



NARAYANA PHARMACY COLLEGE

(Approved by PCI & AICTE, New Delhi) (Affiliated to JNTUA Ananthapuramu)
Recognized u/s 2(f) & 12(B) of the UGC Act, 1956, New Delhi,
Chinthareddypalem, Nellore-524003, A.P. India.
Phone & Fax No :0861-2317966; Cell No :+91-9100051603
Email: principal.npc@narayanagroup.com Visit us:www.narayanapharmacycollege.com.

FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: D. Pitchaiab
2. Designations: Asst. Professor
3. Department: Pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details: TCT Blended Learning - And Its Tools for Effective Teaching
5. Date and duration of the programme: 12/10/2020 - 16/10/2020
6. Associating professional body/agency: P. Ram Reddy Memorial College of Pharmacy, Ananthapura
7. Financial support particulars(Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 2000/-
 - iii) Membership fees : _____
 - iv) others(if any) : _____

Date: 11/10/2020

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 11/10/20

[Signature]
PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002



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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Y. Suresh
2. Designations: Associate professor
3. Department : pharmaceutical chemistry
4. Conference/publication/seminar/workshop/FDP certificate details-----
ICT Blended learning and its tools for effective teaching
5. Date and duration of the programme: 10/10/2020
6. Associating professional body/agency: P. Rami Reddy Memorial college of pharmacy, Kothapa
7. Financial support particulars(Rs):-----
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- :----- 2000
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 11/10/2020

Signature of the staff member [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 11/10/20

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member:- G. Rk. Mohan
2. Designations:- Asso. Professor
3. Department :- Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details ICT
Blended learning and its tools for effective
teaching
5. Date and duration of the programme:- 12/10/2020 - 16/10/2020
6. Associating professional body/agency:- P. Rami Reddy Memorial College of Pharm
(cadapa)
7. Financial support particulars(Rs):
 - i) Registration charges :-----
 - ii) Travelling- daily allowances- : 2000/-
 - iii) Membership fees :-----
 - iv) others(if any) :-----

Date: 11/10/2020
Signature of the staff member G

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: B. Akh

Date: 11/10/20

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: G.V. Dileep Kumar
2. Designations: Asst. professor
3. Department : pharmaceutical analysis
4. Conference/publication/seminar/workshop/FDP certificate details-----
Modern Trends in Drug Development
5. Date and duration of the programme: 02/03/2021 - 03/03/2021
6. Associating professional body/agency: Acharya Nagarjuna University, Guntur
7. Financial support particulars(Rs):-----
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- : 1500
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 01/03/2021

Signature of the staff member-----

Recommendation of the principal with
Signature:-----

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

Date : 1/3/21

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: AVS. Geetha Sameera
2. Designations: Asst. Professor
3. Department: Pharmaceutical Analysts
4. Conference/publication/seminar/workshop/FDP certificate details: Modern Trends In Drug Development
5. Date and duration of the programme: 02/03/2021 - 03/03/2021
6. Associating professional body/agency: Acharya Nagarjuna University, Guntur
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii) Travelling- daily allowances- : 1500/-
 - iii) Membership fees :-----
 - iv) others(if any) :-----

Date: 01/03/2021

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

Date :

B. [Signature]
1/3/21

[Signature]
PRINCIPAL

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: K. Hari Babu
2. Designations: Asso. Professor
3. Department: Pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details-----
Modern Trends in Drug Development
5. Date and duration of the programme: 2/3/2001 - 3/3/2001
6. Associating professional body/agency: Acharya Nagarjuna University,
Guntur
7. Financial support particulars(Rs):-----
 - i) Registration charges :-----
 - ii) Travelling- daily allowances- :----- } 1500/-
 - iii) Membership fees :-----
 - iv) others(if any) :-----

Date: 1/3/2001

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 1/3/01

[Signature]
PRINCIPAL
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: B. Sasidar
2. Designations: A.S.So. professor
3. Department : Pharmaceutical Biotechnology
4. Conference/publication/seminar/workshop/FDP certificate details Modern Trends in Drug Development
5. Date and duration of the programme: 02/03/2021 - 03/03/2021
6. Associating professional body/agency: Acharya Nagarjuna university, Guntur
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- : 1500/-
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 01/03/2021
Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 13/21

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: P. Padmavathi Devi
2. Designations: Asst. professor
3. Department : pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Innovative Research Trends in pharmaceutical Industry
5. Date and duration of the programme: 13/06/2020 - 15/06/2020
6. Associating professional body/agency: Acharya Nagarjuna university, Guntur
7. Financial support particulars(Rs):
 - i)Registration charges : _____
 - ii) Travelling- daily allowances- : 500/-
 - iii) Membership fees : _____
 - iv) others(if any) : _____

Date: 12/06/2020

Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 12/6/20

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Ch. Supraja
2. Designations: Asst. Professor
3. Department : Pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details: Computers simulations In Biopharmaceutics And Virtual Pharmacokinetics
5. Date and duration of the programme: 07/12/2020-11/12/2020
6. Associating professional body/agency: Ratnam Institute Of Pharmacy, Nellore
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii) Travelling- daily allowances- : 1000/-
 - iii) Membership fees :-----
 - iv) others(if any) :-----

Date: 06/12/2020

Signature of the staff member: Ch

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: B. Prasad

Date : 6/12/20

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: M. Naga priyanka
2. Designations: Asst. professor
3. Department : pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details: computer simulations in Biopharmaceutics & virtual pharmacokinetics
5. Date and duration of the programme: 5/12/2020 to 11/12/2020
6. Associating professional body/agency: Ratnam Institute of pharmacy, Nellore
7. Financial support particulars(Rs):
 - i)Registration charges : _____
 - ii) Travelling- daily allowances- : 1000
 - iii) Membership fees : _____
 - iv) others(if any) : _____

Date: 6/12/2020

Signature of the staff member: *M. Naga Priyanka*

Recommendation of the principal with
Signature: *[Signature]*

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: *[Signature]*

Date : 6/12/20

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: S. Alesha
2. Designations: Asst. Professor
3. Department : Pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details Computers
Simulations in Biopharmaceutics & virtual
pharmacokinetics
5. Date and duration of the programme: 11/12/2020 - 11/12/2020
6. Associating professional body/agency: Ratnam Institute of Pharmacy, Nellore
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- : 1000/-
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 06/12/2020
Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 6/12/20

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: G. Gayathri
2. Designations: Asst. Professor
3. Department: pharmacy practice
4. Conference/publication/seminar/workshop/FDP certificate details: Computer Simulations in Biopharmaceutics and Virtual pharmacokinetics
5. Date and duration of the programme: 07/12/2020 - 11/12/2020
6. Associating professional body/agency: Patma institute of pharmacy, Nellore
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances : 1000/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 06/12/2020
Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 6/12/20

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: R. Pujitha
2. Designations: Asst. Professor
3. Department: pharmacy practice
4. Conference/publication/seminar/workshop/FDP certificate details: computer simulations in Biopharmaceutics and virtual pharmacokinetics
5. Date and duration of the programme: 06/12/2020 - 11/12/2020
6. Associating professional body/agency: Ratnam institute of pharmacy, Nellore
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances : 1000/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 06/12/2020
Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 6/12/20

[Signature]
PRINCIPAL
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NELLORE - 524 002




NARAYANA PHARMACY COLLEGE

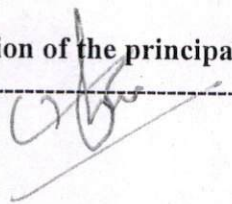
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Dr. Santhosham
2. Designations: Asst. professor
3. Department : pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details-----
computer simulations in Biopharmaceutics & virtual pharmacokinetics
5. Date and duration of the programme: 7/12/2020 to 11/12/2020
6. Associating professional body/agency: Ratnam Institute of pharmacy, Nellore
7. Financial support particulars(Rs):-
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- : 1000
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 6/12/2020

Signature of the staff member-----


Recommendation of the principal with
Signature:-----


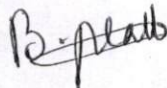
Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

Date :

6/12/20





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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Y. Rekha
2. Designations: Asst. Professor
3. Department : pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details- Computers. Simulations in Biopharmaceutics and Virtual pharmacokinetics
5. Date and duration of the programme: 07/12/2020 - 11/12/2020
6. Associating professional body/agency: Patnam institute of pharmacy, Nellore
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii) Travelling- daily allowances- : 1000/-
 - iii) Membership fees :-----
 - iv) others(if any) :-----

Date: 06/12/2020
Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 6/12/20

[Signature]
PRINCIPAL
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: K. Durga prasad.
2. Designations: A. Asst. professor
3. Department: pharmaceutical chemistry
4. Conference/publication/seminar/workshop/FDP certificate details: computers simulation in Biopharmaceutics and virtual pharmacokinetics
5. Date and duration of the programme: 07/12/2020 - 11/12/2020
6. Associating professional body/agency: Ratnam institute of pharmacy, Nellore
7. Financial support particulars(Rs):
 - i) Registration charges :-----
 - ii) Travelling- daily allowances- : 1000/-
 - iii) Membership fees :-----
 - iv) others(if any) :-----

Date: 06/12/2020

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 6/12/20

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: K. Arun chand Roby
2. Designations: Asst. Professor
3. Department : pharmacy practice
4. Conference/publication/seminar/workshop/FDP certificate details: Computer Simulations in Biopharmaceutics and virtual pharmacokinetics
5. Date and duration of the programme: 07/12/2020 - 11/12/2020
6. Associating professional body/agency: Ratnam Institute of Pharmacy, Nellore
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- : 1000/-
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 06/12/2020

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

Date :

[Signature]
**PRINCIPAL
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: M. Anusha
2. Designations: Asst. Professor
3. Department : Pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details Impact
Of Covid-19 on the Development Of Rural Economy - Challenges
And Opportunities
5. Date and duration of the programme: 27/07/2020
6. Associating professional body/agency: JNTUA - Ananthapuram
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- :----- } 500/-
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 26/07/2020

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 26/7/20

[Signature]
PRINCIPAL
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: MD. Juman
2. Designations: Asst. professor
3. Department: pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details: Impact of covid-19 on the development of Rural economy - challenges and opportunities
5. Date and duration of the programme: 27/07/2020
6. Associating professional body/agency: JNTUA, Ananthapuramu
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- : 500
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 26/07/2020

Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

Date :

26/7/20

[Signature]

[Signature]

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NELLORE - 524 002



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Email: principal.npc@narayanagroup.com Visit us:www.narayanapharmacycollege.com

FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Anand Chinnakoti Reddy
2. Designations: Asst. Professor
3. Department: Pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details: Impact of COVID-19 on the development of Rural Economy - Challenges and Opportunities
5. Date and duration of the programme: 27/7/2020
6. Associating professional body/agency: JNTUA, Ananthapuramu
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- : 500/-
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 26/7/2020
Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: B. [Signature]

Date: 26/7/20

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FINANCIAL SUPPORT REQUEST FORM

- Name of the staff member: B. Benny Novahu
- Designations: Asst. Professor
- Department: Pharmaceutics
- Conference/publication/seminar/workshop/FDP certificate details: Traditional, National And Holistic Healing Approaches for Healthcare And Wellness
- Date and duration of the programme: 08/02/2021 - 12/02/2021
- Associating professional body/agency: Sun Institute Of Pharmaceutical Education And Research, Nellore
- Financial support particulars (Rs):
 - Registration charges : _____
 - Travelling- daily allowances- : 1000/-
 - Membership fees : _____
 - Others (if any) : _____

Date: 07/02/2021
Signature of the staff member: B. Benny Novahu

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 2/2/21

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: K. Jyothismai
2. Designations: Asst. Professor
3. Department: Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Traditional, Natural and Holistic Healing Approaches for Healthcare and Wellness
5. Date and duration of the programme: 08/02/2021 - 12/02/2021
6. Associating professional body/agency: Sun Institute of pharmaceutical education & Research, Nellore
7. Financial support particulars (Rs):
 - i) Registration charges :-----
 - ii) Travelling- daily allowances- : 6000/-
 - iii) Membership fees :-----
 - iv) others (if any) :-----

Date: 7/02/2021

Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 7/2/21

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: S. Vijitha
2. Designations: Asst. Professor
3. Department: Pharmaceutical Analysis ✓
4. Conference/publication/seminar/workshop/FDP certificate details: Natural and Holistic Healing Approaches for Healthcare and Wellness
5. Date and duration of the programme: 08/02/2021 - 12/02/2021
6. Associating professional body/agency: SUN Institute of Pharmaceutical Education And Research, Nellore.
7. Financial support particulars (Rs):
 - i) Registration charges : -----
 - ii) Travelling- daily allowances : 1000/-
 - iii) Membership fees : -----
 - iv) others (if any) : -----

Date: 07/02/2021
Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

Date :

[Signature]

2/2/21

[Signature]
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MAHARAJAH'S COLLEGE OF PHARMACY
Phool Baugh, Vizianagaram.
Andhra Pradesh, India.



A TWO WEEK ONLINE FACULTY DEVELOPMENT PROGRAMME
Pedagogy and Challenges in Pharmaceutical Research
1st - 12th June 2020

CERTIFICATE OF PARTICIPATION

This Certificate is presented to Dr Sujatha Sanneboina
of Narayana Pharmacy College
for attending and successfully completing a two week online faculty development programme from
01.06.20 to 12.06.20 conducted by Maharajah's College of Pharmacy, Vizianagaram, Andhra Pradesh.

B. Jagadish
Mr. K. Jagadish
Co-coordinator

N. Usha Rani
Dr. N. Usha Rani
Coordinator

P. Shankar
Dr. P. Udaya Shankar
Principal

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Dr. S. Sujatha.
2. Designations: Professor
3. Department: Pharmaceutics.
4. Conference/publication/seminar/workshop/FDP certificate details: Pedagogy and challenges in Pharmaceutical Research.
5. Date and duration of the programme: 1/6/20 to 12/06/20
6. Associating professional body/agency: Maharajah's college of pharmacy Vizianagaram
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances: 500/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 31/5/20

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 31/5/20

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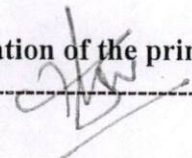
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: M. Krishnaveni
2. Designations: Associate professor
3. Department : pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details-----
Role on NMR in the structure Analysis of organic compound
5. Date and duration of the programme: 20/05/2020
6. Associating professional body/agency: vignana pharmacy college, Guntur, AP
7. Financial support particulars(Rs):-----
 - i) Registration charges :-----
 - ii) Travelling- daily allowances- :----- 500
 - iii) Membership fees :-----
 - iv) others(if any) :-----

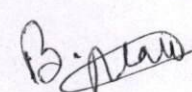
Date: 19/05/2020

Signature of the staff member-----



Recommendation of the principal with
Signature:-----


Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: 

Date : 19/5/20


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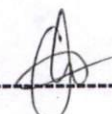
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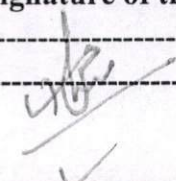
FINANCIAL SUPPORT REQUEST LETTER

1. Name of the staff member: CH. Kalitha
2. Designations: Asso. professor
3. Department : pharmaceutical chemistry
4. Conference/publication/seminar/workshop/FDP certificate details Learning Management System for ce-po Attainment
5. Date and duration of the programme: 09/11/2020 to 14/11/2020
6. Associating professional body/agency: SUN Institute of pharmaceutical Education and Research, Nellore
7. Financial support particulars(Rs):
 - i)Registration charges : _____
 - ii) Travelling- daily allowances- : 500
 - iii) Membership fees : _____
 - iv) others(if any) : _____

Date: 08/11/2020

signature of the staff member 

1. Recommendation of the coordinator: _____

2. Recommendation of the principal: 

Sanctioned/not sanctioned

Accountant department

Accountant: B. plan

Date: 8/11/20


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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Dr. SK. Karimulla
2. Designations: Professor
3. Department: Pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details: Transforming Teaching Learning Process Through Modern Pedagogical Techniques
5. Date and duration of the programme: 22/08/2021 - 27/08/2021
6. Associating professional body/agency: MNR College Of Pharmacy, Hyderabad
7. Financial support particulars (Rs): 1500/-
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : _____
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 21/08/2021

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

Date :

21/3/21

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Dr. R. Subramanya Raja
2. Designations: Professor
3. Department : Pharmacognosy
4. Conference/publication/seminar/workshop/FDP certificate details Transforming Teaching Process Through Modern Pedagogical Techniques
5. Date and duration of the programme: 22/3/2021 - 24/3/2021
6. Associating professional body/agency: MNR college of pharmacy, Hyderabad
7. Financial support particulars(Rs):-
 - i)Registration charges :-----
 - ii) Travelling- daily allowances- : 1500/-
 - iii) Membership fees :-----
 - iv) others(if any) :-----

Date: 21/3/2021

Signature of the staff member

Subramanya Raja

Recommendation of the principal with

Signature:-----

[Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

[Signature]

Date :

21/3/21

[Signature]

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the staff member: SK. Afsar
2. Designations: Asso. Professor
3. Department : Pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details-----
Outcome - Based Education
5. Date and duration of the programme: 27/03/2021 - 03/04/2021
6. Associating professional body/agency: Dr. Samuel George Institute of pharmaceutics, Maskapuram
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii) Travelling- daily allowances- : 1000/-
 - iii) Membership fees :-----
 - iv) others(if any) :-----

Date: 26/03/2021

signature of the staff member A

1.Recommendation of the coordinator:-----

2.Recommendation of the principal:-----

Sanctioned/not sanctioned

Accountant department

Accountant: B. Prasad

Date : 26/3/21

MS
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: A. Avinash
2. Designations: Asst. Professor
3. Department : pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Artificial Intelligence - Life Sciences and Pharma Sector
5. Date and duration of the programme: 30/07/2020
6. Associating professional body/agency: Sri Vasavi Institute of Pharmaceutical Sciences, Tadepallegudem, west Godavari dist
7. Financial support particulars(Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 500/-
 - iii) Membership fees : _____
 - iv) others(if any) : _____

Date: 29/07/2020
Signature of the staff member: A. Avinash

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

Date :

29/7/20

[Signature]

[Signature]

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: SK. Sathya Sultana
2. Designations: Asst. professor
3. Department : pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details-----
Artificial Intelligence - life science & pharma sector
5. Date and duration of the programme: 30/07/2020
6. Associating professional body/agency: Sri Vasavi Institute of pharmaceutical sciences
Edpallegudem West Godavari
7. Financial support particulars(Rs):-----
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- : 500
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 29/07/2020

Signature of the staff member-----
[Signature]

Recommendation of the principal with

Signature:-----
[Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 29/7/20

[Signature]
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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the staff member: P. Varadaiah
2. Designations: Asso. professor
3. Department: pharmacy practice ✓
4. Conference/publication/seminar/workshop/FDP certificate details:-----
A one week faculty development program on Innovative Teaching learning practices & Research
5. Date and duration of the programme: 08/02/2021 to 13/02/2021
6. Associating professional body/agency: pyhh college of pharmacy, Kakinada
7. Financial support particulars(Rs):-----
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- :----- } 1500
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 07/02/2021

signature of the staff member [Signature]

1.Recommendation of the coordinator:-----
[Signature]

2.Recommendation of the principal:-----
[Signature]

Sanctioned/not sanctioned

Accountant department

Accountant: B. Prath

Date: 7/2/21

[Signature]
PRINCIPAL
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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the staff member: C. Ravi Kumar
2. Designations: Asso. professor
3. Department: pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details: A one week faculty development program on Innovative Teaching Learning practices & Research
5. Date and duration of the programme: 08/02/2021 to 13/02/2021
6. Associating professional body/agency: pydah college of pharmacy, Kakinada
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances : 1500
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 07/02/2021

signature of the staff member (R)

1. Recommendation of the coordinator: _____

2. Recommendation of the principal: (Signature)

Sanctioned/not sanctioned

Accountant department

Accountant: (Signature)

Date: 7/2/21

(Signature)
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: A. Sai Saranya
2. Designations: Asst. professor
3. Department: pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details: Role of HPTLC in fingerprint Analysis of Herbal Drugs and formulations as per the Regulatory perspective
5. Date and duration of the programme: 09.10.2020
6. Associating professional body/agency: Shri Vishnu college of pharmacy, Bhimavaram
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- : 500/-
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 08/07/2020
Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 8/7/20

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: P. Venkata Pavani
2. Designations: A.S.Sa. Professor
3. Department: Pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details: Innovative Teaching Learning Practices and Research.
5. Date and duration of the programme: 08/02/2021-13/02/2021
6. Associating professional body/agency: Puducherry College of Pharmacy, Kakinada
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances: 2000/-
 - iii) Membership fees : _____
 - iv) Others (if any) : _____

Date: 07/02/2021
Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 2/2/21

[Signature]
PRINCIPAL
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: N. Praveen Kumar
2. Designations: Asst. Professor
3. Department : Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Innovative Teaching Learning Practices & Research
5. Date and duration of the programme: 8/2/2021 - 13/2/2021
6. Associating professional body/agency: PYDATH college of Pharmacy, Kakinada
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- : 2000/-
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 7/2/2021

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 7/2/21

[Signature]
PRINCIPAL

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: A. Rani
2. Designations: Asst. Professor
3. Department: Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Innovative Teaching Learning Practices And Research
5. Date and duration of the programme: 08/02/2021 - 13/02/2021
6. Associating professional body/agency: Pydah College Of Pharmacy, Kakinda
7. Financial support particulars(Rs):
 - i)Registration charges : _____
 - ii)Travelling- daily allowances- : 2000/-
 - iii) Membership fees : _____
 - iv)others(if any) : _____

Date: 07/02/2021

Signature of the staff member: AR

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: B. Prasad

Date: 7/2/21

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002



NARAYANA PHARMACY COLLEGE

(Approved by PCI & AICTE, New Delhi) (Affiliated to JNTUA Ananthapuramu)

Recognized u/s 2(f) & 12(B) of the UGC Act, 1956, New Delhi,

Chinthareddypalem, Nellore-524003, A.P. India.

Phone & Fax No :0861-2317966; Cell No :+91-9100051603

Email: principal.npc@narayanagroup.com Visit us:www.narayanapharmacycollege.com

FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: D. Mahidhar Reddy
2. Designations: Asso. Professor
3. Department: Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details Recent Trends In Drug Delivery And Targeted Drug Delivery System
5. Date and duration of the programme: 15-02-2021 to 20-02-2021
6. Associating professional body/agency: Nirma College Of Pharmacy, Ibrahimpatna
7. Financial support particulars (Rs):
 - i) Registration charges :-----
 - ii) Travelling- daily allowances- : 2000/-
 - iii) Membership fees :-----
 - iv) others (if any) :-----

Date: 14-02-2021

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 14/2/21

[Signature]
PRINCIPAL

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NELLORE - 524 002



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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: CH. Nagendra Kumar
2. Designations: Asst. Professor
3. Department: Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Recent Trends in Drug Delivery and Targeted Drug Delivery System
5. Date and duration of the programme: 15/02/2021 - 20/02/2021
6. Associating professional body/agency: Nimra college of pharmacy, Ibrahimpa
7. Financial support particulars (Rs):
 - i) Registration charges: _____
 - ii) Travelling- daily allowances: 2000/-
 - iii) Membership fees: _____
 - iv) Others (if any): _____

Date: 14/02/2021

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 14/2/21

PRINCIPAL

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: B. Subbarayudu
2. Designations: Asst. professor
3. Department : Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details Recent Trends in Drug Delivery & Targeted Drug Delivery System
5. Date and duration of the programme: 15/02/2021 - 20/02/2021
6. Associating professional body/agency: NIMRA College of pharmacy, Abotampam.
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 2000/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 14/02/2021

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

[Signature]

Date :

14/2/21

[Signature]

PRINCIPAL

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: S.B. Krishna Murthy
2. Designations: Asst. professor
3. Department : Pharmacognosy
4. Conference/publication/seminar/workshop/FDP certificate details: Recent Trends in Drug Delivery & Targeted Drug Delivery System
5. Date and duration of the programme: 15/02/2021
6. Associating professional body/agency: Nirma college of pharmacy, Ibrahimpetra
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii) Travelling- daily allowances- : 8000
 - iii) Membership fees :-----
 - iv) others(if any) :-----

Date: 14/02/2021

Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 14/2/21

[Signature]

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

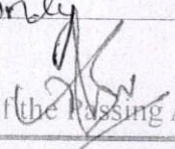

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

DEBIT / ADVANCE VOUCHER

Date : 07/02/2021

Cheque no.	Cash ✓	Pay to <u>S. vijitha</u>	
A/ C Head _____			
Five days FDP (08/02/21 to 12/02/21)			1000 00
Rupees <u>One thousand Rupees</u> <u>only</u>			TOTAL 1000 00
Signature of the Passing Authority 			Signature of the Receipt 

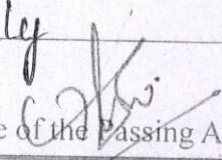

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

DEBIT / ADVANCE VOUCHER

Date : 07/02/2021

Cheque no.	Cash ✓	Pay to <u>K. Jyothsmai</u>	
A/ C Head _____			
Five Days FDP (08-02-2021 to 12-02-2021)			1000/- 00
Rupees <u>One Thousand Rupees</u> <u>Only</u>			TOTAL 1000 00
Signature of the Passing Authority 			Signature of the Receipt 

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

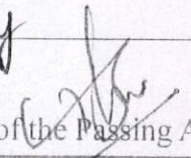
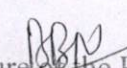
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

DEBIT / ADVANCE VOUCHER

Date : 07/02/2021

Cheque no.	Cash ✓	Pay to <u>B. Benny Novahu</u> A/C Head _____		
Five Days FDP (08-02-2021 to 12-02-2021)			1000/-	00
Rupees <u>One Thousand Rupees</u> <u>Only</u>			TOTAL	1000 00
Signature of the Passing Authority 			Signature of the Receptient 	

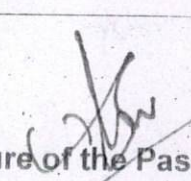
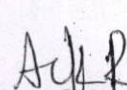
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

DEBIT / ADVANCE VOUCHER

Date : 26/07/2020

Cheque No.	Cash ✓	Pay to <u>Anand chiona Kati Reddy</u> A/C Head _____		
Webinar (27-07-2020)			500	00
Rupees <u>Five hundred rupees</u> <u>only</u>			TOTAL	500 00
Signature of the Passing Authority 			Signature of the Receptient 	

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NARAYANA PHARMACY COLLEGE
NELLORE - 524 002


NARAYANA PHARMACY COLLEGE, NELLORE			
(A unit of Narayana Educational Society)			
No.		DEBIT / ADVANCE VOUCHER	
Date : 26/07/2020			
Cheque No.	Cash ✓	Pay to <u>MD. Jamana</u>	A/C Head
Webinar (27 th July 2020)		500/-	00
Rupees <u>Five Hundred Rupees</u> <u>Only</u>		TOTAL	500 00
Signature of the Passing Authority		Signature of the Receptient	

NARAYANA PHARMACY COLLEGE, NELLORE			
(A unit of Narayana Educational Society)			
No.		DEBIT / ADVANCE VOUCHER	
Date : 26/07/2020			
Cheque No.	Cash ✓	Pay to <u>M. Anusha</u>	A/C Head
Webinar (27 th July 2020)		500/-	00
Rupees <u>Five Hundred Rupees</u> <u>Only</u>		TOTAL	500 00
Signature of the Passing Authority		Signature of the Receptient	

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NARAYANA PHARMACY COLLEGE, NELLORE			
(A unit of Narayana Educational Society)			
DEBIT / ADVANCE VOUCHER			Date : 06/12/2020
No.	Cheque no.	Cash	Pay to
		✓	K. Arun Chand Reddy
			A/C Head
5 days FDP (7-12-2020 to 11-12-2020)			
Rupees One Thousand Rupees			1000/- 00
Only			
Signature of the Passing Authority			TOTAL
			1000 00
			Signature of the Receptient

NARAYANA PHARMACY COLLEGE, NELLORE			
(A unit of Narayana Educational Society)			
DEBIT / ADVANCE VOUCHER			Date : 06/12/2020
No.	Cheque no.	Cash	Pay to
		✓	K. Durga prasad
			A/C Head
FDP (7/12/2020 to 11/12/2020)			
Rupees One thousand Rupees			1000 00
only			
Signature of the Passing Authority			TOTAL
			1000 00
			Signature of the Receptient


PRINCIPAL
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NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

DEBIT / ADVANCE VOUCHER

Date : 06/12/2020

Cheque no.

Cash

Pay to Y. Rekha

A/C Head _____

FDP (07/12/2020 to 11/12/2020)

1000

00

Rupees One thousand Rupees
only.

TOTAL

1000

00

Signature of the Passing Authority

Signature of the Receptient

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

DEBIT / ADVANCE VOUCHER

Date : 06/12/2020

Cheque no.

Cash

Pay to N. Santhesham

A/C Head _____

5 Days FDP (7-12-2020 to 11-12-2020)

1000/-

00

Rupees One thousand Rupees
Only

TOTAL

1000

00

Signature of the Passing Authority

Signature of the Receptient

PRINCIPAL

NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

DEBIT / ADVANCE VOUCHER

Date: 06/12/2020

Cheque no.

Cash

✓

Pay to R. Pufftha

A/C Head _____

5 Days FDP (7-12-2020 to 11-12-2020)

1000/- 00

Rupees One Thousand Rupees
Only

TOTAL

1000 00

Signature of the Passing Authority

Signature of the Receptient

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

DEBIT / ADVANCE VOUCHER

Date: 06/12/2020

Cheque no.

Cash

✓

Pay to G. Gayathri

A/C Head _____

FDP (07/12/2020 to 11/12/2020)

1000 00

Rupees One thousand Rupees
only

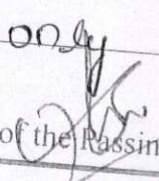
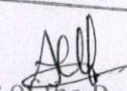
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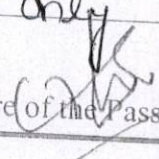
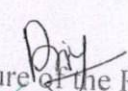
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Signature of the Passing Authority

Signature of the Receptient

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NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE			
(A unit of Narayana Educational Society)			
DEBIT / ADVANCE VOUCHER			Date : 06/12/2020
No.	Cheque no.	Cash	Pay to <u>Slc. Aleesha</u>
		<input checked="" type="checkbox"/>	A/C Head _____
FDP (07/12/2020 to 11/12/2020)			
Rupees <u>one thousand Rupees</u>			
<u>only</u>			
Signature of the Passing Authority 			TOTAL
			1000 00
			1000 00
			Signature of the Receptient 

NARAYANA PHARMACY COLLEGE, NELLORE			
(A unit of Narayana Educational Society)			
DEBIT / ADVANCE VOUCHER			Date : 06/12/2020
No.	Cheque no.	Cash	Pay to <u>M. Naga priyanka</u>
		<input checked="" type="checkbox"/>	A/C Head _____
FDP (07/12/2020 to 11/12/2020)			
Rupees <u>one thousand Rupees</u>			
<u>only</u>			
Signature of the Passing Authority 			TOTAL
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			Signature of the Receptient 


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NELLORE - 524 002

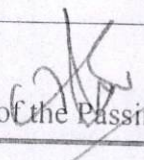
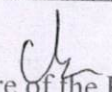
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No. _____

DEBIT / ADVANCE VOUCHER

Date : 06/12/2020

Cheque no.	Cash ✓	Pay to <u>CH. Supraja</u> A/C Head _____		
A 5 days FDP (7-12-2020 to 11-12-2020)			1000	00
Rupees <u>Thousand</u> Rupees <u>only</u>			TOTAL	
			1000	00
Signature of the Passing Authority 			Signature of the Receptient 	

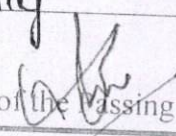
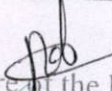
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No. _____

DEBIT / ADVANCE VOUCHER

Date : 12/06/2020

Cheque no.	Cash ✓	Pay to <u>P. Padmarathi Devi</u> A/C Head _____		
Three day online international STTP on (13/6/2020 to 15/6/2020)			500	00
Rupees <u>Five hundred</u> Rupees <u>Only</u>			TOTAL	
			500	00
Signature of the Passing Authority 			Signature of the Receptient 	

PRINCIPAL

**NARAYANA PHARMACY COLLEGE
NELLORE - 524 002**

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 01/03/2021

No.	Cash ✓	Pay to B. Sasidhar		
Seminars on (2/3/2021 & 3/3/2021)			1500	00
One thousand five hundred Rupees Only			TOTAL	1500 00
Signature of the Passing Authority			Signature of the Recipient	

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 01/03/2021

No.	Cash ✓	Pay to K. Hari babu		
Cheque No.		A/C Head		
Seminar (02/03/2021 to 03/03/2021)			1500	00
Rupees One thousand five hundred Rupees only			TOTAL	1500 00
Signature of the Passing Authority			Signature of the Recipient	

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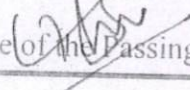
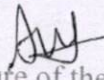
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

DEBIT / ADVANCE VOUCHER

Date : 01/03/2021

Cheque no.	Cash ✓	Pay to <u>Ans. Geetha Sameera</u> A/C Head _____		
Seminars on (2/3/2021 & 3/3/2021)			1500	00
Rupees <u>One thousand five</u> <u>hundred Rupees Only</u>			TOTAL	1500 00
Signature of the Passing Authority 			Signature of the Receptient 	

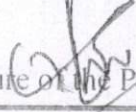

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

DEBIT / ADVANCE VOUCHER

Date : 01/03/2021

Cheque no.	Cash ✓	Pay to <u>G.V. Dilcep Kumar</u> A/C Head _____		
Seminars on (2/3/2021 & 3/3/2021)			1500	00
Rupees <u>One thousand -five</u> <u>hundred Rupees Only</u>			TOTAL	1500 00
Signature of the Passing Authority 			Signature of the Receptient 	



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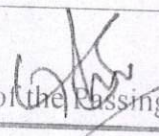

NARAYANA PHARMACY COLLEGE, NELLORE

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DEBIT / ADVANCE VOUCHER

Date: 11/10/2020

No.

Cheque no.	Cash ✓	Pay to <u>Y. Suresh</u>		
A/ C Head _____				
A Five days FDP (12-10-2020 to 16-10-2020)			2000	00
Rupees <u>Two thousand Rupees</u>				
<u>only</u>			TOTAL	2000 00
Signature of the Passing Authority 			Signature of the Receptient 	

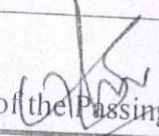

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 11/10/2020

No.

Cheque no.	Cash ✓	Pay to <u>G. R. R. Mohan</u>		
A/ C Head _____				
A five days FDP (12-10-2020 to 16-10-2020)			2000	00
Rupees <u>Two thousand Rupees</u>				
<u>only</u>			TOTAL	2000 00
Signature of the Passing Authority 			Signature of the Receptient 	

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

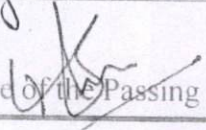

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No. _____

DEBIT / ADVANCE VOUCHER

Date : 11/10/2020

Cheque no.	Cash ✓	Pay to <u>A. Ravi Kumar</u> A/ C Head _____		
A Five Day FDP (12-10-2020 to 16-10-2020)			2000	00
Rupees <u>Two thousand Rupees</u> <u>only</u>			TOTAL	
			2000	00
Signature of the Passing Authority 			Signature of the Receptient 	

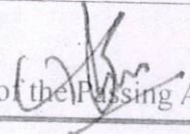

NARAYANA PHARMACY COLLEGE, NELLORE


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No. _____

DEBIT / ADVANCE VOUCHER

Date : 11/10/2020

Cheque no.	Cash ✓	Pay to <u>D. pitchaiab</u> A/ C Head _____		
A Five Days FDP (12-10-2020 to 16-10-2020)			2000	00
Rupees <u>Two thousand Rupees</u> <u>only</u>			TOTAL	
			2000	00
Signature of the Passing Authority 			Signature of the Receptient 	


PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date : 4 / 02 / 2021

No. _____

Cheque no. _____

Cash

✓

Pay to SB. Krishna Moorthy

A/C Head _____

A one week FDP (15-02-2021 to 20-02-2021)

2000

00

Rupees Two thousand Rupees
only

TOTAL

2000

00

Signature of the Passing Authority

Signature of the Receptient

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date : 4 / 02 / 2021

No. _____

Cheque no. _____

Cash

✓

Pay to B. Subbarayudu

A/C Head _____

A one week FDP (15-02-2021 to 20-02-2021)

2000

00

Rupees Two thousand Rupees
only


TOTAL

2000

00

Signature of the Passing Authority

Signature of the Receptient


PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date : 14/02/2021

No.

Cheque no.

Cash

✓

Pay to CH. Nagendra Kumar

A/C Head

A One Week FDP (15-02-2021 to 20-02-2021)

2000

00

Rupees Two thousand Rupees

only

TOTAL

2000

00

Signature of the Passing Authority

Signature of the Receptient

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date : 14/02/2021

No.

Cheque no.

Cash

✓

Pay to D. Maheshwar Reddy

A/C Head

One Week FDP (15-02-2021 to 20-02-2021)

2000/-

00

Rupees Two Thousand Rupees

Only

TOTAL

2000

00

Signature of the Passing Authority

Signature of the Receptient

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

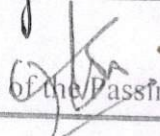

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

DEBIT / ADVANCE VOUCHER

Date: 07/02/2021

Cheque no.	Cash ✓	Pay to <u>A. Rani</u>		
A/C Head _____				
A one week FDP (08/02/2021 to 13/02/2021)			2000	00
Rupees <u>Two thousand Rupees</u> <u>Only</u>			TOTAL	
Signature of the Passing Authority 			2000	00
			Signature of the Receptient 	

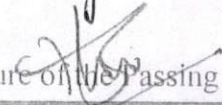

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

DEBIT / ADVANCE VOUCHER

Date: 07/02/2021

Cheque no.	Cash ✓	Pay to <u>N. Praveen Kumar</u>		
A/C Head _____				
A one week FDP (08/02/2021 to 13/02/2021)			2000	00
Rupees <u>Two thousand Rupees</u> <u>Only</u>			TOTAL	
Signature of the Passing Authority 			2000	00
			Signature of the Receptient 	


PRINCIPAL

NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date : 07/09/2021

No.

Cheque no.

Cash



Pay to P. Venkata Parani

A/ C Head _____

A one week FDP (08/08/2021 to 13/08/2021)

2000

00

Rupees Two thousand Rupees

Only

TOTAL

2000

00

Signature of the Passing Authority

Signature of the Receptient

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date : 08/07/2020

No.

Cheque no.

Cash



Pay to A. Sal Saranya

A/ C Head _____

Webinar (July 9th 2020)

500/-

00

Rupees Five Hundred Rupees

Only

TOTAL

00

00

Signature of the Passing Authority

Signature of the Receptient

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

DEBIT / ADVANCE VOUCHER

Date: 07/02/21

Cheque No.

Cash

✓

Pay to C. Ravi Kumar

A/C Head _____

A one week FDP (08/02/2021 to 13/02/2021)

1500

00

Rupees One thousand five

hundred Rupees Only

TOTAL

1500

00

Signature of the Passing Authority

Signature of the Receptient

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

DEBIT / ADVANCE VOUCHER

Date: 07/02/2021

Cheque No.

Cash

✓

Pay to P. Yanadaiah

A/C Head _____

A one week FDP (08/02/2021 to 13/02/2021)

1500

00

Rupees One thousand five

hundred Rupees Only

TOTAL

1500

00

Signature of the Passing Authority

Signature of the Receptient

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 29/07/2020

Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>Sik. Salma Sultana</u> A/C Head _____		
Webinar (30/07/2020)			500	00
Rupees <u>Five hundred Rupees</u> <u>only</u>			TOTAL	
			500	00
Signature of the Passing Authority			Signature of the Receptient	

NARAYANA PHARMACY COLLEGE, NELLORE				
(A unit of Narayana Educational Society)				
DEBIT / ADVANCE VOUCHER			Date: 29/07/2020	
No.	Cash <input checked="" type="checkbox"/>	Pay to <u>A. Avinash</u> A/C Head _____		
Webinar (30/07/2020)			500	00
Rupees <u>Five hundred Rupees</u> <u>only</u>			TOTAL	
			500	00
Signature of the Passing Authority			Signature of the Receptient <u>A. Avinash</u>	

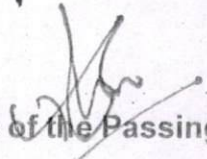

**PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002**

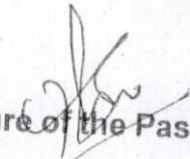
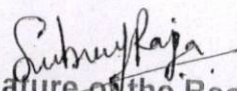
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 26/03/2021

No.			
Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>Dr. A. Prasad</u>	
		A/C Head _____	
One week FDP (07/03/2021 to 03/04/2021)			1000 00
Rupees <u>One thousand Rupees</u> <u>Only</u>			TOTAL 1000 00
 Signature of the Passing Authority		 Signature of the Receptient	

NARAYANA PHARMACY COLLEGE, NELLORE			
(A unit of Narayana Educational Society)			
DEBIT / ADVANCE VOUCHER		Date: 21/03/2021	
No.			
Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>Dr. R. Subramanya Raja</u>	
		A/C Head _____	
One week FDP (22/03/21 to 27/03/21)			1500 00
Rupees <u>one thousand Rupe five</u> <u>hundred Rupees only.</u>			TOTAL 1500 00
 Signature of the Passing Authority		 Signature of the Receptient	



PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

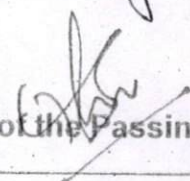

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

DEBIT / ADVANCE VOUCHER

Date : 21/03/2021

Cheque No.	Cash ✓	Pay to <u>Dr. SK. Karimulla</u> A/C Head _____		
A one week FDP (22-03-2021 to 27-03-2021)			1500	00
Rupees <u>one thousand five</u> <u>hundred only</u>			TOTAL	1500 00
Signature of the Passing Authority 			Signature of the Receptient 	

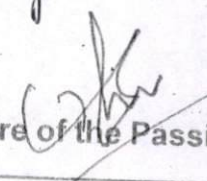
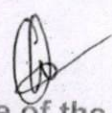
NARAYANA PHARMACY COLLEGE, NELLORE


(A unit of Narayana Educational Society)

No.

DEBIT / ADVANCE VOUCHER

Date : 08/11/2020

Cheque No.	Cash ✓	Pay to <u>Ch. Kalitha</u> A/C Head _____		
One week FDP (09/11/2020 to 14/11/2020)			500	00
Rupees <u>five hundred Rupees</u> <u>Only</u>			TOTAL	500 00
Signature of the Passing Authority 			Signature of the Receptient 	


PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

DEBIT / ADVANCE VOUCHER

Date : 19/05/2020

Cheque no.	Cash ✓	Pay to <u>M. Krishnaveni</u> A/C Head _____		
Webinar on (20/5/2020)			500	00
Rupees <u>Five hundred Rupees</u> <u>Only</u>			TOTAL	500 00
Signature of the Passing Authority			Signature of the Receptient	

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

DEBIT / ADVANCE VOUCHER

Date : 31/05/2020

Cheque No.	Cash ✓	Pay to <u>Dr. S. Sujatha</u> A/C Head _____		
A 400 WEEK FDP (1-6-20 to 12-6-20)			500	00
Rupees <u>Five hundred Rupees</u> <u>only</u>			TOTAL	500 00
Signature of the Passing Authority			Signature of the Receptient	

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002