

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

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

S.No. **1187**

**Payment Voucher**

Date: 2019

Name: P. Nagantenyud

Contact No. : towards: conference

Amount Received : In words : two thousand two hundred only

₹ 2,200/-

Cash / Cheque No. : cash

Head of Account

Paid by

Received by

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

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

S.No. 1076

Payment Voucher

Date: 2017

Name: K. Sara Srinika

Contact No. : towards: Conference

Amount Received : In words: two thousand two hundred only

₹ 2,200/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by

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

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

S.No. 1077

Payment Voucher

Date: 2017

Name: R. Jana methusala

Contact No. : towards: Conference

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

₹ 2000/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by



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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

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

JNTUA college of Engineering, Anantapur

5. Date and Duration of the Program: 20/11/17 - 8/12/17 [11 days]

6. Associating professional body/ Agency: -

7. Financial support particulars: -

1. Registration Charges: 1200

2. Travelling Allowances: 1000

3. Membership Fee: -

4. Others (if any): -

Date: 10/11/17

*Nagantenu*  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

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

Accountant: *[Signature]*

Date: 10/11/17





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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

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

JNTUA college of Engineering, Anantapur

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

6. Associating professional body/ Agency: -

7. Financial support particulars: -

1. Registration Charges: 1200

2. Travelling Allowances: 1000

3. Membership Fee: -

4. Others (if any): -

Date: 10/11/17

Smita  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

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



Accountant: [Signature]

Date: 10/11/17



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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

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

JNTUA college of Engineering, Anantapur

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

6. Associating professional body/ Agency: \_\_\_\_\_

7. Financial support particulars: \_\_\_\_\_

1. Registration Charges: 1200

2. Travelling Allowances: 1000

3. Membership Fee: -

4. Others (if any): -

Date: 10/11/17

Jona methusula  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

Account Department

Accountant: rvv

Date: 10/11/17



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

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

Payment Voucher

S.No. **1046**

Date: 2017

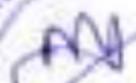
Name: R. Venu Madhuri

Contact No.: ..... towards: Conference

Amount Received : In words : Two thousand - three hundred only.

₹ 2,300/-

Cash / Cheque No. Cash

  
Head of Account

  
Paid by

  
Received by

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

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

S.No. **1070**

Payment Voucher

Date: **2017**

Name: **B. Anupa**

Contact No. : ..... towards: **conference**

Amount Received : In words **two thousand three hundred only**

₹ **2,300/-**

Cash / Cheque No. **cash**

  
Head of Account

  
Paid by

  
Received by

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

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

S.No. **1190**

**Payment Voucher**

Date: 2017

Name : Dr. C.H. Naveen Kumar

Contact No. : ..... towards : conference

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

₹ 2300 / -

Cash / Cheque No. ....

Head of Account

Paid by

Received by



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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: DR. C.H. NAVEEN KUMAR
- 2. Designation: Associate professor
- 3. Department: Pharmacy
- 4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: \_\_\_\_\_  
Saathiram college of pharmacy, Nandyal
- 5. Date and Duration of the Program: 16/01/17 (today)
- 6. Associating professional body/ Agency: \_\_\_\_\_
- 7. Financial support particulars: \_\_\_\_\_
  - 1. Registration Charges: 1700/-
  - 2. Travelling Allowances: 1000/-
  - 3. Membership Fee: -
  - 4. Others (if any): -

Date: 1/10/17

Naveen  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

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

Accountant: \_\_\_\_\_

Date: 1/10/17





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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

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

Date: 1/10/17

Signature Member

- 1. Recommendations of the IQAC: \_\_\_\_\_
- 2. Recommendations of the Principal: \_\_\_\_\_

**PRINCIPAL**  
Dr. K.V.S.R. Institute of Pharmacy  
Opp: Dupadu R.S. N.H.-44  
Kurnool - 518 218 (A.P.)  
**Account Department**

Accountant: \_\_\_\_\_

Date: 1/10/17





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

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MoU with Government General Hospital & KMC, Kurnool)

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

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

Santuram college of pharmacy, mandya

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

6. Associating professional body/ Agency: \_\_\_\_\_

7. Financial support particulars: \_\_\_\_\_

1. Registration Charges: 1300/-

2. Travelling Allowances: 1000/-

3. Membership Fee: \_\_\_\_\_

4. Others (if any): \_\_\_\_\_

Date: 1/10/17

V. Venkatesh  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

Account Department

Accountant: [Signature]

Date: 1/10/17



# SANTHIRAM COLLEGE OF PHARMACY

M. Chandrababu - Deputy Director

## DEPARTMENT OF PHARMACY

Department of Pharmacy

Department of Pharmacy

Department of Pharmacy

### Department of Pharmacy

R. Venumadhavi

100 15th October 2023.

*Kidmanama*

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 Technology / Pharmacy

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

S.No. 1058

Payment Voucher

Date: 2017

Name : R. Janta methucula

Contact No. : towards : confegence

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

₹ 2300/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by

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

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

S.No. **1064**

Payment Voucher

Date : 2017

Name : R. Nageswaraiah

Contact No. : ..... towards : conference

Amount Received : In words : two thousand three hundred only

₹ 2030/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by

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

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

S.No. **1065**

**Payment Voucher**

Date : 2017

Name : K. Sava Cinika

Contact No. : ..... towards : conference

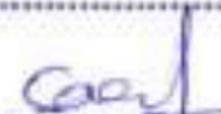
Amount Received : In words two thousand three hundred only/-

₹ 2,300/-

Cash / Cheque No. cash

  
Head of Account

  
Paid by

  
Received by



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

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

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

Website : www.drkvsrip.in

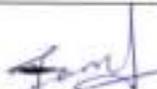
e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: R. JONATHAN MATHIAS
2. Designation: Associate professor
3. Department: pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: crp vidhanikethan college of pharmacy, tirupati
5. Date and Duration of the Program: 24/11/17 - 25/11/17 To days
6. Associating professional body/ Agency: -
7. Financial support particulars: -
  1. Registration Charges: 1800
  2. Travelling Allowances: 1100
  3. Membership Fee: -
  4. Others (if any): -

Date: 15/11/17

  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

  
PRINCIPAL  
Dr. K.V.S.R. Institute of Pharmacy  
Opp. Dupadu R.S. NH-44  
Kurnool, A.P.

Accountant: 

Date: 15/11/17





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

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

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

Website : www.drkvsrip.in

e-mail : principaikvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

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

cree vidhanakethan college of pharmacy, tirupatt

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

6. Associating professional body/ Agency: \_\_\_\_\_

7. Financial support particulars: \_\_\_\_\_

1. Registration Charges: 1200

2. Travelling Allowances: 1100

3. Membership Fee: -

4. Others (if any): -

Date: 15/11/17

Manoj  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

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

Accountant: \_\_\_\_\_

Date: 15/11/17





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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

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

2. Designation: Assistant professor

3. Department: pharmacy

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

free vidhanikethan collage of pharmacy, Timpati

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

6. Associating professional body/ Agency: \_\_\_\_\_

7. Financial support particulars: \_\_\_\_\_

1. Registration Charges: 1800

2. Travelling Allowances: 1100

3. Membership Fee: \_\_\_\_\_

4. Others (if any): \_\_\_\_\_

Date: 15/11/17

[Signature]  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

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

Accountant: [Signature]

Date: 15/11/17



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

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

S.No. **1115**

Payment Voucher

Date : 2018

Name : R-Janamothukula

Contact No. : towards : conference

Amount Received : In words : two thousand three hundred only

₹ 2,300/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by

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

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

Payment Voucher

S.No.

1094

Date : 2018

Name

M. sriram chandra

Contact No.

towards :

conference

Amount Received : In words :

Three thousand three hundred only

₹ 3,300/-

Cash / Cheque No.

cash

Head of Account

Paid by

Received by

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

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

S.No. **1119**

Payment Voucher

Date : 2018

Name : Dr. G. Nagasatya

Contact No. : towards : conference

Amount Received : In words : two thousand three hundred only

₹ 2,300/-

Cash / Cheque No. : cash

  
Head of Account  
K.V.S.R. INSTITUTE OF TECHNOLOGY & PHARMACY  
KURNOOL

  
Paid by

  
Received by



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

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

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

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: R. Jona Methusala
- 2. Designation: Associate Professor
- 3. Department: Pharmacy
- 4. Name of activities in which need financial support:  Conference/ Publication/ Membership Fee/ Workshop  
/FDP Certificate Details: Santhiram College of Pharmacy, Nardhyal
- 5. Date and Duration of the Program: 27-08-2018 (1 day)
- 6. Associating professional body/ Agency: \_\_\_\_\_
- 7. Financial support particulars: \_\_\_\_\_
  - 1. Registration Charges: 13,000/-
  - 2. Travelling Allowances: 1000/-
  - 3. Membership Fee: —
  - 4. Others (if any): —

Date: 10-08-2018

R. Jona Methusala  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

Accountant: [Signature]

Date: 10-08-2018



Account Department



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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: M. Suresh Chandra
- 2. Designation: Associate Professor
- 3. Department: Pharmacy
- 4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: Santhosham College of Pharmacy, Nandyal
- 5. Date and Duration of the Program: 07 - 08 - 2018 (1 day)
- 6. Associating professional body/ Agency: -
- 7. Financial support particulars: -
  - 1. Registration Charges: 1300 /-
  - 2. Travelling Allowances: 1000 /-
  - 3. Membership Fee: -
  - 4. Others (if any): -

Date: 10-08-2018

M. Suresh Chandra  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

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

Accountant: [Signature]

Date: 10-08-2018





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

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

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

Website : [www.drkvsrip.in](http://www.drkvsrip.in)

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

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. G. Nagarajan
2. Designation: Professor of Principal
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: \_\_\_\_\_  
Ganitharam college of pharmacy (Nandyala)-
5. Date and Duration of the Program: 27-8-2018 (1 day)
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars: \_\_\_\_\_
  1. Registration Charges: 1300/-
  2. Travelling Allowances: 1000/-
  3. Membership Fee: \_\_\_\_\_
  4. Others (if any): \_\_\_\_\_

Date: 10/8/18

[Signature]  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

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

Accountant: [Signature]

Date: 10/8/18



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

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

S.No. **1109**

Payment Voucher

Date : 20.12.2018

Name

K. Chandrashekhara

Contact No.

towards : Conference

Amount Received : In words

Two thousand six hundred only

₹ 2,600/-

Cash / Cheque No.

cash

Head of Account

Paid by

Received by

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

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

S.No. **1102**

Payment Voucher

Date: 2018

Name: R. Mohana priya

Contact No.: towards: conference

Amount Received : In words : Two thousand six hundred only

₹ 2,600/-

Cash / Cheque No. cash



Paid by

Received by

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

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

S.No.

1110

Payment Voucher

Date : 20/11

Name

Dr. G. Nagasara

Contact No.

towards :

conference

Amount Received : In words

two thousand <sup>SIX</sup> three hundred only

₹ 2,600/-

Cash / Cheque No.

cash

Head of Account

Paid by

Received by



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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: K. Chandrashekar
2. Designation: Assistant Professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: KrishnaTeja Pharmacy College (Timpaithi)
5. Date and Duration of the Program: 5/4/18 to 6/4/18 (2 days)
6. Associating professional body/ Agency: -
7. Financial support particulars: -
  1. Registration Charges: 1500
  2. Travelling Allowances: 1100
  3. Membership Fee: -
  4. Others (if any): -

Date: 2/3/18

Chandrashekar  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

Account Department

Accountant: [Signature]

Date: 2/3/18





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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

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

Krishna bja pharmacy college [Tirupathi]

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

6. Associating professional body/ Agency: \_\_\_\_\_

7. Financial support particulars: \_\_\_\_\_

1. Registration Charges: 15,00

2. Travelling Allowances: 11,00

3. Membership Fee: -

4. Others (if any): -

Date: 2/3/18

Mohana priya  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

**PRINCIPAL**

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

**Account Department**

Accountant: At

Date: 2/3/18





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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. G. Nagarajan
- 2. Designation: Professor of Principal
- 3. Department: Pharmacy
- 4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: \_\_\_\_\_  
Krishna Teja Pharmacy college (Tirupattur):
- 5. Date and Duration of the Program: 5/4/18 to 6/4/18 (2days)
- 6. Associating professional body/ Agency: \_\_\_\_\_
- 7. Financial support particulars: \_\_\_\_\_
  - 1. Registration Charges: 1500/-
  - 2. Travelling Allowances: 1100/-
  - 3. Membership Fee: \_\_\_\_\_
  - 4. Others (if any): \_\_\_\_\_

Date: 2/3/18

[Signature]  
Signature/Member

- 1. Recommendations of the IQAC: \_\_\_\_\_
- 2. Recommendations of the Principal: \_\_\_\_\_

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

Accountant: [Signature]

Date: 2/3/18



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

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

S.No.

1191

Payment Voucher

Date: 2018

Name

Dr. G. Nagarajan

Contact No.

towards

CONFERENCE

Amount Received : In words

Two thousand two hundred only

₹ 2,200/-

Cash / Cheque No.

Cash

Head of Account

Paid by

Received by



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

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

S.No. **1111**

**Payment Voucher**

Date: 2018

Name

: R. Mohanapriya

Contact No.

: towards : conference

Amount Received : In words

: two thousand three hundred only

₹ 2,300/-

Cash / Cheque No.

: cash

  
Head of Account

[Signature]  
Paid by

[Signature]  
Received by

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

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

S.No.

1089

Payment Voucher

Date: 20/11

Name

K. Chandra Sekhar

Contact No.

towards

Conference

Amount Received : In words

Two thousand two hundred only/-

₹ 2000

Cash / Cheque No.

Cash

Head of Account

Paid by

Received by





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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

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

Date: 20/1/18

[Signature]  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

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

Accountant: [Signature]

Date: 20/1/18





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

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

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

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: R. Mohana priya
2. Designation: Assistant professor
3. Department: pharmacy department
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: \_\_\_\_\_  
creative education of society college of pharmacy [kurnool].
5. Date and Duration of the Program: 1/2/18 to 2/2/18 (2 days)
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars: \_\_\_\_\_
  1. Registration Charges: 10.00
  2. Travelling Allowances: 1000
  3. Membership Fee: -
  4. Others (if any): -

Date: 20/1/18

Mohana priya  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

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

Accountant: [Signature]

Date: 20/1/18





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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: K Chandrabekar
2. Designation: Assistant Professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: \_\_\_\_\_  
Creative Educational Societies College of Pharmacy (Kurnool)
5. Date and Duration of the Program: 15/11/18 to 22/11/18 (2 days)
6. Associating professional body/ Agency: -
7. Financial support particulars: \_\_\_\_\_
  1. Registration Charges: 1000
  2. Travelling Allowances: 1000
  3. Membership Fee: -
  4. Others (if any): -

Date: 20/11/18

Chandrabekar  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

Principal  
Dr. K.V. Subba Reddy Institute of Pharmacy  
Kurnool - 518218 (A.P.)  
Account Department

Accountant: [Signature]

Date: 20/11/18



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

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

S.No. 1101

Payment Voucher

Date : 2018

Name : Dr. G. Nagarajan

Contact No. : towards : Conference

Amount Received : In words three thousand three hundred only

₹ 3,300/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by

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

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

Payment Voucher

S.No. 1093

Date: 2018

Name

R. Mohana Priya

Contact No.

towards:

conference

Amount Received : In words

Three thousand three hundred only

₹ 3,300/-

Cash / Cheque No.

cash

Paid by

Received by



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

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

S.No. **1100**

Payment Voucher

Date : ..... 2018 .....

Name : ..... K. Chandrasekhar .....

Contact No. : ..... towards : ..... Conference .....

Amount Received : In words : ..... three thousand three hundred only .....

₹ 3,300/-

Cash / Cheque No. .... cash .....

Dr. K.V. Subba Reddy  
Head of Account

Paid by

Received by



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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

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

Date: 25/9/18

Nagarajan  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

Account Department



Accountant: [Signature]

Date: 25/9/18



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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

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

Krupanidhi college of pharmacy (Bangluru)

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

6. Associating professional body/ Agency: \_\_\_\_\_

7. Financial support particulars: \_\_\_\_\_

1. Registration Charges: 18,00

2. Travelling Allowances: 15,00

3. Membership Fee: -

4. Others (if any): -

Date: 25/9/18

*Mahana priya*  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

PRINCIPAL

Account Department

Accountant: HH

Date: 25/9/18





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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

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

Date: 25/9/18

Chander  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

Accountant: [Signature]

Date: 25/9/18



PRINCIPAL  
Dr. K.V. Subba Reddy Institute of Pharmacy  
Opp. Dupadu Railway Station, N.H.-44,  
KURNOOL-518218 (A.P.)

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

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

S.No. **1149**

Payment Voucher

Date: 20/19

Name: R. Jona methu raju

Contact No. : towards: conference

Amount Received : In words : four thousand five hundred only

₹ 4500/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by

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

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

S.No. **2167**

Payment Voucher

Date: 2019

Name: Dr. K. padmasa

Contact No. : towards: Conference

Amount Received : In words : Three thousand three hundred

₹ 3300/-

only/-

Cash / Cheque No. cash

*[Signature]*

Printed here

Received here

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

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

S.No. **1126**

**Payment Voucher**

Date: 2019

Name: Dr. B.V. Romana

Contact No.: ..... towards: Conference

Amount Received: In words: Three thousand three hundred only

₹ 3000/-



Cash / Cheque No. cash

[Signature]  
Paid by

[Signature]  
Received by

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

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

S.No. **1120**

**Payment Voucher**

Date : 2019

Name : R. Mahanipriya

Contact No. : towards : Concession

Amount Received : In words Three thousand three hundred only

₹ 3,300/-

Cash / Cheque No. Cash

Head of Account

Paid by

Received by



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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. K. padmaia
2. Designation: Assistant professor
3. Department: pharmacy department
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: \_\_\_\_\_  
Amacharya - college of pharmacy (Bairampeta)
5. Date and Duration of the Program: 5/2/19 to (1 day)
6. Associating professional body/ Agency: -
7. Financial support particulars: \_\_\_\_\_
  1. Registration Charges: 18,00
  2. Travelling Allowances: 15,00
  3. Membership Fee: \_\_\_\_\_
  4. Others (if any): \_\_\_\_\_

Date: 20/1/19

Padmaia  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

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

Accountant: HH

Date: 20/1/19





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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. B.V. Ramana
2. Designation: Professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: Annamacharya college of Pharmacy, Rajampeta
5. Date and Duration of the Program: 5-02-19 [1 day]
6. Associating professional body/ Agency: -
7. Financial support particulars: -
  1. Registration Charges: 1800/-
  2. Travelling Allowances: 1500/-
  3. Membership Fee: -
  4. Others (if any): -

Date: 20-01-19

Ramana  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

**PRINCIPAL**

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

Accountant: [Signature]

Date: 20-01-19





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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: R. Mahanarayana
2. Designation: Assistant Professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: Annemacharya college of pharmacy, Rotampet
5. Date and Duration of the Program: 25/12/19 (1 day)
6. Associating professional body/ Agency: -
7. Financial support particulars:
  1. Registration Charges: 1800
  2. Travelling Allowances: 1500
  3. Membership Fee: -
  4. Others (if any): -

Date: 20/11/19

madhu  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

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



Accountant: [Signature]

Date: 20/11/19

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

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

S.No. **1155**

Payment Voucher

Date : 2019

Name : M. Sram chandra

Contact No. : towards : conference

Amount Received : In words : Four thousand five hundred only

₹ 4500/-

Cash / Cheque No. : cash

Head of Account

Paid by

Received by

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

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

S.No. **1130**

Payment Voucher

Date: 20/9

Name: B. Anuda

Contact No.: ..... towards: conference

Amount Received: In words four thousand five hundred only

₹ 4,500/-

Cash / Cheque No. cash

  
Head of Account

[Signature]  
Paid by

[Signature]  
Received by



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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

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

Date: 1-12-2019

R. Jona  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

Account Department

Accountant: [Signature]

Date: 1-12-2019





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

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

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

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

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

Date: 1/12/19

[Signature]  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

**PRINCIPAL**  
Dr. K.V. Subba Reddy Institute of Pharmacy  
Opp. Dupadu R.S. N.H.  
**Account Department**

Accountant: [Signature]

Date: 1/12/19





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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

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

Date: 1/12/2019

Aruna  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

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

Accountant: \_\_\_\_\_

Date: 1/12/19



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

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

S.No. **1146**

Payment Voucher

Date: 2019

Name: B. Anna

Contact No. : towards: conference

Amount Received : In words: five thousand five hundred only

₹ 5500/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by

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

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

S.No. **1151**

Payment Voucher

Date: 2019

Name: Dr. E. Kusuma Kumari

Contact No. : towards: Conference

Amount Received : In words: Four thousand five hundred only

₹ 4500/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by

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

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

S.No. **1131**

Payment Voucher

Date: 2019

Name: Dr. G. Nagarajan

Contact No. : towards: conference

Amount Received : In words: four thousand five hundred only

₹ 4500

Cash / Cheque No. cash

Head of Account

Paid by

Received by



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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: B. Aruna
2. Designation: Asst. professor
3. Department: pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: \_\_\_\_\_  
Krupanidhi college of pharmacy, Bangalore
5. Date and Duration of the Program: 08/2/19 - 09/2/19 (2 days)
6. Associating professional body/ Agency: -
7. Financial support particulars: \_\_\_\_\_
  1. Registration Charges: 2500/-
  2. Travelling Allowances: 2000/-
  3. Membership Fee: -
  4. Others (if any): -

Date: 20/1/2019

Aruna.  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

PRINCIPAL  
Dr. K.V.S. Institute of Pharmacy  
Account Department  
KURNOOL-518218

Accountant: [Signature]

Date: 20/1/19





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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

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

Date: 20-01-2019

Kusuma Kumari  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

Account Department

Accountant: [Signature]

Date: 20-01-2019





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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. G. Nagarajan
- 2. Designation: Professor & Principal
- 3. Department: Pharmacy Department
- 4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: \_\_\_\_\_  
Krupanidhi College of Pharmacy, Banglore.
- 5. Date and Duration of the Program: 08-02-2019 to 09-02-2019 (2 days)
- 6. Associating professional body/ Agency: \_\_\_\_\_
- 7. Financial support particulars: \_\_\_\_\_
  - 1. Registration Charges: 2,500/-
  - 2. Travelling Allowances: 2000/-
  - 3. Membership Fee: -
  - 4. Others (if any): -

Date: 20-01-2019

G. Nagarajan  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

Account Department

Accountant: \_\_\_\_\_

Date: 20-01-2019



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

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

S.No. **1143**

Payment Voucher

Date: 2019

Name : Dr. R. V. Ramana

Contact No. : towards : conference

Amount Received : In words : two thousand five hundred only

₹ 2500/-

Cash / Cheque No. : cash

Head of Account

Paid by

Received by

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

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

S.No. **1142**

Payment Voucher

Date: 2019

Name: Dr. K. Padmaja

Contact No. : towards: Conference

Amount Received : In words: two thousand five hundred only

₹ 2,500/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by

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

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

S.No. **1141**

**Payment Voucher**

Date: 2019

Name : Dr. S. Kusumakumari

Contact No. : towards : conference

Amount Received : In words : Two thousand five hundred only

₹ 2,500/-

Cash / Cheque No. : cash

Head of Account

Paid by

Received by



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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. B.V. Ramana
2. Designation: Professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:  
Santhiram College of Pharmacy, Nandhyal
5. Date and Duration of the Program: 21-8-19 [1 day]
6. Associating professional body/ Agency: -
7. Financial support particulars: -
  1. Registration Charges: 1500/-
  2. Travelling Allowances: 1000/-
  3. Membership Fee: -
  4. Others (if any): -

Date: 20-7-19

Ramana  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

Principal  
Account Department

Accountant: [Signature]

Date: 20-7-19





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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

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

Santhivaram college of pharmacy (Nandyal)

5. Date and Duration of the Program: 21/8/19 (1 day)

6. Associating professional body/ Agency: \_\_\_\_\_

7. Financial support particulars: \_\_\_\_\_

1. Registration Charges: 15,00

2. Travelling Allowances: 1000

3. Membership Fee: \_\_\_\_\_

4. Others (if any): \_\_\_\_\_

Date: 20/7/19

Padmaia  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

PRINCIPAL

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

Accountant: [Signature]

Date: 20/7/19





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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. S. Kuruma Kumari =
- 2. Designation: Assistant professor
- 3. Department: pharmacy
- 4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: \_\_\_\_\_

Santhiram college of pharmacy, Nandyal

5. Date and Duration of the Program: 31-08-2019 (1 day)

6. Associating professional body/ Agency: \_\_\_\_\_

7. Financial support particulars: \_\_\_\_\_

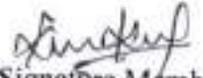
1. Registration Charges: 1500/-

2. Travelling Allowances: 1000/-

3. Membership Fee: \_\_\_\_\_

4. Others (if any): \_\_\_\_\_

Date: 20-07-2019

  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

**PRINCIPAL**

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

K/Account Department

Accountant: [Signature]

Date: 20-07-2019



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

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

S.No. **1169**

Payment Voucher

Date: 2020

Name

S. Rehma

Contact No.

towards:

conference

Amount Received : In words

three thousand three hundred only

₹



Head of Account

Cash / Cheque No.

cash

Paid by

Received by

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

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

S.No. **1168**

Payment Voucher

Date : 20/10

Name : R. Mohanapriya

Contact No. : towards : Conference

Amount Received : In words : three thousand three hundred only

₹ 3,300

Cash / Cheque No. cash

Head of Account

Paid by

Received by

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

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

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



## **FINANCIAL SUPPORT REQUEST LETTER**

DATE :

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

Date: 20/4/20

[Signature]  
Signature Member

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

Account Department

Accountant: M

Date: 20/4/20



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

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

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



## **FINANCIAL SUPPORT REQUEST LETTER**

DATE :

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

Date: 20/4/20

[Signature]  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_
2. Recommendations of the Principal: DR. K.V.S. Subba Reddy

**PRINCIPAL**  
Dr. K.V.S. Subba Reddy  
Opp: Dupadu R.S. N.H. 44  
Kurnool-518218 (A.P.)

Account Department

Accountant: [Signature]

Date: 20/4/20



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

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

S.No. **1184**

Payment Voucher

Date: 2020

Name: R. Mohanamy

Contact No. : towards: conference

Amount Received : In words : two thousand five hundred only

₹ 2000/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by

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

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

S.No. **1160**

**Payment Voucher**

Date: 2020

Name: Dr - D.V. Ramana

Contact No.: ..... towards: conference

Amount Received : In words two thousand five hundred only

₹ 2500/-

Cash / Cheque No. cash



[Signature]  
Paid by

[Signature]  
Received by

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

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

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



## **FINANCIAL SUPPORT REQUEST LETTER**

DATE :

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

vignana pharmacy collage (madhanudi)

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

6. Associating professional body/ Agency: -

7. Financial support particulars: \_\_\_\_\_

1. Registration Charges: 1500/-

2. Travelling Allowances: 1000/-

3. Membership Fee: \_\_\_\_\_

4. Others (if any): \_\_\_\_\_

Date: 20/4/20

[Signature]  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

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

Accountant [Signature]

Date: 20/4/20



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

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



## **FINANCIAL SUPPORT REQUEST LETTER**

DATE :

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

Date: 20/4/20

  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_
2. Recommendations of the Principal: \_\_\_\_\_

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

Accountant: 

Date: 20/4/20



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

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

S.No. 1158

Payment Voucher

Date: 2020

Name: Dr. G. Nagarajan

Contact No.: towards conference

Amount Received : In words two thousand five hundred only

₹ 2500/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by

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

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

S.No. **1183**

**Payment Voucher**

Date: 2020

Name: Dr. B.V. Ramana

Contact No.: ..... towards: Conference

Amount Received: In words: two thousand five hundred only

₹ 2500/-

Cash / Cheque No. cash

  
Head of Account

[Signature]  
Paid by

[Signature]  
Received by

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

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

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



## **FINANCIAL SUPPORT REQUEST LETTER**

DATE :

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

Date: 20/5/20

Nagarajan  
Signature Member

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

Account Department

Accountant: M

Date: 20/4/20



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

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

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



## **FINANCIAL SUPPORT REQUEST LETTER**

DATE :

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

Date: 20/5/20

Rama  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_
2. Recommendations of the Principal: PRINCIPAL  
Dr. K. V. S. B. Institute of Pharmacy  
Opp: Dupadu R.S. -44  
KURNOOL-518218

Account Department

Accountant: M

Date: 20/5/20



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

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

S.No. 1179

Payment Voucher

Date: 2020

Name: S. Reddy

Contact No. : towards: Consequence

Amount Received : In words: ~~Three thousand~~ eight hundred only

₹ 8000/-

Cash / Cheque No. cash

Head of Account

Paid by

Received by

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

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

Payment Voucher

S.No. 1175

Date: 2020

Name

Dr. B.V. Ramana

Contact No.

towards

conference

Amount Received : In words

three thousand eight hundred

₹

3,800/-

Cash / Cheque No.

Cash

Head of Account

Paid by

Received by



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

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

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

Website : www.drkvsrip.in

e-mail : principalkvsrip@gmail.com

Date : .....

## FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: S. Reebha
- 2. Designation: Assistant professor
- 3. Department: pharmacy
- 4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: Annai Tarku Compoorani Ammal college of pharmacy (Tamil Nadu).
- 5. Date and Duration of the Program: 6/6/20
- 6. Associating professional body/ Agency: -
- 7. Financial support particulars: -
  - 1. Registration Charges: 2000/-
  - 2. Travelling Allowances: 1000/-
  - 3. Membership Fee: -
  - 4. Others (if any): -

Date: 20/5/20

Reebha  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_

2. Recommendations of the Principal: \_\_\_\_\_

**PRINCIPAL**

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

**Account Department**

Accountant: [Signature]

Date: 20/5/20



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

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

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



## **FINANCIAL SUPPORT REQUEST LETTER**

DATE :

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

Date: 20/5/20

Ranj  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_
2. Recommendations of the Principal: PRINCIPAL

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

Account Department

Accountant: M

Date: 20/5/20



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

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

S.No. 2205

Payment Voucher

Date: 2021

Name: C. Rohith Srinubramanyam

Contact No.: towards: Conference

Amount Received : In words: Two thousand five hundred only

₹2,500/-

Cash / Cheque No. Cash

Head of Account

Paid by

Received by



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

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

S.No. **2172**

Payment Voucher

Date: 2021

Name: SK Rubina

Contact No. : towards: conference

Amount Received : In words: Two thousand five hundred only

₹ 2500

Cash / Cheque No. cash

Head of Account

Paid by

Received by



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

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

## Payment Voucher

S.No. **2168**

Date: 2021

Name: Dr. K. Chandrasekhari

Contact No.: ..... towards: Conference

Amount Received : In words : two thousand five hundred only

₹ 2,500/-

Cash / Cheque No. cash

[Signature]  
Head of Account



[Signature]  
Paid by

[Signature]  
Received by

# Dr. K. V. SUBEA REDDY INSTITUTE OF PHARMACY

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



## FINANCIAL SUPPORT REQUEST LETTER

DATE :

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

Date: 15/1/22

C. Rohith  
Signature Member

1. Recommendations of the IQAC:

2. Recommendations of the Principal:

[Signature]  
**PRINCIPAL**  
Dr. K. V. S. R. Institute of Pharmacy  
Opp: Dupadu R.S. N.H.-44,  
KURNOL-518218 (A.P.)  
Account: 15/1/22

Accountant: [Signature]

Date: 15/1/22



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

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

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



## FINANCIAL SUPPORT REQUEST LETTER

DATE:

1. Name of the Staff Member: S.K. Rubina
2. Designation: Asst. Professor
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: NIMRA college of pharmacy, vijaywada
5. Date and Duration of the Program: 20/1/22 (2 day)
6. Associating professional body/ Agency: -
7. Financial support particulars:
  1. Registration Charges: 1500/-
  2. Travelling Allowances: 1000/-
  3. Membership Fee: -
  4. Others (if any): -

Date: 15/1/22

S. K. Rubina  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_
2. Recommendations of the Principal: \_\_\_\_\_

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

Accountant: MD

Date: 15/1/22



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

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

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



## **FINANCIAL SUPPORT REQUEST LETTER**

DATE :

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

Date: 15/1/22

Dr. Chandra Sekhar  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_
2. Recommendations of the Principal: \_\_\_\_\_

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

Accountant: M

Date: 15/1/22



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

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

S.No.

2166

Payment Voucher

Date

2021

Name

S.K. Rubina

Contact No.

towards

confarence

Amount Received : In words

two thousand two hundred only

₹

2,200/-

Cash / Cheque No.

Cash

Head of Account

Paid by

Received by

KURNOOL 518218

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

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

S.No. 2165

Payment Voucher

Date : 2021

Name : Dr. C. Ramesh Reddy

Contact No. : towards : conference

Amount Received : In words : Two thousand two hundred only

₹ 2,200

Cash / Cheque No. cash

Head of Account

Paid by

Received by

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

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

S.No. **2170**

Payment Voucher

Date: 20/2/

Name: P. Mohana prasa

Contact No. : towards: conference

Amount Received : In words : two thousand two hundred only

₹ 2,200/-

Cash / Cheque No. cash/-

Head of Account

Paid by

Received by

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

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



## **FINANCIAL SUPPORT REQUEST LETTER**

DATE :

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

Date: 12/05/21

Rubina  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_
2. Recommendations of the Principal: \_\_\_\_\_

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

Accountant: ML

Date: 12/05/21



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

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



## **FINANCIAL SUPPORT REQUEST LETTER**

DATE :

1. Name of the Staff Member: Dr. S. Rajesh Raja
2. Designation: Asst. prof 3501
3. Department: Pharmacy
4. Name of activities in which need financial support: Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details: VEIS Institute of science, Technology Advanced studies, Chennai
5. Date and Duration of the Program: 29/05/21 (1 day)
6. Associating professional body/ Agency: -
7. Financial support particulars: -
  1. Registration Charges: 1200/-
  2. Travelling Allowances: 1000/-
  3. Membership Fee: -
  4. Others (if any): -

Date: 12/05/21

Raj  
Signature Member

1. Recommendations of the IQAC: \_\_\_\_\_
2. Recommendations of the Principal: \_\_\_\_\_

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

Accountant: M

Date: 12/05/21



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

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

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



## **FINANCIAL SUPPORT REQUEST LETTER**

DATE :

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

Date: 12/05/21

Mohana Priya  
Signature Member

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

Accountant: PA

Date: 12/05/21

