+H⁺): 186.0916.



Procedure:

To 500 mg 2-Aminoanthracene (1 eq) in 50 ml round bottom flask add 10 ml of acetic acid and allow all compound to dissolve after that add 460 mg pthalic anhydride (1.2 eq) and reflux these reaction at 120 °C for 4 hr until completion of reaction. The reaction completion checked by using TLC plate, once reaction was completed stop the reaction allow the reaction mixture to cool at room temparature, next filter that product using whatmann filter paper, wash the product using cold water and allow the product to dry. After drying the compound 7 was appeared in light brown colour, the percentage yield of the reaction was found to be 75 %

Weigh 500 mg of 2-Aminoanthracenein + acetic acid (10 ml) in RBF

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Add 92 mg of phthalic anhydride powder



Kept the reaction refluxed at 120°C for 4 hr

(After completion of reaction)

Filter the reaction mixture it in a whatmans filter paper

Collect the dried sample and transferred into the sample vial (Probe-7)

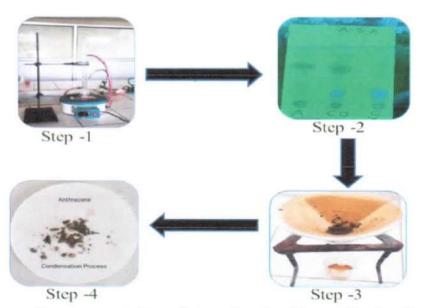


Figure 6: Diagramatic representation of steps involved in synthesis of probe

Characterisation Data of probe-7:

¹ H NMR [600 MHz, CDCl₃]: δ (ppm): 8.55 (s, 1H), 8.16 (m, 2H), 8.07 (m, 2H), 8.02 (d, 1H,

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167.94, 134.58, 132.33, 132.15, 131.99, 130.48, 128.47, 128.35, 128.06, 127.43, 126.86, 126.05, 126.0, 124.45, 124.09, 121.22; HRMS: [ESI- m/z] calcd for [C₂₂H₁₃NO₂] : 323.09, observed (M+H⁺): 324.1010

PROCEDURE FOR SYNTHESIS PROBE 8: N-(anthracen-2-

yl)acetamideRecation-4:

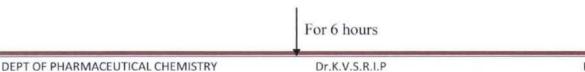
Procedure:

To the 500 mg of) 2-Amino anthracene (1 eq) in a round bottom flask and add 10 ml of chloroform of next add Triethylamine of 1.09 ml (3 eq) and mix it, and then add Acetyl chloride of 0.22 ml (1.2 eq) the reaction mixture was stirred on a magnetic stirrer at room temperature for 6 hours. Check the completion of reaction by using TLC plate. Next the reaction mixture was taken in to a separation funnel and do workup with Chloroform and water, chloroform layer is collected into a beaker and kept for drying on a water bath after drying the sample collected and weighed. Compound 8 appear as in Pale Brown colour, and the percentage yield of the reaction was found to be 73%.

Weigh 500 mg of 2-Amino anthracene + 10 ml of Chloroform + 1.09 ml of Triethylamine + 0.22 ml of Acetyl chloride



Kept it on a magnetic stirrer at room temparature

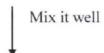


Principal PRINCI

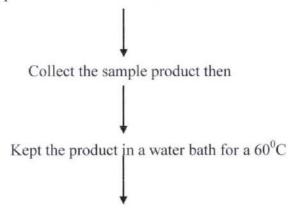
Check the completion of reaction using TLC plate



Reaction mixture was taken into separation funnel add Chloroform and water



Separate the chloroform mixture from it



Collect the dried product and transferred it into a sample vial (Probe-8)

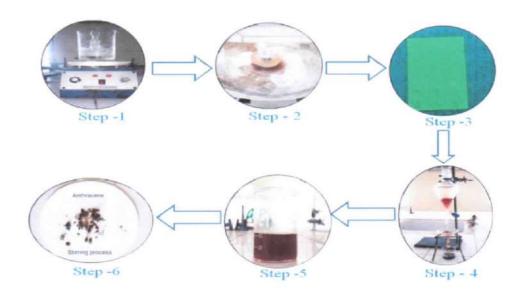


Figure 7: Diagramatic representation of steps involved in synthesis of probe 8Characterisation Data of probe-8:

¹H NMR [600 MHz, DMSO-d₆]: δ (ppm): 10.21 (s, 1H), 8.49 (s, 1H), 8.46 (s, 1H), 8.42 (s, 1H), 8.01 (m, 3H), 7.54 (m, 1H), 7.45 (m, 2H), 2.12 (s, 3H); ¹³C NMR (150 MHz, DMSO-d₆) δ (ppm):169.18, 136.71, 132.11, 130.76, 129.18, 128.89, 128.48, 128.10, 126.21, 126.01, 125.34, 125.31, 121.38, 113.99, 24.58; HRMS: [ESI- m/z] calcd for [C₁₈H₁₁NO₂]: 273.08, observed (M+H⁺): 274.0859.

Procedure for Naked eye detection of hydrazine by probe in solution phase:

First initially stock solution of probe was prepared. From the stock solution dilute solution of probe (1 mM) is prepared by diluting with chloroform. Similarly stock solution of hydrazine (5M) in water was prepared from that desired dilute solution (1M) is prepared. Equal volume of probes were poured in 2 vials initially it won't give any fluorescence in the vial after addition of 4 µl of hydrazine solution added to second vial after few seconds (< 10 sec) second vial show bright fluorescence when these vials kept under UV cabinet at 365 nm.

Procedure for UV titration studies of probe with hydrazine solution:

First initially stock solution (3 mM) of probe was prepared. From the stock solution dilute solution of probe (50 μ M) is prepared by diluting with DMSO. 10 mM of Hydrazine was prepared in distilled water and it is used further for all spectroscopic studies. To the 50 μ M solution of probe in the cuvette add increasing concentration of hydrazine and corresponding absorption spectrum readings were taken down.

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RESULTS AND DISCUSSION

All the probes were synthesized using standard procedures and probes were obtained in good yields and structure of probe 3,5,7,8 was characterized by Mass and NMR spectroscopic techniques. .

Table 2: Representation of chemical name, actual mass of probes and mass obtained for probes after analysis.

Probes	Names	Chemical formula	Actual Molecular mass	Mass obtained
Probe-3	2-(naphthalene-1- yl)isoindoline-1,3-dione	C ₁₈ H ₁₁ NO ₂	273.08	274.0859
Probe-5	N-(naphthalene-1-yl) acetamide	C ₁₂ H ₁₁ NO	185.08	186.0916
Probe-7	2-(anthracen-2- yl)isoindoline-1,3-dione	C ₂₂ H ₁₃ NO ₂	323.09	324.1010
Probe-8	N-(anthracen-2-yl) acetamide	C ₁₆ H ₁₃ NO	235.10	236.1075

Hydrazine sensing:

Initially from stock solutionsof probe, 1 mM desired concentrations of probe solution in chloroform were prepared. Next equal volume of 1mM probe solution (1ml) added into two vials. In the second vial add 5µl of 1M hydrazine solution was added and mixed, next expose the 2 vials (among them one contain only probe solution and second vial contain probe solution and hydrazine solution) to 365 nm long UV light in UV cabinet, immediately within 10 seconds

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second vial in which both probe and hydrazine solution gave bright fluorescence along with some colour change of probe solution.

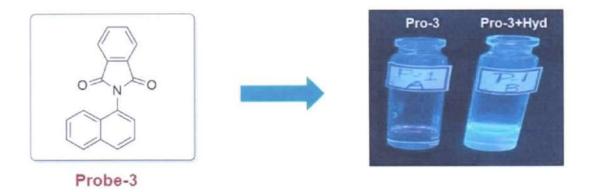


Figure 8: Snapshot of visually detectable fluorescence colour changes of Probe 3, (1 mM) in absence and presence of hydrazine

Initially probe 3 in chloroform solution does not showed any fluorescence when it exposed to 365 nm of UV light, after addition of hydrazine solution to probe solutions it showed light sky blue colour fluorescence. Similarly after addition of hydrazine to probe-5 solution it gave strong blue colour fluorescence.

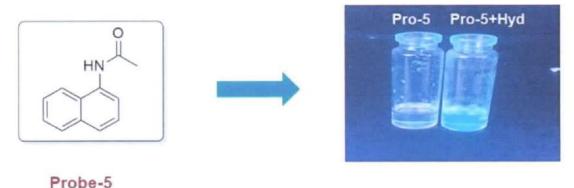


Figure 9: Snapshot of visually detectable fluorescence colour changes of Probe 5, (1 mM) in absence and presence of hydrazine.

Next we have taken one ml of 1 mM probe 7 solution in a two separate vials to it we have added 4 μ l of hydrazine solution and we have absorbed vials under UV cabinet with light at 365 nm wavelength, after 8 seconds we have observe visible light yellow colour fluorescence

light change with the naked eye. Similarly incase of probe-8 solution also after addition of hydrazine it showed strong orange colour fluorescence which is different from the earlier colour of probe-8 solution. With the above experimental results we can come to know all our synthesized probes detect the hydrazine by a fluorescence turn-on mechanism.

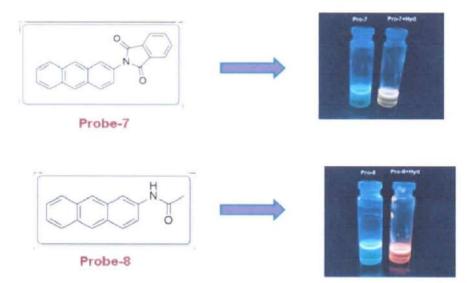


Figure 10: Snapshot of visually detectable fluorescence colour changes of Probe 7 and 8, (1 mM) in absence and presence of hydrazine

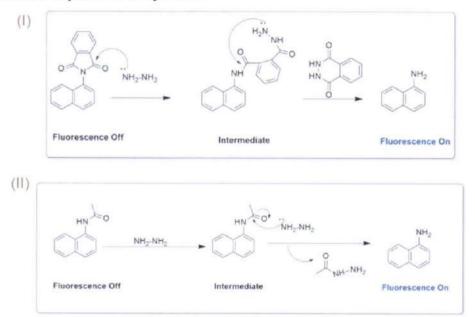


Figure 11: Plausible mechanism by which probes detect hydrazine and shows fluorescence turn-on phenomenon

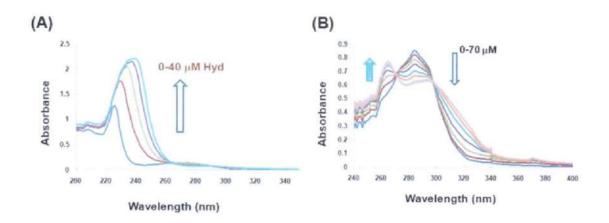
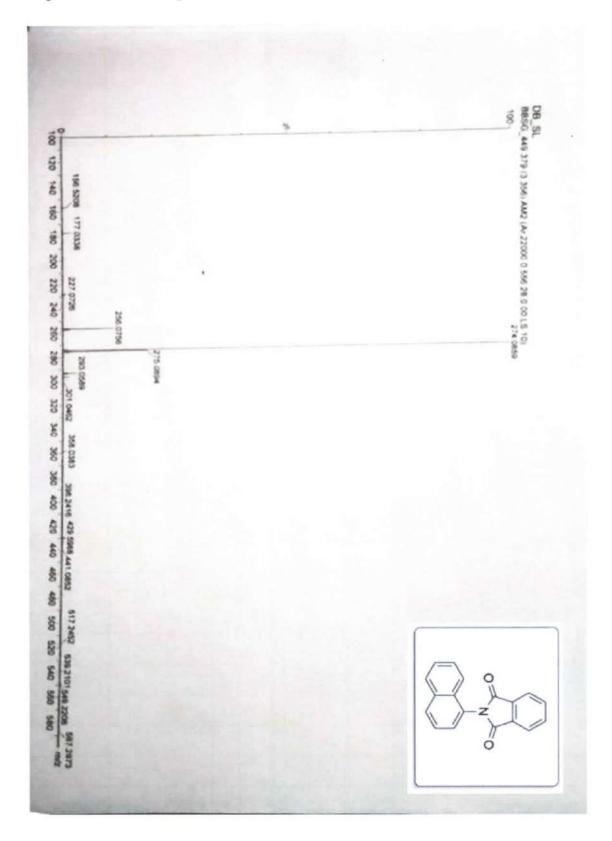
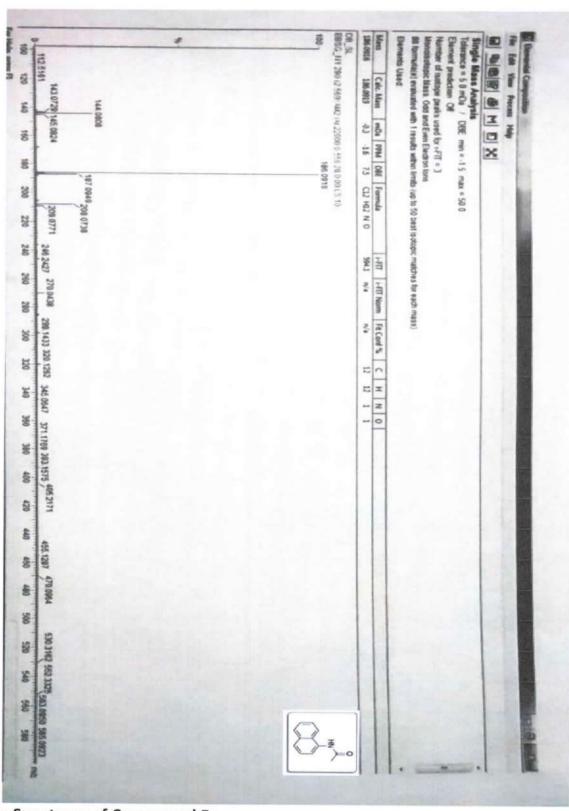


Figure 12: UV titration of (A) probe 3, (B) probe 7 (50 μM) dissolved in DMSO upon addition of varying concentration of Hydrazine

UV-Vis spectroscopy titration experiments were performed for probe 3 and probe 7 with hydrazine. The results showed that the probe-3 has absorption maxima at 226 nm, next upon gradual addition of hydrazine (0-40 μ M) to the solution of probe 3, a steady increase in the absorbance intensity and there is slight shift in the absorption maxima value. Similarly we also performed titration experiments with probe 7. Initially the probe 7 in DMSO solution showed absorption maximum at 284 nm, up on gradual addition of hydrazine (0-70 μ M) to probe 5, a steady decrease in the absorbance at 284 nm is observed at the same time a new peak is generated at 265 nm which may be due generation of fluorophore moiety which is responsible for fluorescence turn-on.

Mass Spectrum of Compound 3:

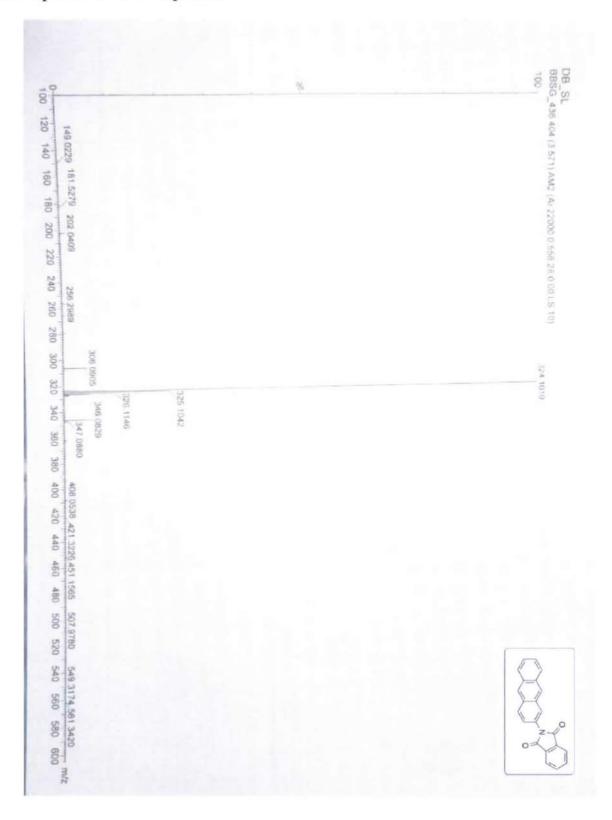




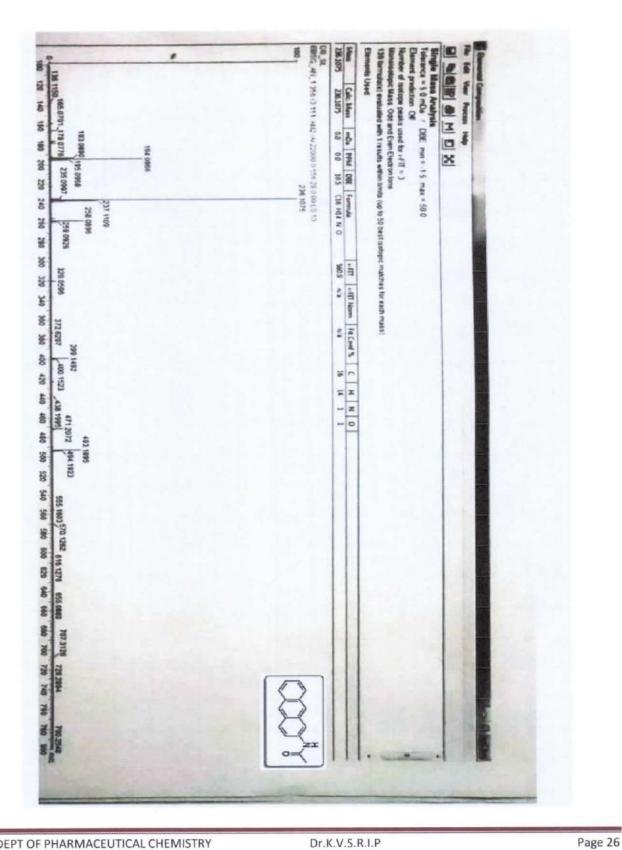
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Mass Spectrum of Compound 5:

Mass Spectrum of Compound 7:



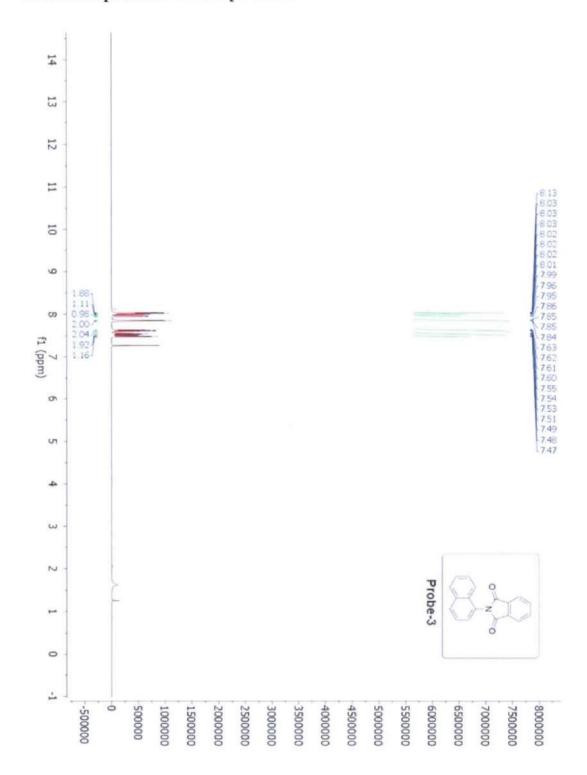
Mass Spectrum of Compound 8:



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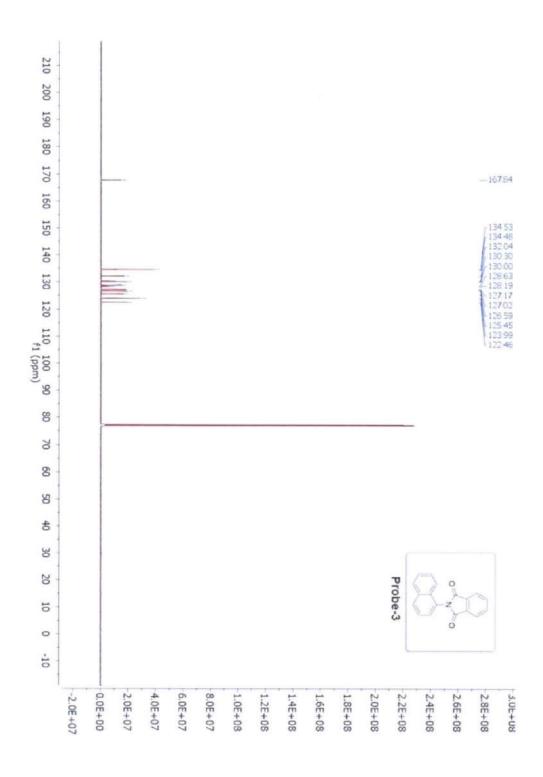
¹ H NMR Spectrum of compound 3:



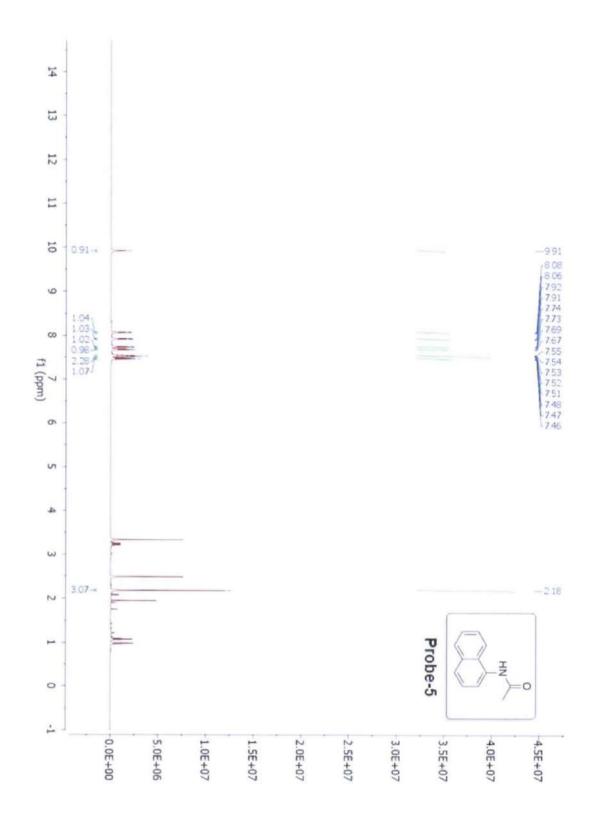
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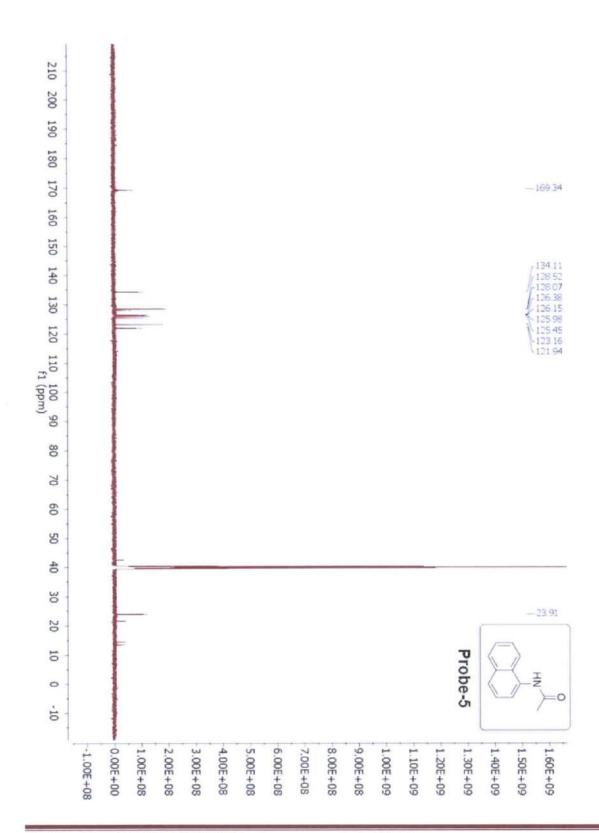
¹³ C NMR Spectrum of compound 3:



¹ H NMR Spectrum of compound 5:



¹³ C NMR Spectrum of compound 5:



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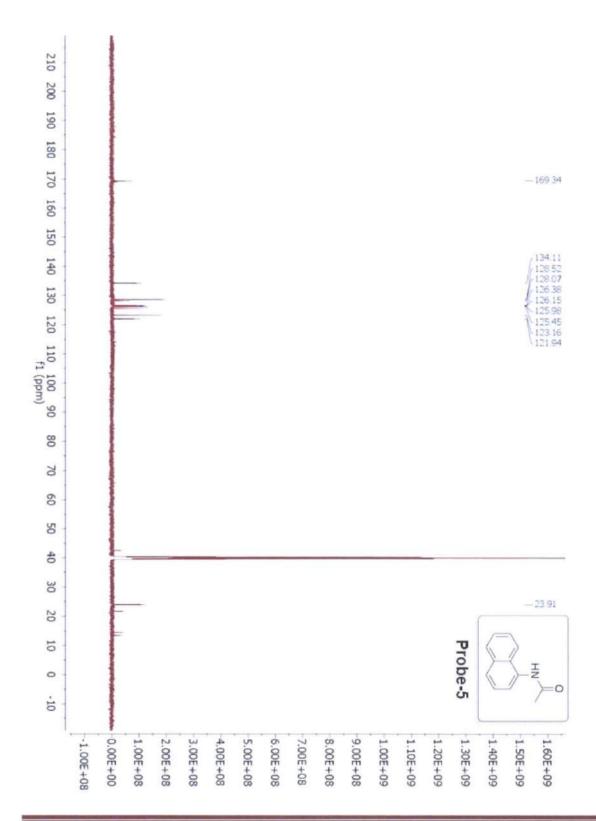
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¹³ C NMR Spectrum of compound 5:



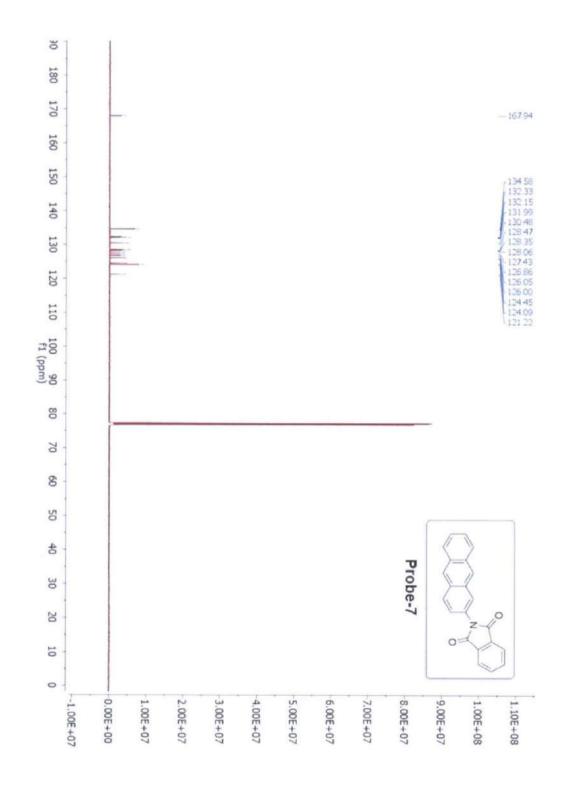
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¹³ C NMR Spectrum of compound 7:

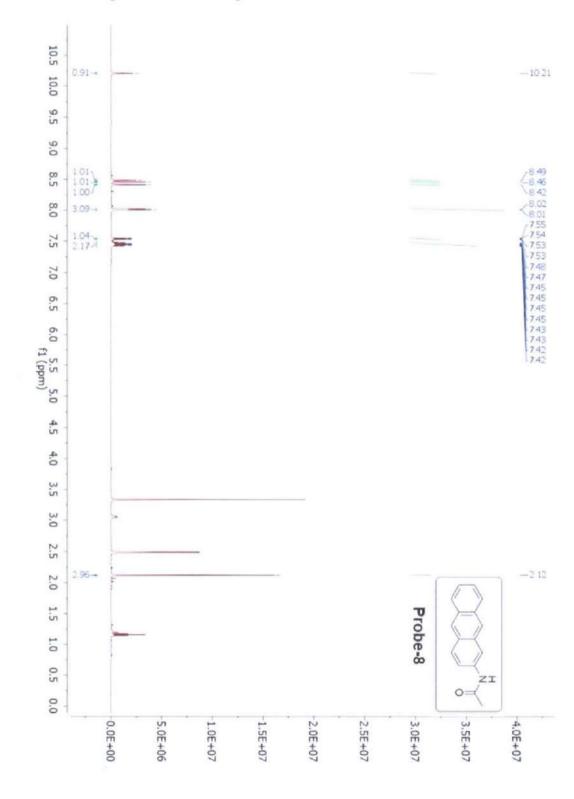


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¹ H NMR Spectrum of compound 8:



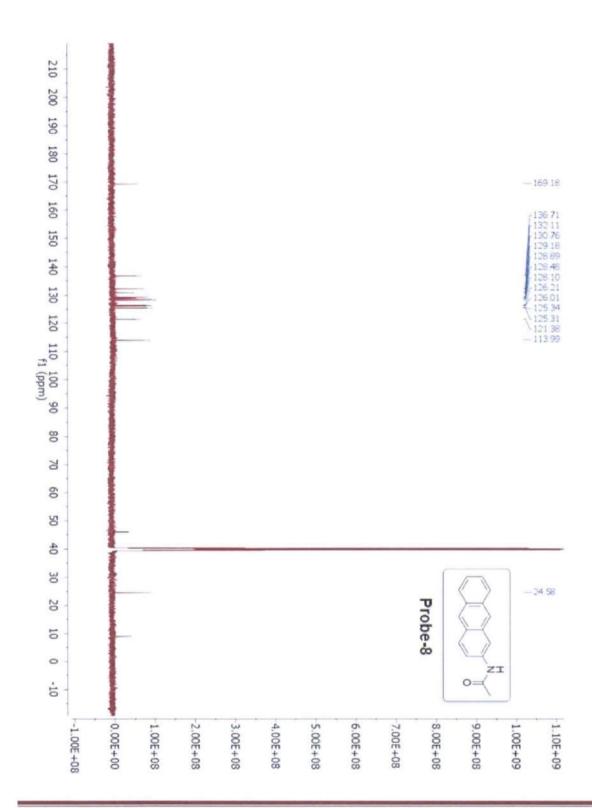
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¹³ C NMR Spectrum of compound 8:



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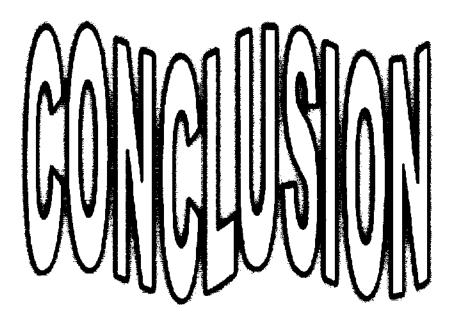
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CONCLUSION **CHAPTER-6**

CONCLUSION:

To conclude, here we synthesized four probes. Synthesis of each probe was done by an easy single step reaction. All the compounds structures were characterized by Mass and NMR spectroscopies. All the four fluorescent probes showed naked eye detection of hydrazine at 365 nm region by fluoresence turn-on phenomenon. UV spectroscopy studies of probe 3 and Probe 7 done by titration with hydrazine.

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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.

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PHARM.D ROASTERS YEAR WISE(19-20)

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PHARM.D INTERNSHIP STUDENTS (VI YEAR) HOSPITAL POSTINGS

S.NO	BATCHES	March - April	May - June	July - August	September - October	November - December	January Februar
1.	Ashok(14ER1T0001) Prem Chandra Reddy (14ER1T0012)	MM - I	Nephrology (May) Oncology (June)	Gynecology	Pediatries	FM - II	FM-1
2.	Anushn(14ER1T0002) Sripriya(14ER1T0018)	MM - II	MM - I	Nephrology (July) Oncology (August)	Gyaccology	Pediatrics	РМ — П
3.	A Dinesh(14ER1T0004) Radhika(14ER1T0013)	MM - III	MM - II	MM - I	Nephrology (September) Oncology (October)	Gynecology	Pediatrics
4.	Irfana(14ER1T0006) Aparna(11Y01T0018)	FM - I	мм - пі	ММ - П	Pediatrics	Nephrology (November) Oncology (December)	Gynecolog
5.	Keerthana(14ER1T0007) Suvarna(14ER1T0016)	FM - II	FM - I	MM - III	Gynecology	Pediatries	Nephrolog (January) Oncology (February
6.	Parveen(14ER1T0011) Shafeen(14ER1T0014)	Pediatrics	FM - II	FM - I	MM - III	Nephrology (December) Oncology (November)	Gynecolog
7.	Albar(14ER1T0009) Muazzama(14ER1T0019)	Gynecology	Pediatrics	FM - II	EM - I	MM - III	(February Oncology (January
8.	Sivalcela(14ER1T0015) Swetha(14ER1T0017)	(March) Oncology (April)	Gynecology	Pediatries	FM - II	FM - 1	MM – III

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HOSPITAL DUTIES AY(19-20) MAR-APRIL

REG NUMBER	NAME OF THE STUDENT	WARD NAME
14ER1R0001	ASHOK	MM-1
14ER1R0012	PREM CHANDRA REDDY	

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KURNOOL-E15215 (A.P.)

REG NUMBER	NAME OF THE STUDENT	WARD NAME	
14ER1R0002	ANUSHA	MM-1I	
14ER1R0008	SRI PRIYA		

REG NUMBER	NAME OF THE STUDENT	WARD NAME	
14ER1R0004	A.DINESH	MM-1II	
14ER1R0013	RADHIKA		

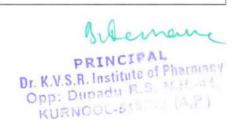
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14ER1R0018	APARNA		

REG NUMBER	NAME OF THE STUDENT	WARD NAME	
14ER1R0007	KEERTHANA	FM-11	
14ER1R0016	SUVARNA		

REG NUMBER	NAME OF THE STUDENT	WARD NAME	
14ER1R0011	PARVEEN	PEDIATRICS	
14ER1R0014	SHAFEENA		
14ER1R0014	SHAFEENA		

REG NUMBER	NAME OF THE STUDENT	WARD NAME
14ER1R0009	AKBAR	GYNECOLOGY
14ER1R0019	MAUZAMMA	

REG NUMBER	NAME OF THE STUDENT	WARD NAME
14ER1R0015	SIVALEELA	NEPHROLOGY
14ER1R0017	SWETHA	ONCOLOGY



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15ER1T0014	S.TARUN	SURGERY	
15ER1T0020	NAYEEM		
15ER1T0025	ROHITH SUBRAMANYAM		

REG NUMBER	NAME OF THE STUDENT	WARD NAME	
15ER1T0004	M.HABIB	FM-II	
15ER1T0006	M.HARI		
15ER1T0024	VINAY KUMAR		

REG NUMBER	NAME OF THE STUDENT	WARD NAME	
15ER1T0005	M.HARISH	MM-II	
15ER1T0021	AMAL SAJEEV		
15ER1T0026	K.SIVA KUMAR		

REG NUMBER	NAME OF THE STUDENT	WARD NAME	
15ER1T0007	R.MOUNISA	PEDIATRICS	
15ER1T0012	S.SAHERA		
15ER1T0022	T.RISHIKA REDDY		
15ER1T0023	C.SHARMILA		

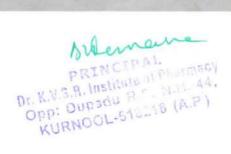


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15ER1T0009	U.PRATHYUSHA	GYNECOLOGY
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15ER1T0019	D.YASMIN	

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15ER1T0008	V.PRAVALLIKA	NEPHROLOGY
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15ER1T0017	M.VINEELA	

REG NUMBER	NAME OF THE STUDENT	WARD NAME
15ER1T0015	A.VIHARIKA	CASUALITY& PATIENT
15ER1T0016	G.VIJAYA BHARATHI	COUNCELLING
15ER1T0011	D.SIRISHA	

		105	ARM.DIVY	Government	HOSPITAL	POSTINGS			
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+	15EH1T0029	N. Ram Sunii							-
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	16EF1T0028	Shaik Shabana Tasasen							
	16ER170019	Sci Keis na Jvothica	29%	MANE	FM-Fk	M84-01	PSYCHIATRY	NEPHROLOGY	PEDIATRICS
	16ER1TD025	V. Hari Suchmix							
	16EF1T0015	D. Sharon Rese							
	1659170090	D. Jaya Roopy Vani		GVE	MONS-III	FM-IV	MOVELY	PSYCHIATRY	NEPHROLOGY
-	16EF1T0014	5 Summa irlum							
15	16E9170021	M. Priyanjali ID. Yakub borbs	PEDIATRICS						
1	1569170012	E.Shavana							
"	16ERITOUS	5. Akhila	NEPHROLOGY		DVL	MV-II	FM-IV	MV-W	ESYCHIATRY
	16ER170002	N. Absolite							
	16ER170003	P. Imeed		PEDIATRICS					
	15ER1T0005	(I. Latye							
-	1565070024	LYahavi			GY PEDIATRICS		NM-II	FM-1/	1/45-74
	16ER1 (0022	N. Manasa	T APPLICATION TO SERVICE	ANTEUDON SERV		DVL			
V	16ER110013	W. Sai Derpika	- Parchia int	NEPHRALICAY					
	16ER1700/3	S. Subba Raddy						5205	Total Control
	1688170306	S. Manikanta							
- 1	16ER1T0020	5: Lošesh rovid		animi arms	WEPHROLOGY	Y PEDIATRICS	DVL		PM-N
15	16E3:170007	G. Navern Bahu	NH-IV	ESELSIA NY				MM-11	
-	16ERITORES	Associations							1
	16ER1T0009	P. Prema Latria					1		
· E	16ER170010	M. Barnanjaneyuk		-		-	· Commence	1	
VIII.	16ER1T0016	M. Venksta flags vasavi lativa	FM-IV	MAN-17.	PSYCHILIRY	NETHROLDS	PEDIATRICS	DVL	MM-II
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-	CONTRACTOR OF THE PARTY OF THE	II. Stoce					20	22400	ceeeply



Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY,	KURNOOL (M.O.U. With G.G.H.KURNOOL
Dr. K. V. SUBBA REDLY HEATT OF THE WAR MOSPITAL P	OSTINGS 2019-70

		September	PITAL POSTINGS 201	December	Samuery	March
Satch / Month	July August	October	November	-		
TERITODO MERALA MAMATHA TERITODIA SI RUKSAR SAMREN TERITODIA SI RUKSAR SAMREN TERITODIA SI LECHON REBENNA TERITODIA MICHENNALIANGARI VAISHNAVI TERITODIA MICHENNALIANGARI VAISHNAVI TERITODIA MICHENNALIANGARI VAISHNAVI	Patient Counselling	Dialysis	Pediatrics	166-00	uncv	756-1
TERETDOGS DABBACK CHETHAMA CPERETDOGS BOLLAVARAM SOWIANYA CPERETDOGS BUMBINA RUKSAR CPERETDOGS D SANDYA	PM-I	Patient Counselling	Dielysis	Pediatrics	756-01	MM-V
CTENTIODA ROTTELA NETRAJ TERATTOROS E LARGEMI CHANTHA LICENTOROS THAMU VAMMINI LICENTOROZ SPAJA DIVYTA TERATTOROS PIJAJ DIVYTA TERATTOROS S VISINARACITH REDOT	MAK-V	FM-I	Patient Courselling	Dialysis	Pelicio	784-85
Peritogo katke bhavan Peritogo nakaranti biny susan Peritogo dara sharaa Peritogo y kathink kumar Peritogo y kathink kumar	FM-III	MM-V	FA-1	Patient Counselling	Dialysis	Pediatrics
PERITODOS KANDUKURU SUPRAJA PERITODIS S SHARYKA TABASSUM PERITODIS AMBATI PANTRA PERITODOS MANDIA PRITAKKA KYDITODOS SHOAIS ABDUR RAQUEEB	Pediatrics	FM-III	MM-V	FM-E	Fatlent Counselling	Dialysis
CERTITODIS SHARK WASHIMA NASREEN ZERTITOODIS VULKYA SHUVANESWARII ZERTITOODIS SAKE SUHAANINI ZERTITOODIS NAMMALA NAVYARREE	Dialysis	Pediatrics	FM-III	MM-V	FM-E	Patient Courselling

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3-CINCCCCC SUPERINTENDENTE (FAC) 26/170%

Gord, General Hospital

NURROCK

	PHARM.D II YI	EAR HOSPITAL	POSTINGS 2019-	2020		
Batch / Month	September October	November December	January	February	March	April
ISERITO001 BOYA RAMADEVI						
ISERITO003 GANTA EDIGA LIKITHA	Patient					
ISERIT0005 JUTURU HEMALATHA	Counselling	Causuality	MM-I	Pediatrics	FM-III	FM-I
SERITO006 KAMPAMALLA SHANMUKA	Counseining					
8ER1T0025 MISKIN SAHEB SHAIK ASMA						
8ER1T0002 GANGIREDDY VEERA SAI						
8ERIT0004 JAKKA DIVYASREE		Patient	The same of	The second second		W-11
8ERIT0007MUNAGALA MANI PRASANNA	FM-I	Counselling	Causuality	MM-I	Pediatrics	FM-II
SER1T0009 MURAHARI SUJANA DORA		Counsimb				
SER1T0026 PEDDIPALLI ROHINI VANDANA						
SERITO008 MUNAGALA RADHIKA						1000
SERITO012 SHAIK TAHURA BATUL			Patient	-	MM-I	Pediatrics
SERIT0014 SUDDAMALLA DURGA PAVITRA	FM-II	FM-I	Counselling	Causuality	3131-1	2 commercia
8ER1T0027 PINJARI ANWAR BASHA						
8ERIT0029 SHAIK SANA AFREEN						
SERITOOI7 UNUGURU JOSHITHA						
SERITUUI9 VANGARA MALLESHWARI		FM-II	FM-I	Patient	Causuality	MM-I
SERITO021 JAMMANZAI ZUHA KHANAM	Pediatries	FW-II	Litter	Counselling		1
SERIT0024 MANTHUGARI PRANEETH						
BERITO030 SHAIK SANAFREEN						
SERITOOIS SUGALI VANI						
BERTTOOIG THALIKKAL JAHNAVI		Pediatrics	FM-II	FM-I	Patient Counselling	Causauality
ERITUUIS VAJJALA TEJASWINI	MM-I	Pediatrics	£ 175.44		Conuscining	
ERIT0020 ILLURU SAIKIRAN						
ERIT0022 KAMATHAM KEERTHANA						
ERITO010 PINJARI ASMA						Patient
ERITOOTI SHAIK BABA ARSHID			Pediatrices	FM-II	FM-I	Counsellin
ERITO013 SHAIK ZUWERIYA	Causuality	MM-I	rematrices		The second second	
ERITO023 KAMMARA DIVYA SIRISHA		all the same of	A STATE OF THE PARTY OF THE PAR		La Company	
ERIT0028 RAMANADULA VIJAY VIKAS					DELLCC	0000

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

ACI CCCCD 29 18/2014 SUPERINTENDENT

PRINCIPAL

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

Cell: 09704 333 789

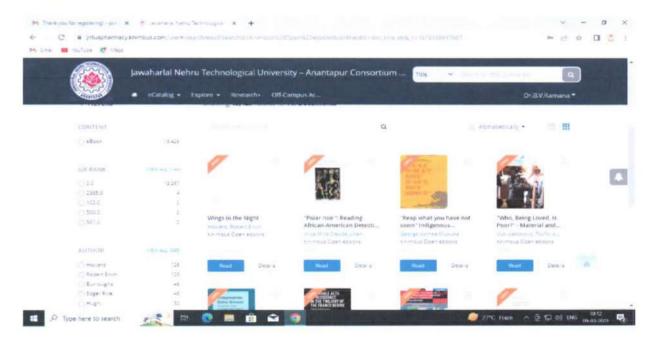


(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu, MoU with Government General Hospital & KMC, Kurnool)

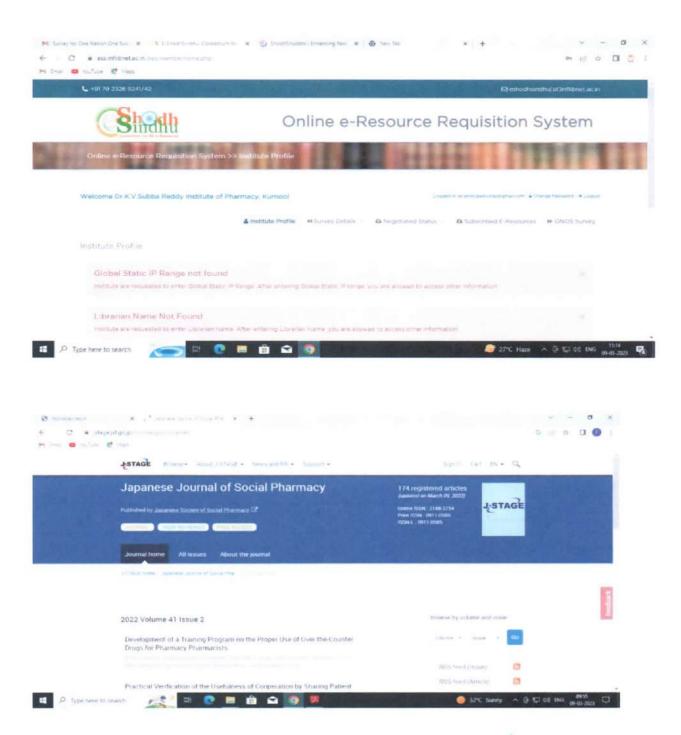
Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA.

Website: www.drkvsrip.in e-mail: principalkvsrip@gmail.com

E-LEARNING

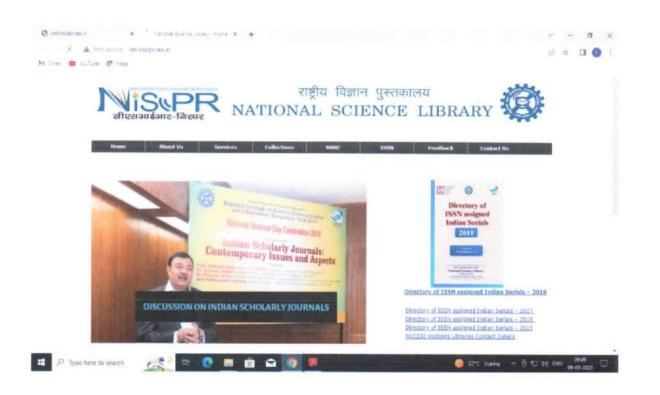


Dr. K.V.S.R. Institute of Pharmagy
Opp: Dupadu R.3. N.H. 44.
KURNOOL-515. 3.3.2.2.



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



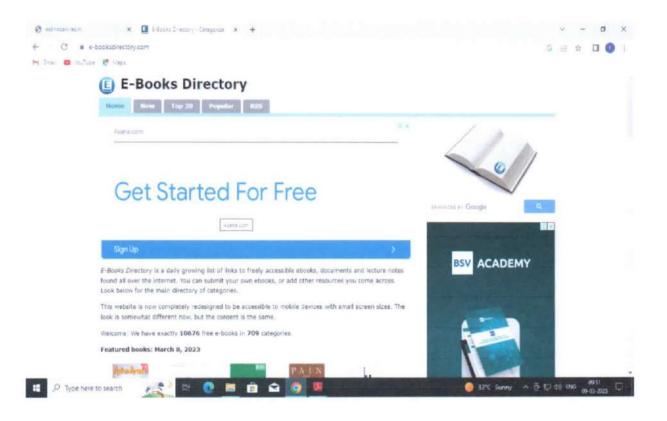


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Opp: Dupadu R.S. (L.D.-14)

KURNOOL-518218 (A.P.)



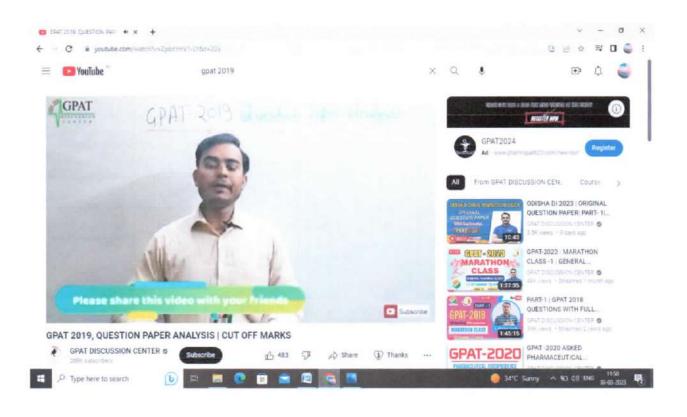


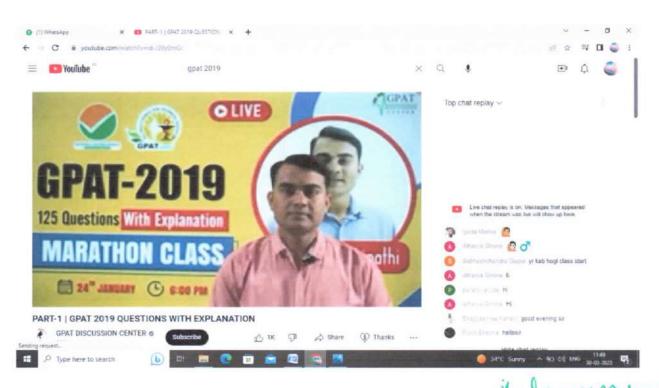
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Dr. K.V.S.R. Institute of Pharmacy

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

KURNOOL-518218 (A.P)



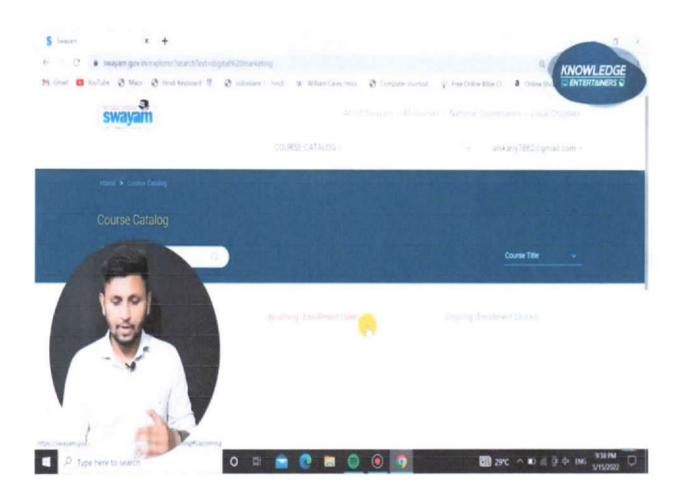


PRINCIPAL

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

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

KURNOOL-518218 (A.P.)



Dr. K.V.S.R. Institute at Pharmacy
OGP. Dupard St. (A.B.)
KURNOOL

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

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	~	-
	computing Per day usage of library Gate	computing Per day usage of library library Gate using library through e- access per day	computing using teachers accessing library per library access per day Gate 195 41	computing Per day library usage of library day library per day day Gate 195 41 355	computing Per day library usage of library access per day day Gate 195 41 355 copy of the students accessing library per day day Gate students accessing library per day 5days

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

 $= (591/650) \times 100$

=90.92

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

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Website , www.drkvsrip.in e-mail: principalkvsrip@gmail.com

WORKSHOP & GUEST LECTURES:

	AY @ 2019-20	
1.	One day seminar /hackathon on role and responsibility of pharma- professionals in health care	Dr. M. Kishore Babu
2.	A webinar on HPTLC-technique &herbal application of stress management in different situations	Mr. G. AVinash
3.	Seminar on Application of QbD in pharmaceutical product development	Mr. M.Vageesh
4.	Webinar on Basics and application of bio pharmaceutics in Drug Delivery System startup in life sciences.	Mr. Abhi Kumar turakhiya
5.	One day seminar on "Role of the Clinical Pharmacist on Endocrinology related diseases"	Dr. Thirumalesh Goud (CES
6.	Conference on "Role of Clinical Pharmacist on Pain Management"	Dr. B. Chandra Sekhar
7.	Workshop on Research Methodology & Biostatistics	Dr. M. Suresh Babu (KVSRIT)
8.	One day workshop on theoretical basis for in silico methods in Biopharmaceutics and pharmacokinetics	Dr. M. Kishore Babu (Krishna Teja)
9.	One Day Workshop on Clinical Research and Regulatory Requirements	Mr. V. Rambabu
10.	One Day Workshop on Drug Safety	Mr. K. Pavan Kumar
11.	One Day Workshop on Leadership and Management skills	Dr. K. Sucharita (MBA- KVSRIT)
12.	One Day seminar on Practice opportunities for Indian Pharmacy Practice Students	Dr. Thirumalesh Goud (CES
13.	One day webinar Pharmacometrics applications in drug development and patient care	Dr. L. Karthik
14.	One day conference on "What Properties Are Important for Antimalarials?"	Dr. N. Nanda Kishore
15.	One day webinar on "Applications and recent advances of CADD in drug discovery process"	Mrs. T. Sri Laxmi (Dr. Reddy's)

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



Dr. K.V. Subba Reddy Institute of Pharmac (Approved by AICTE P.C.I.New Delhi & Affiliated to JNTUA Anantapuramu, MoU with Government General Hospital & KMC, Kumool) (Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H. - 44, KURNOOL - 518 218, A.P. INDIA Website: www.drkvsnp.in e-mail ; principalkvsnp@gmail.com

PHARMACY SEMINARS:

		DR K.V.SUBBREDDY INSTI	TUTE OF PHARMACY DUPADU, KURNOOL	Marie Alexander (2001)	
-	Control of the last of the las	Details of Pharmacy Seminary pro	ets by B. Pharmacy Students in Academic Year 2019-20		
S.No.	Hall No.	Name of the Student	Title	Presentation Date	
1-	\$1903KEROCKLE	D SUPRIVA DAL	CELIAC DOSEAN)	9/2/2019	
3	\$16.80 16.000 L	D SHEYA REDDY	CHILD AND ADOLESCENT PSYCHIATRY	92/2019	
	E3E3E30016	GHARISHA	CHRONIC KIDNEY DISEASE	92/2019	
4	FHER PROOZS	B. NAVANEETHA	CHRONIC LEUKENDA	9-2/2049	
-	C9E3CHR0675	PMOUNIKA	COPD	(9/2)/2019	
-	10年第1000000	L KISHORI, DABU	COLURECTAL CANCER	92:2019	
	19ER160093	KUNCHAMANASA	CORNEA AND EXTERNAL DISEASE.	90.268V	
-	1858 FROOTS	GOLLA TARUN KUNIAR	CORONAVIRUS (COVID-19)	1736/2920	
*	SEE WINGSOLT	COTTA YELLASWAMY	DESTAL ASD ORAL HEALTH	1/36/2020	
10	INERIROOTS	GUDIMARALLA KAVIN KUMAR	DEPOESSION	W1002020	
11	[#I]R1R0025	KURUVA SURESH	DIABILITIC AMERICA ASCED AR COMPLICATIONS	1/30/2020	
1.2	18180180032	NARRA LIKHTA	DIALYSIS	1/30/2020	
1.5	TREBURGOSS	PALLAPU SANDYA RASII	ELECTRONIC HEALTH RECORDS	1205/2020	
14)	ESERTROGET	PICHIGUNTLA MAHUSH	EMERGING AND RESMERGING INFECTIOUS DISEASES	K/80/2020	
15.	ATTEMORIOSIZ:	ASUNITIA	ENO-STAGE RENAL DISEASE	6/15/2018	
16	17EX 180000	BOYA VIDYAVANI	GALLIB ADDER AND HILLARY DISEASE	6/13/2018	
17	1758180016	DANDU MADHUSUDHAN	GENOMIC MEDICINE	6/11/2018	
18.	17年和1年(1019	DASHAVATHPRAVALERA	GIRD	603/2018	
YW	17E9LFR0022	COLLA MADRIU SHEKAR	EJECTHE DYSPUNCTION	6/13/20/A	
20	1713/1R00002	BOMMAKA BHARGAVA REDDY	ETHES	6/14/2018	
7.9	FIFRIRGORI	GITTAIAH HEMALATHA	HEAD AND NECK CANCER	n/13/2018	
22	TELECTROOTS	MALLEPOGU MAJIESH	HEADACHE	8/73/2017	
23	16EK1R0018	PAGIDI MARY	REALTHEDIVERSITY	8/23/2017	
24	Tellicing 182025	HEKKEM PRATRYUSHA	LUNG CANCER	8/23-29117	
25	161 3/19/3026	INTERNACIONALA PRAVIENCAJ	LYME DISEASE	823/2017	
76	161/818/0034	DUDERUITA SHAIKAHAMUD	OD GYN AND WOMEN'S HEALTH SUBSING	8/23/2017	
25	1613(180036	SHAIK SHAKEER	OBJESTIV AND WEIGHT MANAGEMENT	8-23-2017	
28.	TelEktikoo79	YELLALIA SRETIJA	PATIENT SAFETY	NG3-2017	
-		Details of Pinemacy Seminors;	given by Pharm.D Students in Academic Year 2018-20		
S.Ne.	Roll No.	Name of the Student	TALK.	Presentation Date	
STATE OF THE PERSON NAMED IN	PRESETTIONS	14 ASWING BIAL	DISTURY THERAPY	2 1/2020	
-	TOUR LINEOU	CNUSHMA	INTEGRATIVE MEDICINE	2 72 2020	
-	198(R110009	GARRINIKA	INTERVENDIONAL CARDIDEDROY & SURGERY	2/7/2020	
-	PROBLICATION	E SAICHAUDIANYA	RENAL CELL CARCINOMA	2.7/2020	CONTRACTOR OF THE PARTY OF THE
-	19630110015	V VANSSI KAISHIYA	REPRODUCTIVE ENDOCRINGEOUV	37/2020	The same
10000	[94]R170017	BALLAKATESH	RESIDUSTS	2/7/2020	
-	190 R 100 LK	B MOUNIKA	RUSTLESS LEGS SYNDROME.	##1/2019	1年1年1日本町大田田

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2.0	FREIGHT CHARLE	AR NAUS ASSAULTBALANCE	PEDIATRIC DEPARATOR COA	4 11 2010
35.	1 BOR SET TYRINGS	ARTHANIAN STEERS A DINES	HORSEN'S VARIOUS	47 (2019
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101.52.50	TREASURED 1777	USE GURE RESIDENCE	LBINARY PROTESTINGS & OAR	A11/2016
24	375-913 FOA(25)	KASIATHANIKTERTHANA	AUCHANICAL VI SITUATION	A11 (7.2018)
100	ETERS PRODE	DOBA SHAIL MA	MEDICAL DIFFITULE	A/24/2019
15	P. TE BUT E District.	V VAMINI KRITURNA	MEDICAL MALPRACTICE AND LEGAL DESCRIP	W242619
S. J. 2 (7) Store	1. STERCATIONS	KATIKI BRAVANI	MEDICAL PRACTICE MANAGEMENT	634.2619
TA .	A TELL PROPERTY.	AND CITEAUTIES	SLEEP DISCHARA	W34 3019
111111111111111111111111111111111111111	CTERLITORING	PAVEIBILA	SOCIAL DETERMINANCE OF BEAUTH	0/24/2019
1-20y	1 TTERU (1962)	PULLINUYA	55°PNALDESORDERS	6242013
25000	175011710123	HEMSHA BUKKAR	PRESIDE LA CER DINEANS	0/28/20(9
25.00	CONTRACTORS.	CATHAN JAVEED	PERIOPERATIVE NURSING	0.2202
10073	SAFET FROM	CHENCH MEDITYGARIKE PRINT	PNEUMUNIA	FIGURE .
24	\$40.R3.710038	SSAIR SEAKHAN	NOMAINE	11/1/2017
2.5	AND ALTYRICS	PEREMALATRIA	MINUMALLY INVASIVE GASTRODITESTINAL SUBJERY (NOGS)	11/2/017
726	CONTRACTOR &	SHATE SUMERA BRHANE	ADDURATE ID SUVERE AS LIDIA	11/2/2017
1 11275	FRO WITTHEAD	INTA VENKALA NADA VASAVILAT	ALBERT LIGHT BLOW DE DE	11/2/2017
	S & A A TOTAL	BOGYAM BIGAVANA	SUPNEY & PANCHEY) TRANSPLANT	CHINCOPAL Z
		BODYAM BIOVANA		Jacobs 2
		BODYAM BIGAVANA	ue K	Consciona 2
		B (C) AM BEAVANA	ue K	Jacobs 2
		BEADY AM BEAVANA	ue X	Consciona 2
		BODY AM BIGVANA	ue X	Consciona 2
		BEAD AM BEAVANA	ue X	Consciona 2
		BODY AM BIGVANA	ue X	Consciona 2
		BEAT AM BEAVANA	ue X	Consciona 2
		BODY AM BIGVANA	ue X	Consciona 2
		POSYAM RIGIVANA	ue X	Consciona 2
		BOAD AM BEAVANA	ue X	Consciona 2
		BODY AM BIGVANA	ue X	Consciona 2
		BEATY AM BEAVANA	ue X	Consciona 2
		BODY AM BUQVANA	ue X	Consciona 2
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		BODY AM BUGVANA	ue X	Consciona 2
		BODY AM BUQVANA	ue X	Consciona 2

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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



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Fax: 08518-287618

DEPARTMENT OF PHARMACY (2019-2020)

CIRCULAR

DATE: 17/08/2019

All the faculty and students here by informed that the Group Discussion Program will be conducted for B pharmacy & Pharm.D students on the 19th August 2019 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

Dr. K.V.S.R. Institute of Fharma Opp. PRINCIPAL KURNOOL-218218 (A.P.)

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



MoU with Government General Hospital & KMC, Kurnool)

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

Website: www.drkvsnp.in e-mail: principalkvsnp@gmail.com

Group Discussion Session

AY: 2019-2020

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

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

Oppl During to the 4-44,

KUPKE TO BE TO BE

Topic:

Cost of treatment at private health care centre should be capped too:

The corona virus pandemic has served to rewrite the priorities of the country's healthcare system. The surge in the number of cases and the lopsided nature of the medical facilities available, where the government sector is woefully inadequate while the private sector is mostly beyond the reach of the majority, have meant a resetting of the strategy by seeking to make the treatment affordable.



Private hospitals, on their part, have maintained that the capping of the cost is unfair as it also means treating the underlying co-morbidities. The focus has to be on clinical outcome, not just the cost. The high cost of treatment in private hospitals has also been ascribed to the health cess imposed in this year's Budget on the import of medical equipment which most private hospitals do to provide specialised healthcare. Actually, therefore, the initiative to put a cap on the cost of treatment should have come from the Centre itself, instead of leaving it to the states.





Batch of 19 B.Pharm students attended the session conducted on 19/08/2019.

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Cell: +919440282181, +919704333789

Fax: 08518-287618

DEPARTMENT OF PHARMACY (2019-2020)

CIRCULAR

DATE: 13/06/2019

All the faculty and students here by informed that the Debate Program will be conducted for B pharmacy & Pharm.D students on the 15/06/2019 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

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

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Debate

AY: 2019-2020

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.
- 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.

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.

Sileman

Topic:

Does social media affect teenager??

In this 21st century, with the advancement of technology, the internet is available to everyone, no longer being confined to metropolitan cities or internet cafes. It has crossed the threshold and is available at our fingertips. With the spread of the internet, there is a rise in the use of social media and specially there is a hike in usage by teens. Though there is an age limit provided by some of these social media platforms but there is no hard and fast rule and by just altering your birth year, you're good to go.



Using Social media has its own set of pros and cons. They affect a child in both positive as well as negative ways. There is an ongoing debate about whether or not high school goers should be allowed to use social media. But, the harsh truth is that it is beyond our control. So we have to



digest the fact that teens will use social media even if we don't want them to. However, social media use can also negatively affect teens, distracting them, disrupting their sleep, and exposing them to bullying, rumor spreading, unrealistic views of other people's lives and peer pressure. The risks might be related to how much social media teens use.



A debate on "Does social media affect teenager??" was conducted on 15/06/2019 and the students of CSE branch have actively participated in this session.

PRINCIPAL



MoU with Government General Hospital & KMC, Kurnool) Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA o-mail: principalkvsrip@gmail.com

Date: 28/09/2019

DEPARTMENT OF PHARMACY (2019-2020)

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 7/10/2019 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	PACITION.
1	07-10-2019 TO 011-10- 2019	9-10AM	PHARMACEUTICAL	FACULTY Dr.N.PADMAJA
2	07-10-2019 TO 011-10- 2019	10-11AM	CHEMISTRY PHARMACEUTICAL	P. T.NAGA RAJU
3	07-10-2019 TO 011-10- 2019	11-12PM	ANALYSIS MATHEMATICS/BIOLOGY	V.ANU RADHA/ARUNA
4	07-10-2019 TO 011-10- 2019	2-3PM	COMMUNICATION SKILLS	MADAM S.SREELEKHA

1248 (AP)

PHARMACEUTICAL CHEMISTRY:

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

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Dr. N.V.S.R. Jashu R.S. (A.P.)
Opp. Dupadu R.S. (A.P.)
KURNOOL-618218

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:

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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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Website: www.drkvsnp.in e-mail: principalkvsrip@gmail.com

Date: 5/10/2019

DEPARTMENT OF PHARMACY (2019-2020)

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 09-10-2019 to 12-10-2019 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	09-10-2019 to 12-10- 2019	10-11AM	PHARMACEUTICALCHEMISTRY	R.MOHANA PRIYA
2	09-10-2019 to 12-10- 2019	11-12PM	COMPUTER APPLICATIONS	S.FATHIMA

COPY TO FACULTY MEMBERS

20 sh

- Dr. K.V.S. R. Institute of Pharmacy Opp: PRINCIPAL IS (A.P.)

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

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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KURNOOL-S188.8 (A.P.)

DR.K.V.SUBBAREDDY INSTITUTE OF PHARMACY, DUPADU, KURNOOL (AY:19-20)

PHARMACEUTICAL CHEMISTRY:

S.NO	NAME OF THE STUDENT	9/10/2019	10/10/19	10/10/19	12/10/19
19ER5R0001	P.BHARATH KUMAR REDDY	V		~	V
19ER5R0002	B.MD.DILEEP	V	V	V	1
19ER5R0003	M.MOHAMMED KALID	V	V	V	
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COMPUTER APPLICATIONS

S.NO	NAME OF THE STUDENT	9/10/19	10 10 19	11/10/19	12/10/19
19ER5R0001	P.BHARATH KUMAR REDDY	V		(100)	
19ER5R0002	B.MD.DILEEP	_	V		
19ER5R0003	M.MOHAMMED KALID	/	V	/	V
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KURNOOL-518218 (A.P.)

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

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

KURNOOL-518218 (A.P.)



Opp, Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA e-mail: principalkvsrip@gmall.com

Date:21/09/2019

DEPARTMENT OF PHARMACY (2019-2020) 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 23/09/2019 to 28/10/2018 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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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.

18ER1R0001	1000 10000	II Year I Sem		
OERTRUUUT	18ER1R0008	18ER1R0013	18ER1R0015	18ER1R0017
18ER1R0018	18ER1R0034			

men in a		III Year I Sem		
7ER1R0008	17ER1R0044	17ER1R0059	17ER1R0062	17ER1R0065
7ER1R0069	17ER1R0077			

CED ID OOLO	1/200100000	IV Year I Sem		
6ER1R0018	16ER1R0026	16ER1R0035	16ER1R0049	16ER1R0072
6ER1R0073	16ER1R0074			

Department of B. Pharmacy

Timetable for Remedial Classes

Year & Sem: II - I

Academic Year: 2019-20

Day	Timings		Subject	Venue	Sign
Monday	5:00PM - 6:00PM	B.V.RAMANA	PE	Room No.102	13.19. Qu
Tuesday	5:00PM - 6:00PM	S.K.RUBINA	PP	Room No.102	9000

Year & Sem: III - 1

Academic Year: 2019-20

Day		Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00FM	K.SARA SIRISHA	MOOCS	Room No.103	Kess
Tuesday	5:00PM - 6:00PM	K.CHANDRASEK HAR		Room No.103	28

Voor & Slave IV _ I

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			Subject	Venue	Sign
Monday	5:00PM - 6:00PM	R.MOHANA PRIVA	MA	Room No.104	Aprila
	5:00PM - 6:00PM		MIK	Room No. 104	D'I well

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e-mail: principalkvsrip@gmail.com

Department of B.Pharmacy

Attendance for Remedial Classes

Course Name: PE

Year: Il - I

Course Faculty: B.V.RAMANA

A.Y: 2019-20

S. No.	Roll No.	23-09-2019	30-09-2019	07-10-2019	14-10-2019	21-10-2019	28-10-2019
1	18ER1R0001	×	~	/	~	V	
2	18ER1R0008	1	V	×	~		
3	18ER1R0013	/	V	V	V	~	
4	18ER1R0015	1/	×	12	1		~
5	18ER1R0017	×	V	V		V	~
6	18ER1R0018	1	1		×	~	V
7	18ER1R0034	/	V	×	1		~
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Department of B. Pharmacy

Attendance for Remedial Classes

Course Name: PP

Year: II - I

Course Faculty: S.K.RUBINA

A.Y: 2019-20

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S. No.	Roll No.	24-09-2019	1-10-2019	08-10-2019	15-10-2019	22-10-2019	29-10-2019
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5	18ER1R0017	V	-		1	/	×
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7	18ER1R0034	X	V			L-	1
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KURNOOL-518218 (A P)



Department of B.Pharmacy

Attendance for Remedial Classes

Course Name: MOOCS

Course Faculty: K.SARA SIRISHA

Year: III - 1 A.Y: 2019-20

S. No.	Roll No.	23-09-2019	30-09-2019	07-10-2019	14-10-2019	21-10-2019	28-10-2019
1	17ER1R0008	×	1				
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3	17ER1R0059				V		
4	17ER1R0062			20			1
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6	17ER1R0069				-	1	×
7	17ER1R0077	×					
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Department of B.Pharmacy

Attendance for Remedial Classes

Course Name: MC-1

Year: III - I

Course Faculty: K.CHANDRASEKHAR

A.Y: 2019-20

S. No.	Roll No.	24-09-2019	1-10-2019	08-10-2019	15-10-2019	22-10-2019	29-10-2019
1	17ER1R0008	×		1		1	
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Department of B.Pharmaty

Attendance for Remedial Classes

Course Name: PV

Year: IV-I

Course Faculty: R.MOHANA PRIYA

A.Y: 2019-20

S. No.	Roll No.	23-09-2019	30-09-2019	07-10-2019	14-10-2019	21-10-2019	28-10-2019
1	16ER1R0018		×				_
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3	16ER1R0035			2			×
4	16ER1R0049		×				~
5	16ER1R0072		X				
6	16ER1R0073			X			2-
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Department of B. Pharmacy

Attendance for Remedial Classes

Course Name: MC

Year: IV-I

Course Faculty: B.LAVANYA

A.Y: 2019-20

S. No.	Roll No.	24-09-2019	1-10-2019	08-10-2019	15-10-2019	22-10-2019	29-10-2019
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5	16ER1R0072		X				
6	16ER1R0073	×					
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Department of Pharm.D

Timetable for Remedial Classes

Year & Sem: II

Academic Year: 2019-20

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	Dr.K.VENNELA	PT	Room No.102	V
Tuesday	5:00PM - 6:00PM	R.JONA METHUSALA	P.COL		n'm

Year & Sem: III

Academic Year: 2019-20

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	R.MOHANA PRIYA	MC-I	Room No.103	Abig
Tuesday	5:00PM - 6:00PM	DR.S.KUSUMA KUMARI	PT	Room No.103	Ko

Year & Sem: IV

Academic Year: 2019-20

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	Dr.C.H.NAVEEN KUMAR	BS	Room No.104	COLAN
Tuesday	5:00PM - 6:00PM	B.V.RAMANA	BPPK	Room No.104	319-6

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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		
18ER1T0003	18ER1T0014	18ER1T0019	18ER1T0027	

		III Year		
17ER1T0018	17ER1T0023	17ER1T0025	17ER1T0026	

		IV Year		
16ER1T0016	16ER1T0023	16ER1T0027	16ER1T0030	



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Department of Pharm .D

Attendance for Remedial Classes

Course Name: PHARMACOLOGY

Year: II

Course Faculty: R.JONA METHUSALA

A.Y: 2019-20

S. No.	Roll No.	21-09-2019	28-09-2019	05-10-2019	12-10-2019	19-10-2019	26-10-2019
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4	18ER1T 0027		~				
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Website: www.cirkvsrip.in e-mail: principalkvsrip@gmail.com

Department of Pharm .D

Attendance for Remedial Classes

Course Name: PT

Year: II

Course Faculty: Dr.K. VENNELA

A.Y: 2019-20

S. No.	Roll No.	21-09-2019	28-09-2019	05-10-2019	12-10-2019	19-10-2019	26-10-2019
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Department of Pharm.D

Attendance for Remedial Classes

Course Name: MC-1

Year: III

Course Faculty: R.MOHANA PRIYA

A.Y: 2019-20

S. No.	Roll No.	21-09-2019	28-09-2019	05-10-2019	12-10-2019	19-10-2019	26-10-2019
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Department of Pharm.D

Attendance for Remedial Classes

Course Name: PT-II

Year: III

Course Faculty: DR.S.KUSUMA KUMARI

A.Y: 2019-20

S. No.	Roll No.	21-09-2019	28-09-2019	05-10-2019	12-10-2019	19-10-2019	26-10-2019
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Department of Pharm.D

Attendance for Remedial Classes

Course Name: BS

Year: IV

Course Faculty: Dr.C.H.NAVEEN KUMAR

A.Y: 2019-20

S. No.	Roll No.	21-09-2019	28-09-2019	05-10-2019	12-10-2019	19-10-2019	26-10-2019
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4	16ER1T0030	1	-	1	-	~	1
Faculty Sign		CHA	CHEV	CHA	CHA	CHD	CHED



Website: www.tirkvsrip.in e-mail: principalkvsrip@gmail.com

Department of Pharm.D

Attendance for Remedial Classes

Course Name: BPPK

Year: IV

Course Faculty: B.V.RAMANA

A.Y: 2019-20

S. No.	Roll No.	21-09-2019	28-09-2019	05-10-2019	12-10-2019	19-10-2019	26-10-2019
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3	16ER1T0027	X					
4	16ER1T0030			X	~		
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Department of Pharmacy

Laboratory Sessions

Branch: B.Pharmacy Regulation: R15



Fig1.1 T.S of crude drug in pharmacognosy laboratory

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

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



Fig 1.2 Experimental lab on limit test in Pharmaceutical Inorganic Chemistry lab

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



Department of Pharmacy

Laboratory Sessions

Branch:Pharm.D Regulation: R15



Fig 1.3 Experimental lab in Microbiology laboratory

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

KURNOOL-518218 (A.P.)



Fig 1.4 Experimental lab in Pharmaceutical Analysis laboratory

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PharmaQuiz

The Department of Pharmacy has conducted a **Pharma Quiz Competition** in the college auditorium on 02nd Sep 2019 under Pharmacy students Chapter in which four different teams with five participants in each group gave tough battle to each other. Principal of the college Dr.B.V.Ramana Garu presented mementos to the winners.



Fig 1: Presenting Mementos to the winners by Principal

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Department of Pharmacy

Think Pair Share Session

AY: 2019-20

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.



Fig.1: Students during a Think Pair Share Session

Batch of 65 Pharmacy students attended the session conducted on 20/1/2020.

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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.





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E-mail:principalkvsrip@gmail.com

Cell: +919440282181, +919704333789

Fax: 08518-287618

DATE:07/12/2019

DEPARTMENT OF PHARMACY (2019-2020)

CIRCULAR

All the faculty and students here by informed that Work Shop on Training on EX-Pharma Softwarewill be conducted for III- & IV-year B. pharmacy students on 09/12/2019 to 10/12/2019 as per the following schedule. All the faculty & students are instructed to note the same and attend the classes as per the schedule.

Dr. K.V.S. PREVCIPAL (A.P.)
Opp. Dupad 518218 (A.P.)

Copy to faculty members

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PROBLEM SOLVING METHODS

Dr.K.V.Subba Reddy institute of pharmacy conducted Three days training on EX-PHARMA SOFT WARE for B.Pharmacy II& III Year students on 09/12/2019 to 11/12/2019. 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. This is a computer assisted learning (CAL) software containing various programs which simulate animal experiments in Pharmacology. These programs can be used to demonstrate effect of drugs on different animals systems. The package is user friendly, highly interactive and full of animated sequences which make simulation appear realistic. The current version of Experimental Pharmacology (Ex-Pharm) Series Software consists of following computer simulated experiments: Eminent speaker R.JONA METHUSALA sir ,M. Pharmacy, Associate professor Department of Pharmacology.

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NH-44,Opp Dupadu Railway Station, Kurmool-518218 (A.P.) India

Department of Pharmacy

Training on Ex pharma software

Date : 09-12-2019 to 11 12-2019



email principalkvsrip@gmail.com Contact 9440282181, 9177287508

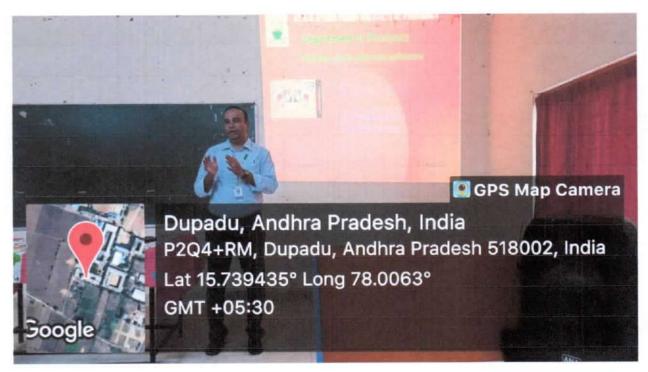
Welcome to Resource Person R.JONA METHUSALA Associate Professor

Smt. S. Vijayalakshmamma Secretary & Correspondent Br. G.Nagarajan

Principal



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VIRTUAL LABS

Virtual labs are used to provide remote asses 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.



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B.Pharmacy III Year students participative learning in pharmacology laboratory

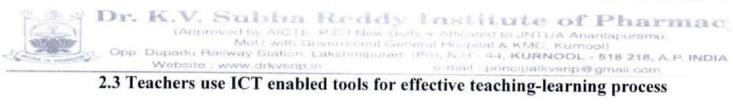


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(AY: 2018-19)

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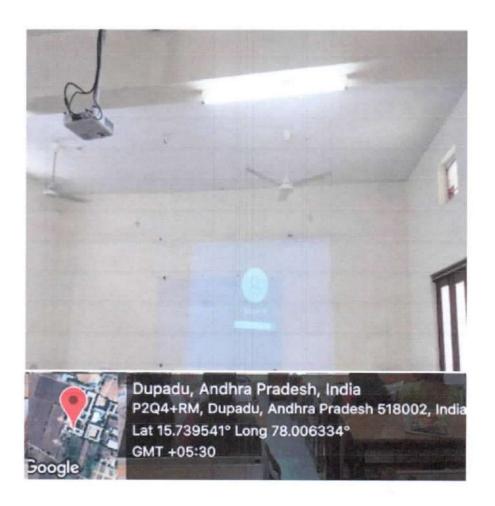
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LCD PROJECTOR

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







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

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

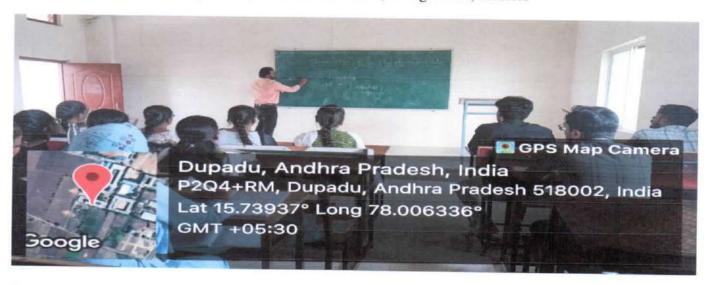


Fig1.1: Mr. R.Naganjenuylu Assistant professor of department of Pharmacognosy explains the concepts of Cultivation for B.Pharmacy II year students of using chalk and board.

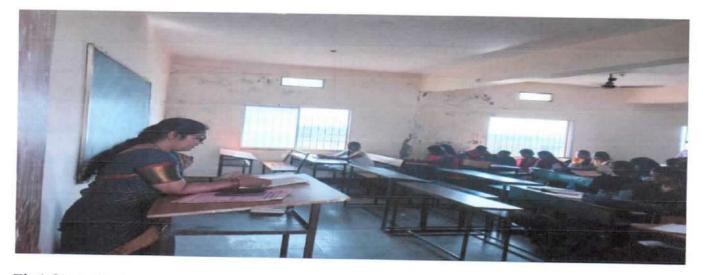


Fig1.3:Mrs.Shaheena Begum, Assistant professor of department of Pharmacy Practice explaining concepts of Tablet Coating for Pharm. D III year students of pharmacy using chalk and board.

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LCD PROJECTOR CLASSES:



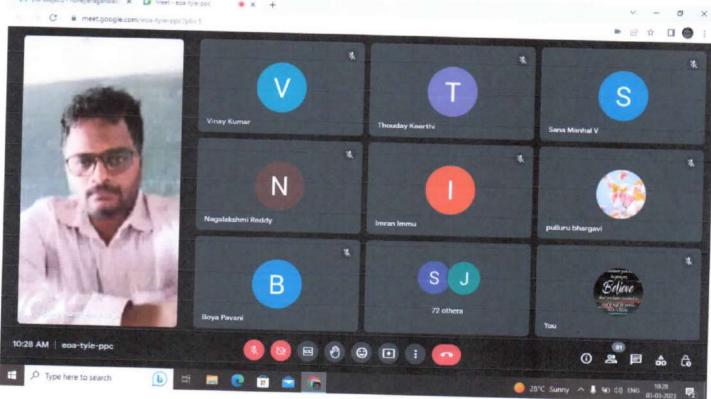
ONLINE TEACHING:

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.



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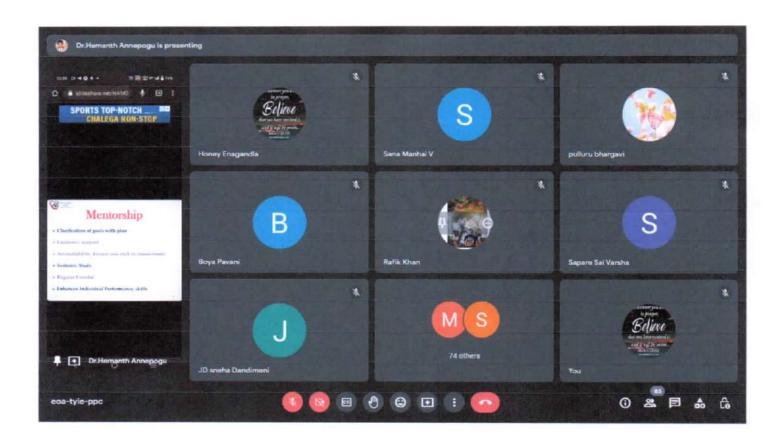


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BLENDED TEACHING:

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.



P.T.nagaraju sir department of pharmaceutical analysis explaining about chromatographic techniques to B.pharm II year students.

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Edu-Blogs: Faculty blogs and channels are used as instructional potential of online resources to students.



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INDUSTRIAL TRAINING- 04/06/2018-18/06/2018

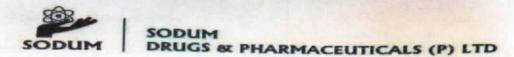
Industrial training, where a student undertakes a period of training at an organization usually during a semester break, acts as an important part in preparing the student for a professional career. With the actively involved preparation, the student learns about the industrial demands, skill set and 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 SODUM DRUGS& PHARMACEUTICALS, HYDERABAD, Telangana-500072, India and received hands on experience about industry affairs.



Dr. K.V.S.H. institute of Photograph Opp: Oupado R.S. N.H.-44, KURNOOL-518218 (A.P.)





TO WHOM SO EVER IT MAY CONCERN

This is to certify that Miss.V.BHUVANESHWARI (15ER1R0007) is a bonafide student of Dr.K.V. SUBBA REDDY INSTITUTE OF PHARMACY, KURNOOL. She has undergone industrial training in our organization from 04.06.2018 to 18.06.2018, as a part of partial fulfillment of herb. Pharmacy course.

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

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

For SODUM DRUGS & PHARMACEUTICALS (P) LTD

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HANDS – ON LEARNING

B. Pharmacy, Pharm.D & Pharm.D (PB) and M. Pharmacy students gain knowledge intheory 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.,



II B.Pharmacy students learning about dissolution in the Pharmaceutics Lab.



I/II Pharm.D students learning about instrumentation at Medicinal Chemistry Laboratory.



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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.

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HUMAN ANTOMY

AND PHYSIOLOGY

Topic Name : DISORDERL OF HEART LHEARY DITEATES]

Submitted by : N. Manaj libron

Assaingment: 03 IRERIROGED

Submitted to : E. HONEY madam

DEPARTMENT OF PHARMA TO LO BY

DI- HVSR INSTITUE of Pharmage

HEART DISEASE :-

It is defined as . "Any disorder that offecte the heart". Sometimes the term "heart disease" is used narrowly and incorrectly as a Synonym for islanding orderly disease.

* Heart disease is Synonymous with condine diseases but not with the condinagular diseases.

TYPE OF HEART DUFASES!

- 1 Arrhythmia
- 2. Stroke (31) Cerbrovasculari accident
- 8. Angina
- 4. myocandial infanction
- s. Arrtherosclenoscisie
- b peripheral anterly disease
- 7. Heart failure
- 4. Cordiac amount
- 9 Canonany hourt disrays
- to Hight blood PIEMUTE.

ATHEROSC LE ROSES

A process of progressive thickening and handening of the water of medium sized and large interiors as a tresults of fed deposition on Heis Inner Lining

* It is also called as atherescience condinional disease CAUSES

* The build-up of fats, chalestral and other substances in and on the ontery walls

* A build up of cholesteral plague in the walls of aphonics causing obstruction of blood flow

* plagues may mapture, causing orderly to clot

* High choleshol-

Symptoms

* pains occure in the leg while expecting

* triestile dyfunction, Heart Atlack.

mini shoure

poor wound healing

Standles.

ANGINA:

r Angina is discomfort of pressure, usually in the chert, laused by a temporarily inacloguate blood supply to the heart muscle

* Discomfort may also be feel in the neck, Jaw, coms

* It is also called angino pecializes.

CRUSES :-

* Angina is caused by nedweed blood fines to your heart morele when the heart muscle trn't getting anough axygen, it causes a Condition casted ischemia

* The most common cause of nedwest blood flow to your heart muscle is commonly artety dispose CAD

Stable argina

* unittable angina

* prinzmetals angina

RISH PACTORS :

- Tebbacco Use

-1 Diabetes

-s High blood pressure

-> Older age

→ Statess

Symp Toms

- chest pain of disconfort, possibly desembed as pressure, squezing, busning of Anness

s) pain in your coms, ruck, Jaw Shoulder & back pain

-5 Nauteo

es l'actique

as shortness of breath

os stuciding

A Dinhinest

It is defined as, improper beating of heart beats, whether tregular is too fact of too Slow This is known of the Authythmia.

-s A heart attack that occurring night now

-1 Scarring of heart fiscues from a punior heart attack

- High blood pressure

-1 Sleep aprica

-1 Hypen Hypoidism

-1 Hypo thypioidism

Symptoms

pain in theet

PRINKEICH W

" founding & light headednass

r paspitation of slow heat node

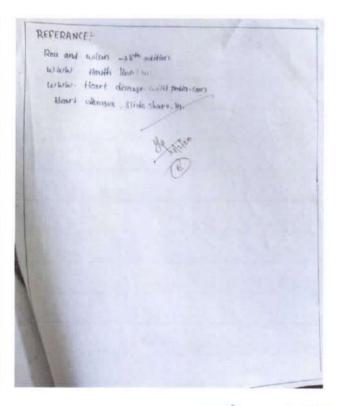
Shortness of breath

STROKE DISEASE

It is also called combrovascular accident

It is defined as the cause that it damage to the brain bled versels from intermedion of it's blood supply

It stope the loland supply.



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

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INNOVATIVE MODEL MAKING

Students are guided to prepare scientific models through Pharma Expo. The main aim of conducting Pharma Expo is to integrate knowledge within a course, a major, or across an entire Program of study to associate the concepts. This enables students to understand and remember the relationship among various concepts, structures or species.



Model making competition conducted by P.Navya Krishna Department of Pharmaceutical Chemistry in Sep 5th 2019.

Dr. N. J. S. Institutus (M. S. N. L. - 44) Opp: Dupadu R.S. N. L. - 44, KURNOOL-518218 (A.P.)

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B. Pharm II Year students participative Innovative learning in model making.

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PROJECT BASED LEARNING:

Project based learning is a teaching method were students gain knowledge and skill by working for an extended period of time to investigate and respond to an authentic, engaging and complex questions, problems or challenges. It is not only provides opportunities for students to collaborate with or drive their own learning, but also teaches those skills such as problem solving and helps to develop additional skills integral to their future such as critical thinking and time management. So every year IV B. Pharmacy, V year Pharm.D and II year M. Pharmacy students are allotted with a project under the supervision/guidance of faculty to be completed within an academic year. Marks are allotted to projects according to their performance, project results, presentation and viva-voice. Research and review articles of their projects are published by students in various national and international journals.

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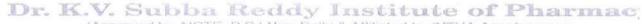
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B.PHARMACY PROJECT LIST (AY 18-19)

		NAME OF THE			
BATCH	REG.NO	STUDENT	GUIDE	TITLE	DEPARTMENT
I	15ER1R0006	A.BHANU PRAKASH		PRELIMINARY PHYTO	
	15ER1R0042	N.SANDYA		CHEMICAL	
	15ER1R0009	M.GOWTHAM KUMAR		&PHARMACOLOGICAL	
	15ER1R0047	S.KEERTHI	DR.G.NAGARAJAN	ACTIVITY OF VITEX NEGUNDO	PH.CHEMISTRY
11	15ER1R0014	S JAVEED AFREED		PRELIMINARY PHYTO	
	15ER1R0015	K.JHANSI		CHEMICAL	
	15ER1R0055	T.YESESWINI		&PHARMACOLOGICAL	
				SCREENING OF	
				ARISTOLOCHIA	2.000.000.000.0000.0000.0000.0000.0000.0000
	15ER1R0001	G.KARTHIK GOUD	DR.G.NAGARAJAN	BRACTEOLATALAM	PH.CHEMISTRY
Ш	15ER1R0022	P.MANASA		FORMULATION	
	15ER1R0053	E.VINEETHA GOUD		&EVALUATION OF SUN	
	15ER1R0054	Y.VIJAYA SREE		PROTECTION FACTOR FOR	
				POLYHERBAL SUNSCREEN	W. C.
	15ER1R0066	D.SWETHA	G.SWETHA	CREAM	PHARMACEUTICS
IV	15ER1R0038	S.RAVINDRA NAIK		ANTI MICROBIAL&ANTI	
	15ER1R0003	P.NAGESWARAMMA		HELMINTHIC POTENTIAL OF	
	15ER1R0051	R.SWETHA		OF AZADIRACTA	
	15ER1R0057	S.RAJIYA BEE	MS.E.HONEY	INDICA&ACACIA NILOTICA	PHARMACOLOGY
V	15ER1R0020	S.MAHABOOB BI	MS.E.HOPE1	A NEW UV METHOD FOR	THARMACOLOGT
V	.3.780/313/88/55	S.MANSOOR BASHA	-	SIMULTANEOUS ESTIMSTION	
	15ER1R0023	M.PRASHANTH KUMAR	-	OF CEFLIXIME&	
	15ER1R0030	M.PKASHANTH KUWAK		ORNIDAZOLE& ITS BULK	
				TABLET DOSAGE FORM AS	
	15ER1R0031	K.PRIYA MANASA	G.KAVYA SRI	PER ICH GUIDELINES	PH.ANALYSIS
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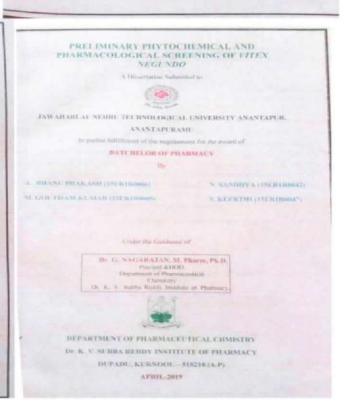
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ACKNOWLEDGEMENT

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a very much thankful for the help residered by our associate profe na, M. Pharm., Ph.D., Department of Plumnaceutics, Mr. R. Jona Methusala, M. Pharm., ment of Photmacology Mr. N. Bhaskar Babu, M.Pharm., Department of Photmacognosy 11 is a osone to convey of gratitude to Dr. Sayyed Basheer, Pharm-D(PB). Assistant Professor, Depart

if a womferful experience to be a part of this esteemed institution and we would like to our grainfule to the management including Honorable Chairman Dr. K. V. Subba Reddy, posident K. Vijaya Lakshmi, Dr. KVSR institute of pharmacy for providing us all the facilities ony for the description work.

thank from the bostom of our hears to our Parents for the wings they have given us, for Origin us how to sear up into the sky, expand our horizons and brosh against the heavens with overs of blossing and also to all our beloved Friends and well wishers for all the loving care and

all, we how mus work in the feet of the commponent and committeeent the GREAT GOD, who led se actualization of this thesis work.

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Head of the Department

BMALGATED 1.7/4 /17 DATE:

PRELIMINARY PHYTOCHEMICAL & PHARMACOLOGICAL SCREENING OF ARISTOLOCHIA BRACTEOLATA LAM

A Dissertation Submitted to



JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY ANANTAPUR. ANANTAPURAMU

In partial fulfillment of the respityment for the award of

BACHELOR OF PHARMACY

A. JII SAST (130 R (R0015)

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Under the Guidance of

Dr. G. NAGARAJAN, M. Phurm, Ph.D. Principal & HOD, Department of Pharmacounical Chemistry
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ACKNOWLEBGEMENT

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We are very grateful to our principal Dr. G. Nagarajan, M.Pharm., Ph.D., Department of Plurmacoutical Chemistry for providing this great opportunity to do our thoses work and belood as in every possible way for completion of this thesis work:

We are very much thankful for the help tendered by our associate professors Br. B. V. Ramann, M. Pharm., Ph.D., Department of Pharmacontics, Mr. R. Jona Methosala, M. Pharm., Mr. N. Bhaskar Babu, M.Pharm., Department of Pharmacognessy. It is a great pleasure as convey of granude to Dr. Sayyed Bacheer. Pharm-D(PB), Assistant Professor, Department of Pharmacy Practice, for his guidance, valuable africe, generosity and communes help throughout the owner of this work. It is our provilege and a wonderful experience to be a part of this extremed institution and we would like to express our grantede to the management including Honorable Chairman Dr. K. V. Subba Reddy Gara, Correspondent K. Vijaya Lakahmi Gara, Dr. KVSR mutate of planmacy for providing us all the facilities and support necessary for the dissertation week.

We would like to thank from the bottom of our heart to our Parents for the wings they have given us, for having taught us how to soar up into the sky, expand our horizons and brush against the heavens with their showers of blessing and also to all our believed Friends and well wishers for all the loving care and support.

Above all, we how our work in the feet of the ammpotent and amagreesent the GREAT GOD, who led us to the actualization of this theses work.

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This is to certify that the dissertation entitled "ANTIMICROBIAL ACTIVITY OF FLOWER AND FRUIT EXTRACTS OF LANTANA CAMERA " is a bonafide research work done by M.MOUNIKA, B.PRAKASH, G.SATYAVANI, K.TRIVIKRAMA REDDY, T.SURENDRA. Submitted in partial fulfillment of the requirement for the degree of "Bachelor of pharmacy" of Dr. K. V. Subba Reddy Institute of Pharmacy, Kurnool, A.P.

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This is to certify that the dissertation entitled "ANTINICROBIAL ACTIVITY OF PLOWER AND FRUIT EXTRACTS OF LANTANA CAMARA" is a bonafide research work done by MANOUNIKA, R.PRAKANHAG.SATYAVANI.K.TRIVIKRAMAREDBY.T.SUR ENDRA Under the direct supervision and guidance of Mr.R.Jona Methusala, M.Pharm., Associate Professor Department of Pharmacology, Dr. K. V. Subba Reddy Institute of Pharmacy, Kurnool, A.P.

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We hereby declare that the matter embodied in the dissertation emitted "ANTOHEROBIAL ACTIVITY OF FLOWER AND FACTIFICATION OF LANTANY CANADA is a bonafide and permitter research work carried out by us under the guidance of Mr.R.Jona Methanala serson. Associate professor. Department of Pharmacology. Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY, Kurnool.

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Head of the Institution

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We take this apportunity to express my sincere thanks to teaching and non-teaching staff members. Dr. K. V. Subba Seelety institute of Pharmacu.

We will not forget the help and company given by my parents and all my friends for their moral support good company and encouragement.

Finally we consider this as an apportunity to express my gratitude to all the digritories who have involved directly or indirectly with the successful completion of this dissertation.

Thank you one and all.

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Head of the Institution Dr. G. NAGARAJAN, M.Pharm., Ph.D.

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Dr. K. V. SURBA REDDY INSTITUTE OF PRARMACY

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DEPERTMENT OF PROPERTY. DEPARE MERNEY PRODUCTS

Dr. E. V. BURBA REDDY IMSTITUTE OF PHARMACY

DECLARATED

HISTARASTON

MICANDA HAVALI (THE EDITOR MICROS MICANDA REGISTRA (THE HOUSE), MICANDA HAVALI (THE HOUSE) AND STEEN RENAMA REGISTRA (THE HOUSE), MICANDA (THE HOUSE) AND STEEN AND

SALICANA SECTION SERVINGS CONTROL SERVIN

bulemene principal Dr. K.V.S.R. Institute of Placents OPPRIRUPATE DA H.H. H.A. KURHOOL-ST8216 (A.P.)

PHARM, D PROJECT CERTIFICATES





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

Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY

the is as easily that the tenanch project control "INCIDENCE AND MANAGEMENT OF THROMHOCYTOPENIA IN TERM NEWHOLING WITH HIGHE ASPREXES ADMITTED IN SECUGGREKERSOOF, South Second moved approved number KVSP/HEE/2018-2019/Pharms/D/PBOLF04 was carried out. and the second second second

Pharm, in V. Sone Program for the academic year 2018-19 and the study was done under on their supervision. The extents of the complied work in this proper book is adequate to the form of two forwardings and is duty substituted to book of examiners, in partial radilliness on the around of diagree of Doctor of Pharmacy or promothed by JNS Assertity Assertings Assertances, Auditor Francis

with timeber all the best.

Present Neporvision

N Jona No. 9, Jone Motorcole, M.Phi Department of placementings.

Karried CHICK

ACKNOWLEDGEMENT

and become on practical nationality. No. R. See: Melineals, M. Pier can Frederick, Department of Pharmacology, on the partners in contrast

It is planted in control to pathod to the A. Linna Joseph MD, Senskin Professor, Department of Parlitation, KMC - Generatoral Registed for his memorism, intensition and gashined from the commencement of our project as well at last ledge appear, recommenced throughout our florid.

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Albert Driver & Karrage Sanda Suserbasa

Springer Ballika

Dr. R. V. SUBBA REDDY INSTITUTE OF PHARMACY



THE PARTY OF THE PARTY OF THE PARTY AND MANAGEMENT OF THROBROCYTOPENIA IN TERM NEWHORISS WITH BUTTH ASPRESALA ADMITTED IN SECTLACIAN DESCRIPTION CONTROL OF THE PROPERTY OF THE CONTROL OF THE PROPERTY OF T ARTHUR IN NAME ADDRESS OFFICERS AND ADDRESS RATES the mentioner near 2018-2019, once pustings of Mr. R. Jones Mechanich, M. Pharm. Associate Professor, Department of Pharmonlogy & Dr. K. Armon Joshik, MD, Academic Professor, Department of Printerior, &MC Government Hospital. We bench until the anapacy of the work to the board examiners, in partial (different the the award of degree of Doctor of Pharmacy as proceeded by JNI University Associates, Associations, Andrea Pracesh

Final of the September Or G. Nagaro and A. September 2006 Control of September Control of September September 10 September September 10 September September 10 September 10 September September 10 September 1

Head of the Department

Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY

M.A. with Community Committee (Margaret, 1998, Province) Opp. Deposits 9%, N.H. 44, Lakahmiptumin (Past), Karmoni S18218. Col. esto-recorded - esto-re-resolvente membranismo.

Dr. S. Aroma Proble, 510. Department of Polistrics.
Assistant Professor.

DECLARATION

W. Mr. Ahri Dinesh Kumar (14ERIT0004), Ms. Sayila Keerthana (14ERIT0007), Ms. Agraharum Radhika (14ERIT9913), & Ms. Damam Sivaleela (14ERIT9915) pursund adversion in Pharm. D. V year program for the academic year 2018-19, at Dr. K. V. Subba Reskly Institute of Pharmacy, Dapada, Karmoni (Allifated to PNT University Associapur Anastaporation and in connection with partial fidfillment for award of degree Ductor of Pharmacy. We hereby declare that the entitled research work "INCIDENCE AND MANAGEMENT OF THROMBOCYTOPENIA IN TERM NEWBORNS WITH MANAGEMENT OF THROMHOCYTOPENIA IN TERM NEWHORNS WITH BIRTH ASPHYXIA ADMITTED IN SNCU, GGH, KURNOOL.* was carried out by an under the guidance of Mr. R. Jonn Methorala, M. Pharm., Associate Professor, Department of Pharmacology & Dr. K. Aruns Jyothi, MD, Assistant Professor, Department of Pediatrics, KMC- Government Hospital

Aluri Dinesh Kumar (14ER1T0004) Savila Keerthana

(14KHITOMP) Keerthara -

Agraharam Radhika (14ER1T0013) A Rodlička Damam Sivalecia (14ER178015)

Sivalgele

"MOSTFORING OF THE ADVERSE DRUG REACTIONS IN PARDIATRICS PATIENTS IN A TERCHARY CARE HOSPITAL PROSPECTIVE STUDY, GGH, KURNOOL."



JAWAHARLAL NEIBRI TECHNOLOGICAL UNIVERSITY ANANTAPUR, ANANTAPURAMU

DOCTOR OF PHARMACY

Bly

SUPREM CHANDRA REDBY (Reg. So. 14ER1T0012)

PAWETHA (Rep. No. 14ERITHHT)

Dr. G. Nugarajan M.pharm., Ph.D., Principal. (Separment of pharmacounical observiory, E.V. Sorbia Reddy, institute of Pharmacy, Karmool.

Dr. P. Rajesh M.D., Associate professor, Department of Pharmacolo, Kurnoot Medical College Kurnoot,



DEPARTMENT OF PHARMACY PRACTICE DER, V. SUBBA REDDY INSTITUTE OF PHARMACY DUPADU, KURNOOL - SISSIS (A.P) PERRUARY-2019.

Su Cemanney. ris. 4.7, 6.8 Institute of comme

Cell: 09704 333 789

Dr. K.V. Subba Reddy Institute of Pharmacy

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

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

Website: www.drkvsrip.in e-mail: principalkvsrip@gmail.com

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.)

PHARM.D V YEAR ROASTERS (AY: 18-19)

Dr.K.V. SL	BBA REDDY I	NSTITUTE C	G.H.KURNO	October-	December-
PI	IARM - D VII	YEAR HOSP	*	October-	
Batch names	April-me	y June-July	Sentember	40.	Orthopedics
A.ASHOK M.ANUSHA AEMAN SHAFEEN	Ciynecologi and obstetri		Cardiology	Nephrology	Nephrology
SMD.AKBAR SM.MUAZZAMMA	Orthopedics	and	General Medicine	Cardiology	
PREMCHANDRAREDI N.SUVARNA	Nephrology	Orthopedies	Gyneclogy and	General Medicine	Cardiology
P.SWETHA A.DINESH D.SHIVALEELA A.RADHIKA S.KEERTHANA	Cardiology	Nephrology	Orthopodies	Gyneclogy and obstetries	General Medicine
S.IRFANA S.PERVEEN V.APARNA	General Medicine	Cardiology	Nephrology	Orthopedics	Gyneclogy and obstetrics
PRINTIPAL Dr.K.V.Subba Reddy Kurnool PRINCIPAL OF, K.V.S.R. Institute of F Opp: Dupadu R.S. N KURNOOL-518218 (harmacy	acy		Jel e superintend rinnent General Kurnool	

HOSPITAL DUTIES (AY 18-19): APRIL-MAY

REG NUMBER	NAME OF THE STUDENT	WARD NAME	
14ER1T0001	A.ASHOK	GYNECOLOGYOBESTERICS	
14ER1T0002	M.ANUSHA		
14ER1T0003	AEMAN SHAFEEN		

REG NUMBER	NAME OF THE STUDENT	WARD NAME	
14ER1T0009	S.MD.AKBAR	ORTHOPEDICS	
14ER1T0018	SM.MAUZAMMMA		
14ER1T0019	K.SRI PRIYA		

REG NUMBER	NAME OF THE STUDENT	WARD NAME	
14ER1T0012	N.PREMA CHANDRA REDDY	NEPHROLOGY	
14ER1T0016	N.SUVARNA		



PHARM.D V YEAR ROASTERS (AY: 18-19)

Dr.K.V. SUI	BBA REDDY I (M.C ARM – D V'	NSTITUTE C I.U. With G. YEAR HOSP	G.H.KURNO	October-	December- January
Batch names	April-ma	1	September	Novem	Onhopedics
A.ASHOK M.ANUSHA	Cismocology and obstetric		Cardiology	Nephrones	Nephrology
SMD.AKBAR SM.MUAZZAMMA	Orthopedica	Clyneclogy	General Medicine	Cardiology	
PREMCHANDRAREDD'	Nephrology	Orthopedics	Gyneclogy and	General Medicine	Cardiology
P.SWETHA A.DINESH D.SHIVALEELA A.RADHIKA S.KEERTHANA	Cardiology	Nephrology	Orthopodies	Gyneclogy and obstetries	General Medicine
S.IRFANA S.PERVEEN V.APARNA	General Medicine	Cardiology	Nephrology	Orthopedies	Gyneclogy and obstetrics
PRINCIPAL Dr. K.V. Subba Reddy I. Kurnool PRINCIPAL K.V.S.R. Institute of Ph Opp: Dupadu R.S. N.I. KURNOOL-518218 (A	nst. of Pharms	ncy		J C) C SUPERINTEND ranient General Kurnool	

HOSPITAL DUTIES (AY 18-19): APRIL-MAY

REG NUMBER	NAME OF THE STUDENT	WARD NAME	
14ER1T0001	A.ASHOK	GYNECOLOGYOBESTERICS	
14ER1T0002	M.ANUSHA		
14ER1T0003	AEMAN SHAFEEN		

REG NUMBER	NAME OF THE STUDENT	WARD NAME	
14ER1T0009	S.MD.AKBAR	ORTHOPEDICS	
14ER1T0018	SM.MAUZAMMMA		
14ER1T0019	K.SRI PRIYA		

REG NUMBER	NAME OF THE STUDENT	WARD NAME
14ER1T0012	N.PREMA CHANDRA REDDY	NEPHROLOGY
14ER1T0016	N.SUVARNA	

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

	14ER1T0017	P.SWETHA	
- 1			

REG NUMBER	NAME OF THE STUDENT	WARD NAME
14ER1T0004	A.DINESH	CARDIOLOGY
14ER1T0015	SIVA LEELA	_
14ER1T0007	A.RADHIKA	
14ER1T0013	S.KEERTHANA	

REG NUMBER	NAME OF THE STUDENT	WARD NAME
14ER1T0006	S.IRFANA	GENERAL MEDICINE
14ER1T0011	S.PARVEEN	
11Y01T0018	V.APARNA	

PRINCIPAL

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

PHARM.D IV YEAR ROASTERS:

	PHARM-	D IV YEAR HOSPITAL	POSTINGS 2018-2019		
BATCH	MARCH-APRIL	MAY-JUNE	JULY-AUGUST	SEPT-OCT	NOV-DEC
ISERIT0014 TARUN ISERIT0005 HARISH ISERIT0015 VIHARIKA ISERIT0013 SOWMYA	PATIENT COUNCELLING	GASTROENTEROLOGY	FM-I	PSVCHBATRY	PEDIATRICS
ISERITO022 SHARMILA ISERITO025 ROHIT ISERITO006 HARI ISERITO011 SIDISH	PEDIATRICS	PATIENT COUNCELLING	GASTROENTEROLOGY	FM-1	PSYCHIATRY
15ER1T0019 YASMIN 15ER1T0024VINAY 15ER1T0012 SAHERA 15ER1T0023 RISHIKA 15ER1T0017VINEELA	PSYCHIATRY	PEDIATRICS	PATIENT COUNCELLING	GASTROENTEROLOGY	FYI-1
SERITODIO SAMREEN SERITOOOO PRATYUSHA SERITOO20 NAYEEM SERITOOI6 VIJAYA	FM-1	PSYCHIATRY	PEDIATRICS	PATIENT COUNCELLING	GASTROENTEROLOG
SERITO008 PRAVALLIKA SERITO007MOUNISA SERITO026 SHIVA SERITO004 HABIB SERITO021 AMAL	GASTROENTEROLOGY	EM-1	PSVCHIATRY	PEDIATRICS	PATIENT COUNCELLING
PRINCIPAL Dr.K.V.Subba Reddy II PRINCIPAL Dr. K.V.S.R. Institute of F Opp: Dupadu R.S. N WURNOOL 5: 5218	ol Pharmacy Uh-7.		Gov	Jel Leeu SUPERINTENDENT ernment General Hospitz Kurnool	arinblu

Dr. K.V.S.R. Institute of Pharmacy
Opp: Dup idu R. M. 44,
KURNOOL-5 (82.3 - A.P.)

PHARM.D III YEAR ROASTER

Dr.K.V. SUBBA REDD	PHA	RM-UI	H I Pater	SEPTEBER	OCTOMBER	2018-2019 NOVEMBER	DECEMBER	JANUARY	PESKULARY
Batch/month	JUNE	JULY	AUGUST	SEFFE		-			
B. AKHILA (16ER1T0001) M. AKSHITHA (16ER1T0002) P. JAVEED (16ER1T0003) C. KEERTHI (16ER1T0004)	MM-III	FM-III	MM-II	FM-II	FM-III	OVL	FM-1V	DIALYSIS	PEAGUETRICS
T. LASYA (16ER1T0005) S. MANIKANTA (16ER1T0006)	FM-III	MM-II	FM-11	FM-III	DVL	FM-IV	DIALYSIS	PEADIATRI CS	MM-III
P. PREMA LATHA (16ER1T0009)	Piterin								
G. NAVEEN BABU (16ER1T0007) M. SAI DEEPIKA (16ER1T0013) S. SUMERA IRHAM (16ER1T0014) D. SHARON ROSE (16ER1T0015)	MM-II	FM-II	FM-III	DVL	FM-IV	DIALYSIS	PEADIATRICS	MM-III	PM-00
ASAD ALIKHAN (16ER1T0008) M. VASAVI LATHA (16ER1T0016) B.BHAVANA (16ER1T0018) SRI KRISHNA JYOTHIKA (16ER1T0019)	FM-II	FM-III	DVL	FM-IV	DIALYSIS	PEADIATRICS	MM-III	FM-III	MM-s
M. RAMANJANEYULU (16ER1T0010) M. PRIYANJALI (16ER1T0021) LVISHNAVI (16ER1T0024)	FM-III	DVL	FM-IV	DIALYSIS	CS	MM-III	FM-III	MM-II	FM-II
M. RAM SUNIL (IGERIT0011) V. HARI SUSHMA(IGERIT0025) L. GRACE (IGERIT0026) S.SADIYASAMREEN(IGERIT0012)	DVL	FM-IV	DIALYSIS	PEADIATR ICS	MM-III	FM-III	ММ-11	FM-II	DIALYSIS
D. VAKUB BASHA (16ER1T0017) R.MANASA (16ER1T0027) S.SHABANA (16ER1T0028)	FM-IV	DIALYSIS	PEADIATRI CS	MM-III	FM-III	MM-II	FM-II	FM-IV	DVL
S. LOKESH ROYAL (16ER 170020) S. SUBBA REDDY (16ER 170023) L.SWETHA MADURIMA (16ER 170029) D. JAYA ROOPA VANI (16ER 170030)	DIALYSI	PEADIAT RICS	MM-III	FM-III	MM-II	FM-II	DVL	DVL	FM-R

PRENCIPAL

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Dr. K.V.S.R. Institute of Pharmacy
Opp: Dupadu R.S. N.H-7,
KURNOOL-518218 (A P.1

SUPERINTENDENT 8)2/2000 Government General Hospital Kurnool

PRINCIPAL

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RURNOUL-SIGERS (A.P.)

PHARM.D II YEAR ROASTER

Roll No 17ERIT9001	September/October	November	SPITAL POST	January	February	March/April
17ER1T9007 17ER1T9012 17ER1T9019 17ER1T9025 17ER1T9002	CASUALITY	FM-II	FM-I	MN(-IV	MM-1	PEDIATRIC
17ER1T9008 17ER1T9014 17ER1T9020 17ER1T9026	PEDIATRIC	CASUALITY	FM-II	FM-I	MM-IV	MN-1
17ERFT0003 17ERTT0009 17ERTT0015 17ERTT0021 17ERTT0027	MM-I	PEDIATRIC	CASUALITY	EM-II	FM-1	MM-
17ERIT10004 17ERIT10010 17ERIT10016 17ERIT10022	MM-IV	MM-1	PEDIATRIC	CASUALIT	A SW:	п
17ER1T9028 17ER1T9005 17ER1T9011 17ER1T9017 17ER1T9023	FM-L	MM-IV	мм-1	PEDIATR	CASE	YTEJA
17ER1T0029 17ER1T0006 17ER1T0012 17ER1T0018 17ER1T0024 17ER1T0030	FM-II	FM-I	MM-IV	ММ	I PET	DIATRIC C

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

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

KURNOOL-518218 (A.P.)

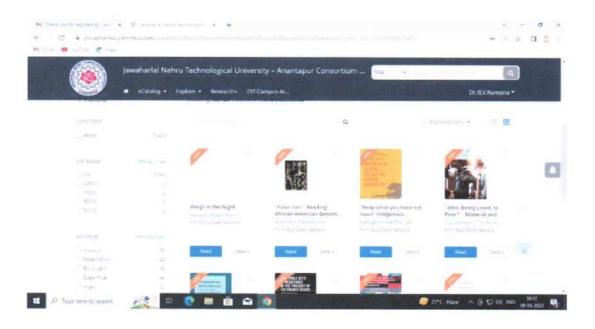


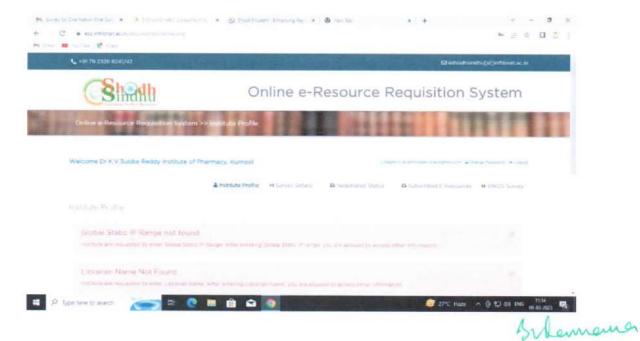
MoU with Government General Hospital & KMC, Kurnool)

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

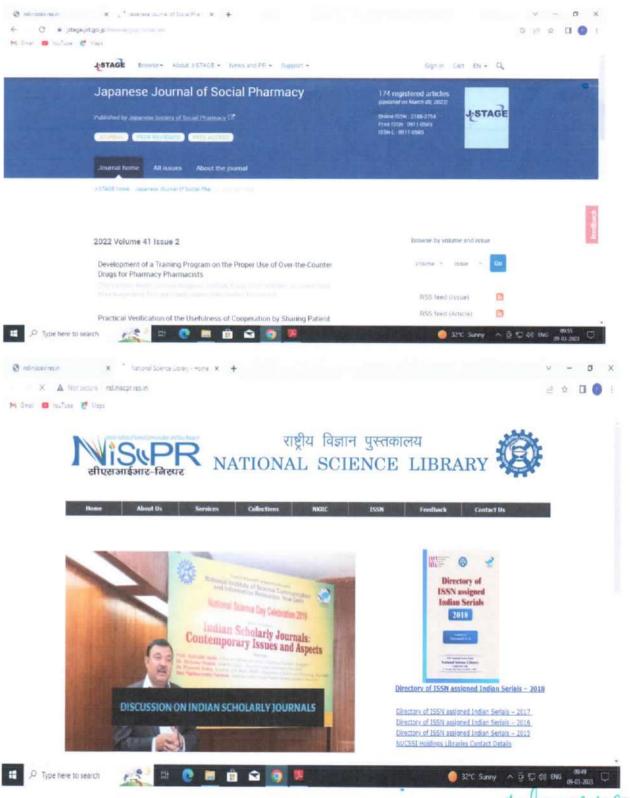
Website: www.drkvsrip.in e-mail: principalkvsrip@gmail.com

E-LEARNING



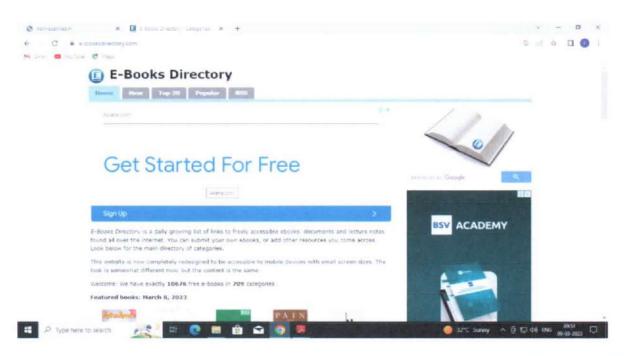


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KURNOOL-518215 (A.P.)



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



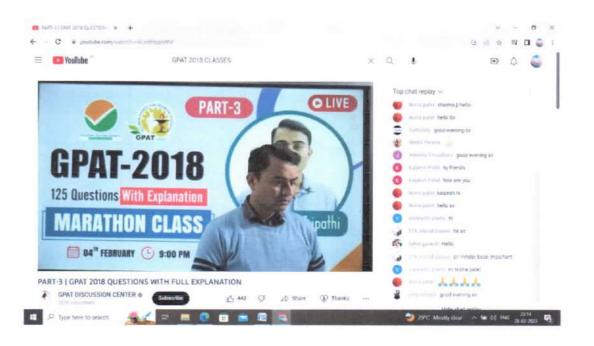


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Dr. K.V.S.R. Institute of Pharmacy

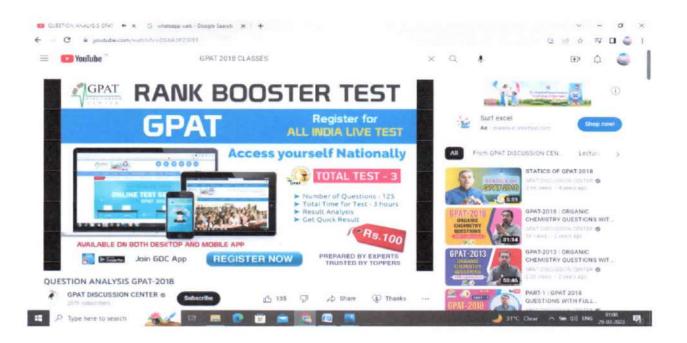
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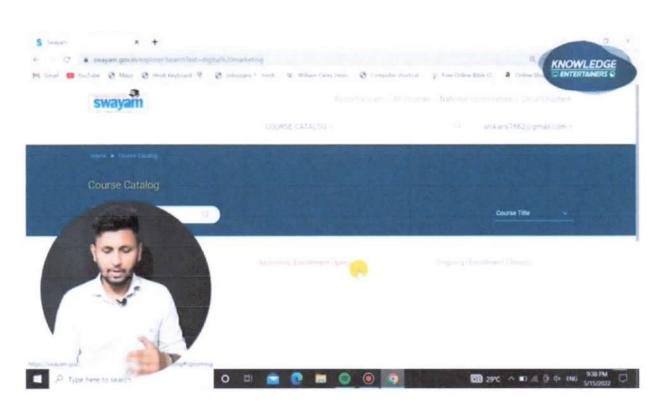
KURNOOL-518218 (A.P.)











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KURNOOL-518218 (A.P.)

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	2. - -	-

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





Dr. K.V. Subba Reddy Institute of Pharmac,
(Approved by AICTE, P.C.) New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool) Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA Website: www.drkvsnp.in e-mail: principalkvsrip@gmail.com

WORKSHOP & GUEST LECTURES:

	AY @ 2018-19	
1.	One Day Seminar on IPRs: Patent and Copy Rights	Dr. Kapil Gudala
2.	Workshop on Research methodology on Intellectual Property Right Law	Dr. Krishna Prahlad
3.	One Day Seminar on Research writing	Dr. Kanna Kumar
4.	One Day Seminar on Good and Bad Communities of Bacteria: Applications and Safety Concerns	Dr. Raghavendra
5.	Workshop on Instrumentation for Natural Product characterization having Medicinal Properties	Mr. D. Jamal
6.	One Day Seminar on Yoga for Holistic Health	Mr. G. Avinash Reddy
7.	Approaches for efficient clinical Strategies	
8.	Special Lecture on Vaccine & Vaccination	Dr. N. Nanda Kishore
9.	Awareness Programme on 'Vermicomposting: An Eco-friendly Approach towards Sustainable Agriculture'	Mr. M. Anvesh
10.	Current research trends in pharmacology and drug discovery	Mr. K. Rama Krishna (PhD scholar, IIT-BHU)
11.	Seminar on pharmaceutical Entrepreneurship Development	Mr. M. Rupesh Gandhi Naik (NIPER-M, Pharmaceutical MBA)
12.	One day Seminar on "Good Clinical Practice"	Dr. A. Sathish (MIPER)
13.	The Art of Research writing	Prof. C. Dhanraj
14.	Challenges and Opportunities in the Modern Pharmaceutical Industry	Dr. Ravi Prakash (CES)
15.	Future Perspectives and Innovations in Pharmacokinetics and Its role in Drug Development	Dr. R. Krishnaiah (St. Johns)
16.	Talk on Basics of Business Plan Development	Dr. Basha (MBA, KVSRIT

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 Pharmac;
(Approved by AICTE, P.C.) New Delhi & Affiliated to JNTUA Anantapuramu,
MoU with Government General Hospital & KMC, Kurnool) Opp. Dupadu Railway Station, Lakshmipuram (Po), N H - 44, KURNOOL - 518 218, A.P. INDIA Website: www.drkvsrip.in a-mail principalkysrip@gmail.com

PHARMACY SEMINARS:

		DR.K.V. SURDREDDY INSTITUTE O	H PHARMACY, DUPADU, KURNOOL		
		Details of Pharmacy Seminary given by B.F.	The second secon	A STATE OF THE SECOND	
N.Na.	HIRO.	Name of the Student	Fishe	Presentation Date	
10.00	PARINTPINEZE	N. SHUGARI	BUALTH CARE PRODUCTS	AGE/2010	
1021	\$16E-901.8014019.7	NARA DESTINA	TK ORDER OF PRODUCTORS FORMULATION	1-22-2019	
	19E/E/R9030	NARKALANGAVANI	PEPTIDES	3/57/9019	
THE RESERVE	BARTON CROOKINGS	DOYA SHIVARANDANI	NEW DRISTNEED AND BACTERIAL AGENCE	3/22/2019	
300	SHEET TROLET	CHARALI DARAGAIAH	BULL CONTRACT PRIVE PRESS SAFE IN BISLAT	3/22/2010	
	LISEOU RODGON	CHAKAH SARGIA	PATENTED DIDGG AUSSOIL	1/22/2019	
Service of	DESCRIPTION.	GOLLA TABUN KUMAR	OSTI OARTIBUTIC POLCYABLE HYALGASS I	3/22/2019	
-	176/R/R0022	GORGA MADIO SURHAR	PARACETAMOR #	7:15:2017	
ALC: NO.	17ER (80029)	MHARITHA	ADOLISCENT MUDICINE	7/15/2012	
20. 3	· · · · · · · · · · · · · · · · · · ·	KDIVAKAR	AESTHETIC MEDICINE	7/15/2017	
	- ETERTROPOL	BOYA ANAND	APPORDABLE CARE ACT (ACA)	\$115(2017)	
0.12.05	ETERN PONISE	GSAUDHARANI	ALZIDENIJES DISEASE	5(15/2017	
19	\$75.85 HOURT	PULTA SRAVANI	AMD AND RETEXAL DISEASE	2/15/2017	
28 1	TYEM LECUYAR	T.MOHAMMED	ASTIMOTIC RESISTANCE	2/35/2017	
1.5	THE REPORT	SHADE ANDREEN	ANTIBETROVIRAL THERAPY	1/19/2018	
	1683 1159322	MEPAVANI	BONE AND MINERAL DISCRIPTION	1/19/2018	
1700	16E.WTR0003	PAVAN KUMAR	BESIGN PROSTATIC HYPERPLASIA (1991)	1/19/2018	
11	E683K13800533	SUIAIK SHAID	BRAIN CANCER	1/19/2018	
1.0	Feel M.I Picking?	KONETT SUPRAJA	BREAST CASCER	1/19/2019	
20	美術教師工程2000年	THALARIVANDANA	SHIFT FROM ORALS TO INJUCTABLES	1/19/2018	
21	1659-180902	ROYA KALYANI	PORITIVE PRESSURE ISOLATOR S	1/19/2018	
22	364(3)(19030)64	MASTERICA MADELSEDHANA	LYOPBILIZERS	1/19/2018	
23 1	ISENTROOM:	SHAJE OF THAT BASSIA	INNOVATIONS IN PHARMA DIDUNTRY	8/27/2017	
22	35EK1R/9929	SHOCHE GOLUTHAM KUMAR	MODULAR CLEAN ROOMS	8/27/24/87	
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28.	15031300029	RACHAPUDI PRADEEP	EMACEUTICAL QUALITY CONTROL LABORAT	8/27/2017	
26	128.8 (4(0))22	BANDAMIDI PRAKASH	PERSONNEL	N-27/2017	
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S.No.	Rull No.	Name of the Student	Title	Presentation Date	
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-		SUGALINANI	CAUSES OF THE EPSY	# 26 2019	1
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PRINCIPAL

PRINCIPAL or 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 Cell: +919440282181, +919704333789

Fax: 08518-287618

DEPARTMENT OF PHARMACY (2018-2019)

CIRCULAR

DATE: 17/09/2018

All the faculty and students here by informed that the Group Discussion Program will be conducted for B pharmacy & Pharm.D students on the 19th September 2018 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

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Group Discussion Session

AY: 2018-2019

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

Topic:

Medicine price control yes or no? A casual debate discuss.

The government controls only those drugs that are considered as life saving and don't have any generic substitutes in market. The Supreme Court has made it clear that they have an appropriate criterion that is followed strictly to keep prices under control. The objective is also to control the pharmaceutical companies who go for higher pricing just to sell their drugs outside India. Even if this move is termed as nationalization of pharma industry, it is ok, because it is the responsibility of government to keep health of citizens as their top priority.



Intentionally the physicians prescribe the patients the expensive drugs that have to be kept in check. The prices of generic drugs available in the India might be cheaper as compared to the international markets but still are considered expensive as per the Indian market.

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NPPA is an organization of the Government of India which was established, inter alia, to fix/revise the prices of controlled bulk drugs and formulations and to enforce prices and availability of the medicines in the country, under the Drugs (Prices Control) Order, 1995.



Drug Price Control Orders (DPCO) are issued under Essential Commodities Act (ECA).

Government of India is the issuer of such orders. The drug price control orders enable the government to declare a ceiling price for essential and life saving medicines (as per a prescribed formula). Batch of 18 B.Pharm students attended the session conducted on 19/09/2018

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DEPARTMENT OF PHARMACY (2018-2019)

CIRCULAR

Date:22/11/2018

All the faculty and students here by informed that the Debate Program will be conducted for B pharmacy & Pharm.D students on the 24/11/2018 as per the following schedule. All the faculty & students are instructed to note the same and attend the program as per the schedule.

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Debate

AY: 2018-2019

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.

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: Drug addicts should be punished

where the narcotic drug or psychotropic substance consumed is cocaine, morphine, diacetylmorphine or any other narcotic drug or any psychotropic substance as may be specified in this behalf by the Central Government by notification in the Official Gazette, with rigorous imprisonment for a term which may extend to one year, or with fine which may extend to twenty thousand rupees; or with both; and

where the narcotic drug or psychotropic substance consumed is other than those specified in or under clause (a), with imprisonment for a term which may extend to six months, or with fine which may extend to ten thousand rupees, or with both.





Studies show that drug abuse leads to **poverty and family breakdown**. According to a survey in India, weekly expenditure on drugs amounted to \$13 and total expenditure ranged between US \$250–\$25,000. In families disrupted by drug abuse, poverty is often transmitted from parents to children. A debate "**Drug addicts should be punished**" on was conducted on 24/11/2018 and the students of B Pharmacy have actively participated in this session.

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e-mail : principalkvsrip@gmail.com

DATE: 7/10/2018

DEPARTMENT OF PHARMACY (2018-2019)

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 10/10/2018 to 14/10/2018 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	
1	10/10/2018 to 14/10/2018	9-10AM	PHARMACEUTICAL CHEMISTRY	R. MOHANA PRIYA
2	10/10/2018 to 14/10/2018	10-11AM	PHARMACEUTICAL ANALYSIS	P.T.NAGA RAJU
3	10/10/2018 to 14/10/2018	11-12PM	MATHEMATICS/BIOLOGY	V.ANU
4	10/10/2018 to 14/10/2018	2-3PM	COMMUNICATION SKILLS	S.SREELEKHA

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Dr. K.V.S.R. Institute of Pharmacy Opp: Dupadu R.S. N.H.-44, KURN90L-518218 (A P)

CHEMISTRY:

S.NO	TOPIC NAME	
1	Introduction to pharmas at 1 is	NO.OF HOURS
	Introduction to pharmaceutical chemistry	2
2	Basics of shaw!	
	Basics of chemistry	2
3	Geneval	
	General preparations and methods of compounds	2
	methods of radio 1	
	methods of radio pharmaceuticals preparations	2
	Racia tasta f	
	Basic tests for purity of compounds	2
	TOTAL	
	TOTAL	10

ANALYSIS:

S.NO	TOPIC NAME	1310.0
1	Basic concepts of Analaysis	NO.OF HOURS
	Dasie concepts of Analaysis	2
2	Basic theories of titration methods	
	and theories of titration methods	2
3	Different preparation & Methods of	
	standardization	2
1	Concepts of oxidation & reduction	
	or oxidation & reduction	2
	Methods of electro chemical methods of	
	analysis	2
	TOTAL	
		10

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MATHEMATICS:

S.NO	TOPIC NAME	
	217413	NO.OF HOURS
1	Theory and their application in pharmacy	
	application in pharmacy	2
2	Solving different types of problems by	
	applying theory	2
	Basic introduction of Logarithms	
	and action of Logarithms	2
	D.:	
	Basic introduction of Matrices and Determinant	2
_	Applications in solving chemical kinetics and pharmacokinetic equations	2
	TOTAL	
		10

COMMUNICATION SKILLS:

S.NO	TOPIC NAME	
1		NO.OF HOURS
	Learning Basic communication skills	2
2	basic learning of the	
	basic learning of listening skills	2
3	Rasic undowstandi c	
	Basic understanding of writing skills	2
4	Learning of presentation skills	
	of presentation skills	2
	Learning of interview skills	
5	S Interview Skills	2
	TOTAL	
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Dr. K.V.S.R. Institute of Pharmacy Opp: Dupadu R.S. N.H.-44, KURNGOL-518218 (A.P.)



e-mail : principalkvsrip@gmail.com

Date: 15/10/2018

DEPARTMENT OF PHARMACY (2018-2019)

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 17/10/2018 to 20/10/2018 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	Lovie	
1	17/10/2018 to 20/10/2018		SUBJECT	FACULTY
		10-11AM	PHARMACETICAL CHEMISTRY	R.MOHANA PRIYA
2	17/10/2018 to 20/10/2018	11-12PM	COMPUTER	S. PAVAN
	,		APPLCATION	KUMAR

COPY TO FACULTY MEMBERS

Cold

Opp: Dupadu R.S. KURNOOL-518210 (A.P.)

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

PHARMACEUTICAL CHEMISTRY:

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

COMPUTER APPLICATIONS:

S.NO	TOPIC NAME	NAME OF THE OWNER OWNER OF THE OWNER
1	Types of applications of computers in pharmacy	NO.OF HOURS
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

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

PRINCIPAL

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

KURN@OL-518218 (A.P.)



MoU with Government General Hospital & KMC, Kurnool)

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Website: www.drkvsnp.in e-mail: principalkvsrip@gmail.com

Date:22/09/2018

DEPARTMENT OF PHARMACY (2018-2019) <u>CIRCULAR</u>

All the B.Pharmacy faculty and students here by informed that the Remedial classes will be conducted for B. Pharmacy & Pharm.D students on 24/09/2018 to 29/10/2018 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

PRINCIPAL

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

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

KURNGOL-518218 (A P)

DR.K.V.SUBBAREDDY INSTITUTE OF PHARMACY, DUPADU, KURNOOL (AY:18-19)

PHARMACEUTICAL CHEMISTRY:

S.NO	NAME OF THE STUDENT	17/10/18	18/10/18	19/10/18	20 10 18
18ER5R0001	A.HEMASAGAR	/	10/11/	111010	
18ER5R0002	J.ANAND SAI	~	1		V
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COMPUTER APPLICATIONS:

S.NO	NAME OF THE STUDENT	17/10/18	18/10/18	19/10/18	20/10/10
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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 Pharmac.

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MoU with Government General Hospital & KMC, Kurnool)

Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H. - 44, KURNOOL - 518 218, A.P. INDIA e-mail : principalkysrip@gmail.com

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		
7ER1R0008	17ER1R0044	17ER1R0059	17ER1R0062	17ER1R0065
7ER1R0069	17ER1R0077			

		III Year I Sem		
16ER1R0018	16ER1R0026	16ER1R0035	16ER1R0049	16ER1R0072
16ER1R0073	16ER1R0074			

		IV Year I Sem		
15ER1R0008	15ER1R0021	15ER1R0028	15ER1R0033	15ER1R0035
15ER1R0060	15ER1R0061	15ER1R0063	15ER1R0065	15ER1R0067

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

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Department of B. Pharmacy

Timetable for Remedial Classes

Year & Sem: II - I

Academic Year: 2018-19

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	S.NEELOFAR SULTHANA	PE	Room No.102	wife.
Tuesday	5:00PM - 6:00PM	B.LAVANYA	POC-III	Room No.102	Q Lough

Year & Sem: III - I

Academic Year: 2018-19

Timings	Faculty	Subject	Venue	Sign
5:00PM - 6:00PM	R.MOHANA PRIYA	MC-I	Room No.103	Rhuya
5:00PM - 6:00PM	K.SARA SIRISHA	MOOCS	Room No.103	200
	5:00PM - 6:00PM	Timings Faculty 5:00PM - 6:00PM R.MOHANA PRIYA 5:00PM - 6:00PM K.SARA SIRISHA	5:00PM - 6:00PM R.MOHANA PRIYA MC-I	5:00PM - 6:00PM R.MOHANA PRIYA MC-I Room No.103

Year & Sem: IV - I

Academic Year: 2018-19

	Venue	Sign
MINI NDDS	Room No.104	Q4[]-12.9h

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



Dr. K.V. Subba Reddy Institute of Pharmac,
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Department of B. Pharmacy

Attendance for Remedial Classes

Course Name: PE

Year: II - I

Course Faculty: S.NEELOFAR SULTHANA

A.Y: 2018-19

S. No.	Roll No.	24-09-2018	1-10-2018	08-10-2018	15-10-2018	22-10-2018	29-10-2018
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5	17ER1R0065	×	1				
6	17ER1R0069					1	
7	17ER1R0077	1	L-		1		
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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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e-mail: principalkvsrip@gmail.com

Department of B. Pharmacy

Attendance for Remedial Classes

Course Name: POC-II

Year: II - I

Course Faculty: B.LAVANYA

A.Y: 2018-19

S. No.	Roll No.	25-09-2018	2-10-2018	09-10-2018	16-10-2018	23-10-2018	30-10-2018
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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 Pharmac.

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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: 2018-19

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5	16ER1R0072			4	1	-	
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Opp: Dupacifute of Pharmacy
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Dr. K.V. Subba Reddy Institute of Pharmac.

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Department of B. Pharmacy

Attendance for Remedial Classes

Course Name: MOOCS-I

Year: III - I

Course Faculty: K.SARA SIRISHA

A.Y: 2018-19

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7	16ER1R0074						
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Dr. K.V.S.R. Institute of Pharmacy Opp: Dupadu R.S. N.H.-44 KURNOOL-518218 (A.P.)



Department of B. Pharmacy

Attendance for Remedial Classes

Course Name: NDDS

Year: IV - I

Course Faculty: I.V.L .PADMINI

A.Y: 2018-19

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3	15ER1R0028	×			X	V	
4	15ER1R0033	1	×	1		X	
5	15ER1R0035	×	-	*	X		1
6	15ER1R0060			1			
7	15ER1R0061			×	X		
8	15ER1R0063		1		×	X	×
9	15ER1R0065	1		X	7	1	
10	15ER1R0067	1	V		1/		
11	15ER1R0008	-	1	X		1/	1
Fa	culty Sign	PMP	TUP	DULP	RUP	PUP	DILP

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

Sutemana 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 Pharmac,

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Department of Pharm, D

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

	T	Vear	
17ER1T0018	17ER1T0023	17ER1T0025	17ER1T0026

	I	II Year	
6ER1T0016	16ER1T0023	16ER1T0027	16ER1T0030

	I.	V Year	-weight ment
15ER1T0011	15ER1T0015	15ER1T0018	15ER1T0020

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

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Website: www.drkvsrip.in e-mail; principalkvsrip@gmail.com

Department of Pharm. D

Timetable for Remedial Classes

Year & Sem: Il

Academic Year: 2018-19

Day	Timings	Faculty	Subject	Venue	CI.
Monday	5:00PM - 6:00PM	DR.K.VENNELA		Room No.102	Sign
ear & Sen	n: III			nic Year: 2018-19) KAT

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	R.VENUMADHURI	P.COL	Room No.103	() 4 levale
Year & Ser	n: IV			Academic Year:	

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	DR.S.KUSUMA KUMARI	PT-III	Room No.104	K

Opp: Dupadu K. 4.44 KURNOOL-518213 (A.P.)

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 Pharmac,
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Department of Pharm.D

Attendance for Remedial Classes

Course Name: PT-1

Year: Il-

Course Faculty: DR.K. VENNELA

A.Y: 2018-19

S. No.	Roll No.	24-09-2018	1-10-2018	08-10-2018	15-10-2018	22-10-2018	29-10-2018
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3	17ER1T0025	~			×		
4	17ER1T0026					L-V	1
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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 Pharmac.

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Department of Pharm.D

Attendance for Remedial Classes

Course Name: P.COL

Year: III

Course Faculty: R. VENUMADHURI

A.Y: 2018-19

S. No.	Roll No.	24-09-2018	1-10-2018	08-10-2018	15-10-2018	22-10-2018	29-10-2018
1	16ER1T0016	1		K	1	V	
2	16ER1T0023	×					
3	16ER1T0027						
4	16ER1T0030	d.	1				-
Fa	culty Sign	Robert	l-Vait	d. Jedu	RALA	R.114A	P-Val

Opp. Dupady R.S. N.H.-44. KURNOOL-512-59 (A.R.)

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

Dr. K.V. Subba Reddy Institute of Pharmac.

(Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Amentapuramu.

MoU with Government General Hospital & KMC, Kurnool)

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Department of Pharm.D

Attendance for Remedial Classes

Course Name: PT-III

Year: IV

Course Faculty: DR.S.KUSUMA KUMARI

A.Y: 2018-19

S. No.	Roll No.	24-09-2018	1-10-2018	08-10-2018	15-10-2018	22-10-2018	29-10-2018
1	15ER1T0011	N	1		4		1 -
2	15ER1T0015						
3	15ER1T0018		~				
4	15ER1T0020	1		,		,	
Fa	culty Sign	26.	K	46	46	×	A.

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



Date:14/04/2018

DEPARTMENT OF PHARMACY (2018-2019) 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 16/04/2018 to 22/04/2018 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. Subba Reddy Institute of Pharmac,

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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		
17ER1R0008	17ER1R0044	17ER1R0059	17ER1R0062	17ER1R0065
17ER1R0069	17ER1R0077			

CED ID COLO	1 / 2000 1 1	III Year I Sem		
6ER1R0018	16ER1R0026	16ER1R0035	16ER1R0049	16ER1R0072
6ER1R0073	16ER1R0074			

		IV Year I Sem		
15ER1R0008	15ER1R0021	15ER1R0028	15ER1R0033	15ER1R0035
15ER1R0060	15ER1R0061	15ER1R0063	15ER1R0065	15ER1R0067

PRINCIPAL Dr. K.V.S.R. Inschange Opp: Dupadu R.S. N.H.-44, KURNON .F

Dr. K.V.S.R. Institute of Pharmacy Opp: Dupadu R.S. N.H.-44. KURN90L-518218 (A P.)

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Department of B. Pharmacy

Timetable for Remedial Classes

Year & Sem: II - II

Academic Year: 2018-19

			Subject	Venue	Sign
Monday	5:00PM - 6:00PM	R.VENU MADHURI	PATHO	Room No.102	of Venle
Tuesday	5:00PM - 6:00PM	G.KAMMALESH GOUD	PA.	Room No.102	C.K.C

Year & Sem: III - II

Academic Year: 2018-10

Monday	5:00PM - 6:00PM	DR.B.V.RAMAMA	BPPK	Room No.103	Bre-Gra
Tuesday	5:00PM - 6:00PM			Room No.103	& MOA

Year & Sem: IV - II

Academic Year: 2018-19

Monday 5:00PM - 5:00PM P.T.NAGA RADU MOOCS Room No.104

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

PRINCIPAL

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

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KURNOOL-518218 (A.P.)

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Department of B. Pharmacy

Attendance for Remedial Classes

Course Name: PATHO PHYSIOLOGY

Year: II - II

Course Faculty: R.VENU MADHURI

A.Y: 2018-19

S. No.	Roll No.	16-04-2018	23-04-2018	30-04-2018	07-04-2018	14-04-2018	21-10-2018
1	17ER1R0008	×	1	, /			
2	17ER1R0044			7	1		
3	17ER1R0059	1			1		
4	17ER1R0062			4			
5	17ER1R0065	X					
6	17ER1R0069	X					
7	17ER1R0077	1			2		
Fa	culty Sign	R. Yes	R.19A	P 1900	R-19-A	RHAM	- R 10 M

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Website: www.drkvsrip.in e-mail: principalkvsrip@gmail.com

Department of B. Pharmacy

Attendance for Remedial Classes

Course Name: PA

Year: II - II

Course Faculty: G.KAMALESH GOUD

A.Y: 2018-19

S. No.	Roll No.	17-04-2018	24-04-2018	01-04-2018	08-04-2018	15-04-2018	22-04-2018
1	17ER1R0008		X	-			-
2	17ER1R0044			· ·	×		
3	17ER1R0059		L		*	1	1
4	17ER1R0062	X	~	v	1	C	~
5	17ER1R0065	V	~	~		5	
6	17ER1R0069	/	-	1	~	V	
7	17ER1R0077	V	V	V	V		V
F	aculty Sign	Ce. Voles	Cake Core	G. K. G	-Cerkila	9.10-4	G-K-4

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

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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: 2018-19

S. No.	Roll No.	16-04-2018	23-04-2018	30-04-2018	07-04-2018	14-04-2018	21-10-2018
1	16ER1R0018		×	2	- 1	L-	2
2	16ER1R0026	X	1	1	1	~	L
3	16ER1R0035	V			1	1	
4	16ER1R0049	×		1			
5	16ER1R0072	~	5	1	1	1	1
6	16ER1R0073	v	1	X	2	1	1
7	16ER1R0074	v		1			×
Fa	culty Sign	119 c	Sule	1519	KIL	15 CV	619

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Cell: 09704 333 78



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Department of B. Pharmacy

Attendance for Remedial Classes

Course Name: PJ

Year: III - II

Course Faculty: MD.ABDULLA

A.Y: 2018-19

S. No.	Roll No.	17-04-2018	24-04-2018	01-04-2018	08-04-2018	15-04-2018	22-04-2018
1	16ER1R0018	~	2	X	1		
2	16ER1R0026	1	×		v	V	4
3	16ER1R0035		1	X		_ ×	-
4	16ER1R0049	1	1	1	X	-	1
5	16ER1R0072		1	X		1	1
6	16ER1R0073	1	1	1	×	V	-
7	16ER1R0074	1	V			1	
Fa	aculty Sign	MPA	MPA	MPA	MPA	MDA	MA

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Department of B. Pharmacy

Attendance for Remedial Classes

Course Name: MOOCS-II

Year: IV - II

Course Faculty: P.T.NAGA RAJU

A.Y: 2018-19

S. No.	Roll No.	16-04-2018	23-04-2018	30-04-2018	07-04-2018	14-04-2018	21-10-2018
1	15ER1R0008	1		1	X		X
2	15ER1R0021	V	1	~	1	X	~
3	15ER1R0028	V	~	~	1	/	×
4	15ER1R0033	X	X	X	V	V	1
5	15ER1R0035	i	-	1	×	~	N
6	15ER1R0060	1		*	~	×	-
7	15ER1R0061	1	~	· ·	X	1	X
8	15ER1R0063	1	-	×	v	1	V
9	15ER1R0065	1	V	1	× -	- /	~
10	15ER1R0067	1	~	~	~		
11	15ER1R0008	2	~	~	~	V	~
Fs	culty Sign	RZG	RAGN	0329	Rizagi	Ragn	Rag

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

PRINCIPAL

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

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

KURNGOL-518218 (A.P.)



Department of Pharm.D

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

	T	Year	
17ER1T0018	17ER1T0023	17ER1T0025	17ER1T0026

	11	II Year	
16ER1T0016	16ER1T0023	16ER1T0027	16ER1T0030

	17	V Year	
15ER1T0011	15ER1T0015	15ER1T0018	15ER1T0020

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Department of Pharm.D

Timetable for Remedial Classes

Year & Sem: II

Academic Year: 2018-19

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	DR.K.VENNELA	PT	Room No.102	X
100 0 Can				1100111110.102	ACV.

Year & Sem: III

Academic Year: 2018-19

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	E.HONEY	P.COL	Room No.103	NA

Year & Sem: IV

Academic Year: 2018-191

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	B.ARUNA	CT	Room No.104	(A)

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

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



Department of Pharm.D

Attendance for Remedial Classes

Course Name: PT

Year: II

Course Faculty: DR.K.VENNELA

A.Y: 2018-19

S. No.	Roll No.	24-09-2018	1-10-2018	08-10-2018	15-10-2018	22-10-2018	29-10-2018
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2	17ER1T0023	+	1		L	1	-
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4	17ER1T0026	0	V	K	1	7	c -
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Dr. K.V.S.R. Institute of Pharmacy Opp: Dupadu R.S. N.H.-44, KURNBOL-518218 (A P.)



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Department of Pharm.D

Attendance for Remedial Classes

Course Name: P.COL

Year: III

Course Faculty: E.HONEY

A.Y: 2018-19

S. No.	Roll No.	24-09-2018	1-10-2018	08-10-2018	15-10-2018	22-10-2018	29-10-2018
1	16ER1T0016	1	X	1	1/	1	~
2	16ER1T0023	8	- 1	-	1	×	X
3	16ER1T0027	+	-	1	X	X	X
4	16ER1T0030	4	+	1	1	1	-
Fa	neulty Sign	de	de	de	de	14	34

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

Dr. K.V. Subba Reddy Institute of Pharmac,
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Website: www.drkvsrip.in e-mail: principalkvsrip@gmail.com

Department of Pharm.D

Attendance for Remedial Classes

Course Name: CT

Year: IV

Course Faculty: B.ARUNA

A.Y: 2018-19

Roll No.	24-09-2018	1-10-2018	08-10-2018	15-10-2018	22-10-2018	29-10-2018
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15ER1T0020	- V					×
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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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Department of Pharmacy

Laboratory Sessions

Branch: B. Pharmacy Regulation: R15



Fig 1.1 Experimental lab on limit test in Pharmaceutical Inorganic Chemistry lab



Fig 1.2 Experimental lab in Medicinal Chemistry lab

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Department of Pharmacy

Laboratory Sessions

Branch: Pharm.D Regulation: R15



Fig 1.3 Identification Test in Pharmacognosy and Phyto chemistry Laboratory



Fig 1.4 Extraction of crude drug in Pharmacognosy and Phytochemistry Laboratory

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Pharma Quiz

The Department of Pharmacy has conducted a **Pharma Quiz Competition** in the college auditorium on 22nd August, 2018 under Pharmacy students Chapter in which four different teams with five participants in each group gave tough battle to each other. Principal of the college Dr. NagaRajan Garu presented mementos to the winners.



Fig 1: Presenting Mementos to the winners by Principal

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KURNOOL-515248 (A.P.)

Dr. K.V. Subba Reddy Institute of Pharmacy

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Department of Pharmacy

Think Pair Share Session

AY: 2018-19

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.



Fig.1: Students during a Think Pair Share Session

Batch of 35 Pharmacy students attended the session conducted on 3/4/2019.

PRINCIPAL

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

Tapp: Dupadu R.S. N.H.=44,

KURNOOL-518213 (A.P.)



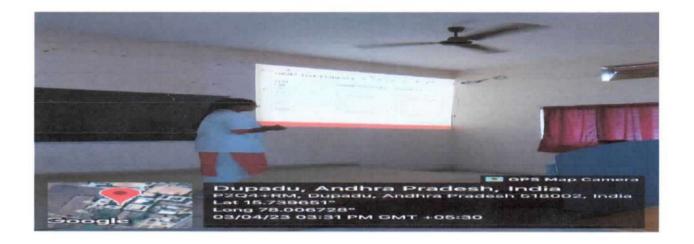
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CLUB ACTIVITIES:

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.





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

Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY

(Approved by AICTE & PCI New Delhi, Permanent Affiliated to JNTU Anantapur, Anantapuramu,
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Cell: +919440282181, +919704333789

Fax: 08518-287618

DATE: 22/09/2018

DEPARTMENT OF PHARMACY (2018-2019)

CIRCULAR

All the faculty and students here by informed that Work Shop on Training and Handling UV Spectro Photo Meter will be conducted for III- & IV-year B. pharmacy students on 25/09/2018 to 28/09/2018 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

PRINCIPAL N.H. 44.

OPP. Dupadus 18218 (A.P.)

KURNOOL 518218

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

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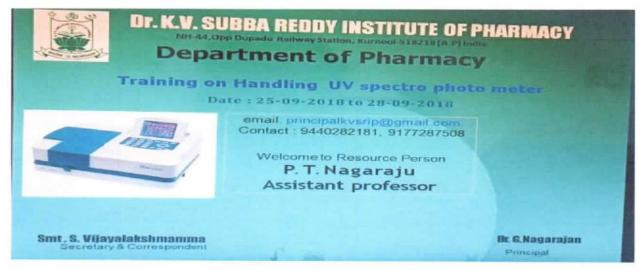
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PROBLEM SOLVING METHODS:

Dr.K.V.Subba Reddy institute of pharmacy conducted training& handling of UV SPECTRO PHOTO METER for B.Pharmacy III&IV Year students on 25/9/2018 to 28/9/2018. This workshop is very helpful to acquire knowledge, conceptual under standing, and skills to solve problems and make informed decision in scientific context. Eminent speaker P.T. Nagaraju, M. Pharmacy, Assistant professor Department of pharmaceutical analysis.





PRINCIPAL

DR-KV.V.S.R. Institute of Pharmacy

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



B.Pharmacy IV Year students participated in training sessions

Dr. K.V.S.R. Institute of Pharmacy,
Opp. Dupadu R.S. W.H. A.P.
KURRISOL ST4218 (A.P.R.)



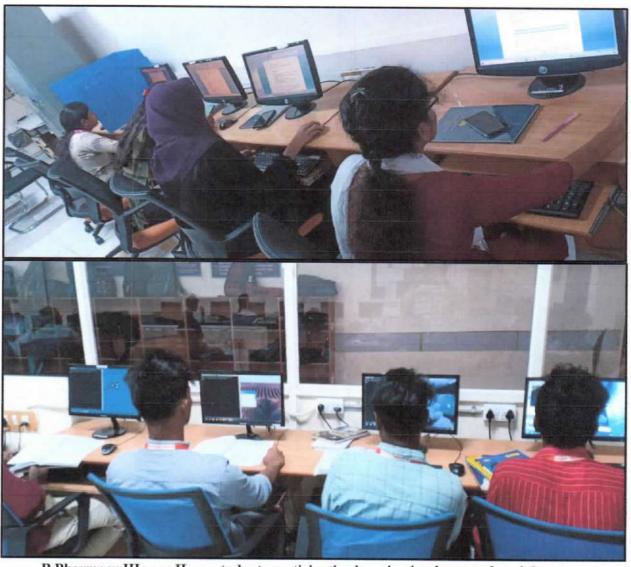
Dr. K.V. Subba Reddy Institute of Pharmacy

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VIRTUAL LABS

Virtual labs are used to provide remote asses 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 IIsem students participative learning in pharmacology laboratoty

PRINCIPAL

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

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2.3 Teachers use ICT enabled tools for effective teaching-learning process

(AY: 2017-18)

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3	Sample Copy of LCD projector used classes	3-4
4	Sample Copy of online teaching	5-7
5	Sample Copy of blended teaching	8
6	Sample Copy of Edu blogs	9
7	Sample Copy of industrial training& internship	10-11
8	Sample Copy of hands on learning	12
9	Sample Copy of assignment	13-16
10	Sample Copy of innovative model making	17
11	Sample Copy of project based learning & case study learning	18-25
12	Sample Copy of E-learning	26-31
13	Sample Copy of workshop & Guest lectures	32
14	Sample Copy of pharmacy seminars	33
15	Sample Copy of group discussion& debates	34-39
16	Sample Copy of bridge courses	40-45
17	Sample Copy of remedial classes	46-68
18	Sample Copy of lab sessions	69-70
19	Sample copy of quiz	71
20	Sample copy of think pair share	72
21	Sample copy of club activities	73
22	Sample copy of problem solving methods	74-76
23	Sample copy of virtual labs	76-77





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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





The list of various ICT enabled pedagolocial 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

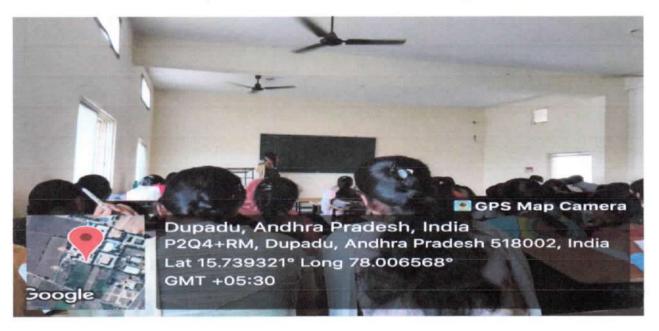


Fig1.1:Mrs.SK.Rubeena, Assistant professor of department of Pharmacy Practice explaining basic concepts of Pharmaceutics for Pharm.D I year students of pharmacy using chalk and board.

LCD PROJECTOR CLASSES:



Fig: 1.2 Mr. S.Basheer, Assistant professor of department of pharmacy explains the concepts of Pathophysiology using LCD projector.

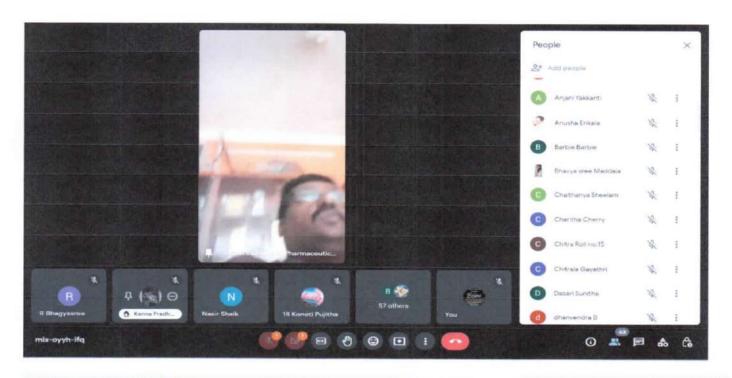
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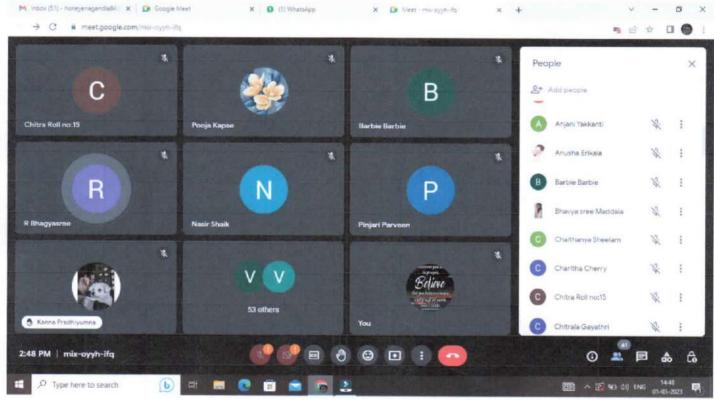


Fig1.3: Mrs. B.Aruna, Assistant professor of department of Pharmacology explaining concept of Anti Emetics for B.Pharm III year students of pharmacy using chalk and board.

Sulement ie of Pharmacy au R.S. N.H.-44, UKNU DL-518218 (A.P.)







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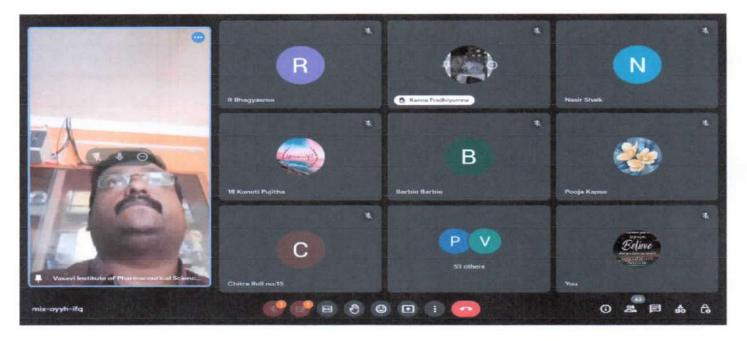
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ONLINE TEACHING:

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.



P.T.Nagaraju sir discussing about UV-Visible spectrophoto meter to B.Pharmacy III Year students by using Google meet.





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Website www.drkvsrip.in e-mail principalkvsrip@gmail.com

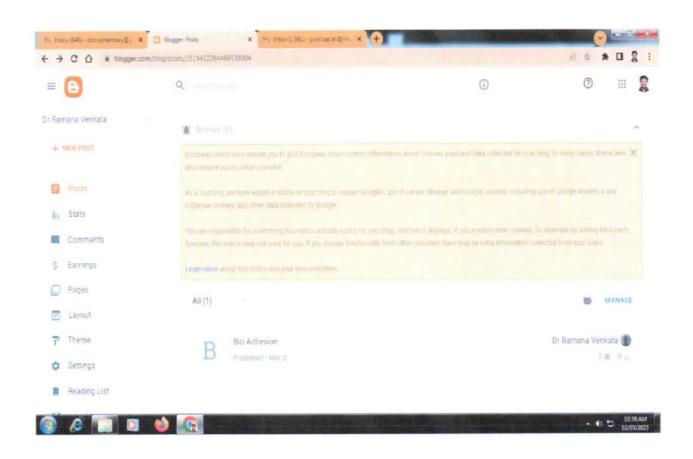
BLENDED TEACHING:

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.



R. Naganjaneyulu sir explaining the identification tests for Specific plants to B.Pharmacy III Year students.

Edu-Blogs: Faculty blogs and channels are used as instructional potential of online resources to students





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INDUSTRIAL TRAINING - 07/07/17 to 27/07/17.

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 KRISH CARE FORMULATIONS in Hyderabad, Telangana-5000 72, India and received hands on experience about industry affairs.



KRISHCARE



Date: 21.07.2017

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Mr. PADMANABHAN REDDY (14ERIR9021) is a bonafide student of Dr. K.V. SUBBA REDDY INSTITUTE OF PHARMACY, KURNOOL. He has undergone industrial training in our organization from 97.07.2017 to 21.07.2017, as a 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

Pohra Managing Partner

Mfg.lie.No.:1/RR/AP/2011/F/G

11-6-56/2/25, Opp. IDPL Factory, Balanagar, Hyderabad - 500 037.
Cell : +91-9959666898. Telefax : 040-23060195. F-mail : krish-masRifthenham.com





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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.,



II/III Pharm.D students learning about dissolution in the Pharmaceutics Lab.



I/II B. Pharmacy student learning about HPLC instrumentation at Pharmaceutical Analysis Laboratory.



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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.

Assignment

Topic - Sterilization

Reference - Anantha Narrayang

Submitted by

Submitted by

Submitted To

B. Aruna Madae,

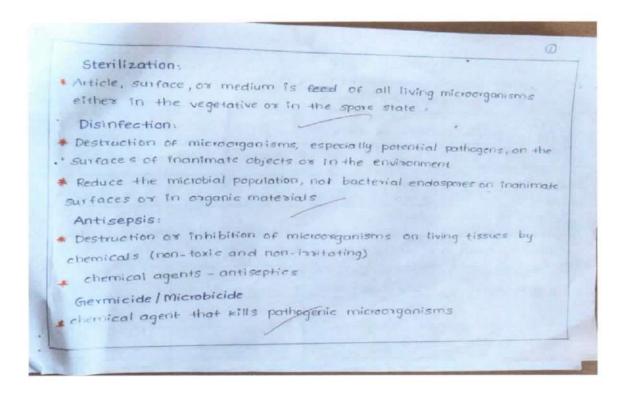
Asst professor.

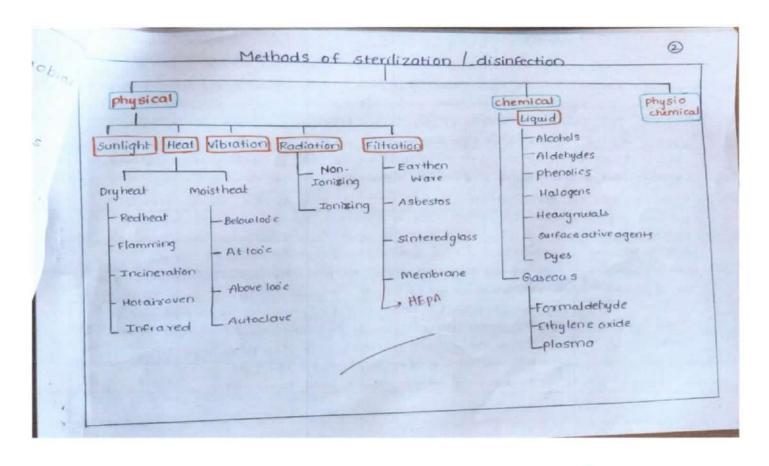
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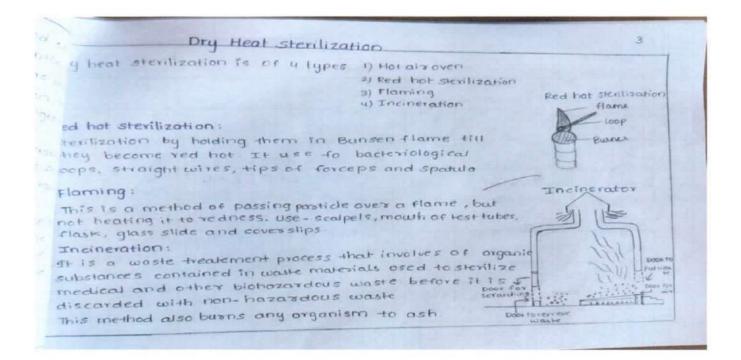
Dr. KVSp. Dupadu.

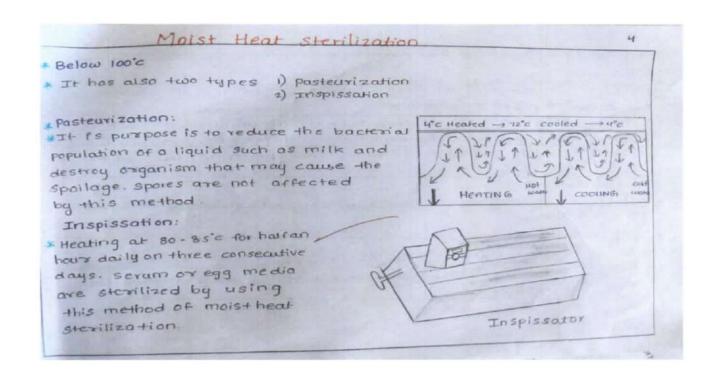
Dr. KVSp. Dupadu.

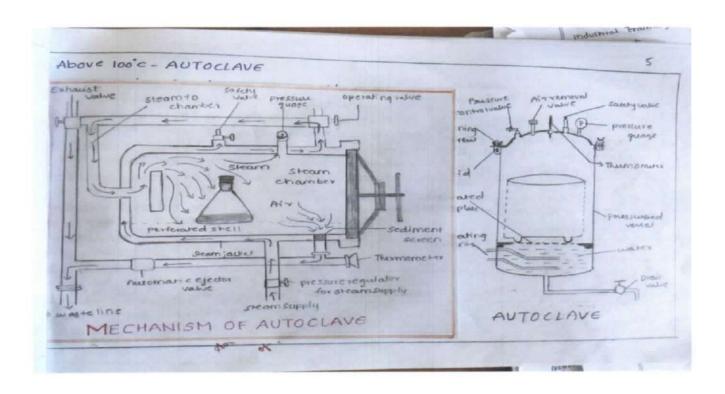
Dr. KVSp. Dupadu.













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INNOVATIVE MODEL MAKING

Students are guided to prepare scientific models through Pharma Expo. The main aim of conducting Pharma Expo is to integrate knowledge within a course, a major, or across an entire Program of study to associate the concepts. This enables students to understand and remember the relationship among various concepts, structures or species. Model making competition conducted by S.Sara Sireesha in 2017.





Pharm.D II Year students partipated& presnt a model on formation of child

Cell: 09704 333 789



PROJECT BASED LEARNING:

Project based learning is a teaching method were students gain knowledge and skill by working for an extended period of time to investigate and respond to an authentic, engaging and complex questions, problems or challenges. It is not only provides opportunities for students to collaborate with or drive their own learning, but also teaches those skills such as problem solving and helps to develop additional skills integral to their future such as critical thinking and time management. So every year IV B. Pharmacy, V year Pharm.D and II year M. Pharmacy students are allotted with a project under the supervision/guidance of faculty to be completed within an academic year. Marks are allotted to projects according to their performance, project results, presentation and viva-voice. Research and review articles of their projects are published by students in various national and international journals.



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B.PHARMACY PROJECT LIST

BAT CH	REG NO	NAME OF THE STUDENT	GUIDE	TITLE	DEPART MENT
I	14ER1R0001	D.AKHILA		FORMULATIONS& EVALUATION OF	PHARMACEUTIC
	14ER1R0029	K.SHARATH KUMAR REDDY		FELODIPINE BASED TABLETS	S
	14ER1R0027	B.SAI SRIVALLI			
	7.12.12.1.12.2.2	S.MEGHANA			
	14ER1R0017	SHYAMVARMA			
	14ER1R0038	J.UMA MAHESWARI	DR.A.V.BADRINA TH		0
11	14ER1R0034	M.VEDAVATHI		ASSESMENT&MANAGEMENT OF	PHARMACY
	14ER1R0021	C.H.PADMANABHAM REDDY		PEOPLE BONE HEALTH	PRACTICE
	14ER1R0009	M.HEMANTH			
	14ER1R0017	T.MD.ABDUL HAQ	DR.K.HANUMA NNA		XA
Ш	14ER1R0023	P.RAMANJANEYULU U		INVITRO STUDY OF CARMINATIVE EFFECT OF	
	14ER1R0006	B.ESWAR		BETA VULGARIS	
	14ER1R0025	Y.RESHMA		BETA VOLGARIS	
	14ER1R0003	K.BHARATH KUMAR	DR.C.H.NAVEEN NAVANEEN KUMAR		0
IV	14ER1R0040	D.MADHU SEKHAR		ANTI MICROBIAL ACTIVITY OF	PHARMACY
	14ER1R0002	B.ANU RADHA		METHANOLIC BARK EXTRACT OF	PRACTICE
	14ER1R0011	G.KRISHNA VENI		HOLLARRHENA ANTI DYSENTERICA	
	14ER1R0035	G.SUKANYA	DR.SAYYED BASHEER	AGAINST SOME MULTI DRUG RESISTANCE ORGANISMS	4

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PHARM.D ROASTERS YEAR III YEAR WISE(AY:17-18)

Dr. K.V.SUBBA REDDY INSTITUTE OF PHARMACY

In Association with Govt. General Hospital, Kurnool

Mobile No: 7799416741,7995649019

Email:principalkysrip@gmail.com

Protocol for Hospital Postings

					- 11	vards.				May	July	Aug
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	Commission	Shiva Kumar Vinay		FM-5	FM-3	F54/	24245-	MM	Ht/Ca sunlit	FM2	NANA3	- Sies
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	Suvarm	Tursen	FM-5	FM-3	FM/	MM-	MM-	IR/C	DVL	DVE/VE/S	1000	
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Geerefe HOD's Signature

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

Superindent Signature

HOSPITAL DUTIES: OCT-NOV 2017-18

NAME OF THE STUDENT		WARD
A.DINESH		MM-1
ANUSHA	-	
NAME OF THE STUDENT	WARD	
SIRISHA	MM-2	
PARVEEN		
7		1
NAME OF THE CTUDENT	WARD	
NAME OF THE STUDENT	IR/CASU	JALITY
ASHOK		
SHAFEEN		
	WARD	
NAME OF THE STUDENT	DVL	
IRFANA	-	
SUVARNA		
NAME OF THE STUDENT	WARD	
NAME OF THE STODENT	PM-5	
RADHIKA	- FIVI-S	
KEERTHANA		
NAME OF THE STUDENT	WARD	
AKBAR	PM-3	
PREM KUMAR REDDY		
NAME OF THE STUDENT	WARD	
SIVA LEELA	FM/MM	
SWETHA		
MAUZAMMA		Y

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Dr. K.V.S.R. Institute of Pharmacy Dupadu R.S. N.H.-440
Opp: Dupadu R.S. N.H.-441RNOOL-518218 (A.P.)
KURNGOL-518218 (A.P.)



Dr. K.V.SUBBA REDDY INSTITUTE OF PHARMACY

& Govt. Gen. Hospital, Kurnool

MONTH	TOPICS
September	Study of case sheets, History taking
October	General examination of Respiratory and Gastro intestinal systems
November	General examination of cardiovascular and cerebrovascular systems
December	Diseases related to the Cerebrovascular and cardio vascular system.
January	Diseases related to the Respiratory and G.I.T systems
February	Interpretation of E.C.G, E.C.G Rhythms, conduction problems etc.
March	Diseases related to Renal system.



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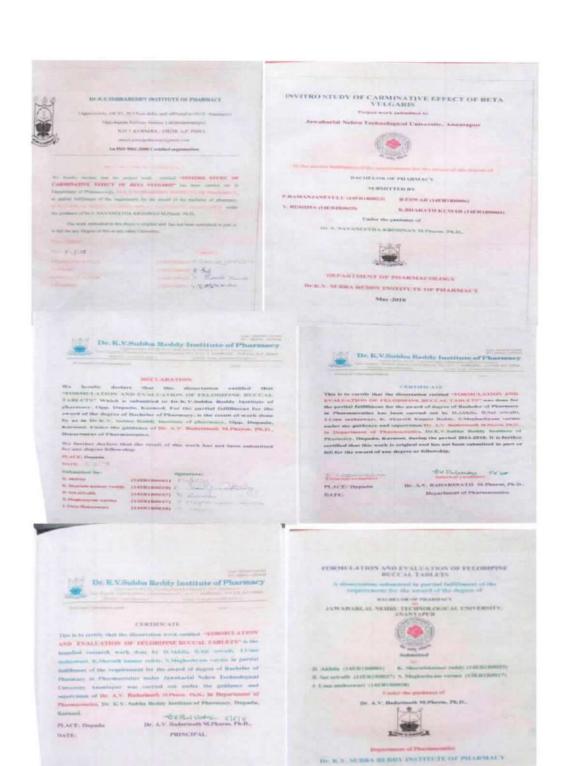
& Govt. Gen. Hospital, Kurnool

Protocol for Hospital Postings for Pharm.D students

S.NO	WARD NO		STUDENT NAME
		III YEAR	II YEAR
1.	MM-1	1.DINESEH KUMAR 2. ANUSHA	1. PRATHYUSHA 2. SAMREEN 3. NAYEEM
2.	MM-2	1.SRI PRIYA 2. PARVEEN	1. HABIB 2. HARISH 3. SHIRISHA
3.	MM-3	1.ASHOK 2.SHAFEEN	1. MOUNISA 2. PRAVALIKA 3. SHIVA KUMAR 4. VINAY
4.	MM-5	1.IRFANA 2. SUVARNA	1.VIHARIKA 2.HARI PRASAD 3.TARUN
5.	FM-1	1. RADHIKA 2.KEERTHANA	1.VINEELA 2.RISHIKA 3.VIJAYA BHARATHI
6.	FM-3	1. AKBAR 2.PREM	1.YASMIN 2.SAHERA 3.AMAL SAJEEV
7.	FM-6 OR MM-6	1. SWETHA 2. SHIVA LEELA 3.NAMEERA	1.SUBRAMANYAM 2.SOWMYA 3.SHARMILA



PRINCIPAL Dr. K.V. S Rinstitute of Pharmacy KURNOOL





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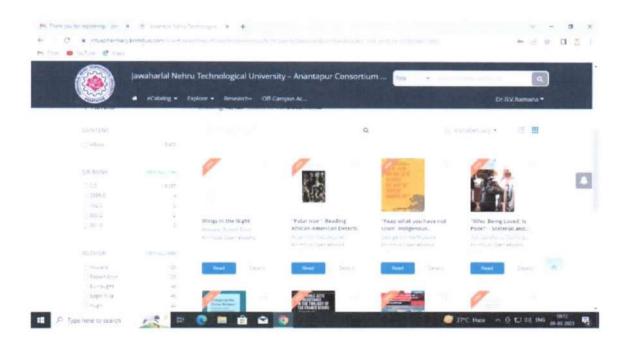
KURNOOL-518218 (A.P.)

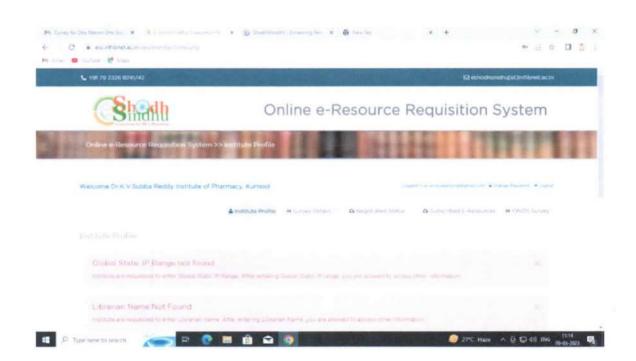


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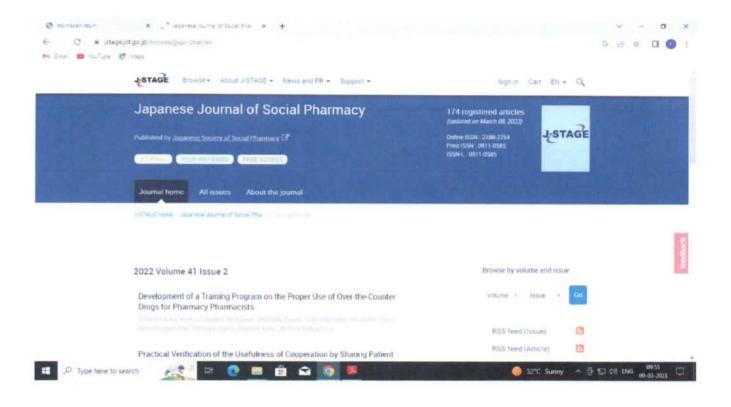
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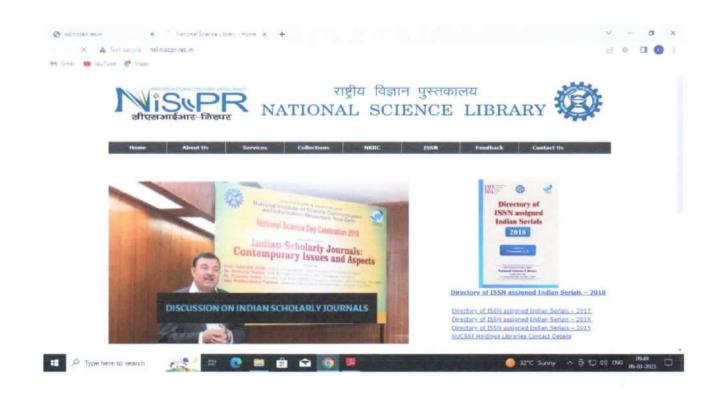
E-LEARNING



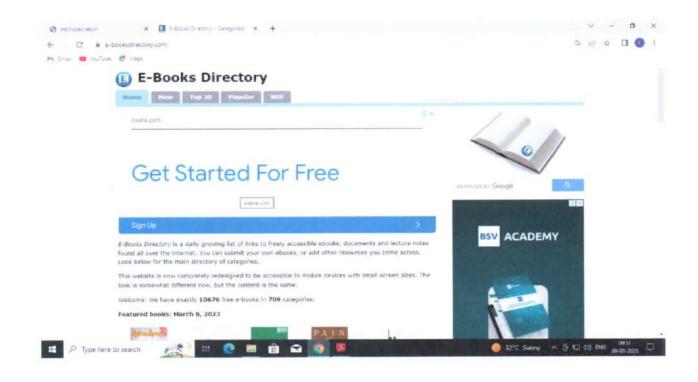


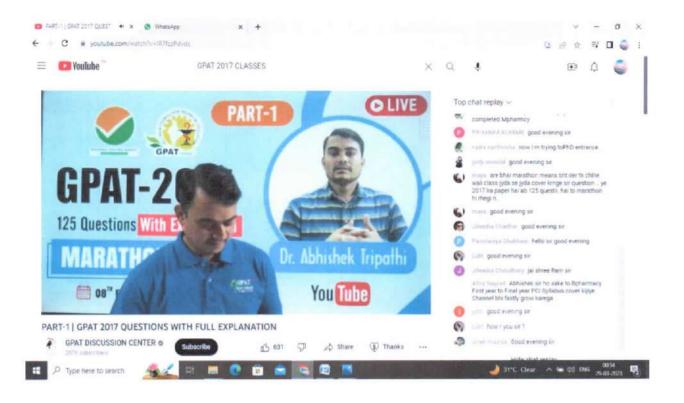








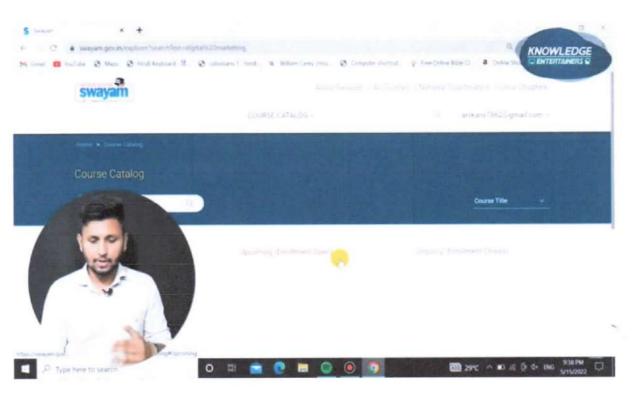














Number of teachers and students using the library per day over last year

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	-	-
	computing Per day usage of library Gate	computing using Per day library usage of through e- library access per day Gate 195	computing using teachers Per day library accessing usage of through e- library access per day Gate 195 41	computing Per day library usage of library day library day day Gate 195 41 355	computing Per day library usage of library day library day Gate 195 41 355 copy of the students accessing library per day day Gate 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

 $= (591/650) \times 100$

=90.92



WORKSHOP AND GUEST LECTURES:

S.NO	NAME OF THE SEMINAR/CONFERENCE/WORKSHOP	RESOURCE PERSON
	AY @ 2017-18	
1.	One Day Seminar on Intellectual Property Rights	Dr. Y. Dasthagiri Reddy
2.	Workshop on Research methodology on Intellectual Property Right Law	Dr. C. Narasimhulu
3.	One Day Seminar on Research writing	Dr. Madhusudhana Chetty
4.	One Day Seminar on Good Pharmacy Practice	Mr. N. M. Vageesh
5.	Writing of research grants	Dr. S. Dilep Kumar
6.	One Day Seminar on Good laboratory Practice	Dr. G. Kapil Gudala
7.	Approaches for efficient clinical Strategies	Mr. K. Pavan Kumar
8.	Workshop on "HPLC"	Mr. Pavan Kumar Raju
9.	One day seminar on Emerging trends and innovations in drug delivery	Mr. Siva Kumar
10.	Current research trends in pharmacology and drug discovery	Mr. Samiullah
11.	Seminar on pharmaceutical Entrepreneurship Development	Mr. Madheesh
12.	One day workshop on "Digital Prescription"	Mr. K. Basappa
13.	One day seminar on "Career Guidance in Pharmacovigilance"	Mr. Ramanjaneyulu Reddy (Horizon Biolabs)
14.	Recent Trends in Pharmacy	Dr. Suresh (Safa college)
15.	Trends in advanced instrumental analysis organized at Dr K V Subba Reddy Institute of Pharmacy	Mr. Harikrishna (CDM cliniphase)

PRINCIPAL

PRINCIPAL

Cell: 09704 333 789

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PHARMACY SEMINARS:

1		DRKVSUBBURD	PASTITUTE OF PRARMACY BUPARE KURNOCH.	
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40.	LETTER EVENTAGE	LEEPERS AND WINES.	NAMES THE PARTY OF	61 62018
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Dr. K. V. SUBBA REDDY INSTITUTE OF PHARMACY



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Fax: 08518-287618

DEPARTMENT OF PHARMACY (2017-2018)

CIRCULAR

Date: 22/03/2017

All the faculty and students here by informed that the Group Discussion Program will be conducted for B pharmacy & Pharm.D students on the 24th March 2017 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

Dr. K.V.S.R. Institute of Fharmacy
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KURNOCL-STORM (A.P.)



Group Discussion Session

AY: 2017-2018

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

principal

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

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

KURNOOL-518218 (A.P.)

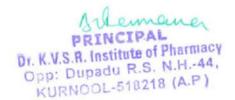
Topic:

Why do doctors in public hospital prescribe medicines that are not at all available in hospital pharmacy :

The growing non-medical use of prescription drugs is a global health concern. Such usage can be defined as the taking of prescription drugs, whether obtained by prescription or otherwise, other than in the manner or for the reasons or time period prescribed, or by a person for whom the drug was not prescribed.



The real scale of the problem is unknown, due partly to lack of data on the non-medical use of prescription drugs, and partly to the existence of many gaps in the monitoring of their legal use for medical purposes as prescribed by health-care professionals (which creates opportunities for the diversion of these drugs to people to whom they were not prescribed). Most studies on and monitoring instruments for substance abuses pertain to the use of illegal drugs, or alcohol and tobacco. However, the non-medical use of prescription drugs is a unique category of substance use in number of ways and requires attention at different levels.





When patients don't take their medications as prescribed—is unfortunately fairly common, with research showing that patients don't take their medications as prescribed about half the time. The phenomenon has added consequences for patients with chronic disease. When this is the case, it is important for physicians and other health professionals to understand why patients don't take their medications. This will help teams identify and improve patients' adherence to their medications.

Batch of 17 B.Pharm students attended the session conducted on 24/03/2017

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DEPARTMENT OF PHARMACY (2017-2018) CIRCULAR

Date:12/10/2017

All the faculty and students here by informed that the Debate Program will be conducted for B pharmacy & Pharm.D students on the 14th Oct 2017 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

DE DUPS CIPAL STAFF

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Debate

AY: 2017-2018

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.
- 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.

Debate 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.

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.

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Topic:

Are private schools better than government schools??

Private schools are definitely better than government schools as they would provide better infrastructure, better teacher to student ratio, have a clean & hygienic facility, provide better environment for students with options of personality development and extracurricular activities.

Government schools may not be able to offer all these features but for those who cannot afford private schools, getting their children in government schools is better than no schooling at all.



The major difference between a private school and a government school comes in the quality of the education imparted at these institutions. Apart from the basic curriculum, emphasis is also laid down to educate them about life skills including punctuality, hygiene, discipline, etc. in private schools.

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A debate on "Are private schools better than government schools??" Was conducted on 14/10/2017 and the students of B.Pharmacy have actively participated in this session.

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Date: 6/10/2017

DEPARTMENT OF PHARMACY (2017-2018)

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 9/10/2017 to 13/10/2017 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	9/10/2017 TO 13/10/2017	9-10AM	Pharmaceutical Chemistry	R. MOHANA PRIYA
2	9/10/2017 TO 13/10/2017	10-11AM	Pharmaceutical Analysis	P.T.NAGARAJU
3	9/10/2017 TO 13/10/2017	11-12AM	Mathematics/biology	V.ANURADHA
4	9/10/2017 TO 13/10/2017	2-3PM	Communication skills	S.SREELEKHA

COPY TO FACULTY MEMBERS

Or. K. VS. R. Institute of I harmacy OPP PRINCIPAL S. N.H.-44. OPP KURNOOL-313218 (A.P.)

PRINCIPAL

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

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

KURNGOL-518213 (A.P.)

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

ANALYSIS

S.NO	TOPIC NAME	NO.OF HOURS
I	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



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

MATHEMATICS:

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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	
4	Learning of presentation skills	2
5	Learning of interview skills	2
	TOTAL	10 em.

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

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

Dr. K.V. Subba Reddy Institute of Pharmacy

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

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

Website: www.drkvsrip.in e-mail: principalkvsrip@gmail.com

Date: 14/10/2017

#### DEPARTMENT OF PHARMACY (2017-2018) 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 16/10/2017 to 19/10/2017 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	16/10/2017 TO 19/10/2017	10-11AM	Pharmaceutical Chemistry	R.MOHANA PRIYA
2	16/10/2017 TO 19/10/2017	11-12PM	Computer Applications	S.FATHIMA

COPY TO FACULTY MEMBERS

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#### 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

-50:

#### COMPUTER APPLICATIONS:

S.NO	TOPIC NAME	NO.OF HOURS
1	Types of applications of computers in pharmacy	2
2	Concepts of information system and software 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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KURNSOL-518248 (A.P.)

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KURNGOL-518218 (A.P.)

### DR.K.V.SUBBAREDDY INSTITUTE OF PHARMACY, DUPADU, KURNOOL (AY:17-18)

#### PHARMACEUTICAL CHEMISTRY

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#### COMPUTER APPLICATIONS

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## DEPARTMENT OF PHARMACY (2017-2018) 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 04/09/2017 to 09/10/2017 as per the following schedule. All the faculty & students are instructed to note the same and attend the classes as per the schedule

OPP. DRINGIPALS (A.P.)

Copy to the faculty members

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#### 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		
16ER1R0018	16ER1R0026	16ER1R0035	16ER1R0049	16ER1R0072
16ER1R0073	16ER1R0074			

		III Year I Sem		
15ER1R0008	15ER1R0021	15ER1R0028	15ER1R0033	15ER1R0035
15ER1R0060	15ER1R0061	15ER1R0063	15ER1R0065	15ER1R0067

		IV Year I Sem	
14ER1R0008	14ER1R0024	14ER1R0025	

Dr. K.V.S. P. Institute of Pharmacy Opp. Deriver ALS (A.P.)

Dr. K.V.S.R. Institute of Pharmacy
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Dr. K.V. Subba Reddy Institute of Pharmacy (Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,

MoU with Government General Hospital & KMC, Kumool)
Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA.

Website: www.drkvsrip.in e-mail: principalkvsrip@gmail.com

#### Department of B. Pharmacy

#### Timetable for Remedial Classes

Year & SEM: II-1

Academic Year: 2017-2018

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	B.MAYURI	POC- III	Room No.102	Bolley
Tuesday	5:00PM - 6:00PM	S.NEELOFAR SULTHANA	PP	Room No.102	ANS

Year & Sem: III - I

Academic Year: 2017-18

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	S.AFREEN JAHA	BPPK	Room No.103	att
Tuesday	5:00PM - 6:00PM	K.SARA SIRISHA	MOOC S	Room-No.103	VES

Year & Sem: IV - I

Academic Year: 2017-18

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	M.D.NIZAMUDDIN	MC-II	Room No.104	A WEST

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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: 09704 333 78

Dr. K.V. Subba Reddy Institute of Pharmac (Approved by AICTE, P.C.) New Dollhi & Alfilliated to JNTUA Anantapuramu,

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

Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA Website: www.drkvsrip.in e-mail: principalkvsrip@gmail.com

#### Department of B. pharmacy

#### Attendance for Remedial Classes

Course Name: POC-III

Year: II - I

Course Faculty: B.MAYURI

A.Y: 2017-2018

S.No.	Roll No.	04-09-2017	11-09-2017	18-09-2017	25-09-2017	2-10-2017	09-10-2017
1	16ER1R0018		V	1	1	1	X
2	16ER1R0026		X				
3	16ER1R0035	V	~				1
4	16ER1R0049	~	~	X	L-	V	1
5	16ER1R0072	V	L-		1	V	1
6	16ER1R0073					X	-
7	16ER1R0074	1		X	1	1	-
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#### Department of B. pharmacy

#### Attendance for Remedial Classes

Course Name: PP

Year: II - I

Course Faculty: S.NEELOFAR SULTHANA

A.Y: 2017-2018

S.No.	Roll No.	05-09-2017	12-09-2017	19-09-2017	26-09-2017	03-10-2017	10-10-2017
1	16ER1R0018	1	1	~	1		-
2	16ER1R0026		~	V		X	1
3	16ER1R0035	V	*	V	1		
4	16ER1R0049	V	V	X			
5	16ER1R0072	V	V		X		1
6	16ER1R0073	V		V	~		
7	16ER1R0074	X	~	1	~	/	~
F	aculty Sign	gx	W	200	247	A	20

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#### Department of B. Pharmacy

#### Attendance for Remedial Classes

Course Name: BPPK

Year: III-1

Course Faculty: S.AFREEN JAHA

A.Y: 2017-2018

S. No.	Roll No.	04-09-2017	11-09-2017	18-09-2017	25-09-2017	2-10-2017	09-10-2017
1	15ER1R0008						
2	15ER1R0021		1	1	-		~
3	15ER1R0028	~		X	1		1
4	15ER1R0033						
5	15ER1R0035	X				X	
6	15ER1R0060		V				
7	15ER1R0061		×		X		-
8	15ER1R0063				~	1	X
9	15ER1R0065		~	1			1
10	15ER1R0067			X	-		
F	neulty Sign	AT	15	A	AT	AT	力

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

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

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#### Department of B.Pharmacy

#### Attendance for Remedial Classes

Course Name: MOOCS

Year: III - I

Course Faculty: K.SARA SIRISHA

A.Y: 2017-2018

S. No.	Roll No.	05-09-2017	12-09-2017	19-09-2017	26-09-2017	03-10-2017	10-10-2017
1	15ER1R0008				V.	V	
2	15ER1R0021					×	
3	15ER1R0028	~		X			
4	15ER1R0033	V	1		V	X	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5	15ER1R0035		-		- X		V
6	15ER1R0060		×	V			V
7	15ER1R0061				V -	_ X	V
8	15ER1R0063			V	X	0	~
9	15ER1R0065			X			~
10	15ER1R0067				V		~
Fa	eulty Sign	3	81	8	St	81	SA

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

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Cell: 09704 333 789

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#### Department of B. Pharmacy

#### Attendance for Remedial Classes

Course Name: MC-II

Year: IV-I

Course Faculty: M.D.NIZAMUDDIN

A.Y: 2017-2018

					-800		
S.No.	Roll No.	04-09-2017	11-09-2017	18-09-2017	25-09-2017	2-10-2017	09-10-2017
1	14ER1R0008		V		X	~	
2	14ER1R0024				V	X	1
3	14ER1R0025				X		
F	aculty Sign	B	AS	AB-	AB	AD-	AS

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e-mail: principalkvsrip@gmail.com Wabsita : www.drkvsrip.in

#### Department of Pharm.D

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

		T 37	
	I	I Year	1
6ER1T0016	16ER1T0023	16ER1T0027	16ER1T0030

	H	I Year	
5ER1T0011	15ER1T0015	15ER1T0018	15ER1T0020

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

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Website: www.drkvsrip.in e-mail: principalkvsrip@gmail.com

### Department of Pharm.D

#### Timetable for Remedial Classes

Year & Sem: II

Academic Year: 2017-2018

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	S.BASHEER	PT-I	Room No.102	1.00

Year & Sem: III

Academic Year: 2017-2018

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	R.MOHANA PRIYA	MC-I	Room No.103	May

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

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### Department of Pharm.D

#### Attendance for Remedial Classes

Course Name: PT

Year: II

Course Faculty: S.BASHEER

A.Y: 2017-2018

S. No.	Roll No.	11-09-2017	18-09-2017	25-09-2017	02-10-2017	09-10-2017	16-10-2017
1	16ER1T0016		1/		. /	1	
2	16ER1T0023		2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
3	16ER1T0027		1				X
4	16ER1T0030				X	. J	
Fa	culty Sign	B600	B	P55	PE	BS	Dok

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### Department of Pharm.D

Attendance for Remedial Classes

Course Name: MC-I

Year: III

Course Faculty: R.MOHANA PRIYA

A.Y: 2017-2018

S. No.	Roll No.	11-09-2017	18-09-2017	25-09-2017	00 10 10 10	-	
			10-03-2017	25-09-2017	02-10-2017	09-10-2017	16-10-2017
1	15ER1T0011			1/	1/		
2	15ER1T0015	1/	- /				
3	15ER1T0018	,	Х.				
4	15ER1T0020	X	1		X		~
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Dr. K.V.S.R. Institute of Pharmacy Opp Dupadu R S. N.H.-44, KURN90L-518218 (A.P.)



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Website: www.drkvsrip.in e-mail: principalkvsrip@gmail.com

Date: 08/04/2017

## DEPARTMENT OF PHARMACY (2017-2018) 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 10/04/2017 to 16/05/2017 as per the following schedule. All the faculty & students are instructed to note the same and attend the classes as per the schedule

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Copy to the faculty members

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

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

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

### 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		
16ER1R0018	16ER1R0026	16ER1R0035	16ER1R0049	16ER1R0072
16ER1R0073	16ER1R0074			

		III Year II Sem		
15ER1R0008	15ER1R0021	15ER1R0028	15ER1R0033	15ER1R0035
15ER1R0060	15ER1R0061	15ER1R0063	15ER1R0065	15ER1R0067

		IV Year II Sem	
14ER1R0008	14ER1R0024	14ER1R0025	

DI. N. W.S.R. PRINCIPAL (A.P.)
OPP. DUPADL 5182

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KURNGOL-518218 (A.P.)

Gell: 09704 333 789

Dr. K.V. Subba Reddy Institute of Pharmacy
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Website: www.drkvsrip.in e-mail: principalkvsrip@gmail.com

#### Department of B. Pharmacy

#### Timetable for Remedial Classes

Year & Sem: II - II

Academic Year: 2017-2018

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	G.KAMALESH GOUD	PA-I	Room No.102	
Tuesday	5:00PM - 6:00PM	C.S.PARAMESWARI	PT-I	Room No.102	play

Year & Sem: III - II

Academic Year: 2017-18

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	DR.B.V.RAMANA	BPPK	Room No.103	Sule

Year & Sem: IV - II

Academic Year: 2017-18

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	K.SARA SIRISHA	MOOCS -III	Room No.104	X385

OPP. NOOL-SALIS (A.P.)

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

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

KURNGOL-518218 (A.P.)



### Department of B. pharmacy

### Attendance for Remedial Classes

Course Name: PA-I

Year: II - II

Course Faculty: G.KAMALESH GOUD

A.Y: 2017-2018

Roll No.	10-04-2017	17-04-2017	24-04-2017	25-09-2017	01-05-2017	08-04-2017
16ER1R0018		V		1		
16ER1R0026		×		~		V
16ER1R0035		1/				
16ER1R0049	1/			~	X	V
16ER1R0072	./					X
16ER1R0073	1/	- 1				
16ER1R0074					X	~
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	16ER1R0018 16ER1R0026 16ER1R0035 16ER1R0049 16ER1R0072 16ER1R0073	16ER1R0018  16ER1R0026  16ER1R0035  16ER1R0049  16ER1R0072  16ER1R0073	16ER1R0018	16ER1R0018  16ER1R0026  16ER1R0035  16ER1R0049  16ER1R0072  16ER1R0073  16ER1R0074  Culty Sign	16ER1R0018  16ER1R0026  16ER1R0035  16ER1R0049  16ER1R0072  16ER1R0073  16ER1R0074  Culty Sign	16ER1R0018  16ER1R0026  16ER1R0035  16ER1R0072  16ER1R0073  16ER1R0074  Culty Sign

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#### Department of B. pharmacy

#### Attendance for Remedial Classes

Course Name: PT-I

Year: II - II

Course Faculty: C.S.PARAMESWARI

A.Y: 2017-2018

S.No.	Roll No.	11-04-2017	18-04-2017	25-04-2017	02-05-2017	09-05-2017	16-05-2017
1	16ER1R0018			1			~
2	16ER1R0026		X				
3	16ER1R0035	~		~			1
4	16ER1R0049	~	1			4	1
5	16ER1R0072	V			V		
6	16ER1R0073	V	1/	1	V	1	
7	16ER1R0074	V	X	1	V	10	1
Fa	culty Sign	Dary	plat	elveré	charl.	chraj	Puls

Dr. KURNOOL-518218 (A.P.)

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KURNOOL-518218 (A P.)



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#### Department of B.Pharmacy

#### Attendance for Remedial Classes

Course Name: BPPK

Year: III- II

Course Faculty: DR.B.V.RAMANA

A.Y: 2017-2018

S. No.	Roll No.	10-04-2017	17-04-2017	24-04-2017	25-09-2017	01-05-2017	08-04-2017
1	15ER1R0008			V	X		
2	15ER1R0021					1	-1/
3	15ER1R0028	V					
4	15ER1R0033		1/	*			
5	15ER1R0035					X	
6	15ER1R0060	V	~	* *			
7	15ER1R0061		V		X		V
8	15ER1R0063	-	~	~		1	W
9	15ER1R0065	~	~	~		X	V
10	15ER1R0067			X		1	5
Fa	culty Sign	304-	Sel c	30Q-	Sil-	Ry	BLY

Dr. K.V.S.R. RRINCIPAL Pharmacy Opp: Dupadu R. A.P.) Opp: Dupadu R. (A.P.) KURNOOL-518218 (A.P.)

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

#### Attendance for Remedial Classes

Course Name: MOOCS-III

Year: IV-II

Course Faculty: K.SARA SIRISHA

A.Y: 2017-2018

S.No.	Roll No.	10-04-2017	17-04-2017	24-04-2017	25-09-2017	01-05-2017	08-04-2017
1	14ER1R0008	~		*			
2	14ER1R0024	~				×	
3	14ER1R0025	~	~	~	4	1	V
Fa	aculty Sign	XX	Yor	¥88	das	de	Yes

Dr. K.V.S.R. Institute R.S. L. H. 44.

Opp: Dupadu R.S. (A.P.)

KURNOOL-518218 (A.P.)

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

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

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#### Department of Pharm.D

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

	I	I Year	
6ER1T0016	16ER1T0023	16ER1T0027	16ER1T0030

	11	I Year	
15ERIT0011	15ER1T0015	15ER1T0018	15ER1T0020

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



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Website: www.drkvsrip.in e-mail: principalkvsrip@gmalf.com

# Department of Pharm.D_

# Timetable for Remedial Classes

Year & Sem: II

Academic Year: 2017-2018

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	S.BASHEER	PT	Room No.102	1 duya

Year & Sem: III

Academic Year: 2017-2018

Day	Timings	Faculty	Subject	Venue	Sign
Monday	5:00PM - 6:00PM	R.JONA METHUSALA	P.COŁ	Room No.103	1/00

Opproximation in A. N. Herst. GRNOOL-518218 (A.P.)

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

Gell: 09704 333 789

PDr. K.V. Subba Reddy Institute of Pharmacy (Approved by AICTE, P.C.I New Delhi & Affiliated to JNTUA Anantapuramu,

MoU with Government General Hospital & KMC, Kurnool) Opp, Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA.

Website: www.drkvsrip.in

e-mail: principalkvsrip@gmail.com

## Department of Pharm.D

# Attendance for Remedial Classes

Course Name: PT

Year: II

Course Faculty: S.BASHEER

A.Y: 2017-2018

S. No.	Roll No.	24-09-2018	01-10-2018	08-10-2018	15-10-2018	22-10-2018	29-10-2018
1	16ER1T0016	1			×		1
2	16ER1T0023	1		V		1	
3	16ER1T0027		×	1	1		
4	16ER1T0030	/		1	4	1	
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OPP. DUPSUL-51824 (A.P.)

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 & Affiliated to JNTUA Anantapuramu,
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Opp. Dupadu Railway Station, Lakshmipuram (Po), N.H - 44, KURNOOL - 518 218, A.P. INDIA. e-mail: principalkvsrip@gmail.com Website: www.drkvsrip.in

## Department of Pharm.D Attendance for Remedial Classes

Course Name: PCOL

Year: IV

Course Faculty: R.JONA METHUSALA

A.Y: 2017-2018

S. No.	Roll No.	24-09-2018	01-10-2018	08-10-2018	15-10-2018	22-10-2018	29-10-2018
1	15ER1T0011				X	1	
2	15ER1T0015	~				X	~
3	15ER1T0018		X		~		X
4	15ER1T0020	V	1	X			
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## **Department of Pharmacy**

### **Laboratory Sessions**

Branch: B. Pharmacy Regulation: R15



Fig 1.1 Experimental lab on limit test in Pharmaceutical Inorganic Chemistry lab



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# Department of Pharmacy

## **Laboratory Sessions**

Branch: Pharm. D Regulation: R15



Fig 1.3 Observing the Tissues in Human Anatomy and Physiology Lab



Fig 1.4 Experimental lab in Physical Pharmaceutical Laboratoty

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### PHARMA QUIZ

The Department of Pharmacy has conducted a **PHARMA QUIZ Competition** in the college auditorium on 16th October, 2017 under Pharmacy students Chapter in which four different teams with five participants in each group gave tough battle to each other. Principal of the college Dr.G.Nagarajan Garu presented mementos to the winners.



Fig 1.5: Presenting Mementos to the winners by Principal

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### Department of Pharmacy

#### Think Pair Share Session

AY: 2017-18

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.



Fig.1.6: Students during a Think Pair Share Session

Batch of 18 Pharmacy students attended the session conducted on 5/4/2018.

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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.

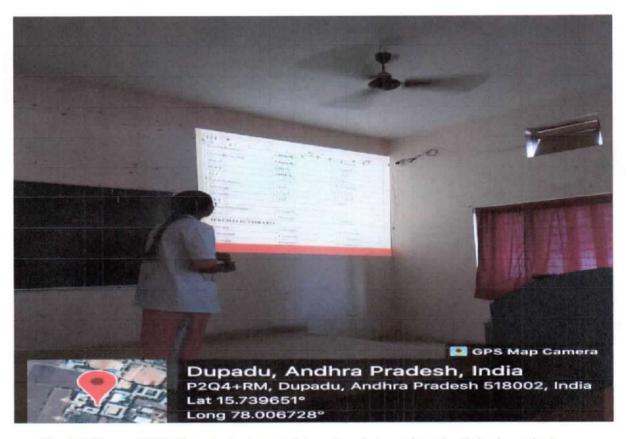


Fig 1.7:Pharm.D IV Year student explaining drug interactions in diabetic patient

Dr. K.V.S.R. Institute of Phatmans
Dom Chapado R.S. N.H. 44.



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

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Fax: 08518-287618

DATE:15/04/2017

#### DEPARTMENT OF PHARMACY (2017-2018)

### CIRCULAR

All the faculty and students here by informed that Work Shop on Training and Handling of Tablet Punching & Coating Machine will be conducted for III- & IV-year B. pharmacy students on 18/04/2017 to 21/04/2017 as per the following schedule. All the faculty & students are instructed to note the same and attend the classes as per the schedule.

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Copy to faculty members

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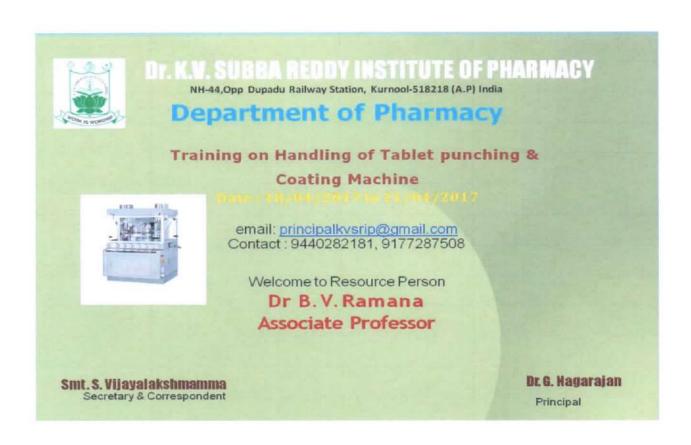
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#### PROBLEM SOLVING METHODS

Dr.K.V.Subba Reddy institute of pharmacy conducted training& handling of UV SPECTRO PHOTO METER for B.Pharmacy III&IV Year students on 18/04/2017 to 21/04/2017. This workshop is very helpful to acquire knowledge, conceptual under standing, and skills to solve problems and make informed decision in scientific context. Eminent speaker DR.B.V.RAMANA M. Pharmacy, Ph.D., Associate professor Department of pharmaceutics.



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Dr. B.V. Ramana garu discussing about handling & punching of tablets

D. V. COMPANDER OF PHONOR OF PRINCIPAL OPP: Dupadu R.S. N.H.-44, KURNOOL-518218 (A.P.)



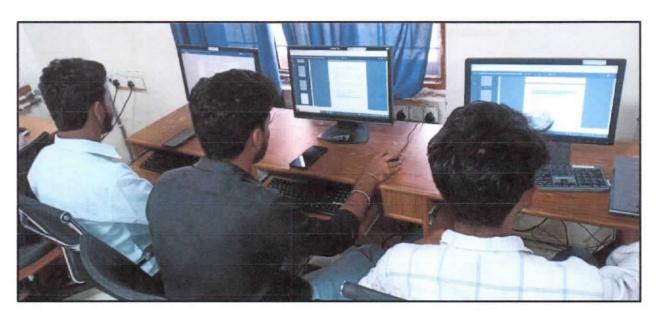
B.Pharmacy III Year students participated in training session

#### VIRTUAL LABS

Virtual labs are used to provide remote asses 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 laboratory



