



## **CRITERIA – VI**

### **GOVERNANCE, LEADERSHIP AND MANAGEMENT**

<b>Key Indicator - 6.3</b>	<b>Faculty Empowerment Strategies</b>
<b>Metric - 6.3.2 (Q<sub>n</sub>M)</b>	<b>Percentage of teachers provided with financial support to attend conferences/ workshops and towards membership fee of professional bodies during the last five years</b>

*Viswambhara Educational Society*

**VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES**

*Affiliated to Kakatiya University, Approved by PCI-New Delhi, AICTE, New Delhi*

**P.O. BOLLIKUNTA, WARANGAL- 506 005 (Telangana State)**





*Viswambhara Educational Society*

## **VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES**

*Affiliated to Kakatiya University, Approved by PCI-New Delhi, AICTE, New Delhi*

**P.O. BOLLIKUNTA, WARANGAL- 506 005 (Telangana State)**

### **6.3.2 Percentage of teachers provided with financial support to attend conferences/ workshop and towards membership fee of professional bodies during the last five years**

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1	Request letters + CL + Financial assistance letter + voucher
2	Participation list
3	FDP Certificates
4	Excel to word document
5	Financial Assistance(Seed amount)



1/4/2021

To

The principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta Warangal 506005

Sub: Request for the permission to attend FDP  
7 days programme

I. G. Praveetha working as asst. prof in VIPs  
Pharmacology Dept would like to attend FDP  
on 2/4/21 to 8/4/21 so I request you to grant  
me the permission for 7 days i.e from  
2/4/21 to 8/4/21 kindly do the needful

Thanking you Sir

Yours obediently

G. Praveetha

Asst. prof. Pharmacology Dept.

*M. R.*

Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005.



*M. R.*

Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005.





# VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES

BOLLIKUNTA, WARANGAL - 506 005.

## CASUAL LEAVE APPLICATION

- Note :
- (i) Leave should not be availed unless sanctioned by the Principal.
  - (ii) Alternative arrangement for class work is to be made and same should be Intimated to the class concerned in advance.
  - (iii) Having signed and failed to engage the classes will entail both the faculty members to be marked absent and lead to loss of pay for the day.

Department/Section ..... Pharmacology dept .....

Name : ..... B. Praveen ..... Designation ..... Asst. Prof .....

No. of. Days applied for ..... 7 days ..... From ..... 2/4/21 ..... To ..... 8/4/21 .....

Reason ..... FDP .....

### Arrangement of Alternative class work :

S.No.	Day/Date	Branch	Year/Sem	Period	Time	Subject	Alternative Faculty Name & Signature	Rem
1	2/4/21	B.P	1st yr	1st	9:30 to 10:30	WOP	B. Praveen	
2	3/4/21	B.P	3rd yr	2nd	10:30 to 11:30	Pharm	G. Thirumala	

Date : \_\_\_\_\_ Signature of the Applicant \_\_\_\_\_

Remarks of the Head of the Department .....

Class Teacher's Name :

Signature \_\_\_\_\_ Head of the Department

No. of Days already availed .....

Section clerk

Sanctioned / Not Sanctioned

M. N. S.  
PRINCIPAL



M. N. S.

Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005.



Viswambhara Educational Society

**VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES**

Affiliated to Kakatiya University, Approved by PCI-New Delhi, AICTE, New Delhi

P.O. BOLLIKUNTA, WARANGAL- 506 005 (Telangana State)

**Request Letter to Management for Financial Assistance**1. Name of the Staff Member: *Dr. Praneeth*2. Designation: *Asso. prof*3. Department: *Pharmacology*

4. Conference/Publication/Workshop/FDP:

Details: *Research methodology for social sciences*5. Date and duration of the program: *2/4/2021 to 4/4/2021 2 days programme*6. Financial Supports Particulars (Rs.) *2500/-*

- i) Registration Charges
- ii) Travelling Allowances
- iii) Membership Fee
- iv) Other if any

Date: *1/4/2021*

Signature of the Staff Member

**APPROVAL AUTHORITY**

Approved/Not Approved

Approved/Not Approved

HEAD OF DEPARTMENT

PRINCIPAL



*Principal*  
 Vaagdevi Institute of Pharmaceutical Sciences  
 Bollikunta, Warangal, Telangana 506 005

*Principal*  
 Vaagdevi Institute of Pharmaceutical Sciences  
 Bollikunta, Warangal, Telangana 506 005.







Date

5/7/20

TO

The principal

Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta Warangal 506005

Sub: Request for the permission to attend  
PDP 7 days programme

I Dr. T. Sravanthi working as asst. prof  
in VIPS Pharmaceutical Chemistry dept. would  
like to attend PDP on 06/7/20 to 12/7/20  
so I request you to grant me the permission  
for 7 days i.e from 6/7/20 to 12/7/20  
kindly do the needful

Thanking you sir

Your obediently

Dr. T. Sravanthi

Ph. Chem. dept. Asst. Prof.

M N



Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005



Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005





# VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES

BOLLIKUNTA, WARANGAL - 506 005.

## CASUAL LEAVE APPLICATION

- Note :
- (i) Leave should not be availed unless sanctioned by the Principal.
  - (ii) Alternative arrangement for class work is to be made and same should be intimated to the class concerned in advance.
  - (iii) Having signed and failed to engage the classes will entail both the faculty members to be marked absent and lead to loss of pay for the day.

Department/Section ..... Natural Product .....

Name : Dr. T. Sravanthi ..... Designation Professor .....

No. of. Days applied for ..... 7 days ..... From 28/3/2022 To 3/4/22 .....

Reason ..... FDP .....

### Arrangement of Alternative class work :

S.No.	Day/Date	Branch	Year/Sem	Period	Time	Subject	Alternative Faculty Name & Signature	Rem
1	28/3/24	D.Ph	I	III	11.30-1220 am	P. Anals	Dr. K. Radhanya	

Date : \_\_\_\_\_ Signature of the Applicant Sravanthi T

Remarks of the Head of the Department .....

Class Teacher's Name : \_\_\_\_\_  
Signature \_\_\_\_\_ Head of the Department

No. of Days already availed .....  
Section clerk

Sanctioned / Not Sanctioned \_\_\_\_\_  
PRINCIPAL

PRINCIPAL

Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005.







Viswambhara Educational Society

**VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES**

Affiliated to Kakatiya University, Approved by PCI-New Delhi, AICTE, New Delhi

P.O. BOLLIKUNTA, WARANGAL - 506 005 (Telangana State)

**Request Letter to Management for Financial Assistance**

1. Name of the Staff Member: Dr. T. Sravanthi

2. Designation: Asst. prof.

3. Department: Natural products

4. Conference/Publication/Workshop/FDP:

Details: Innovations in natural product driven drug discovery  
and Analytical chemistry

5. Date and duration of the program:

06/7/2020 7 days programme

6. Financial Supports Particulars (Rs.)

- i) Registration Charges
- ii) Travelling Allowances
- iii) Membership Fee
- iv) Other if any

2500/-

Date:

5/7/2020

Sravanthi T  
Signature of the Staff Member

**APPROVAL AUTHORITY**

Approved/Not Approved

Approved/Not Approved

Paul  
HEAD OF DEPARTMENT

M  
PRINCIPAL



Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana - 506 005



Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal - 506 005



VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES  
BOLLIKUNTA, WARANGAL - 506 005.

Voucher No.

Date 5/07/20

PARTICULARS	Rs.	Ps.
Issued for FDP programme	2500/-	
"Innovation in Natural product Driven Drug Discovery and Analyti- -cal chemistry" to Dr. T. Sravanthi	/	
TOTAL Rs.	2500/-	
Received Rupees (in words) <u>Two thousand five hundred only</u>		
Prepared <u>[Signature]</u>		
Passed <u>[Signature]</u> Receiver's Signature <u>Sravanthi T</u>		



[Signature]  
Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005.



Date  
28/06/20

TO  
The principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta Warangal

Sub: Request for the permission to attend FDP  
7 days programme

I Mr. Praneeth working asso. prof in VIPS  
Pharmacology dept would like to attend FDP on  
29/06/20 to 4/7/20 so I request you to grant me  
the permission for 7 days i.e from 29/06/20 to  
4/7/20 kindly do the needful

Thanking you sir

Your obediently

Mr. Praneeth

Asso. Prof Pharmacology dept.



*[Handwritten signature]*

Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005.



*[Handwritten signature]*

Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005.





# VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES

BOLLIKUNTA, WARANGAL - 506 005.

## CASUAL LEAVE APPLICATION

- Note :
- (i) Leave should not be availed unless sanctioned by the Principal.
  - (ii) Alternative arrangement for class work is to be made and same should be intimated to the class concerned in advance.
  - (iii) Having signed and failed to engage the classes will entail both the faculty members to be marked absent and lead to loss of pay for the day.

Department/Section ..... Pharmacology .....

Name : Dr. G. Praveetha ..... Designation Asso. Prof .....

No. of. Days applied for ..... 7 days ..... From 29/6/20 ..... To 4/7/20 .....

Reason ..... PDP .....

### Arrangement of Alternative class work :

S.No.	Day/Date	Branch	Year/Sem	Period	Time	Subject	Alternative Faculty Name & Signature	Rem
1	29/6/20	B.P	1st	2nd	10:30 to 11:20	Pharm	G. Thirupathi	
2	30/6/20	Ph.D	1st	1st	9:30 to 10:30	Ph.D	B. Chaitanya	

Date : \_\_\_\_\_ Signature of the Applicant 

Remarks of the Head of the Department .....

Class Teacher's Name :

Signature \_\_\_\_\_ Head of the Department

No. of Days already availed .....

Section clerk

Sanctioned / Not Sanctioned

  
PRINCIPAL





Principal

Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005.





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37-44

Viswambhara Educational Society

# VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES

Affiliated to Kakatiya University, Approved by PCI-New Delhi, AICTE, New Delhi  
P.O. BOLLIKUNTA, WARANGAL- 506 005 (Telangana State)

## Request Letter to Management for Financial Assistance

1. Name of the Staff Member: *Dr. G. Praneeth*

2. Designation: *Assoc. professor.*

3. Department: *Pharmacology*

4. Conference/Publication/Workshop/FDP:

Details: *Role of Pharmacist in healthcare system*

5. Date and duration of the program: *29/06/2020 to 7 days program*  
*4/07/20*

6. Financial Supports Particulars (Rs.)

- i) Registration Charges *2500 /-*
- ii) Travelling Allowances
- iii) Membership Fee
- iv) Other if any

Date: *28/06/2020*

Signature of the Staff Member

### APPROVAL AUTHORITY

Approved/Not Approved

Approved/Not Approved



HEAD OF DEPARTMENT

*Principal*

Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005.



Principal

Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal - 506 005



VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES  
BOLLIKUNTA, WARANGAL - 506 005.

Voucher No.

Date 28/06/20

PARTICULARS	Rs.	Ps.
Issued for FDP program	2500/-	
" Role of Pharmacist in health -care system" to Dr. M. Praneeth		
TOTAL Rs.	2500/-	
Received Rupees (in words) <u>Two thousand five hundred only</u>		
Prepared <u>[Signature]</u>		
Passed <u>[Signature]</u> Receiver's Signature <u>[Signature]</u>		



[Signature]

Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005.



Date  
25/6/20

To

The principal

Vaagdevi Institute of Pharmaceutical sciences

Bollikunta warangal 506005

Sub: Request for the permission to attend  
FDP 3 days Programme

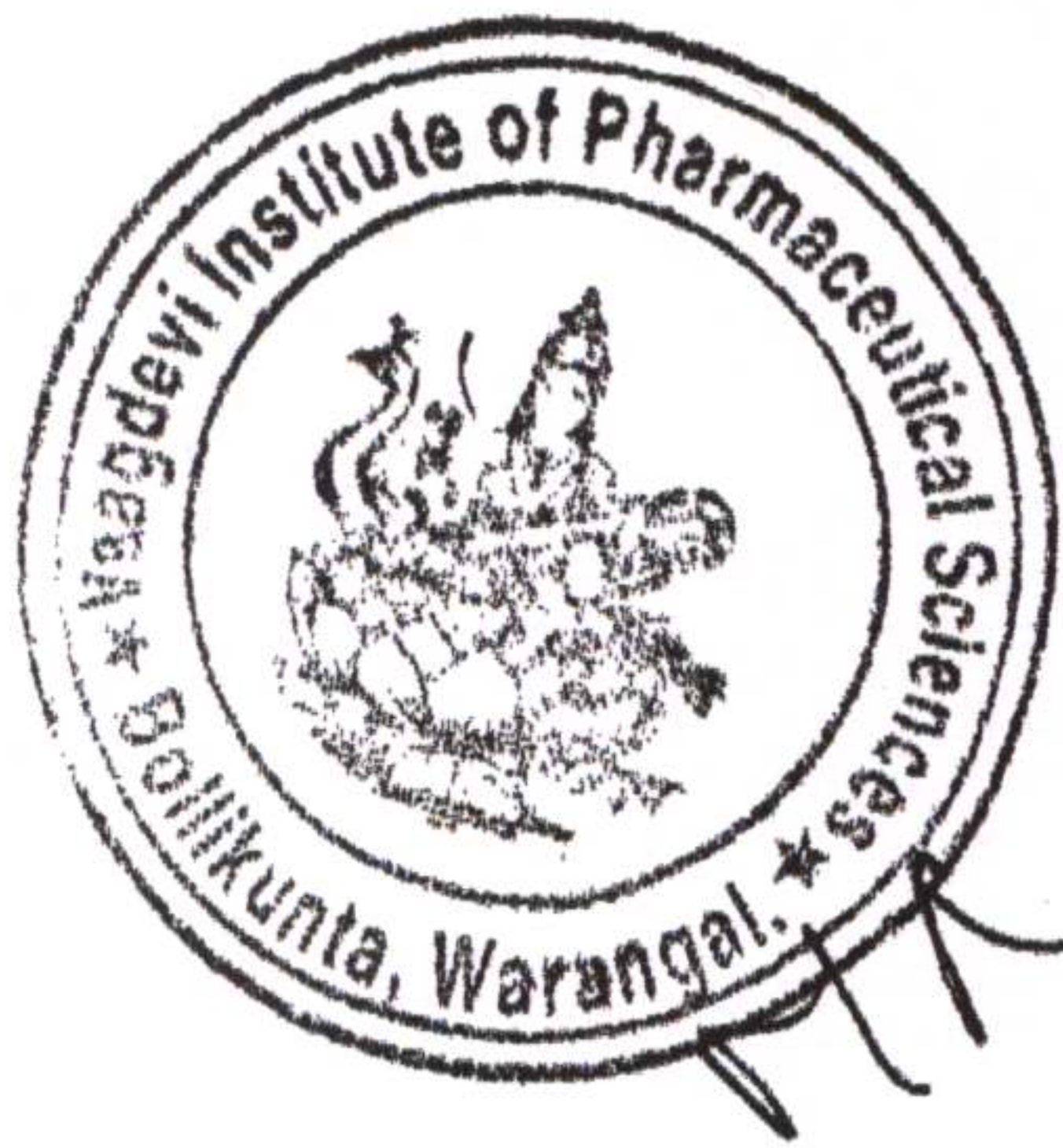
I. K. Nareesh working as Asst. Prof in VIPs  
Pharmaceutics dept would like to attend  
FDP on 26/6/20 to 28/6/20 so I request  
you to grant me the permission for 3 day  
i.e. from 26/6/20 to 28/6/20 kindly do the  
needful

Thanking you sir

Yours obediently

K. Nareesh

Asst. Prof Pharmaceutics dept



Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005.



Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005.





# VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES

BOLLIKUNTA, WARANGAL - 506 005.

## CASUAL LEAVE APPLICATION

- Note :
- (i) Leave should not be availed unless sanctioned by the Principal.
  - (ii) Alternative arrangement for class work is to be made and same should be intimated to the class concerned in advance.
  - (iii) Having signed and failed to engage the classes will entail both the faculty members to be marked absent and lead to loss of pay for the day.

Department/Section ..... Pharmaceutics .....

Name : ..... K. Nareth ..... Designation ..... Asst. prof .....

No. of. Days applied for ..... 3 days ..... From ..... 26/6/20 ..... To ..... 28/6/20 .....

Reason ..... FDP .....

### Arrangement of Alternative class work :

S.No.	Day/Date	Branch	Year/Sem	Period	Time	Subject	Alternative Faculty Name & Signature	Rem.
1	26/6/20	B.P	II-I	2nd	10:40 to 11:20	BPPK	S. H. Nithan	
2	27/6/20	B.P	II-I	1st	9:30 to 10:10	PK	Ch. Indhira	

Date : \_\_\_\_\_ Signature of the Applicant 

Remarks of the Head of the Department .....

Class Teacher's Name :

Signature \_\_\_\_\_ Head of the Department

No. of Days already availed .....

Section clerk

Sanctioned / Not Sanctioned

  
PRINCIPAL





Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005.





Viswambhara Educational Society

# VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES

Affiliated to Kakatiya University, Approved by PCI-New Delhi, AICTE, New Delhi  
P.O. BOLLIKUNTA, WARANGAL - 506 005 (Telangana State)

## Request Letter to Management for Financial Assistance

1. Name of the Staff Member: K. Nareth

2. Designation: Asst. prof.

3. Department: Pharmacy

4. Conference/Publication/Workshop/FDP:

Details: International STIP on Analytical Research  
trends pharmaceutical industry

5. Date and duration of the program: 26/06/20 to 28/06/20 3 days programme

6. Financial Supports Particulars (Rs.)

- i) Registration Charges 2500/-
- ii) Travelling Allowances
- iii) Membership Fee
- iv) Other if any

Date: 25/06/20

  
Signature of the Staff Member

### APPROVAL AUTHORITY

Approved/Not Approved

Approved/Not Approved

  
**HEAD OF DEPARTMENT**  
  
Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005.

  
**PRINCIPAL**

Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005.





VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES  
BOLLIKUNTA, WARANGAL - 506 005.

Voucher No.

Date 25/6/20

PARTICULARS

Rs.

Ps.

Issued for PDP programme  
International STIP on Analytical  
Research Trends pharmaceutical Indus-  
try to K. Naveeth

2500/-

TOTAL Rs.

2500/-

Received Rupees (in words) Two thousand five hundred only

Prepared [Signature]

Passed [Signature] Receiver's Signature



[Signature]

Principal

Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005.



Date

21/6/20

To

The principal

Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal 506005

Sub: Request for the permission to attend  
PDP 7 days programme.

I M. Praneeth working as asso. prof in VIPS  
pharmacology dept. would like to attend PDP on  
22/06/20 to 28/06/20 so I request you to grant  
me the permission for 7 days i.e from 22/06/20  
to 28/06/20

Thanking you sir

Your obediently

Dr. M. Praneeth

Asso. prof Pharmacology dept



Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005.



Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005.





# VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES

BOLLIKUNTA, WARANGAL - 506 005.

## CASUAL LEAVE APPLICATION

- Note :
- (i) Leave should not be availed unless sanctioned by the Principal.
  - (ii) Alternative arrangement for class work is to be made and same should be intimated to the class concerned in advance.
  - (iii) Having signed and failed to engage the classes will entail both the faculty members to be marked absent and lead to loss of pay for the day.

Department/Section ... Pharmacology .....

Name : Dr. G. Praveetha ..... Designation ... Asst. Prof. .....

No. of. Days applied for ... 7 days ..... From 22/6/20 ..... To 28/6/20 .....

Reason ..... PDP .....

### Arrangement of Alternative class work :

S.No.	Day/Date	Branch	Year/Sem	Period	Time	Subject	Alternative Faculty Name & Signature	Rem
1	22/6/20	BPh	2nd h	1st	9:30 to 10:30	Phy	J. Shireetha	
2	27/6/20	Phy	2nd h	1st	9:30 to 10:30	Phy	G. Thirumala	

Date : \_\_\_\_\_ Signature of the Applicant

Remarks of the Head of the Department .....

Class Teacher's Name : \_\_\_\_\_  
Signature \_\_\_\_\_ Head of the Department

No. of Days already availed .....  
Section clerk

Sanctioned / Not Sanctioned

PRINCIPAL



Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005.





Viswambhara Educational Society

# VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES

Affiliated to Kakatiya University, Approved by PCI-New Delhi, AICTE, New Delhi  
P.O. BOLLIKUNTA, WARANGAL - 506 005 (Telangana State)

## Request Letter to Management for Financial Assistance

1. Name of the Staff Member: *Dr. G. Praveetha*

2. Designation: *Assoc. professor*

3. Department: *Pharmacology*

4. Conference/Publication/Workshop/FDP:

Details: *ARISE - on latest Trends in pharmacology*

5. Date and duration of the program: *22/6/2020 7 days programme*

6. Financial Supports Particulars (Rs.)

- i) Registration Charges *2500/-*
- ii) Travelling Allowances
- iii) Membership Fee
- iv) Other if any

Date: *21/6/2020*

*[Signature]*  
Signature of the Staff Member

### APPROVAL AUTHORITY

✓  
Approved/Not Approved

Approved/Not Approved



*[Signature]*  
HEAD OF DEPARTMENT

*[Signature]*  
Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005



*[Signature]*  
PRINCIPAL

Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal - 506 005







Date  
21/6/20

To  
The Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta Warangal 506005

Sub: Request for the permission to attend FDP  
6 days programme

I Dr. G. Prameeth working as asso. prof in VIPS  
Pharmacology dept. would like to attend FDP on  
25/06/20 to 30/06/20 so I request you to grant  
me the permission for 6 days i.e. from 25/06/20  
to 30/6/20 kindly do the needful

Thanking you sir

Your obediently  
Dr. G. Prameeth  
Asso. Prof Pharmacology dept.



Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005.



  
Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005.





# VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES

BOLLIKUNTA, WARANGAL - 506 005.

## CASUAL LEAVE APPLICATION

- Note :
- (i) Leave should not be availed unless sanctioned by the Principal.
  - (ii) Alternative arrangement for class work is to be made and same should be intimated to the class concerned in advance.
  - (iii) Having signed and failed to engage the classes will entail both the faculty members to be marked absent and lead to loss of pay for the day.

Department/Section ..... Pharmacology .....

Name : ..... Dr. G. Praneeth ..... Designation ..... Asso. Prof. .....

No. of. Days applied for ..... 6 days ..... From ..... 25/06/20 ..... To ..... 30/06/20 .....

Reason ..... PDP .....

### Arrangement of Alternative class work :

S.No.	Day/Date	Branch	Year/Sem	Period	Time	Subject	Alternative Faculty Name & Signature	Rem
1	25/6/20	P.D	1st	1st	9:00 to 10:30	Pharm	Syed Husna Pathan	
2	27/6/20	B.P	1st	2nd	10:30 to 12:00	Pharm	Dr. Thimpar	

Date : \_\_\_\_\_ Signature of the Applicant \_\_\_\_\_

Remarks of the Head of the Department .....

Class Teacher's Name :

Signature \_\_\_\_\_ Head of the Department

No. of Days already availed ..... ✓ ..... Section clerk

Sanctioned / Not Sanctioned

M. H. ...  
PRINCIPAL



M. H. ...  
Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005.





Viswambhara Educational Society

**VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES**

Affiliated to Kakatiya University, Approved by PCI-New Delhi, AICTE, New Delhi

P.O. BOLLIKUNTA, WARANGAL- 506 005 (Telangana State)

**Request Letter to Management for Financial Assistance**1. Name of the Staff Member: *Dr. G. Praneeth*2. Designation: *Assoc. Professor*3. Department: *Pharmacology*

4. Conference/Publication/Workshop/FDP:

Details: *Recent updates in pharmacy practice*5. Date and duration of the program: *25 to 30 June. 2020 6 days programme*

6. Financial Supports Particulars (Rs.)

- i) Registration Charges *2500 / -*
- ii) Travelling Allowances
- iii) Membership Fee
- iv) Other if any

Date: *24/06/2020*

Signature of the Staff Member

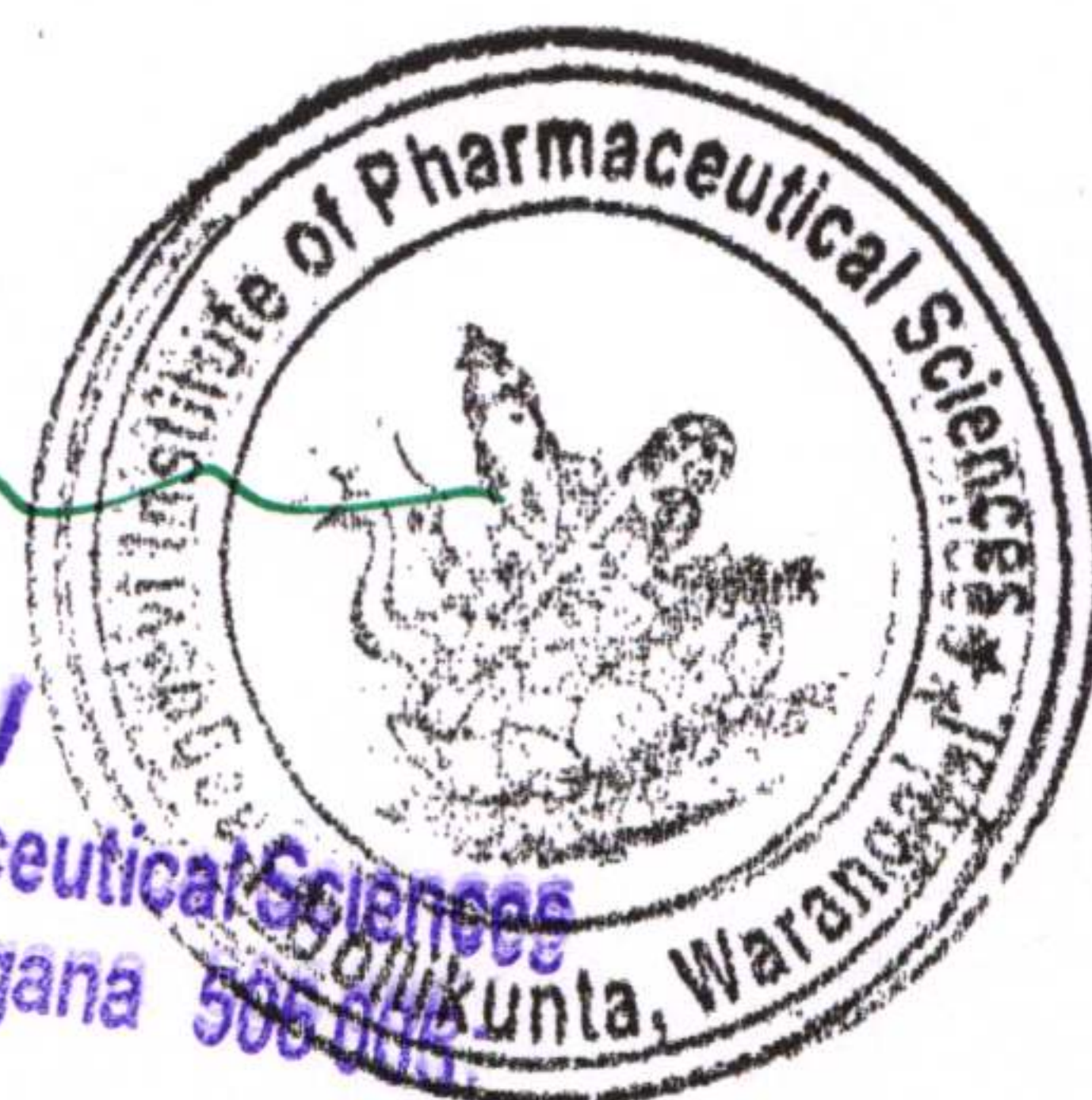
**APPROVAL AUTHORITY**

Approved/Not Approved

Approved/Not Approved

HEAD OF DEPARTMENT

PRINCIPAL

*Principal*Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal - 506 005







Date  
28/4/19

To  
The principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta Warangal 506005

Sub: Request for the permission to attend  
PDP 7 days programme

I Dr. K. Pathmakor Reddy working as Prof  
in VPS Pharmaceutical Chemistry dept. would like to  
attend PDP on 29/4/2019 to 5/5/19 so I request  
you to grant me the permission for 7 days i.e  
from 29/4/2019 to 5/5/19 kindly do the needful

Thanking you sir

Your obediently

Dr. K. Pathmakor Reddy  
Prof. Pharmaceutical Chemistry Dept



*[Signature]*  
Director  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005



*[Signature]*  
Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005.





# VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES

BOLLIKUNTA, WARANGAL - 506 005.

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- Note :
- (i) Leave should not be availed unless sanctioned by the Principal.
  - (ii) Alternative arrangement for class work is to be made and same should be intimated to the class concerned in advance.
  - (iii) Having signed and failed to engage the classes will entail both the faculty members to be marked absent and lead to loss of pay for the day.

Department/Section ..... Pharmaceutical Chemistry .....

Name : ..... Dr. K. Ratanakumar Reddy ..... Designation .. Prof .....

No. of. Days applied for ..... 2 days ..... From ..... 29/4/19 ..... To ..... 4/5/19 .....

Reason ..... P.D. .....

### Arrangement of Alternative class work :

S.No.	Day/Date	Branch	Year/Sem	Period	Time	Subject	Alternative Faculty Name & Signature	Rem
1	29/4/19	B-1	1st yr	1st	9:30-10:30	Pharm	A. Ramesh	
2	30/4/19	Ph.D	3rd yr	3rd	11:30-12:30	P.D	A. Ramesh	

Date : \_\_\_\_\_ Signature of the Applicant KR

Remarks of the Head of the Department .....

Class Teacher's Name : \_\_\_\_\_  
Signature \_\_\_\_\_ Head of the Department

No. of Days already availed .....  
Section clerk

Sanctioned /  Not Sanctioned

[Signature]  
PRINCIPAL



[Signature]

Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005.





# VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES

Affiliated to Kakatiya University, Approved by PCI-New Delhi, AICTE, New Delhi  
P.O. BOLLIKUNTA, WARANGAL - 506 005 (Telangana State)

## Request Letter to Management for Financial Assistance

1. Name of the Staff Member: *Dr. K. Raghunakar Reddy*

2. Designation: *Professor*

3. Department: *Pharmaceutical Chemistry*

4. Conference/Publication/Workshop/FDP:

Details: *Advances in Phytomedicine*

5. Date and duration of the program: *29/4/2019*      *7 days programme*

6. Financial Supports Particulars (Rs.)

- i) Registration Charges      *2500/-*
- ii) Travelling Allowances
- iii) Membership Fee
- iv) Other if any

Date: *28/4/19*

*[Signature]*  
Signature of the Staff Member

### APPROVAL AUTHORITY

Approved/Not Approved

Approved/Not Approved

*[Signature]*  
HEAD OF DEPARTMENT

*[Signature]*  
PRINCIPAL

*[Signature]*  
Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal - 506 005



VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES  
BOLLIKUNTA, WARANGAL - 506 005.

Voucher No.

Date 28-4-19

PARTICULARS	Rs.	Ps.
Issued for EDP programme	2500/-	
" Advances in phyto-medicine "		
to Dr. K. Rathnakar Reddy		
TOTAL Rs.	2500/-	
Received Rupees (in words) <u>Two thousand and five hundred only</u>		
Prepared <u>[Signature]</u>		
Passed <u>[Signature]</u> Receiver's Signature <u>[Signature]</u>		



[Handwritten Signature]

Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005.



Date  
28/2/2019

TO

The principal  
Vaagdevi Institute of Pharmaceutical sciences  
Bollikunta Warangal 506005

Sub: Request for the permission to attend FDP  
7 days programme

I Dr. G. Praneeth working as Asso. Prof in VIPS  
Pharmacology dept. would like to attend FDP  
11/3/19 to 17/3/19 so I request you to grant  
me the permission for 7 days i.e. from 11/3/19  
to 17/3/19 kindly do the needful

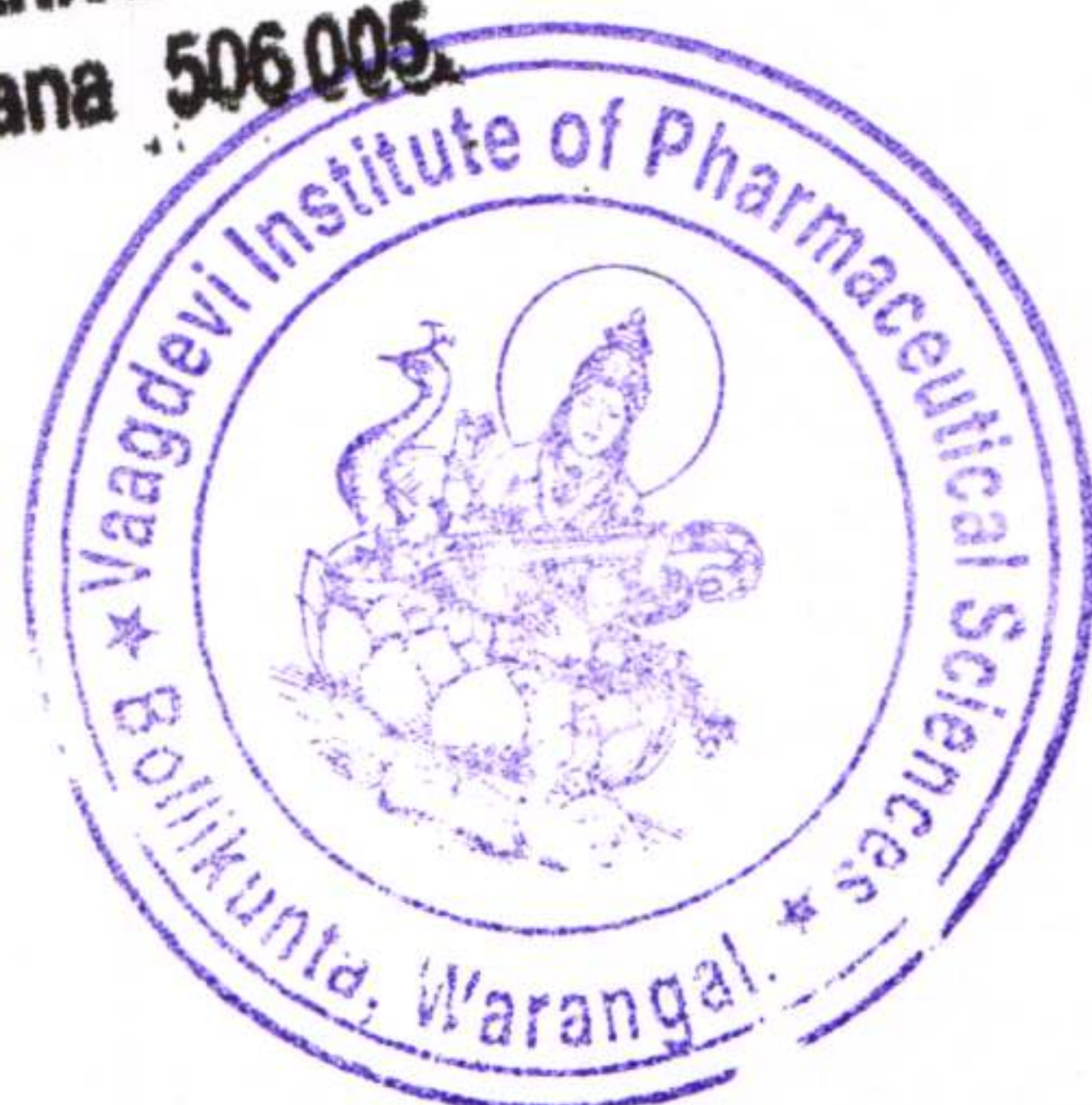
Thanking you sir

Your obediently

Dr. G. Praneeth  
Asso. Prof Pharmacology dept.



*Praneeth*  
Director  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005



*Ma*  
Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005.





# VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES

BOLLIKUNTA, WARANGAL - 506 005.

## CASUAL LEAVE APPLICATION

- Note :
- (i) Leave should not be availed unless sanctioned by the Principal.
  - (ii) Alternative arrangement for class work is to be made and same should be intimated to the class concerned in advance.
  - (iii) Having signed and failed to engage the classes will entail both the faculty members to be marked absent and lead to loss of pay for the day.

Department/Section ..... Pharmacology .....

Name : Dr. G. Praneeth ..... Designation Asst. prof .....

No. of. Days applied for 7 days ..... From 29/1/19 ..... To 5/2/19 .....

Reason PDP .....

### Arrangement of Alternative class work :

S.No.	Day/Date	Branch	Year/Sem	Period	Time	Subject	Alternative Faculty Name & Signature	Rem
1	29/1/19	B.P	1 <sup>st</sup> . yr	1 <sup>st</sup> h	9:00-10:30	UAP	Dr. Thirupathi	
2	30/1/19	P.H.D	1 <sup>st</sup> . yr	3 <sup>rd</sup>	11:40-1:10	UAP	B. Shanthi Devi	

Date : \_\_\_\_\_ Signature of the Applicant

Remarks of the Head of the Department .....

Class Teacher's Name :

Signature \_\_\_\_\_ Head of the Department

No. of Days already availed .....

Section clerk

Sanctioned / Not Sanctioned

PRINCIPAL



Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005.





Viswambhara Educational Society

# VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES

Affiliated to Kakatiya University, Approved by PCI-New Delhi, AICTE, New Delhi  
P.O. BOLLIKUNTA, WARANGAL - 506 005 (Telangana State)

## Request Letter to Management for Financial Assistance

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

2. Designation: Asso. Prof

3. Department: Pharmacology

4. Conference/Publication/Workshop/FDP:

Details: Pharm D. Education Training for the  
Academics Practitioners

5. Date and duration of the program: 01/3/2019 7 days programme

6. Financial Supports Particulars (Rs.)

- i) Registration Charges 2500/-
- ii) Travelling Allowances
- iii) Membership Fee
- iv) Other if any

Date: 28/2/2019

  
Signature of the Staff Member

### APPROVAL AUTHORITY

✓  
Approved/Not Approved

Approved/Not Approved

  
HEAD OF DEPARTMENT

  
PRINCIPAL



Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal - 506 005



VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES  
BOLLIKUNTA, WARANGAL - 506 005.

Voucher No.

Date 28/12/2019

PARTICULARS	Rs.	Ps.
Issued for FDP Programme	2500/-	
to " Pharm D Education Training for the Academic practitioners	1	
to Dr. G. Praneeth		
TOTAL Rs.	2500/-	
Received Rupees (in words) <u>Two thousand five hundred rupees only</u>		
Prepared <u>[Signature]</u>		
Passed <u>[Signature]</u>	Receiver's Signature <u>[Signature]</u>	



[Signature]  
Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005.



Date

25/7/2018

To  
The principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta Warangal 506005

Sub: Request for the permission to attend PDP  
3 days programme

I. K. Rajitha working as Prof in VIPS Pharma-  
-centics dept. would like to attend PDP  
on 26/7/18 to 28/7/18 so I request you to  
grant me the permission for 3 days  
i.e from 26/7/18 to 28/7/18 kindly do the  
needful

Thanking you sir

Your obediently

Dr. K. Rajitha

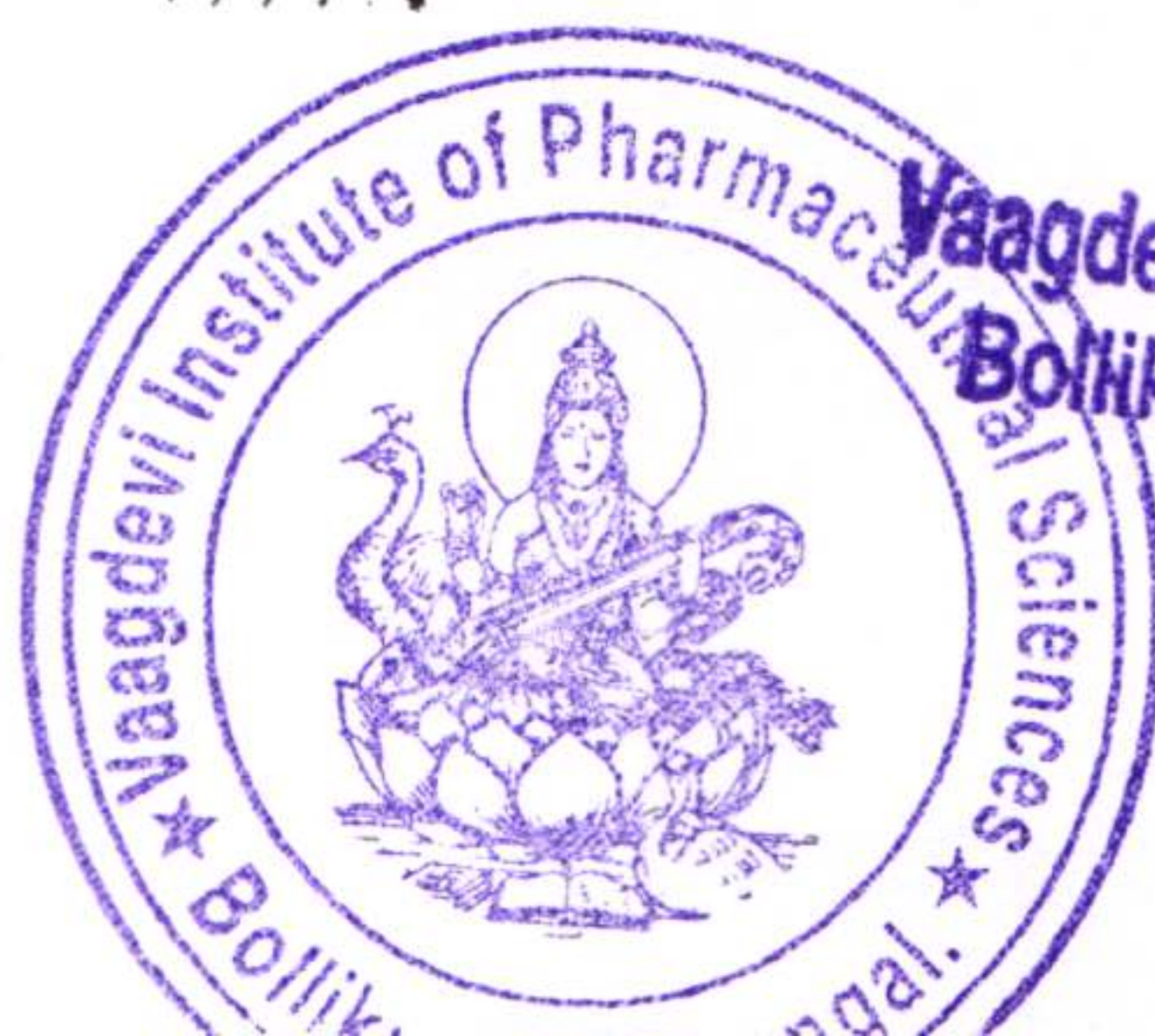
Prof. Pharmaceutics dept.



*[Signature]*  
Director

Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005.

*[Signature]*



Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506005.





# VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES

BOLLIKUNTA, WARANGAL - 506 005.

## CASUAL LEAVE APPLICATION

- Note :
- (i) Leave should not be availed unless sanctioned by the Principal.
  - (ii) Alternative arrangement for class work is to be made and same should be intimated to the class concerned in advance.
  - (iii) Having signed and failed to engage the classes will entail both the faculty members to be marked absent and lead to loss of pay for the day.

Department/Section ..... Pharmaceutics .....

Name Dr. K. Rajitha ..... Designation Asst. Prof. .....

No. of Days applied for ..... 3 days ..... From 25/7/18 To 28/7/18 .....

Reason ..... FDP .....

### Arrangement of Alternative class work :

S.No.	Day/Date	Branch	Year/Sem	Period	Time	Subject	Alternative Faculty Name & Signature	Remarks
1	25/7/18	B.P	V.P	1st	9:30 to 10:45	Ph	<u>[Signature]</u>	
2	26/7/18	B.P	V.P	2nd	10:00 to 11:30	Ph	<u>[Signature]</u>	

Date : \_\_\_\_\_

[Signature]  
Signature of the Applicant

Remarks of the Head of the Department .....

Class Teacher's Name :

Signature \_\_\_\_\_ Head of the Department

No. of Days already availed ..... 0 .....

Sanctioned / Not Sanctioned

Section clerk

[Signature]  
PRINCIPAL



[Signature]

Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005.



# VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES

Affiliated to Kakatiya University, Approved by PCI-New Delhi, AICTE, New Delhi  
P.O. BOLLIKUNTA, WARANGAL- 506 005 (Telangana State)

## Request Letter to Management for Financial Assistance

1. Name of the Staff Member: Dr. K. Rajitha

2. Designation: professor

3. Department: pharmaceuticals

4. Conference/Publication/Workshop/FDP: ✓

Details: New paradigms in Teaching - Learning  
process

5. Date and duration of the program: 26-28/07/2018 - 3 days programme

6. Financial Supports Particulars (Rs.)

i) Registration Charges

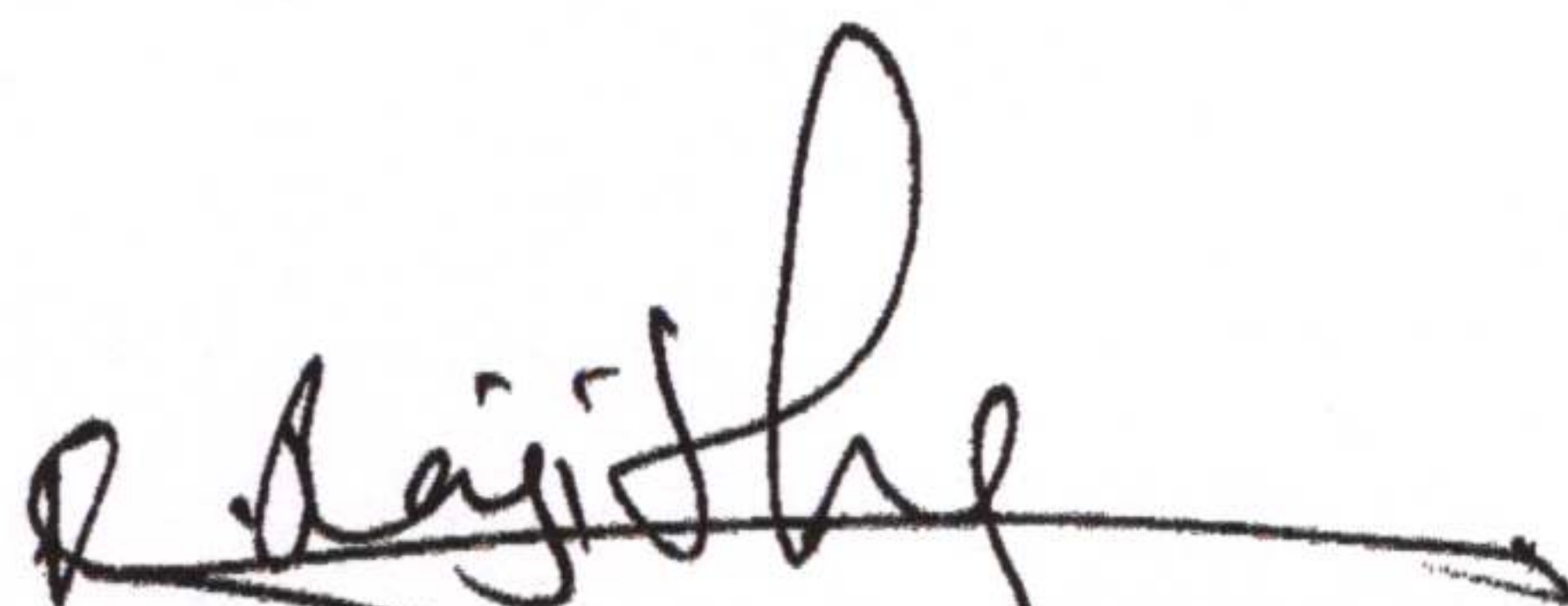
2500/-

ii) Travelling Allowances

iii) Membership Fee

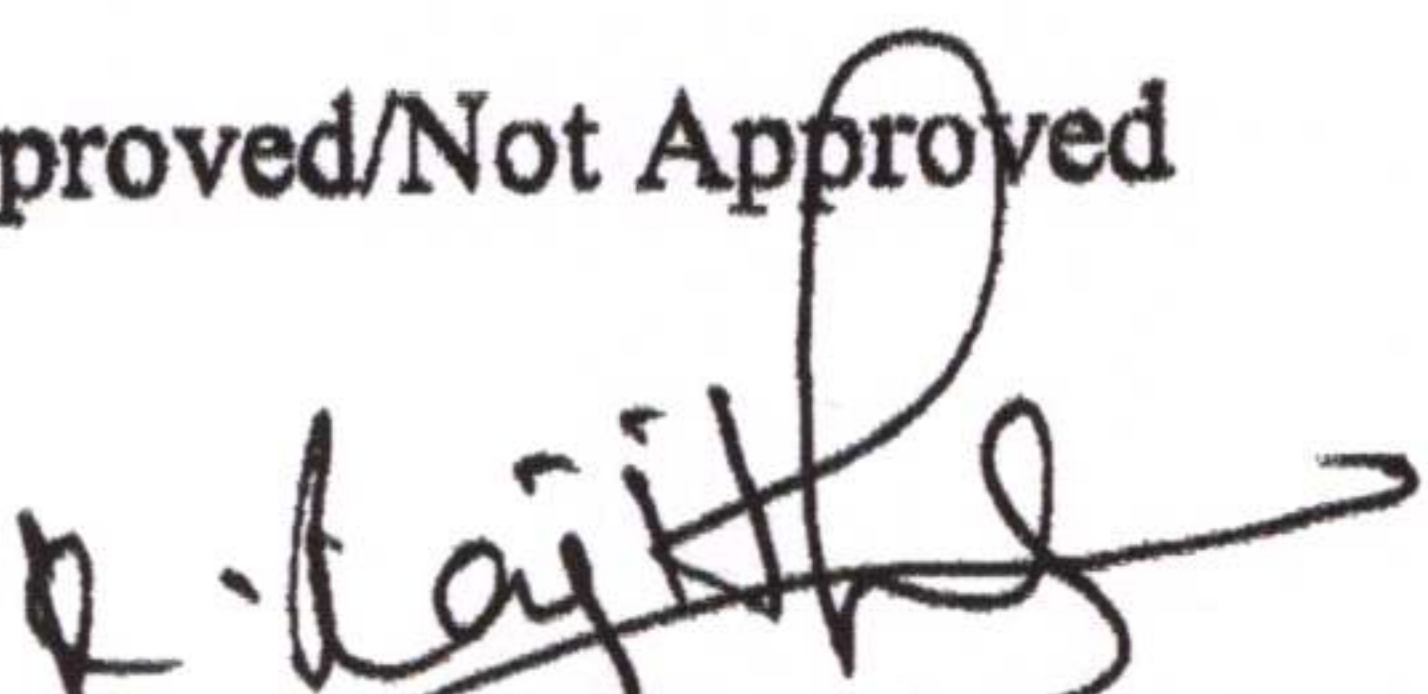
iv) Other if any

Date: 25/07/2018

  
Signature of the Staff Member

### APPROVAL AUTHORITY

Approved/Not Approved

  
HEAD OF DEPARTMENT

Approved/Not Approved

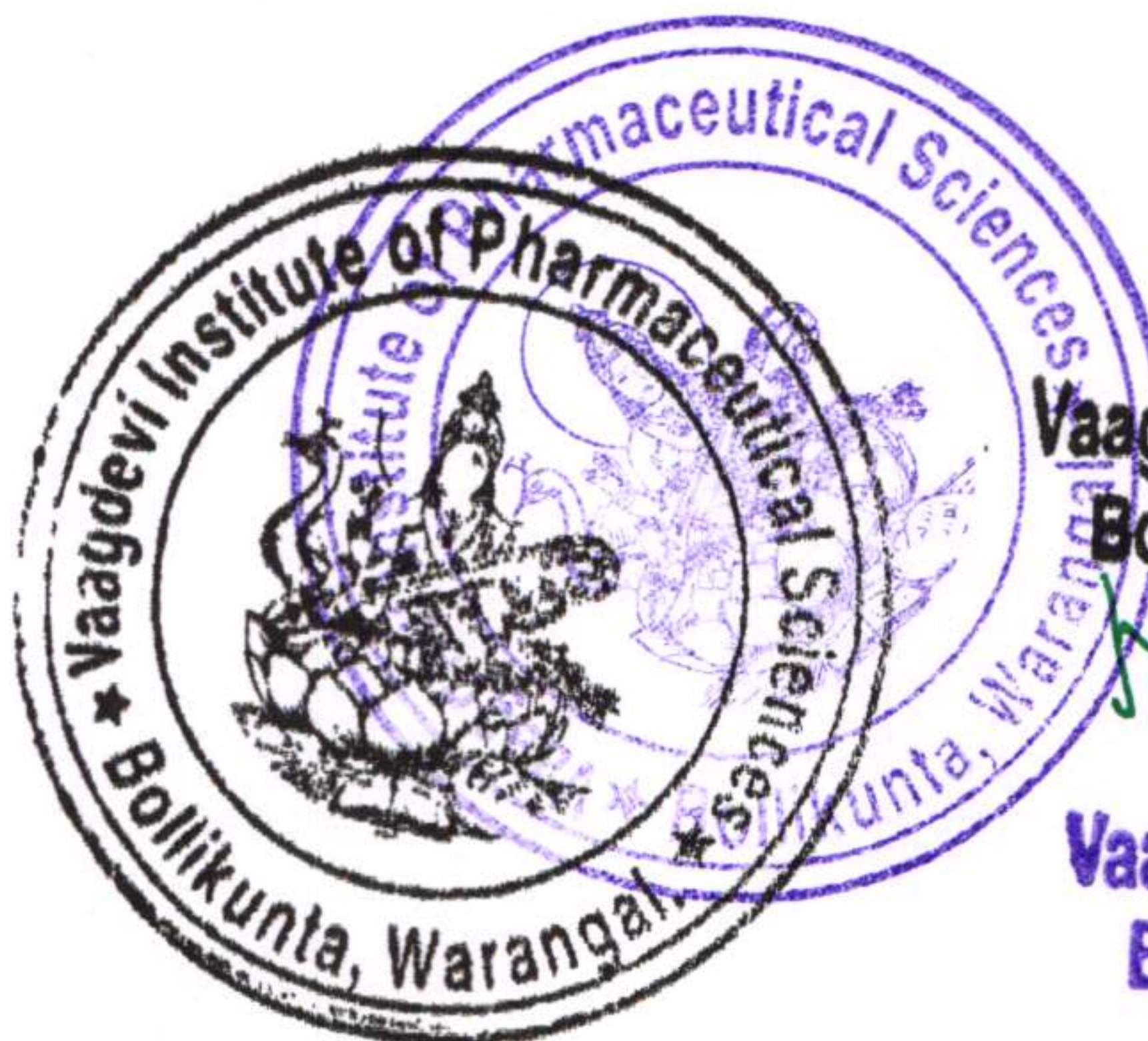
  
PRINCIPAL

Director

Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005.

Principal

Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005.





VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES  
BOLLIKUNTA, WARANGAL - 506 005.

Voucher No.

Date 25/07/2018

PARTICULARS	Rs.	Ps.
Issued for FDP programme	2500/-	
new paradigms in teaching		
learning process to K. Rajitha		
TOTAL Rs.	2500/-	
Received Rupees (in words) <u>Two thousand five hundred only</u>		
Prepared <u>[Signature]</u>		
Passed <u>[Signature]</u> Receiver's Signature <u>K. Rajitha</u>		



[Signature]

Principal  
Vaagdevi Institute of Pharmaceutical Sciences  
Bollikunta, Warangal, Telangana 506 005.