



# 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,

ISO 9001:2015 Certified Institution

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

Phone & Fax No :0861-2317966; Cell No: +91- 9392901053

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

## 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: Application of Sophisticated Instrumental methods for the Analysis of Herbal drugs
5. Date and duration of the programme: 18.04.2022 - 23.04.2022
6. Associating professional body/agency: Jyokulakrishna College of Pharmacy, Sullurpeta, Tirupur
7. Financial support particulars(Rs):
  - i)Registration charges :-----
  - ii)Travelling- daily allowances- :----- 2000/-
  - iii) Membership fees :-----
  - iv)others(if any) :-----

Date: 17.04.2022

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 17/4/22

PRINCIPAL

NARAYANA PHARMACY COLLEGE

NELLORE - 524 002



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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Dr. M. Krishnaveni
2. Designations: Asso. Professor
3. Department : Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Application of Sophisticated Instrumental methods for the Analysis of Herbal drugs
5. Date and duration of the programme: 18.04.2022 to 23.04.2022
6. Associating professional body/agency: Jyotulakrishna College of Pharmacy, Hyd Sullurpeta, Tirupate
7. Financial support particulars(Rs):
  - i)Registration charges :-----
  - ii)Travelling- daily allowances- : 3000/-
  - iii) Membership fees :-----
  - iv)others(if any) :-----

Date: 17.04.2022

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 17/4/22

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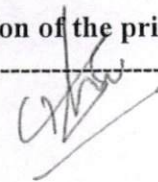
## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: CH. Lakitha
2. Designations: Asso. Professor
3. Department: Pharmaceutical Chemistry
4. Conference/publication/seminar/workshop/FDP certificate details: Application of sophisticated Instrumental methods for The Analysis of Herbal drugs.
5. Date and duration of the programme: 18-04-2022 to 23-04-2022
6. Associating professional body/agency: Gokula Krishna College of Pharmacy, Hydrabad Sullurpeta, Tirupati
7. Financial support particulars(Rs):
  - i)Registration charges : 2000/-
  - ii) Travelling- daily allowances- : 2000/-
  - iii) Membership fees : 2000/-
  - iv) others(if any) : 2000/-

Date: 17.04.2022

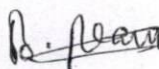
Signature of the staff member: 

Recommendation of the principal with

Signature: 

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: 

Date: 17/4/22

  
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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: A. Avinash
2. Designations: Ass Professor
3. Department : Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details New  
paradigm in pharmaceutical education and  
Research
5. Date and duration of the programme: 8-11-2021 to 13-11-2021
6. Associating professional body/agency: Batnam Institute of pharmacy, NLR
7. Financial support particulars (Rs):
  - i) Registration charges : \_\_\_\_\_
  - ii) Travelling- daily allowances- : } 1000/-
  - iii) Membership fees : \_\_\_\_\_
  - iv) others (if any) : \_\_\_\_\_

Date: 7-11-2021

Signature of the staff member A. Avinash

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 2/11/21

[Signature]  
PRINCIPAL  
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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: P. Yanadaiah
2. Designations: ASSO. PROFESSOR
3. Department: Pharmacy practice
4. Conference/publication/seminar/workshop/FDP certificate details: New paradism in pharmaceutical education and research.
5. Date and duration of the programme: 8-11-2021 to 13-11-2021
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: 7-11-2021

Signature of the staff member: P. Yanadaiah

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: B. Aruna

Date: 2/11/21

[Signature]  
PRINCIPAL  
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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: C. Ravikumar
2. Designations: Asso. professor
3. Department : Pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details New  
Paradism in pharmaceutical Education and research.
5. Date and duration of the programme: 8-11-2021 to 13-11-2021
6. Associating professional body/agency: Batman 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: 7-11-2021

Signature of the staff member (Signature)

Recommendation of the principal with

Signature: (Signature)

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

(Signature)

Date :

7/11/21

(Signature)  
PRINCIPAL

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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Y. Ratna Kumari
2. Designations: Asso. Professor
3. Department: Pharmacognosy
4. Conference/publication/seminar/workshop/FDP certificate details: New Paradigm in Pharmaceutical education And Research
5. Date and duration of the programme: 8-11-2021 to 13-11-2021
6. Associating professional body/agency: Ratnam Institute of Pharmacy, Nellore
7. Financial support particulars (Rs):
  - i) Registration charges : \_\_\_\_\_
  - ii) Travelling- daily allowances- : \_\_\_\_\_
  - iii) Membership fees : \_\_\_\_\_
  - iv) others (if any) : \_\_\_\_\_

Date: 7/11/21

Signature of the staff member: [Signature]

Recommendation of the principal with  
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 7/11/21

[Signature]  
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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: A. Saisaranya
2. Designations: Asso Professor
3. Department : Pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details One week  
faculty development program  
New paradigm in pharmaceutical education and research
5. Date and duration of the programme: 8-11-2021 to 13-11-2021
6. Associating professional body/agency: Ratnam Institute of Pharmacy, Nellore
7. Financial support particulars (Rs):
  - i) Registration charges : \_\_\_\_\_
  - ii) Travelling- daily allowances- : \_\_\_\_\_
  - iii) Membership fees : \_\_\_\_\_
  - iv) others (if any) : \_\_\_\_\_

Date: 7/11/2021

Signature of the staff member: Bai

Recommendation of the principal with  
Signature: \_\_\_\_\_

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: B. Arava

Date: 2/11/21

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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: P. Venkatapavani
2. Designations: Asso. professor
3. Department: pharmaceutical analysis
4. Conference/publication/seminar/workshop/FDP certificate details: current trends in drug delivery systems
5. Date and duration of the programme: 24-11-2021 to 30-11-2021
6. Associating professional body/agency: Sri C.R. Reddy college of pharmaceutical sciences
7. Financial support particulars (Rs):
  - i) Registration charges: \_\_\_\_\_
  - ii) Travelling- daily allowances: 2515/-
  - iii) Membership fees: \_\_\_\_\_
  - iv) others (if any): \_\_\_\_\_

Date: 23-11-2021

Signature of the staff member: [Signature]

Recommendation of the principal with  
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 23/11/21

[Signature]  
PRINCIPAL

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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: N. praveen Kumar
2. Designations: Asso. professor
3. Department: pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: current trends in Drug Delivery system
5. Date and duration of the programme: 24-11-2021 to 30-11-2021
6. Associating professional body/agency: SIR C.R. Reddy college of pharmaceutical science, Eluru
7. Financial support particulars (Rs):
  - i) Registration charges: \_\_\_\_\_
  - ii) Travelling- daily allowances: 2515/-
  - iii) Membership fees: \_\_\_\_\_
  - iv) others (if any): \_\_\_\_\_

Date: 23-11-2021

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 23/11/21

[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 current  
trends in Drug Delivery System
5. Date and duration of the programme: 24-11-2021 to 30-11-2021
6. Associating professional body/agency: Sri C.R.Reddy college of Pharmaceutical Sciences, Eluru
7. Financial support particulars(Rs):
  - i)Registration charges : \_\_\_\_\_
  - ii)Travelling- daily allowances- : 2515/-
  - iii) Membership fees : \_\_\_\_\_
  - iv)others(if any) : \_\_\_\_\_

Date: 23-11-2021

Signature of the staff member: AR

Recommendation of the principal with  
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 23/11/21

[Signature]  
PRINCIPAL  
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## 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 current  
trends in drug delivery systems.
5. Date and duration of the programme: 24-11-2021 to 30-11-2021
6. Associating professional body/agency: Sri C.R Reddy college of pharmaceutical sciences, Eluru.
7. Financial support particulars (Rs):
  - i) Registration charges : \_\_\_\_\_
  - ii) Travelling- daily allowances- : 2515/-
  - iii) Membership fees : \_\_\_\_\_
  - iv) others (if any) : \_\_\_\_\_

Date: 23-11-2021

Signature of the staff member: [Signature]

Recommendation of the principal with  
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 23/11/21

[Signature]  
PRINCIPAL  
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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: CH. Nagendra Kumar
2. Designations: ASSO. Professor
3. Department: Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: A one week faculty development program on "current trends in drug delivery systems"
5. Date and duration of the programme: 24-11-2021 to 30-11-2021
6. Associating professional body/agency: SIR C.R. Reddy college of pharmaceutical sciences, Eluru.
7. Financial support particulars (Rs):
  - i) Registration charges : \_\_\_\_\_
  - ii) Travelling- daily allowances- : 9515/-
  - iii) Membership fees : \_\_\_\_\_
  - iv) others (if any) : \_\_\_\_\_

Date: 23/11/2021

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 23/11/21

[Signature]  
PRINCIPAL  
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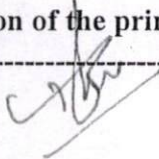
## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: B. Subba Rayudu
2. Designations: Asso. Professor
3. Department : Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details-----  
A one week faculty Development Program on Pharmaceutical  
Phytochemical Analytical Techniques and their validation
5. Date and duration of the programme: 22-11-2021 to 27-11-2021
6. Associating professional body/agency: Pydah College of Pharmacy, Visakhapatnam
7. Financial support particulars(Rs):-----
  - i)Registration charges :-----
  - ii)Travelling- daily allowances- :----- } 3000/-
  - iii) Membership fees :-----
  - iv)others(if any) :-----

Date: 21/11/2021

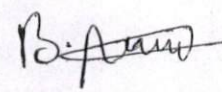
Signature of the staff member 

Recommendation of the principal with

Signature: 

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: 

Date : 21/11/21

  
PRINCIPAL

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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: S.B. Krishna Moorthy
2. Designations: Asst. professor
3. Department : pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details Innovative Technologies in pharmaceutical Research Software Based Approaches
5. Date and duration of the programme: 25/02/22 - 26/02/22
6. Associating professional body/agency: Acharya Nagarjuna university college of pharmaceutical Scier Guntur
7. Financial support particulars(Rs):
  - i)Registration charges :-----
  - ii)Travelling- daily allowances- : 1500/-
  - iii) Membership fees :-----
  - iv)others(if any) :-----

Date: 24/02/22

Signature of the staff member: [Signature]

Recommendation of the principal with  
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

Date :

24/2/22

[Signature]  
PRINCIPAL  
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## **FINANCIAL SUPPORT REQUEST FORM**

1. Name of the staff member: D. Pitchaiah
2. Designations: Asst. professor
3. Department : Pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details Innovative Technologies in Pharmaceutical Research Software Based Approaches
5. Date and duration of the programme: 25/02/22 - 26/02/22
6. Associating professional body/agency: Acharya Nagarjuna university college of pharmaceutical Scier Gunter
7. Financial support particulars(Rs):
  - i)Registration charges : \_\_\_\_\_
  - ii)Travelling- daily allowances- : 1500/-
  - iii) Membership fees : \_\_\_\_\_
  - iv)others(if any) : \_\_\_\_\_

Date: 24/02/22  
Signature of the staff member: [Signature]

Recommendation of the principal with  
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 24/2/22

[Signature]  
PRINCIPAL  
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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Y. Suresh
2. Designations: Asst. professor
3. Department: pharmaceutical chemistry
4. Conference/publication/seminar/workshop/FDP certificate details: Innovative Technologies in Pharmaceutical Research Software Based Approaches
5. Date and duration of the programme: 25/02/22 - 26/02/22
6. Associating professional body/agency: Acharya Nagarjuna university college of pharmaceutical science
7. Financial support particulars (Rs):
  - i) Registration charges: \_\_\_\_\_
  - ii) Travelling- daily allowances: 1500/-
  - iii) Membership fees: \_\_\_\_\_
  - iv) others (if any): \_\_\_\_\_

Date: 24/02/22

Signature of the staff member: [Signature]

Recommendation of the principal with  
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 24/2/22

[Signature]  
PRINCIPAL  
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# NARAYANA PHARMACY COLLEGE

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

ISO 9001:2015 Certified Institution

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

Phone & Fax No :0861-2317966; Call No :+91- 9392901053

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

## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: MD. Jurnana
2. Designations: Asst. professor
3. Department : pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details-----  
Emerging Trends in pharmaceutical Research
5. Date and duration of the programme: 13/12/2021 to 18/12/2021
6. Associating professional body/agency: sun Institute of pharmaceutical education and Reser  
Nellore
7. Financial support particulars(Rs):-----
  - i)Registration charges :-----
  - ii)Travelling- daily allowances- : 1000
  - iii) Membership fees :-----
  - iv)others(if any) :-----

Date: 12/12/2021

Signature of the staff member-----

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

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

Date :

12/12/21

PRINCIPAL

NARAYANA PHARMACY COLLEGE  
NELLORE - 524 002



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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: G. Dileep Kumar
2. Designations: Asso. professor
3. Department: Pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details-----  
Emerging Trends in pharmaceutical Research
5. Date and duration of the programme: 12/12/2021 to 18/12/2021
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: 12/12/2021

Signature of the staff member: [Signature]

Recommendation of the principal with  
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 12/12/21

[Signature]  
PRINCIPAL  
NARAYANA PHARMACY COLLEGE  
NELLORE - 524 002



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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: AVS Geetha Sameera
2. Designations: Asst. professor
3. Department : pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details-----  
Emerging Trends in pharmaceutical Research
5. Date and duration of the programme: 13/12/2021 to 18/12/2021
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: 12/12/2021

Signature of the staff member-----AVS

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

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

Date :

12/12/21

[Signature]  
PRINCIPAL  
NARAYANA PHARMACY COLLEGE  
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Email: principal.npc@narayanagroup.com Visit us: www.narayana-pharmacycollege.com

## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: D. Ashok Kumar
2. Designations: Asso. professor
3. Department : pharmaceutics ✓
4. Conference/publication/seminar/workshop/FDP certificate details-----  
Emerging Trends in pharmaceutical Research
5. Date and duration of the programme: 13/12/2021 to 18/12/2021
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: 12/12/2021

Signature of the staff member: Ashok

Recommendation of the principal with  
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: B. Anu

Date: 12/12/21

[Signature]  
PRINCIPAL  
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Email: principal.upc@narayanagroup.com Visit us:www.narayanapharmacycollege.com

## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Sk. Kayimunnisa
2. Designations: Asst. professor
3. Department: pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Emerging Trends in pharmaceutical Research
5. Date and duration of the programme: 13/12/2021 to 18/12/2021
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: 12/12/2021

Signature of the staff member: [Signature]

Recommendation of the principal with  
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 12/12/21

[Signature]  
PRINCIPAL  
NARAYANA PHARMACY COLLEGE  
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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: S. Viji
2. Designations: Asst. Professor
3. Department: Pharmaceutical analysis
4. Conference/publication/seminar/workshop/FDP certificate details: Enhancing Moral, Ethical and Emotional competencies in pharmacy students
5. Date and duration of the programme: 7-02-2022 to 11-2-2022
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 : 1500/-
  - iii) Membership fees : \_\_\_\_\_
  - iv) others(if any) : \_\_\_\_\_

Date: 6-02-2022

Signature of the staff member: [Signature]

Recommendation of the principal with Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 6/2/22

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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: P. padmavathidevi
2. Designations: Asst. professor
3. Department: pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Enhancing Moral, Ethical & Emotional competencies
5. Date and duration of the programme: 07-2-2022 to 11-02-2022
6. Associating professional body/agency: gun institute of pharmaceutical Education & Research, Nellore
7. Financial support particulars (Rs):
  - i) Registration charges : \_\_\_\_\_
  - ii) Travelling- daily allowances- : 6 1,500/-
  - iii) Membership fees : \_\_\_\_\_
  - iv) others (if any) : \_\_\_\_\_

Date: 06-2-2022

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

Date:

6/2/22

[Signature]  
PRINCIPAL  
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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 Enhancing Moral, Ethical and Emotional competencies in pharmacy students
5. Date and duration of the programme: 07-02-2022 to 11-02-2022
6. Associating professional body/agency: SUN institute of pharmaceutical Education & Research Nellore
7. Financial support particulars (Rs):
  - i) Registration charges : \_\_\_\_\_
  - ii) Travelling- daily allowances- : 1500/-
  - iii) Membership fees : \_\_\_\_\_
  - iv) others (if any) : \_\_\_\_\_

Date: 6-02-2022

Signature of the staff member: ch

Recommendation of the principal with  
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 6/2/22

[Signature]  
PRINCIPAL  
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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-----  
enhancing Moral, Ethical and Emotional competencies  
in pharmacy students
5. Date and duration of the programme: 7-02-2022 to 11-02-2022
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- :----- 1500/-
  - iii) Membership fees :-----
  - iv)others(if any) :-----

Date: 6/02/2022

Signature of the staff member-----  
Priy

Recommendation of the principal with

Signature:-----  
[Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

Date :

6/2/22

[Signature]

[Signature]  
PRINCIPAL

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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Sk. Aleesha
2. Designations: Asst. professor
3. Department : Pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details Enhancing  
Moral, Ethical and Emotional competencies in  
pharmacy students.
5. Date and duration of the programme: 07-02-2022 to 11-02-2022
6. Associating professional body/agency: Sun institute of pharmaceutical education  
and research, Nel.
7. Financial support particulars(Rs):
  - i)Registration charges :-----
  - ii) Travelling- daily allowances- :----- } 1500/-
  - iii) Membership fees :-----
  - iv) others(if any) :-----

Date: 6-02-2022

Signature of the staff member: [Signature]

Recommendation of the principal with  
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

Date :

[Signature]

6/2/22

[Signature]

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



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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 Five days FDP  
on Enhancing moral ethical and Emotional  
comperencies in Pharmacy Students
5. Date and duration of the programme: 07-02-2022 to 11-02-2022
6. Associating professional body/agency: Sun Institute of Pharmaceutical Education  
Researc  
Neloy
7. Financial support particulars(Rs):
  - i) Registration charges : \_\_\_\_\_
  - ii) Travelling- daily allowances- : \_\_\_\_\_ } 1500/-
  - iii) Membership fees : \_\_\_\_\_
  - iv) others(if any) : \_\_\_\_\_

Date: 06/02/2022

Signature of the staff member Eg

Recommendation of the principal with  
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 6/2/22

[Signature]  
PRINCIPAL  
NARAYANA PHARMACY COLLEGE  
NELLORE - 524 002



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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: K. Kiranmai
2. Designations: Asst. Professor
3. Department: Pharmaceutical Analysis.
4. Conference/publication/seminar/workshop/FDP certificate details A five days faculty development program on "Artificial intelligence in Health care system on advanced data mining tools."
5. Date and duration of the programme: 9/2/2022 - 14/2/2022
6. Associating professional body/agency: P: Rami reddy memorial college of pharm Kadapa
7. Financial support particulars(Rs):
  - i) Registration charges :-----
  - ii) Travelling- daily allowances- :----- 2500/-
  - iii) Membership fees :-----
  - iv) others(if any) :-----

Date: 8/2/2022

Signature of the staff member [Signature]

Recommendation of the principal with  
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 8/2/22

[Signature]  
PRINCIPAL

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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: P. Rambabu
2. Designations: Asst. professor
3. Department : pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Artificial Intelligence in Healthcare system: on Advanced data Mining tools
5. Date and duration of the programme: 9-2-2022 to 14-2-2022
6. Associating professional body/agency: P. Rami Reddy memorial college pharmacy
7. Financial support particulars(Rs):
  - i) Registration charges : \_\_\_\_\_
  - ii) Travelling- daily allowances- : 2500/-
  - iii) Membership fees : \_\_\_\_\_
  - iv) others(if any) : \_\_\_\_\_

Date: 8-2-2022

Signature of the staff member: P. Rambabu

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 8/2/22

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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: K. Durga prasad
2. Designations: ASST. PROFESSOR
3. Department: Pharmaceutical chemistry
4. Conference/publication/seminar/workshop/FDP certificate details: Artificial intelligence in Healthcare system: an advanced data
5. Date and duration of the programme: 9-02-2022 to 14-02-2022
6. Associating professional body/agency: P. Rami Reddy Memorial college of Pharmacy, Kaddur
7. Financial support particulars (Rs):
  - i) Registration charges :-----
  - ii) Travelling- daily allowances- :----- 2500/-
  - iii) Membership fees :-----
  - iv) others (if any) :-----

Date: 8-02-2022

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 8/2/22

[Signature]  
PRINCIPAL  
NARAYANA PHARMACY COLLEGE  
NELLORE - 524 002





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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-----  
"Intellectual Property Rights on overview"
5. Date and duration of the programme: 25/04/2022 to 30/04/2022
6. Associating professional body/agency: Mother Theresa Institute of Pharmaceutica Education and research Anantapuram
7. Financial support particulars(Rs):-----
  - i)Registration charges :-----
  - ii) Travelling- daily allowances- :----- 2000/-
  - iii) Membership fees :-----
  - iv) others(if any) :-----

Date: 24/04/2022

Signature of the staff member: [Signature]

Recommendation of the principal with  
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 24/4/22

[Signature]  
PRINCIPAL  
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## FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: M. Anusha
2. Designations: Ast. professor
3. Department: Pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details: Intellectual property rights an overview.
5. Date and duration of the programme: 25-04-2022 to 30-04-2022
6. Associating professional body/agency: Mother Theresa Institute of pharmaceutical Education and research Kurnool.
7. Financial support particulars(Rs):
  - i)Registration charges :-----
  - ii) Travelling- daily allowances- :----- } 2000/-
  - iii) Membership fees :-----
  - iv) others(if any) :-----

Date: 24-04-2022

Signature of the staff member: [Signature]

Recommendation of the principal with  
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 24/4/22

[Signature]  
PRINCIPAL  
NARAYANA PHARMACY COLLEGE  
NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 17/04/22

No.				
Cheque No.	Cash ✓	Pay to <u>Dr. S. Sujatha</u>		
		A/C Head		
One week FDP (18/4/2022 to 23/4/2022)			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

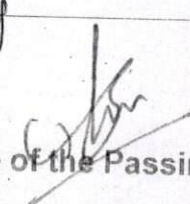
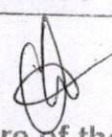
(A unit of Narayana Educational Society)

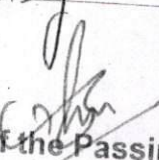
DEBIT / ADVANCE VOUCHER

Date: 17/04/22

No.				
Cheque No.	Cash ✓	Pay to <u>Dr. M. Krishnaveni</u>		
		A/C Head		
One week FDP (18/4/22 to 23/4/22)			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: 17/04/22			
Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>Ch. Lalitha</u>	A/C Head _____
One week FDP (18/4/22 to 23/4/22)		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)			
No.		DEBIT / ADVANCE VOUCHER	
Date: 7/11/21			
Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>A. Avinash</u>	A/C Head _____
FDP (08/11/2021 to 13/11/2021)		1000	00
Rupees <u>One thousand Rupees</u> <u>only</u>		TOTAL	1000 00
Signature of the Passing Authority 		Signature of the Receptient <u>A. Avinash</u>	

PRINCIPAL  
NARAYANA PHARMACY COLLEGE  
NELLORE - 524 002

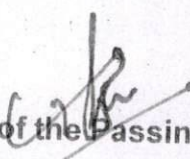
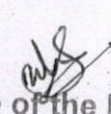
# NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No. \_\_\_\_\_

## DEBIT / ADVANCE VOUCHER

Date : 07/11/2021

Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>SK. Sarma Suttana</u> A/C Head _____		
A one week FDP (8-11-2021 to 13-11-2021)			1000	00
Rupees <u>one thousand rupees</u> <u>only</u>			<b>TOTAL</b>	1000/- 00
Signature of the Passing Authority 			Signature of the Receptient 	

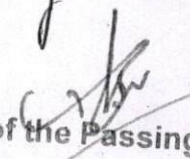
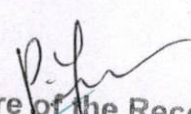
# NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No. \_\_\_\_\_

## DEBIT / ADVANCE VOUCHER

Date : 7/11/21

Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>P. Yanadaiah</u> A/C Head _____		
FDP (08/11/2021 to 13/11/2021)			1000	00
Rupees <u>One thousand Rupees</u> <u>only</u>			<b>TOTAL</b>	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)

## DEBIT / ADVANCE VOUCHER

Date: 7/11/21

No.

Cheque No.

Cash

✓

Pay to Y. Ratna Kumari

A/C Head \_\_\_\_\_

FDP (08/11/2021 to 13/11/2021)

Rupees One thousand rupees

only

TOTAL

1000

00

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: 7/11/21

No.

Cheque No.

Cash

✓

Pay to C. Ravi Kumar

A/C Head \_\_\_\_\_

A one week FDP (8-11-2021 to 13-11-2021)

Rupees one thousand rupees

only

TOTAL

1000

00

1000

00

Signature of the Passing Authority

Signature of the Receptient

PRINCIPAL  
NARAYANA PHARMACY COLLEGE  
NELLORE - 524 002

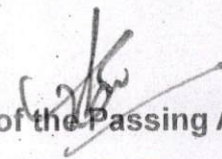
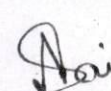
# NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

## DEBIT / ADVANCE VOUCHER

Date : 7/11/2021

No.

Cheque No.	Cash ✓	Pay to <u>A. Sai Saranya</u> A/C Head _____		
A One Week FDP (8-11-2021 to 13-11-2021)				
Rupees <u>one thousand rupees</u> <u>only</u>			TOTAL	1000 00
				1000 00
Signature of the Passing Authority 			Signature of the Receptient 	

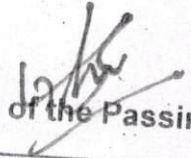
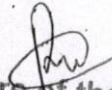
# NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

## DEBIT / ADVANCE VOUCHER

Date : 23/11/2021

No.

Cheque No.	Cash ✓	Pay to <u>P. Venkata Pavani</u> A/C Head _____		
One week FDP (24/11/2021 to 30/11/2021)				
Rupees <u>Two thousand five</u> <u>hundred fifteen Rupees Only</u>			TOTAL	2515 00
				2515 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 : 23/11/21

Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>N. Praveen Kumar</u> A/C Head _____		
One week FDP (24/11/21 to 30/11/21)  Rupees <u>Two thousand five hundred</u> <u>and fifteen Rupees only</u>			2515	00
			<b>TOTAL</b>	
Signature of the Passing Authority			Signature of the Receptient	

# NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No. \_\_\_\_\_

## DEBIT / ADVANCE VOUCHER

Date : 23/11/2021

Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>A. Rani</u> A/C Head _____		
One week FDP (24/11/2021 to 30/11/2021)  Rupees <u>Two thousand five</u> <u>hundred fifteen Rupees Only</u>			2515	00
			<b>TOTAL</b>	
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

No. \_\_\_\_\_

Date: 23/11/21

Cheque No.	Cash ✓	Pay to <u>D. Mahidar Reddy</u> A/C Head _____		
One week FDP (24/11/21 to 30/11/21)  Rupees <u>Two thousand five hundred</u> <u>and fifteen rupees only</u>			2515	00
			TOTAL	
Signature of the Passing Authority			Signature of the Receptient	

# NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

## DEBIT / ADVANCE VOUCHER

No. \_\_\_\_\_

Date: 23/11/2021

Cheque No.	Cash ✓	Pay to <u>CH. Nagendra Kumar</u> A/C Head _____		
One week FDP (24/11/2021 to 30/11/2021)  Rupees <u>Two thousand five</u> <u>hundred fifteen Rupees Only</u>			2515	00
			TOTAL	
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: 21/11/2021

Cheque No.	Cash ✓	Pay to <u>B. Subba Rayudu</u> A/C Head _____		
One week FDP (22/11/2021 to 27/11/2021)  Rupees <u>Three thousand Rupees</u> <u>Only</u>			3000	00
			TOTAL	
Signature of the <del>Passing</del> Authority			Signature of the Recipient	

# NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No. \_\_\_\_\_

## DEBIT / ADVANCE VOUCHER

Date: 24/02/22

Cheque No.	Cash ✓	Pay to <u>SB Krishna Moorthy</u> A/C Head _____		
2 days seminar (25/2/2022 & 26/2/2022)  Rupees <u>One thousand five</u> <u>hundred Rupees Only</u>			1500	00
			TOTAL	
Signature of the <del>Passing</del> Authority			Signature of the Recipient	

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

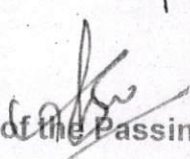
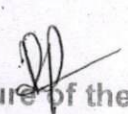
# NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

## DEBIT / ADVANCE VOUCHER

No.

Date: 24/02/22

Cheque No.	Cash ✓	Pay to <u>D. Pitchaiah</u> A/C Head _____		
2 days seminar (25/2/2022 & 26/2/2022)			1500	00
Rupees <u>One thousand five</u> <u>hundred Rupees Only</u>			TOTAL	1500 00
Signature of the Passing Authority 		Signature of the Receipt 		

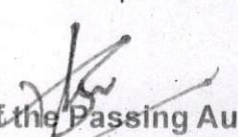
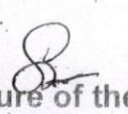
# NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

## DEBIT / ADVANCE VOUCHER

No.

Date: 24/02/22

Cheque No.	Cash ✓	Pay to <u>V. Sudesh</u> A/C Head _____		
2 days seminar (25/2/2022 & 26/2/2022)			1500	00
Rupees <u>One thousand five</u> <u>hundred Rupees Only</u>			TOTAL	1500 00
Signature of the Passing Authority 		Signature of the Receipt 		

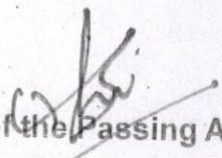
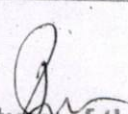
PRINCIPAL  
NARAYANA PHARMACY COLLEGE  
NELLORE - 524 002

**NARAYANA PHARMACY COLLEGE, NELLORE**

(A unit of Narayana Educational Society)

**DEBIT / ADVANCE VOUCHER**

Date: 12/12/2021

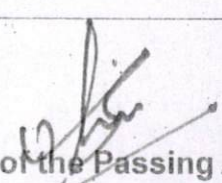

No.				
Cheque No.	Cash ✓	Pay to <u>MD. Jumana</u>		
		A/C Head _____		
One week FDP (12/12/2021 to 18/12/2021)			1000	00
Rupees <u>One thousand Rupees</u> <u>Only</u>			<b>TOTAL</b>	1000 00
Signature of the Passing Authority 			Signature of the Receiver 	

**NARAYANA PHARMACY COLLEGE, NELLORE**

(A unit of Narayana Educational Society)

**DEBIT / ADVANCE VOUCHER**

Date: 12/12/2021

No.				
Cheque No.	Cash ✓	Pay to <u>Dr. Dileep Kumar</u>		
		A/C Head _____		
One week FDP (12/12/2021 to 18/12/2021)			1000	00
Rupees <u>One thousand Rupees</u> <u>Only</u>			<b>TOTAL</b>	1000 00
Signature of the Passing Authority 			Signature of the Receiver 	

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

# NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

## DEBIT / ADVANCE VOUCHER

Date: 12/12/2021

No.

Cheque No.

Cash

✓

Pay to AVS. Geetha Samosa

A/C Head

One week FDP (13/12/2021 to 18/12/2021)

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)

## DEBIT / ADVANCE VOUCHER

Date: 12/12/21

No.

Cheque No.

Cash

✓

Pay to D. Ashok Kumar

A/C Head

One week FDP (13/12/2021 to 18/12/2021)

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: 12/12/2021

Cheque No.

Cash

✓

Pay to SK. Kadimunnisa

A/C Head \_\_\_\_\_

One week FDP (13/12/2021 to 18/12/2021)

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: 6/02/2022

Cheque No.

Cash

✓

Pay to S. Vijitha

A/C Head \_\_\_\_\_

5 days FDP (07/02/2022 to 11/02/2022)

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

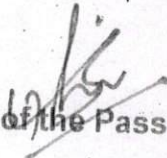

# NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

## DEBIT / ADVANCE VOUCHER

Date: 06/02/2022

Cheque No.	Cash ✓	Pay to <u>p. padmavathidevi</u> A/C Head _____		
A Five Days FDP (07-02-2022 to 11-02-2022)			1,500	00
Rupees <u>one thousand five</u> <u>hundred rupees only</u>			TOTAL	1,500 00
Signature of the Passing Authority 			Signature of the Receptient 	

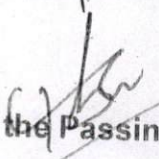
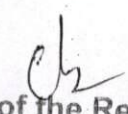
# NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.

## DEBIT / ADVANCE VOUCHER

Date: 06/02/2022

Cheque No.	Cash ✓	Pay to <u>ch. Supraja</u> A/C Head _____		
A Five Days FDP (07-02-2022 to 11-02-2022)			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 	

PRINCIPAL  
NARAYANA PHARMACY COLLEGE  
NELLORE - 524 002

# NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

## DEBIT / ADVANCE VOUCHER

Date: 06/02/22

No.

Cheque No.

Cash

✓

Pay to M. Naga priyanka

A/C Head \_\_\_\_\_

A Five Days FDP (07-02-2022 to 11-02-2022)

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)

## DEBIT / ADVANCE VOUCHER

Date: 06/02/2022

No.

Cheque No.

Cash

✓

Pay to Sk. Alasha

A/C Head \_\_\_\_\_

5 days FDP on (07/02/2022 to 11/02/2022)

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




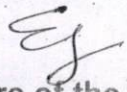
**NARAYANA PHARMACY COLLEGE, NELLORE**

(A unit of Narayana Educational Society)

No.

**DEBIT / ADVANCE VOUCHER**

Date : 06/02/2022

Cheque No.	Cash ✓	Pay to <u>G. Gayathri</u> A/C Head _____	
A Five days FDP (07-02-2022 to 11-02-2022)			
Rupees <u>one thousand five hundred rupees only</u>			1500 00
TOTAL			1500 00
Signature of the Passing Authority 			Signature of the Receptient 

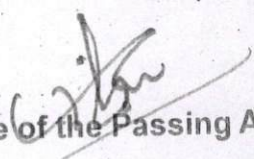
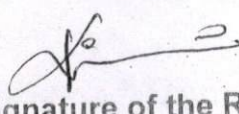
**NARAYANA PHARMACY COLLEGE, NELLORE**

(A unit of Narayana Educational Society)

No.

**DEBIT / ADVANCE VOUCHER**

Date : 8/2/22

Cheque No.	Cash	Pay to <u>K. Kiranmai</u> A/C Head _____	
5 days FDP (09/2/22 to 14/2/22)			
Rupees <u>two thousand five hundred rupees only</u>			2500 00
TOTAL			2500 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: 8/2/22

Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>P. Rambaiah</u> A/C Head _____		
<p>A Fine days FDP (9/2/22 to 14/2/22)</p> <p>Rupees <u>two thousand five hundred rupees only</u></p>			₹ 500	00
			<b>TOTAL</b>	
<p>Signature of the Passing Authority </p>			<p>Signature of the Receptient <u>P. Rambaiah</u></p>	

# NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No. \_\_\_\_\_

## DEBIT / ADVANCE VOUCHER

Date: 08/02/2022

Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>K. Durga Prasad</u> A/C Head _____		
<p>A Five days FDP (9-02-2022 to 14-02-2022)</p> <p>Rupees <u>Two thousand five hundred rupees only</u></p>			₹ 1,500	00
			<b>TOTAL</b>	
<p>Signature of the Passing Authority </p>			<p>Signature of the Receptient <u>K. Durga Prasad</u></p>	

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

# NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

## DEBIT / ADVANCE VOUCHER

No.

Date: 24/04/2022

Cheque No.

Cash

✓

Pay to K. Arun chand Roby

A/C Head \_\_\_\_\_

One week FDP (25/04/22 to 30/04/22)

Rupees Two thousand Rupees

only

TOTAL

2000

00

2000

00

Signature of the Passing Authority

Signature of the Recipient

# NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

## DEBIT / ADVANCE VOUCHER

No.

Date: 24/04/22

Cheque No.

Cash

✓

Pay to M. Anusha

A/C Head \_\_\_\_\_

One week FDP (25/04/22 to 30/04/22)

Rupees Two thousand Rupees

only

TOTAL

2000

00

2000

00

Signature of the Passing Authority

Signature of the Recipient

PRINCIPAL  
NARAYANA PHARMACY COLLEGE  
NELLORE - 524 002

# NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

## DEBIT / ADVANCE VOUCHER

Date: 08/02/2022

No.

Cheque No.

Cash

✓

Pay to K. Durga prasad

A/C Head \_\_\_\_\_

A Five days FDP (9-02-2022 to 14-02-2022)

₹,500 00

Rupees Two thousand five

hundred rupees only

TOTAL

₹,500 00

Signature of the Passing Authority

Signature of the Receipt

# NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

## DEBIT / ADVANCE VOUCHER

Date: 8/2/22

No.

Cheque No.

Cash

✓

Pay to P. Rambabu

A/C Head \_\_\_\_\_

A Five days FDP (9/2/22 to 14/2/22)

₹500 00

Rupees two thousand five

hundred rupees only

TOTAL

₹500 00

Signature of the Passing Authority

Signature of the Receipt

PRINCIPAL

NARAYANA PHARMACY COLLEGE

NELLORE - 524 002